Narrative Review: The (Mental) Health consequences of the Northern Iraq offensive of ISIS in 2014 for female Yezidis

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Abstract: The Yezidis who represent a religious minority living in Northern Iraq were particularly affected of the persecution by ISIS that gained power after 2013. This paper gives an overview of the events and the mental health consequences as well as associated influences on affected female Yezidis. Based on systematic literature search the aspects “Persecution by ISIS and actual situation of the Yezidi community”, “Gender-specific aspects of the persecution and its consequences”, “Mental health of the affected women” and “Cultural-historical and religious context” are worked out. Research indicates a high burden of health strain and mental health problems in the surviving Yezidi women, especially PTSD and depression. Concerning transgenerational trauma, the recent genocide revive past experiences in the history of the community. Like the narrow cultural and religious rules of the community, this can be both a resource and a burden. The actual extent of the attacks is neither predictable for the affected individuals nor for the community, consequences could also be passed on descendants. Long-term care and support of the affected persons, their descendants and the Yezidi community seems indispensable.

Keywords: Yezidi/ Yazidi – genocide – ISIS/ IS – Northern Iraq offensive – transgenerational trauma – PTSD

1. Introduction

Inter alia as a result of the civil war in Syria and a political vacuum following the fall of Saddam Hussein, the Islamic terrorist militia ISIS (Islamic state of Iraq and Syria, syn: ISIL – Islamic state of Iraq and the Levant group) gained power since 2013 [1,2]. Gradually ISIS brought Iraqi and Syrian areas under its control with the goal to establish an Islamic caliphate based on the fundamental Islamic “God’s law” Shari’a [3,4]. One of ISIS’ most prominent offensives is the so-called “Northern Iraq offensive” in August 2014. Here ISIS brought a large part of the Northern Iraqi areas - including the region “Sinjar” - under its control. Due to the cruelty of the action this offensive is also known as “Sinjar massacre” [5].

Both Muslims, who did not share ISIS’ understanding of Islam, as well as Christians and members of other religious minorities experienced displacement, persecution or were forced to convert. Particularly affected, however, were the Yezidis as they are exposed to persistent rumors and prejudices such as “devil worshippers” and considered to be “infidels” by ISIS. Depending on gender, male and female Yezidis had different experiences with ISIS. [7–11]

The aim of this paper is to give an overview of the events and the mental health consequences as well as associated influences on affected female Yezidis in Northern Iraq.
2. Methods

The methods of this narrative review are planned according to the requirements of Cochrane [12] and PRISMA-P [13,14].

2.1. Electronic literature search in scientific databases

A systematic literature research with the databases “pubmed”, “Cochrane”, “Dimdi” and “google scholar” will be done. Concerning the mental health of displaced Yezidi, all research articles published after 2014 will be taken into account. Regarding the cultural-historical and religious context, all research articles will be considered without limitations of date. Due to the different spellings and authors named “Yazidi” etc., the terms “Yezidi”, “Yazidi” and “Ezidi” in title and summary will be used in the search.

The following table gives an overview of the results of the literature search.

<table>
<thead>
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2.2. Selection and inclusion criteria

From the results found in this research, the studies dealing with the subjects

- Persecution by ISIS and actual situation of the Yezidi community
- Gender-specific aspects of the persecution and its consequences
- Mental health of the affected women
- Cultural-historical and religious context

will be worked out.

All studies that focus on Yezidi women or people (women and men) will be included in general. Studies that only deal with men or children will be excluded.

Provided that a standardized scientific survey has taken place, both qualitative and epidemiological surveys will be considered. If this is not the case, the studies are excluded or used in the “gray literature”.

With respect to the cultural-historical context, publications with a systematic overview of relevant aspects will be included. Publications that only focus on specific aspects, do not adequately substantiate their sources and so do not contribute to classifying the current context in terms of cultural or religious history will be excluded.

Publications with a clear conflict of interest or strong political orientation won’t be considered.

Especially with regard to gray literature, attempts will be made to use reports and articles as neutral and trustworthy sources or press.

Language should not be an exclusion criterion. For the use of foreign-language articles that are not available in English, translation software or, if necessary, interpreters will be used.

