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Mental Health and Collective Trauma among Yazidi Genocide Survivors

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Abstract

The Yazidi population has faced systematic persecution, culminating in the 2014 genocide by the so-called Islamic State (IS). This commentary focuses on the impact of collective trauma on Yazidi mental health, focusing on transgenerational trauma, gender-specific experiences, and culturally adapted therapeutic interventions. The discussion highlights the importance of interdisciplinary approaches that consider cultural and socio-political contexts in the treatment of Yazidi survivors. Addressing these complex mental health challenges requires a holistic framework that integrates psychological, social, and legal support mechanisms.

Introduction

The Yazidis, an ancient ethno-religious community, have been historically persecuted due to their religious beliefs. Repeated acts of violence, culminating in the 2014 IS genocide, have severely impacted their mental health [1]. More than 7,000 Yazidis were killed, and over 5,800 women and children were abducted, enslaved, and subjected to extreme violence [2].

Among Yazidi women in IDP camps, 92.6% reported multiple acts of violence, averaging 4.87 traumatic events [3]. The genocide triggered mass displacement, with over 300,000 Yazidis seeking refuge in Kurdistan. Survivors faced inadequate resources, destroyed religious sites, and legal challenges [4] . In 2016, the United Nations High Commissioner for Human Rights officially recognized ISIS's actions as genocide, crimes against humanity, and war crimes [5]. Up until today, returning to Sinjar remains dangerous due to continued ISIS attacks, damage of housing, and unexploded improvised explosive devices [6].

Survivors endure PTSD, depression, and uncertainty over missing relatives [7]. In the last couple of years, various studies reported PTSD prevalences among Yazidis ranging from 42.9% to 79%, with depression affecting 39.5%–49% and anxiety reaching 51% [8].

The psychological consequences of such atrocities manifest general in post-traumatic stress disorder (PTSD), depression, anxiety, and somatic disorders [3,9].

The genocide of the Yazidis by ISIS and the current traumatization have reactivated the collective memory of the genocides and massacres of their ancestors. In their narrative, the Yazidis speak of 74 genocides [7]. They experience double or multiple traumatization, which is why transgenerational trauma is of particular importance for this group in both processing the past and treatment.

Transgenerational and Collective Trauma

The theory of transgenerational trauma posits that mass traumas such as war, genocide, and slavery not only affect the immediate victims but also have lasting psychological impacts on subsequent generations. This transmission occurs through a combination of biological, epigenetically, psychological, and social mechanisms, leading to a higher prevalence of mental health disorders in affected ethnic and religious groups. A deeper understanding of these processes could provide new insights and approaches for effective trauma treatment [7].

The Yazidis have repeatedly experienced collective trauma as a group, most recently in 2014. This collective experience

and trauma have led to the reactivation of memories of the historical traumas endured by their ancestors, while each survivor also faced their own individual trauma. Thus, Yazidi trauma is not merely an individual phenomenon but extends across generations.

The term *Ferman* encapsulates historical genocides, reinforcing a collective memory of persecution. This transgenerational transmission of trauma contributes to heightened existential insecurity and deep mistrust. As a result, therapeutic strategies must address both the personal and cultural dimensions of suffering to provide effective treatment and support [10,11].

Gender-Specific Mental Health Challenges

Yazidi women, subjected to sexual violence and forced conversions, face additional layers of trauma. Cultural stigma and patriarchal structures have historically ostracized survivors of sexual violence. The psychological burden is compounded by community expectations and fears of exclusion, making reintegration and mental health treatment complex. Culturally sensitive interventions that prioritize safety, empowerment, and community acceptance are essential [12].

Religious and patriarchal notions of sexuality and honor complicate the treatment process. However, due to the experienced genocide, the community and state institutions have been able to break with traditional beliefs, facilitating access to psychotherapy.

Barriers to Mental Health Treatment

Several barriers hinder the psychological treatment of Yazidi survivors [7]:

- **Language and cultural differences:** Many Yazidis have limited access to mental health services in their native language.
- **Cultural perceptions of mental illness:** Traditional healing practices influence how Yazidis perceive psychological distress, often associating it with spiritual causes.
- **Legal and asylum challenges:** The uncertainty of asylum procedures adds further stress, exacerbating trauma-related symptoms.

