

BEYOND SURVIVAL: ENSURING MENTAL WELL-BEING FOR YAZIDI REFUGEE CHILDREN

MIRA IVANCHEVA & KARINA BACIU

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A Yazidi child who escaped abuse from ISIS outside their tent in Kanke refugee camp ©
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Riviermarkt 5, 2513 AM The Hague, Netherlands



info@ghrd.org



+ 31 62 72 41006



<https://www.ghrd.org>

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INTRODUCTION

The Yazidi community, an ethno-religious minority from Iraq's Sinjar region, has endured horrific atrocities since 2014, when ISIS militants began a campaign of genocide against them. Yazidi children in particular have faced unimaginable horrors, including abduction, enslavement, and witnessing the brutal killing of family members. These experiences have left deep psychological scars, making mental health support an urgent priority for this vulnerable group.

International human rights legislation, such as the United Nations Convention on the Rights of the Child (UNCRC), mandate that children who have experienced severe trauma receive special care to aid their recovery and reintegration. Despite these legal protections, the reality for Yazidi refugee children often falls short of these standards. Many suffer from post-traumatic stress disorder (PTSD), anxiety, depression, and other severe mental health conditions, exhibiting symptoms like nightmares, flashbacks, and social withdrawal.

Mental health support for Yazidi refugee children is critically lacking. Refugee camps face a shortage of trained mental health professionals and culturally sensitive services. Efforts by the United Nations High Commissioner for Refugees (UNHCR) and NGOs like Médecins Sans Frontières (MSF) and Amnesty International provide trauma counselling and support groups but are often limited by resources and the great scale of need. Addressing this crisis requires training healthcare providers in trauma-informed care, integrating mental health services into broader healthcare and education systems, and ensuring refugees' inclusion in national health systems to provide comprehensive support.

This report explores the mental health rights and support systems available to Yazidi refugee children from a human rights law perspective, highlighting the gaps in current frameworks and proposing actionable improvements to ensure their psychological well-being.

1. MENTAL HEALTH CHALLENGES FACED BY YAZIDI REFUGEE CHILDREN

The Yazidi community has been subjected to extreme violence and persecution since 2014, leading to severe mental health challenges among Yazidi refugee children. These children have witnessed and endured horrific events, including abduction, enslavement, and the murder of loved ones, resulting in deep psychological trauma. This persistent psychological torment hinders their ability to lead normal, healthy lives.

This trauma manifests in a range of mental health issues, predominantly PTSD, depression, and anxiety. Studies indicate that nearly 42.9 percent of these children meet the criteria for PTSD, exhibiting symptoms such as nightmares, flashbacks, hypervigilance, and social withdrawal.¹ Girls who were subjected to sexual violence and enslavement show even higher rates of PTSD due to the compounded trauma of their experiences.² Additionally, about 71.1 percent report disturbed sleep, exacerbating other psychological issues.³

Alongside PTSD, depression and anxiety cast a long shadow over the lives of Yazidi children. Approximately one-third of these children suffer from depressive disorders, manifesting as persistent sadness, loss of interest in daily activities, and, in severe cases, suicidal thoughts.⁴ The constant state of fear and uncertainty fuels anxiety disorders, leading to excessive worry, panic attacks, and social withdrawal.⁵ These conditions create a bleak, oppressive atmosphere that stifles the innocence and joy of childhood.

Moreover, the mental health struggles of Yazidi children are further exacerbated by social rejection and stigmatisation. Survivors of sexual violence and enslavement often face significant stigma within their communities, leading to isolation and severe psychological distress.⁶ This rejection compounds their trauma, making it even harder for them to seek help and support. Cultural stigma around mental health issues adds another layer of difficulty, as many are discouraged from acknowledging or addressing their suffering.⁷

The harsh living conditions in refugee camps and host communities only add to the mental health challenges faced by Yazidi children. Camps are often overcrowded and lack basic necessities like clean water, sanitation, and healthcare. These dire conditions, combined

¹ Alyson Warwick and others, 'Meeting the Mental Health Needs of Yazidi Women Refugees in London, Canada: A Qualitative Study' (2024) 23 *International Journal for Equity in Health*.

² Amnesty International, 'Iraq: Yazidi Child Survivors of "Islamic State" Facing Unprecedented Health Crisis' (2020).

³ The Borgen Project, 'Five Mental Health Effects of the Yazidi Genocide' (2020).

⁴ The Borgen Project, 'Five Mental Health Effects of the Yazidi Genocide' (2020).

⁵ Alyson Warwick and others, 'Meeting the mental health needs of Yazidi women refugees in London, Canada: a qualitative study' (2024) 23(25) *International Journal for Equity in Health*.