2.3. Gray literature
Concerning the actual situation, the gender-specific aspects and the cultural-historical context grey literature such as reports of national and international press as well as literature from the personal collection of the authors will additionally be taken into account.

2.4. Handsearching

As additional sources, books and articles from the personal collection of the participating authors are supplemented.

3. Results

After consideration of the topic and selection criteria and the exclusion of duplications, the following literature selection results:

Table 2. Resulting Literature Selection.

<table>
<thead>
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<td>Graduate works</td>
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### (Health and) mental health of the affected women

**Systematic literature search**

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**Gray literature**

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**Additional handsearch**

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### Cultural-historical and religious context

**Systematic literature search**

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<td>Graduate works</td>
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**Gray literature**

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<td>Congress contribution</td>
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**Additional handsearch**
3.1. Persecution by ISIS and actual situation of the Yezidi community

Even after the so-called „Sinjar massacre“ , violence and persecution against Yezidis was rampant. Until now, Yezidi people are kidnapped or killed [15]. Still there is a high number of Yezidi women in ISIS’ captivity. Estimates presume in 2017 on 2 500 Yezidis (male and female) [9] or 3 000 Yezidi women and children who are still in the hands of ISIS [16]. Other sources report that at least 6 000 Yezidi women have spent some time in ISIS’ imprisonment [17].

The atrocities committed by ISIS can be called a systematic destruction of the Yezidi community [18], that shakes the Yezidi society in a long term [19]. The violence was not only directed against members of the religious communities - also sacred sites and temples were ruined systematically. At the same time, the local religious roots of Yezidis living in exile/ diaspora were destroyed. By this “religious cleansing” of persons and physical structures, ISIS seeks to create a homogenous neo-Salafi space. [20]

On June 16th, 2016, the “UN Commission of Inquiry on Syria of the UN Human Rights Council” confirmed that the actions of ISIS against the Yezidis in Northern Iraq constitute a genocide that not only took place in the days of „Sinjar massacre“ but still continues. The report cites the statement of the Chairman of the Inquiry Committee, Paulo Pinheiro: “Genocide has occurred and is ongoing. ISIS has subjected every Yazidi woman, child or man that it has captured to the most horrific of atrocities” [21]. A legal review and prosecution of the genocide crimes against the Yazidis has begun only recently [22].

Not least because of the public relations of Yezidi associations and survivors, the fate of the Yezidis certainly has international support possibilities - such as the support of the Peshmerga army and PKK for the liberation of the Sinjar [23–25]. Nevertheless, the response to the genocide and the protection and assistance provided by the international community are considered insufficient by observers [26].

In 2017 large parts of the occupied areas by ISIS could be reconquered. While some of the displaced Yezidis returned to their home villages [27], many others were unable to do so. Either due to the extent of the destruction or to the fear of a return and renewed attacks by ISIS still a large number of displaced persons live as “internally displaced persons” (IDP) in so-called IDP-camps. Other Yezidi live as asylum seekers in foreign countries [28], especially in Germany [29] or Turkey [30]. Further, some Yezidi people cannot (or do not want to) return to their homeland after they were forced to convert to Islam [15]. In addition, the relationship with the resident Muslim population - some of whom have cooperated with ISIS - is also tense; the shaken trust between former neighbors [31] makes a return difficult.

The situation in the IDP camps in Iraq [32] as well as in the refugee camps is quite precarious, especially in Turkey, both at the supply and the legal level. Also, access to the INHCR and compliance with relevant guidelines is questionable [30].

Regarding Yezidi women in a Turkish refugee camp, it could be shown that there were restrictions concerning regular and healthy food, the conditions in camps were unhygienic. The educational, social, cultural and religious needs were met insufficiently. [33]
Educational access to Yezidi has also been limited in the past, not least because of material poverty that made it necessary for children to become involved in agriculture. In 2003/2004 and 2013/2014, it continued to deteriorate. [34]

All in all, the community of the Yezidis living in Sinjar - with their strong local connections - has been scattered. Its members divided into returnees, refugees, Diaspora and IDP, the future of this people is uncertain.

