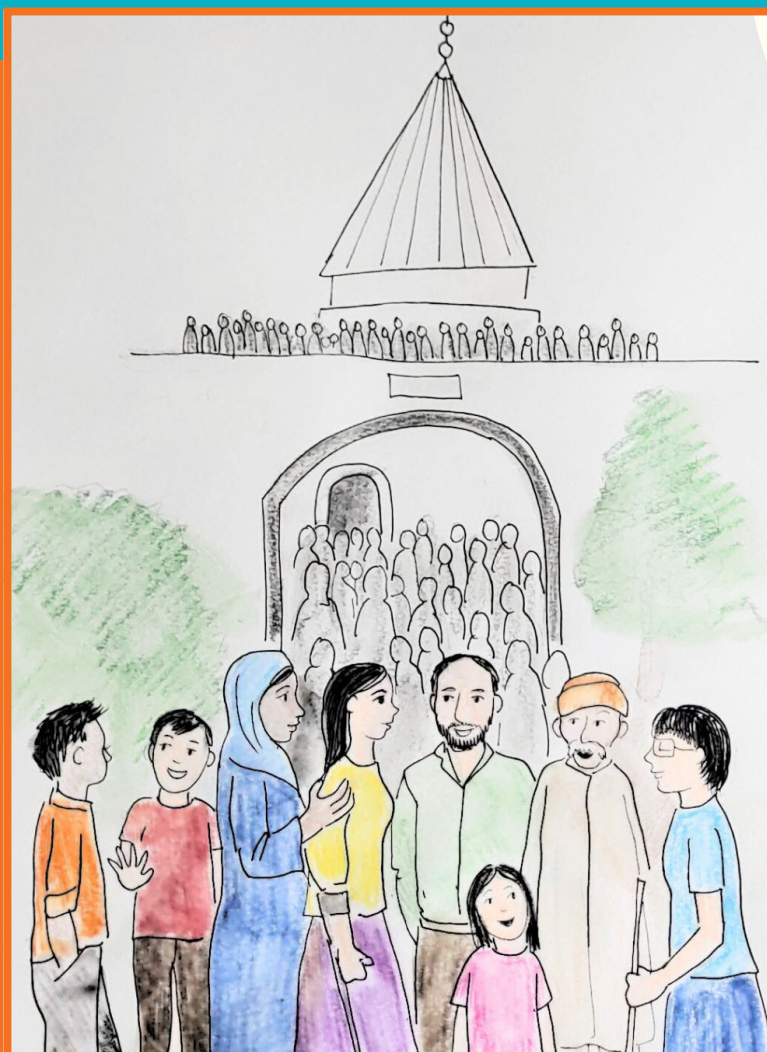


RESEARCH BRIEF

# WELLBEING OF YAZIDI CHILDREN IN THE AFTERMATH OF THE 2014 GENOCIDE



**Save the Children**



**THE MHPSS  
COLLABORATIVE**  
FOR CHILDREN & FAMILIES IN ADVERSITY

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## **About the MHPSS Collaborative**

The MHPSS Collaborative is a global platform for research, innovation, learning and advocacy in the field of Mental Health and Psychosocial Support (MHPSS). We convene key stakeholders – from children and families with lived experience to service providers, researchers and policy makers – to work together for children's mental health and wellbeing. We develop and share knowledge on the latest innovations and research on MHPSS in fragile and humanitarian settings. We advocate to ensure donors and decision makers hear the voices of children and families and prioritize policy and funding for MHPSS.

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# WELLBEING OF YAZIDI CHILDREN IN THE AFTERMATH OF THE 2014 GENOCIDE

The Yazidis are a minority group of Kurdistan that have long been persecuted for their religious practices and forced to convert to Islam. On 3 August 2014, the Islamic State of Iraq and Syria (ISIS) brutally attacked the Yazidi community living in Sinjar. Within a few days, 9,900 Yazidis had been killed or abducted, including hundreds who died on Mount Sinjar from starvation, dehydration or injuries.<sup>1</sup> Half of those killed were children, as were most of those who died on Mount Sinjar from injuries or lack of food and water.<sup>2</sup> Yazidi boys as young as seven years were separated from their families and sent to training camps where they were indoctrinated, trained and used in hostilities.<sup>3</sup> Yazidi women and girls as young as nine years were abducted and forced into sexual slavery.<sup>4</sup>

In 2021 – seven years after the genocide – Save the Children Iraq Country Office initiated a multi-phase study to understand how the 2014 events continue to shape the current living circumstances, hopes, and aspirations of Yazidi children, who were less than ten years old at the time of the attack. Phase I of the study included a review of the existing research, which later informed focus group discussions with 33 Yazidi caregivers as well as interviews, group discussions and mapping activities with 117 Yazidi children. Children with disabilities could not be included in Phase I, so Phase II focused specifically on their experiences through journaling, mapping exercises and interviews with 20 children with disabilities. Phase II also included focus group discussions with 57 caregivers of Yazidi children with disabilities.