⁶ Amnesty International, 'Iraq: Yazidi Child Survivors of "Islamic State" Facing Unprecedented Health Crisis' (2020).

⁷ Centre for Addiction and Mental Health, 'Immigrant and Refugee Mental Health Project' (CAMH).

with the trauma of displacement and loss, create a stressful environment that exacerbates mental health issues.⁸ Furthermore, the prolonged asylum-seeking process subjects families to ongoing uncertainty and fear, adding to the psychological toll.⁹

The long-term implications of untreated mental health issues in Yazidi refugee children are profound. Without proper intervention, these children risk developing chronic mental health conditions that can impair cognitive development, hinder educational attainment, and limit social and economic opportunities. The intergenerational transmission of trauma can perpetuate psychological distress within the community.¹⁰ This cycle of suffering threatens to undermine the future potential of an entire generation.

⁸DW, 'Children Refugees' Mental Health: Beyond the Past Trauma' (2023).

⁹TVO, 'Meeting the Mental Health Needs of London's Yazidi Refugees' (2020).

¹⁰UNHCR, 'Mental Health and Psychosocial Support' (UNHCR).

2. INTERNATIONAL HUMAN RIGHTS LAWS AND STANDARDS

During these oppressed years, the international community has deemed the innocent lives of Yazidi refugee children to be of great importance. A vast collection of international treaties and conventions recognise the inherent rights of children to receive protection, support, and aid where necessary, including in situations of poor mental health. Iraq has ratified several of these, making sure to speak at the international level about the protection of the young ones affected. This present report will explore the legal interaction of mental health and children in instruments such as: (i) The Convention on the Rights of the Child, (ii) The Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict, (iii) The WHO Mental Health Action-Plan 2013-2020 and (iv) The UNICEF Mental Health and Psychosocial Support Program.

2.1. CONVENTION ON THE RIGHTS OF THE CHILD (CRC)

As the title suggests, the CRC focuses on the protection of children worldwide and the defence of their rights.¹¹ The treaty addresses some fundamental rights, such as ensuring respect on the part of States Parties to each child without discrimination of any kind, or possession of the right to freedom of expression or freedom of thought.

These are general rights that should be respected throughout by every State Party. The Convention also includes specific rules to protect the mental health of the child.

- Article 19 of the CRC demands State Parties to take all appropriate measures to protect children from all forms of physical or mental violence, abuse, neglect, treatment, or exploitation, while in the care of any adult.
- Article 24 obliges the Member States to recognise the enjoyment of the highest attainable standard of health, including mental, and to facilitate the treatments of any illnesses and rehabilitations.
- Finally, article 37(a) solidifies the prohibition of torture or other cruel, inhumane, or degrading treatment or punishment. Torture is the most serious form of physical ill-treatment which directly impacts the human being.

¹¹ United Nations Convention on the Rights of the Child (adopted 20 November 1989, entered into force 2 September 1990) 1577 UNTS 3 (CRC) preamble.

Additionally, more and more¹² literature,¹³ as well as case judgements,¹⁴ have recognised that mental suffering constitutes a form of torture that puts the individual in a reduced position of extreme helplessness and distress that can deteriorate behavioural functions.

2.2. OPTIONAL PROTOCOL TO THE CONVENTION ON THE RIGHTS OF THE CHILD ON THE INVOLVEMENT OF CHILDREN IN ARMED CONFLICT

Considering the situation in Iraq, the Optional Protocol¹⁵ is a crucial international treaty that addresses the involvement of the children in armed conflicts. This is particularly relevant for the Yazidi children who have been subjected to abduction and forced recruitment by armed groups¹⁶. This Protocol covers issues such as the legal age of recruitment to the army and voluntary recruitment of individuals, as well as the rehabilitation and reintegration of children after experiencing the intense physical and psychological impact of conflict situations.

2.3. WORLD HEALTH ORGANISATION (WHO) MENTAL HEALTH ACTION PLAN 2013-2020

Although not a treaty, the WHO Mental Health Action Plan¹⁷ provides a framework for comprehensive mental health and psychosocial support in humanitarian emergencies. Its objectives include strengthening effective leadership and governance for mental health, and providing comprehensive, integrated, and responsive mental health and other psychosocial focused targets.

This is important for the Yazidi children as it provides a structured and strategic approach to their delicate situation. Ensuring mental health becomes a national priority, leading to a development of policies aimed at supporting traumatised innocent children. Creating accessible mental health services to Yazidi children integrates both social and psychological needs, which is a top priority in situations such as these.

¹²A S Hong and R Pickering, 'Psychological Torture: Definitions, Clinical Sequelae and Treatment Principles' (2023) 84(8) *British Journal of Hospital Medicine* 1.