3.2. Gender-specific aspects

“Although all women are subject in some manner to discrimination based on gender, this is compounded for some women when gender discrimination ‘intersects’ with discrimination on other grounds. Refugee women suffer from both the internalized and external consequences of their often already marginalized identities as women and ethnic, national or racial minorities.” [35]

The experiences of affected Yezidis with ISIS are often gender specific. Although Cetorelli’s research has shown that about the same number of male and female Yezidi have been killed or abducted by ISIS [9], the experiences of survivors vary significantly.

Particularly women and girls are affected by sexual violence. This is systematically used as a “war tool” by ISIS - on the one hand because of the physical and psychological consequences for those affected, on the other hand also because of the consequences for the community. [36–41]

Thus, it is assumed that in the context of genocide, violence and, above all, sexual violence, intend to harm the life force of a community by destroying its intimate relations on a family level as well as its reproductive force on a community level. Such attacks have a strong symbolic and metaphysical component with a destructive force able to conquer entire groups [42,43]. Also, some ISIS fighters seem to believe that if they rape Yezidi women they will make them Muslim [44]. Additionally, ISIS uses sex to motivate the young people to join them [45].

Consistently, various sources and statements of those affected report about mass rapes during the attacks of ISIS, sex slavery (also known as “Sabaya”) and forced prostitution as well as trafficking especially the abducted young and female Yezidi [46–49].

ISIS has developed a system for the enslavement of Yezidi women: organizing the kidnapping, transportation and accommodation of the prisoners. The abducted women were also increasingly “registered”. This complicated an escape and expanded the “trade” and the resulting economic profit for ISIS [17,50]. The “trade” took place between ISIS members as well as urban markets or online auctions [51].

In contrast, abducted men were forced to convert or killed; Yezidi boys trained and used as child soldiers. Many men and boys are still missing [52–54].

In this context, the media focus on Yezidi women is criticized, as this may result in a neglect of consideration of the consequences for the entire Yezidi community [55] and lead to a victimization of those affected [56].

The Yezidi woman Nadia Murad, who has been appointed “UN Goodwill Ambassador for the Dignity of Survivors of Human Trafficking” [57] and who herself was abducted and detained as a sex slave writes: “The Islamists knew how devastating that was for an unmarried Yezidi woman. Our worst fears - those of our community and our clergy, so they will not be resumed - have been shamelessly exploited.” [58]. In addition some of the former victims fear that the capturers come back to retake them as prisoners and also that the ISIS members will escape punishment and go underground [17].

At the same time, some of the affected women are enormously strong; they are also instrumental in the transmission of cultural heritage. Also to support this activism a gender-specific legal work is required [59,60]. Law enforcement can take place both at national and international level through the International Criminal Court (ICC) [61].

3.3. (Health and) Mental Health of Yezidi women

As a result of the events of 2014, research has focused on the health and mental health state of the surviving (female) Yezidis.
Recent research points to a high health strain to this population. In a great household study of displaced people - most of them Yezidi - in Northern Iraq, Cetorelli et al. found a high prevalence of non-communicable diseases: 19.4% had a hypertension, 13.5% musculoskeletal conditions, 9.7% diabetes and 6.3% cardiovascular diseases [62]. All these diseases are associated with increased stress levels [63]. In addition a high rate of adaptive problems such as psychosomatic and trauma-related symptoms was found in Yezidi genocide survivors [64]. Those affected often do not understand the reason for their condition and can not assign the symptoms to their understanding of illness [53].

In another study of this authors also a high two-week prevalence of infectious diseases was found: 17.6% had a respiratory infection in this time, 13.5% diarrhea and 12.9% a cystitis. In addition 9.0% reported about mental problems and 6.2% about chronic diseases. [28]

In Northern Iraq, the women chosen to join the special-quota program in Germany showed a high prevalence of mental disorders: 78.1 were diagnosed with a PTSD, 63.0% with depressions and 2.7% with an adjustment disorder [65]. In Germany, these women showed more symptoms of adjustment disorder rather than classic PTSD [66].