Culturally Adapted Therapeutic Approaches

An integrated approach combining cognitive behavioral therapy (CBT) with narrative exposure therapy and community-based support systems has proven effective. Specialized initiatives providing Yazidi women with psychological care tailored to their cultural background demonstrate the value of such models in addressing trauma [13].

Recommendations for Future Research and Practice

1. **Expansion of culturally sensitive interventions:** Mental health frameworks must integrate Yazidi spiritual and communal healing practices.
2. **Long-term psychosocial support:** Addressing trauma requires sustained interventions beyond immediate crisis care.
3. **Legal and social advocacy:** Supporting asylum applications and integrating survivors into host communities can enhance mental well-being.

Conclusion

The Yazidi genocide has inflicted profound and lasting psychological trauma, necessitating a multidimensional response. The prevalence of PTSD, depression, and anxiety among survivors highlights the urgent need for sustained mental health interventions. Given the intergenerational transmission of trauma, culturally sensitive therapeutic approaches that integrate Yazidi traditions and communal healing practices are essential.

Future research should focus on the long-term psychological impact of genocide, particularly on transgenerational trauma and epigenetic effects. Policy measures must prioritize accessible mental health services, legal protections for survivors, and reintegration programs that foster social cohesion. Strengthening interdisciplinary collaborations between mental health professionals, policymakers, and Yazidi community leaders will be crucial in facilitating comprehensive healing and resilience-building efforts.

References

1. Kizilhan JI, Sennhauser L, Wenzel T. Suicidality after the genocide against the Yazidi in Iraq in 2014. Psychological Trauma: Theory, Research, Practice, and Policy. 2024 Jun 20.
2. Wenzel T, Kizilhan JI. Editorial: Mental health and sequels to violence in primary health care. Front Public Health. 2024 May 16; 12:1423765.
3. Mohammadi D. Help for Yazidi survivors of sexual violence. The Lancet Psychiatry. 2016 May 1;3(5):409-10.
4. International Organization for Migration. Yazidi displacement and migration from Iraq: Trends, drivers, and vulnerabilities. Baghdad; 2024.
5. UN News. UN human rights panel concludes ISIL is committing genocide against Yazidis: UN News; 2016 [updated 16.06.2016. Available from: https://news.un.org/en/story/2016/06/532312.
6. Cluster C, Initiative R. Intentions Survey; IDP Areas of Origin; August 2018. UN High Commissioner for Refugees; 2018 08.2018.
7. Kizilhan JI, Wenzel T. Positive psychotherapy in the treatment of

traumatised Yezidi survivors of sexualised violence and genocide. International Review of Psychiatry. 2020 Nov 16;32(7-8):594-605.

8. Al Shawi AF, Hassen SM. Traumatic events, post-traumatic stress disorders, and gender among Yazidi population after ISIS invasion: A post conflict study in Kurdistan–Iraq. International Journal of Social Psychiatry. 2022 May;68(3):656-61.

9. Kizilhan JI. The Yazidi—Religion, Culture and Trauma. Advances in Anthropology. 2017 Sep 26;7(4):333-9.

10. Kreyenbroek PG. Yezidism in Europe: different generations speak about their religion. In Collaboration with Kartal Z, Omarkhali Kh, Jindy Rashow Kh. Otto Harrassowitz Verlag; 2009.

11. Kizilhan JI, Noll-Hussong M. Individual, collective, and transgenerational traumatization in the Yazidi. BMC Medicine. 2017 Dec 11;15(1):198.

12. Mirzaei S, Kizilhan J, Alksiri R, Wenzel T. Women as Human Rights Defenders at Risk-A Present Case Example. ARCH Women Health Care. 2022;5(1):1-2.

13. Lazar A, Litvak-Hirsch T, Chaitin J. Between culture and family: Jewish-Israeli young adults' relation to the Holocaust as a cultural trauma. Traumatology. 2008 Dec;14(4):93-102.