¹³S B Hosseini and P A Seidi, 'A Study of Psychological Problem in Yazidi Children and Adolescents' (2018) 22(1) *Journal of Kermanshah University of Medical Sciences* e68968.

¹⁴*Aydin v Turkey* App no 23178/94 (ECtHR, 25 September 1997).

¹⁵Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict (adopted 25 May 2000, entered into force 12 February 2002) 2173 UNTS 222.

¹⁶Kizilhan, J. I. (2019). *Providing psychosocial care to child soldiers living in post-IS Iraq*. International Centre for Counter-Terrorism (ICCT).

¹⁷World Health Organization, 'Mental Health Action Plan 2013-2020' (2013).

2.4. UNICEF GUIDELINES AND PROGRAMS - MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT (MHPSS)



Bredna Stotter, Yazidi Children are sitting next to each other in front of a tent in a IDP camp, via <https://www.middleeasteye.net/features/sold-60-yazidi-children-describe-cruel-life-slaves>

The UNICEF MHPSS¹⁸ plays a crucial role in supporting the mental health of Yazidi children who have suffered extreme trauma from the conflict. The MHPSS represents a child-friendly space where Yazidi children can feel secure, away from the threats and chaos of conflict zones. These spaces help restore the sense of normality or dignity by offering activities, education, and recreational spaces.

The psychosocial support programs provide activities that carefully encourage Yazidi children to express their emotions and talk about their experiences. This is a crucial step in their recovery. Such activities might include art, playgrounds, and storytelling. Having severely damaged trust, these programs help rebuild the relationship between parents and their children. Furthermore, targeted interventions equip Yazidi children with healthy coping mechanisms to manage stress levels and anxiety.

UNICEF'S Child-Friendly Spaces and Psychosocial Support Programs are essential for addressing the complex needs of Yazidi children, helping them recover from trauma, rebuild their lives, and reintegrate into their communities.

¹⁸ UNICEF, 'Mental Health and Psychosocial Support' (UNICEF).

3. CURRENT MENTAL HEALTH SUPPORT SYSTEMS

Enduring the horrors of abduction, enslavement, and the brutal killing of family members has left Yazidi children with profound psychological scars that require immediate mental health intervention. Over the years, several organisations have stepped up to provide essential mental health services to these vulnerable children, aiming to help them heal and rebuild their lives.

International organisations are actively working to improve the mental health of Yazidi refugee children. The UNHCR has integrated mental health and psychosocial support (MHPSS) into broader health services for refugees. This approach ensures that mental health services are accessible and sustainable within the primary healthcare system.¹⁹ The WHO collaborates with UNHCR through the Mental Health Gap Action Programme (mhGAP), which aims to scale up services for mental, neurological, and substance use disorders. This program provides training and resources to primary healthcare providers, enabling them to effectively manage common mental health conditions.²⁰

Several NGOs are currently focused on improving the mental health of Yazidi refugee children. MSF offers trauma counselling and support groups in refugee camps, providing immediate psychological relief to children in distress. These programs create a safe environment where children can begin to process their traumatic experiences and receive the support they need to cope. Amnesty International continues to advocate for comprehensive mental health services for Yazidi children, emphasising the importance of long-term support integrated into broader humanitarian aid programs.²¹

Local NGOs and community-based organisations are also actively involved in providing culturally sensitive mental health support. These organisations understand the cultural context and tailor their interventions to meet the specific needs of Yazidi children. Services such as counselling, recreational activities, and educational support are essential for the holistic development and well-being of these children.²² Community-based initiatives that involve trained local volunteers help overcome cultural barriers and reach more children effectively.

National health systems in host countries are playing a significant role in improving the mental health of Yazidi refugee children. In northern Iraq, the Kurdistan Regional Government collaborates with international organisations to enhance mental health services

¹⁹ UNHCR, 'Mental Health and Psychosocial Support' (UNHCR).

²⁰ Centre for Addiction and Mental Health, 'Immigrant and Refugee Mental Health Project' (CAMH).

²¹ Amnesty International, 'Iraq: Yazidi Child Survivors of "Islamic State" Facing Unprecedented Health Crisis' (2020).

²² TVO, 'Meeting the Mental Health Needs of London's Yazidi Refugees' (2020).

in refugee camps. This collaboration includes training local health workers in trauma-informed care and providing the necessary resources for mental health interventions.²³

In Germany, which hosts a significant Yazidi refugee population, policies have been implemented to ensure that refugees have access to mental health services. The German healthcare system provides comprehensive mental health care, including therapy and psychiatric services. Efforts to train cultural mediators and provide translation services help bridge the gap between healthcare providers and refugee communities, making these services more effective.²⁴

The ongoing efforts of international organisations, NGOs, and national health systems to provide mental health services are essential in aiding the Yazidi children to recover from their trauma. These collective initiatives ensure that these vulnerable children receive the necessary support to heal and rebuild their lives.