In this context, it should be noted that symptoms of traumatic disorders are often delayed. Especially in migration, overcompensation is often observed along with initial stabilization. A phase of decompensation with mourning and trauma processing often only begins when everyday life has become established and the feeling of security increases. This delayed course was observed in many cases among the Yezidi women, although some of them had shown strong symptoms since their arrival. [65]

In a follow-up of 296 of these Yezidi women after a few months, 67% suffered from somatofrom disorder, 53% from depression, 39% from anxiety and 28% from dissociation. The prevalence of PTSD was 57%; the rate increases with the number of experienced rape events. (Kizilhan, 2018)

Research that examined the stress level, found high values in the recorded perceived stress in Yezidi women in IDP-camps in Northern Iraq in a standardized testing. Simultaneously the affected women suffered from a poor health state and health related quality of life and a high rate of experienced traumas. In this survey, this self-assessment was congruent with the results of the examining medical doctors who found a high prevalence of diseases requiring treatment related to mental stress. [32]

Evaluating the occurrence of PTSD and complex PTSD in female Yezidi who were victims of sexual violence living in post-ISIS camps in Northern Iraq, Hoffman et al found a prevalence of 50.9% for complex PTSD and 20.0% for PTSD [67]. The authors assume that a complex PTSD may be triggered by post-ISIS camp stress.

Also in a study in Turkish refugee camps it could be shown that Yezidi refugee women suffered from psychological health problems depending on war trauma while they had additionally common problems such as unemployment and poverty [33].

Another study in Turkish refugee camps found a frequency of PTSD in 42.9% and of major depression in 39.5% of the Yezidi refugees, while both disorders occurred more often in women than in men. 26.4% suffered from both disorders. Women with PTSD reported flashbacks, hypervigilance, and intense psychological distress due to reminders of trauma more frequently than men. Men with PTSD reported feelings of detachment or estrangement from others more frequently than women. More depressive women than men reported feelings of guilt or worthlessness. [68]

In a study with 416 Yazidi women and girls (65 of whom had survived sexual enslavement) in IDP-camps in Northern Iraq more than 80%, and almost all participants who were formerly enslaved, fulfilled criteria for a probable PTSD. Trauma exposure and enslavement predicted poor mental health. In addition social rejection in the community of formerly enslaved girls and women mediated the relationship between traumatic enslavement events and depression symptoms. [69]

The existing patriarchic and gender roles in the society can be an additional load factor for the Yezidi women [33]. High moral conceptions, limitations, and internalized attitudes to ‘honor’ and the ‘violation of honor’ can lead to considerable worry and the fear of collective exclusion [53]. In a qualitative approach, a Yezidi woman said about the women which became abducted and raped by
ISIS “They dishonored our women. Even if they return, they return dishonored (she means their pregnancy)” [70].

There are records about even less acceptance for women who become pregnant by rape – the deeply ingrained culture of the Yezidi prefers that the women don’t keep the ISIS fathered babies. If they keep the child, they live outside the traditional parameters of the community and the child will not be accepted. In addition, they have to fear not to be supported. Thus, a high number of illegal abortions, partly enforced by the community, took place. [40,71–73]

However, as a result of mass rape, the Yezidi community has established special rituals in its holy city Lalish, to rehabilitate the abducted women. Although it is still believed that there is a danger of being discriminated by the own community, and some Yezidi women committed suicide – inter alia because of this fear - after having experienced rape, so far no cases of “repudiation” are officially known; “They are still our children”, the high priest of the Yezidis supposedly said. [7,45,74,75]

While on the one hand these social context structures can be a burdening factor, on the other hand specific resources result.

In addition to internal also external coping strategies can be used for trauma processing: Some women attempted to find meaning in the massacre. It strengthened them in their intention to be strong people who would not give up their religion; they sometimes became more politicized and engaged in active self-defense in order to protect themselves from further possible massacres. They were more committed to religious and cultural rituals as a way to strengthen solidarity among the Yezidi community. The community acceptance and “silent support” of the women who were exposed to sexual attacks may thus express an external coping strategy. [70]

To support the affected women and creating a basis for rehabilitation, healing and empowerment, an intensive psychologic, organizational and material support of the surviving women – including security, protection and help to open up and verbalize the experience is required [76]. However, it should be noted that even within the established camps, refugee women are more likely to face discrimination and gender-specific violence [30].