**An illustration used as a discussion tool with children with disabilities showing non-inclusive education.**

1 Cetorelli V., Sasson I., Shabila N. and Burnham G. (2017). *Mortality and kidnapping estimates for the Yazidi population in the area of Mount Sinjar, Iraq, in August 2014: A retrospective household survey*. PLoS medicine. 2017;14(5): e1002297.

2 Ibid.

3 Human Rights Council. (2016). 'They came to destroy': ISIS Crimes Against the Yazidis.

4 Ibid.



**An illustration used as a discussion tool with children with disabilities showing inclusive play.**

While the 2014 attack drew enormous international attention, Yazidi caregivers described how, even before 2014, many people in the community experienced challenging living circumstances and deprivation. This is unsurprising given the historical marginalization of the Yazidi community and the disputed status and neglect of the Sinjar region in Iraq. Even so, the 2014 attack is believed to have caused destruction and suffering of a magnitude previously unknown. Echoes of the gruesome events of 2014 reverberate through the lives of Yazidi children today, affecting their wellbeing through ongoing violence and instability, denial of basic rights and services, and fragmentation of families and communities that serve as crucial sources of support.

More than eight years later, Yazidi children are still facing many reminders of the attack such as the ruins of destroyed homes, schools and hospitals, and the ongoing presence of armed forces within their communities. They are still experiencing aerial bombardments by warring factions and loss and suffering from unexploded ordnance, and witnessing recruitment of children their age by armed groups. Unsurprisingly, 39 out of 40 adolescents who participated in Phase I of the study said they do not feel safe where they live. They are afraid of their neighbours; loss of and separation from their families; bombings, abductions and recruitment by armed groups; violence and sexual harassment; losing access to food and safe drinking water; and homelessness.

“ I’m afraid that what happened to us in 2014 will happen again. I’m afraid that this area will be bombed again. ”

Girl from Sinjar (7 to 10 years old)



Access to basic services such as education and healthcare is severely limited – schools and hospitals either do not exist or are unaffordable and far away. Access is even more limited for children with disabilities.

Where health centres and public hospitals do exist, they are without specific provisions or reasonable accommodations to ensure inclusion, offering only basic care and lacking specialists and medication. Yazidi families in Sinjar are forced to rely on private hospitals that are far away, prohibitively expensive and not suited for children with disabilities who need ongoing care (e.g., physiotherapy sessions). Schools are also far away and hard to reach, especially for children living on Mount Sinjar. Access to schools is also affected by safety concerns, lack of identity papers and lack of knowledge of the local *Kurmanji* language among children recruited by ISIS and children born of war.<sup>5</sup> Some children have not been to school since the attack or have never been to school at all. Public schools are not designed to include children with disabilities, with instances of schools denying children admission because they are not equipped to offer relevant support or are unable to make necessary referrals in the event of emergencies. Camps, where many Yazidi children still live, lack safe and accessible spaces, forcing children with disabilities to stay inside their tents, isolating them from their peers and communities, limiting their opportunities for learning, play and development, and forcing them to rely on their family and friends to spend time outside.



**A drawing by a partially sighted 13-year-old girl showing her distress at not being able to afford treatment.**

The 2014 events have not only caused physical and material destruction but also ruptured the social and cultural fabric of the Yazidi community in Sinjar and undermined its traditional support systems. Widescale displacement has fragmented Yazidi families and split them into smaller units. Some families have members that are now dead or missing, and this has resulted in the loss of primary sources of material, social and psychological support. The loss of a breadwinner or male head of household is felt particularly deeply, not simply for financial reasons but also because of its effect on household dynamics and the wellbeing of the remaining caregivers and their children.

Yazidi communities are now composed differently. Many people have lost or left their homes and are afraid of returning to Sinjar, while others who have returned feel isolated and alienated from their new neighbours and communities.

<sup>5</sup> 'Children born of war' is a term used to describe children fathered by foreign/enemy soldiers during and in the immediate aftermath of armed conflict.