In 2015 and 2016 1,100 women – most of them Yezidi - were sent to a special-quota project to Germany for a trauma therapy and rehabilitation. While on the one hand such initiatives can offer required treatment possibilities [65], on the other hand it must not be forgotten that those affected in the diaspora remain attached to, and empowered by, a “home” culture, fundamental values of propriety, and religion [77].

There may also be difficulties in receiving psychotherapeutic measures: despite increasing acceptance, only 16.4% of women participating in the program were in a psychological treatment and 5.5% had already completed one after two years [65]. Also, it is criticized that the explicit exclusion of all adult male family members is against the wishes of some women survivors and may compound to a lack of agency to determine the conditions of the own recovery and future [78].

3.4. Cultural-historical and religious context

“The Yezidis are a minority in a double sense: As a Kurdish subgroup, they share the fate of the Kurds, who have been persecuted and oppressed for centuries; In addition, as a religious minority, they were often discriminated against by the Kurdish majority religion, Islam.” [79]

The Yezidis (syn: Yazidis, Ezidis) understand themselves as a monotheistic religion belonging to the region “Sinjar of the governorate Nineveh” which is their traditional main settlement before Islam was established [80].

It would be too simplistic to regard the religious community as a homogenous group [79]. Also before 2003 within the community have been controversial views regarding the Iraqi understanding of nationality [81] as well as in the self-perceived belonging to the Kurds [82].

The history of the faith community – especially the pre-modern history - is difficult to reconstruct, especially because there were written sources until the mid-20th century [83–85]. Researcher observe a common substratum with Zoroastrian and Yarisan traditions, that probably go back to Indo-Iranian or local traditions [86]. This assumption is not undisputed [87]. However, religious background of the community is not certainly known.
Over time Yezidism has incorporated a number of elements of Gnostic and Orientalic Mysticism [88] – such as the presence of several “holy beings” [89] - as well as of the later Christian and Islamic faith history so that the Yezidi represent now a belief system which reflects a syncretism of various cults of the area.[90,91]. As a result, the Yezidi religion has a “flexible and adaptable belief system” and no fixed dogmatic-theological categories and systems [92]. Thus, also the existing religious texts are not normative works [93].

In this context, it can be spoken of an “oral tradition” of the Yezidi, in which (lyrical) songs and prose narrative play an important role. Only the last two centuries – and especially the last decades – have an increase in the importance of written sources recorded [94–97].

In the Yezidi belief system, the one and only god is fundamental, also the seven archangels play an important role. The reformer Sheik Adi introduced a cast system including “Sheikhs” (highest religious authority), “Pirs” (saints, priests) and “Murids” (laymen, disciples) in the 11th century. After that every member of the community has a specific role in the social hierarchy. [92,98,99]

Within the strict endogamy of this closed society, marriages between the casts and different religious communities is forbidden [100] - the compliance of this rules is according to the Yezidi faith a prerequisite to enter the paradise [101].

The events of massive attacks by the IS are also to be considered in a historical context: The history of the Yezidis is characterized by recurring phases of oppression and attacks by Muslim or Ottoman rulers. Thus, historical resources record 74 episodes of genocide [102] [39,43,45,103,104]. Thus, Yezidis are facing three types of trauma: their individual recent trauma, a historical trauma and a collective one too [44].

These recurrent experiences of oppression and persecution are deeply rooted in the collective memory of the community and are reflected in songs, stories and transmissions [11].

Even the exiled Yezidi community is affected by the fate of their faith brothers, who revive these individual, collective and generational memories. [43]

While guilt, shame and depression are frequent as a result of the genocide in the Yezidi population, the recurrent experiences have led to a determined, long-standing ethnic pride, which is now available to those affected as a resource[105].

First research indicates that in response to the attempted genocide by ISIS and the situation of displacement cultural attitudes are changing. This may concern as well everyday traditions and behavior [106] as attitudes towards towards suicide, rape and pregnancy as a result of rape and doubts in respective religion’s correctness [107]. On the other hand religious and ritual life has become more intense for some affected rather than declining - probably because of the peoples’ need for supernatural help, new opportunities, and a sense of defiance [108].