Community involvement with armed groups and conflicting forces has created a rift between families and neighbours, cultivated feelings of mistrust, and negatively affected recovery and healing. Yazidi caregivers expect conflicts in Sinjar to continue, keeping their communities in a state of unrest and on the brink of yet another displacement. Each displacement presents children with the challenge of adjusting to a new environment and processing the loss of connections with their previous home and community. Some Yazidi children and adolescents are sceptical about any chances of their circumstances improving and consider emigration out of Iraq as the only route to a better life.

“After what happened, no one feels safe. People are afraid, even of people of their own region because many of them participated in the genocide.”

Caregiver from Sinoni

The mental health and wellbeing of Yazidi children have been compromised, not only because of exposure to extreme violence and violations during the 2014 attack but also through a sustained denial of basic services and rights, frequent displacements and the associated challenges, ongoing insecurity and instability, and a breakdown in family and community supports. Caregivers expressed grave concerns about the future of their children and have noticed behavioural changes in them post-displacement, such as being less cooperative, less inclined to continue at school, and less motivated to do well at school. A few caregivers mentioned that their children recall and relive experiences from the attack and their resulting displacement, and some also perceived an increasing risk of suicide among children. The mental health of caregivers affects the wellbeing of their children, and children spoke of their distress about family conflict and the financial hardships their parents face. Some children also felt that their caregivers were depressed, withdrawn and lacking in empathy.

“I’m unhappy and afraid of loud voices. When I sleep, I have difficult dreams in which I am alone. I don’t see anyone from my family near me. I remember when my father was with us, I was not afraid of loud voices and I was not having terrifying and difficult dreams.”

12-year-old girl from Mount Sinjar with a psychosocial disability

Children with disabilities and their caregivers see exclusion as a key driver of distress. Unfortunately, stigmatization, discrimination and bullying of children with disabilities are common within peer groups, extended families and shared community spaces. This includes the use of stigmatizing labels (e.g., 'sick', 'crazy', 'disabled'); peer bullying, physical aggression and violence; and the inaccessibility of learning, play and other community spaces. To cope, children with disabilities often withdraw from their peers and community, which increases their loneliness and isolation and forces them to rely on technology to seek connections and learning opportunities. Children who were abducted by ISIS experienced grave violations, including sexual violence and exploitation, participation in combat and other roles, and forced disengagement from their Yazidi identity. Previous research has shown that children returning to their families after being held captive had physical and mental health problems and difficulties in reintegrating, including speaking and understanding the Kurdish dialect spoken by their families, obtaining or replacing missing civil documents, and accessing education after many years out of school.<sup>6</sup>



**When asked what would make his day better, a 12-year-old boy with a physical disability drew this picture showing a child who can move freely and play outdoors.**

**“ I hope no one calls me crazy because I am not crazy. I know how to play ball and beat my friends in sprints as well. ”**

**9-year-old boy from Sinjar centre with a physical disability**

<sup>6</sup> Amnesty International. (2020). *Legacy of terror: the plight of Yazidi child survivors of ISIS*.

# CALL TO ACTION

- Respond with urgency to a forgotten crisis that Yazidis continue to face by rebuilding and strengthening safe and accessible public services and community spaces in Sinjar.
- Offer reintegration and resettlement support to facilitate the return of displaced people to their communities. Prioritize the reunification of children with their caregivers, and reintegrate families, clans and communities to re-establish traditional support systems.
- Address all barriers hindering Yazidi children and their families from securing civil documentation and, in the interim, ensure full and unrestricted access to services for those without documentation.
- Cultivate partnerships with the Yazidi community to develop community-based and sustainable mental health and psychosocial support (MHPSS) that is inclusive and addresses the multifaceted needs of children with disabilities and child survivors of abduction, recruitment and sexual violence. Conduct community-led campaigns on stigma and discrimination against stigmatized groups of children.
- Put the rights and agency of children and adolescents at the centre of all MHPSS programming and services for children and adolescents. Mainstream disability inclusion in all youth-based and child-based advocacy efforts. Support children and young people with disabilities with resources and skills to advocate for their own needs.
- Support policies for inclusive schooling to ensure that all children with disabilities have access to education. Support schools and other services in making reasonable accommodations for children with different disabilities. Provide teachers and other school staff with training in disability inclusion and MHPSS. Support interventions and awareness campaigns to eliminate bullying in schools.
- Set up support groups for caregivers and provide them with appropriate mental health and psychosocial support.