The increasing proportion of the community living in the diaspora also leads to a transformation of religion. Thus, Yezidis - especially intellectuals - have begun to construct and theologize the religion of the Yezidism [109,110]. Many – especially older members – fear of „dying out” [7], also because the Young generation of Yezidi living in Europe increasingly questions traditions and rules [109].

4. Discussion

In the context of the Yezidi genocide a transgenerational trauma must also be assumed among the community; the renewed experiences of ISIS are thus a resurgence of a deeply rooted violation of societal structures.

Depth psychology research indicates that experiences such as war, persecution or oppression remain in a collective “trauma” of a community or people. This trauma is “inherited” at the behavioral and cultural level as well as at the molecular biological level to the subsequent generations. The implications of this have been studied for various groups that have also been victims of genocide or long-term repression - such as native Australians, former black slaves in America or Holocaust survivors [111–114]. Indeed, the same behavior patterns that were found in people who experienced the Holocaust can be observed in Yezidis, namely feelings of insecurity, tension, worry about their children’s survival, and feelings of powerlessness and helplessness [53].
It was shown that even many generations after the traumatic experiences the descendants suffer from increased vulnerability to various diseases. Thus, suicide rates, self-harm and destructive behavior occur more often if actual and historical trauma are accumulating. [112]

However, traditional exposure therapy is based on a western, individualistic understanding of culture and values.

So, it is not always effective with persons who have grown up in a collective society. Also, the success of the treatment largely depends on how society deals with the events. [115]

Taken this into account, it is clear that there are not only consequences on the individual level. The actual extent of the events for the population can hardly be foreseen at the present time and will only reveal itself in subsequent generations. This vulnerability is promoted by the existing political, cultural and social uncertainty and distribution of the surviving Yezidis.

Nonetheless, the current state of research on the health of Yezidi survivors - and especially Yezidi women - should also be viewed critically. Although recent research has provided first approaches and shown a high health burden, it must be noticed that there are only few surveys, which are made more difficult by the scattering and heterogeneity of the population. Thus, some of the research has a low number of cases or only qualitative approaches. In addition, it must be taken into account that a large proportion of presented research is published by the same few research groups that might lead to a specific point of view.

5. Conclusion

The Yezidis in Northern Iraq represent a cultural and historical "old" religious community with strong local links and deeply rooted social structures. The history of the community is marked by recurrent phases of oppression and persecution. As a result of the genocide committed by ISIS, the Yezidis once again experienced massive violence. The experiences of those affected are strongly dependent on their gender. After a large number of the Yezidi population was murdered, Yezidi women in particular experienced massive sexual violence such as recurring rape and sex slavery. Many Yezidi women are still in the hands of ISIS.

Research that examined the health status of surviving Yezidis who were able to escape or were freed suggests that there is a high level of health strain in this population. In addition to various infectious diseases, non-communicable diseases also play a role. The situation may be aggravated by the living situation in IDP-/refugee Camps: while an uncertain and precarious situation may trigger the emerge of mental diseases, the hygienic and precarious housing situation may favor the appearance of infectious and chronic diseases. In addition, the medical care is often insufficient. Research indicates a high burden of mental health problems in the surviving Yezidi women, especially PTSD and depression.

Looking at the research on transgenerational trauma, it can be assumed that the recent events in the context of genocide by ISIS revive past experiences in the history of the Yezidi community on the one hand and consequences could be passed on to the descendants on the other hand. As well as the narrow cultural and religious rules of the community, this can be both a resource and an additional burden for those affected. In this context, the way the (Yezidi) society deals with the sexual assaults is of particular relevance.

The actual extent of the attacks is neither predictable for the affected individuals nor for the community of the Yezidis. In addition to the development of specific, culturally sensitive therapeutic measures, long-term care and support of the affected persons and their descendants as well as the Yezidi community in dealing with the trauma seems indispensable.

Supplementary Materials: The following are available online at www.mdpi.com/xxx/s1, Figure S1: title, Table S1: title, Video S1: title.

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