²³ Alyson Warwick and others, 'Meeting the Mental Health Needs of Yazidi Women Refugees in London, Canada: A Qualitative Study' (2024) 23 *International Journal for Equity in Health*.

²⁴ Centre for Addiction and Mental Health, 'Immigrant and Refugee Mental Health Project' (CAMH).

4. GAPS AND CHALLENGES IN PROVIDING MENTAL HEALTH SUPPORT

The Yazidi community has faced severe persecution, particularly during the atrocities committed by ISIS, resulting in profound psychological impacts on its children. The challenges in providing adequate mental health support for these children are multifaceted issues such as trauma and PTSD, a lack of specialised mental health services, cultural sensitivity and language barriers, and resource constraints.

4.1. TRAUMA AND PTSD

Many Yazidi children have endured extreme trauma, including abduction, sexual violence, forced displacement, and witnessing brutal violence.²⁵ These experiences often lead to PTSD and other severe psychological conditions. PTSD is characterised by intrusive memories, flashbacks, nightmares, and severe emotional distress, which can severely impair a child's development and daily functioning. According to multiple researches, trauma survivors, especially children, may experience long-term psychological effects that require specialised therapeutic interventions.²⁶ The need for trauma-informed care is critical in treating these children, yet such specialised care is often unavailable or limited in the regions where Yazidi communities exist.

4.2. LACK OF SPECIALISED MENTAL HEALTH SERVICES

A significant gap exists in the availability of specialised mental health services for trauma-affected populations like the Yazidi. This shortage is particularly acute in areas where these communities are located, which often lack the necessary infrastructure and resources. The WHO²⁷ highlights that low- and middle-income countries frequently suffer from a dearth of mental health professionals, and even more so for specialists in trauma and PTSD. The limit of qualified professionals means that even when children and families seek help, they may not receive the appropriate care, enhancing the effects of their trauma.

²⁵ Judith L Herman, *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror* (Basic Books 2015).

²⁶ S B Hosseini and P A Seidi, 'A Study of Psychological Problem in Yazidi Children and Adolescents' (2018) 22(1) *Journal of Kermanshah University of Medical Sciences* e68968.

²⁷ World Health Organisation, *Mental Health Atlas 2017* (WHO 2019).

4.3 CULTURAL SENSITIVITY AND LANGUAGE BARRIERS

Providing culturally sensitive mental health care is essential but challenging, particularly in diverse and traditionally isolated communities like the Yazidi. Mental health practitioners may not be familiar with Yazidi cultural practices²⁸, religious beliefs, and the specific types of trauma these children have experienced. Cultural competence in healthcare involves understanding the cultural contexts of the patient and being aware of one's own cultural biases. Without this understanding, practitioners risk misinterpreting symptoms or providing ineffective treatment. Language barriers further complicate this issue, as many Yazidi speak Kurdish dialects or Arabic, languages in which not all mental health professionals are fluent.

4.4. RESOURCE CONSTRAINTS AND FUNDING

Resource constraints and underfunding²⁹ are pervasive problems that hinder the delivery of effective mental health services in post-conflict or emergency settings. Mental health programs are often not prioritised, resulting in insufficient funding for essential services, training for providers, and the development of a sustainable mental health infrastructure. Mental health resources are disproportionately allocated worldwide, with the most considerable shortages in regions experiencing significant needs, such as post-conflict zones. This lack of funding not only limits the availability of services but also hampers the capacity to train local providers and build enduring support systems.

²⁸ Arthur Kleinman and Peter Benson, 'Anthropology in the Clinic: The Problem of Cultural Competency and How to Fix It' (2006) 3(10) *PLOS Medicine* e294.

²⁹ Vikram Patel and others, 'Women, Poverty and Common Mental Disorders in Four Restructuring Societies' (2010) 49(11) *Social Science & Medicine* 1461.

5. BEST PRACTICES AND CASE STUDIES

The profound psychological trauma endured by Yazidi refugee children necessitates effective mental health interventions. Organisations worldwide have developed impactful strategies to support these vulnerable children, showcasing the power of compassionate and targeted mental health care.

5.1. BEST PRACTICES IN MENTAL HEALTH SUPPORT

5.1.1. *Trauma-Informed Care*

Trauma-informed care is a foundational approach in mental health services for Yazidi refugee children. This practice involves understanding, recognising, and responding to the effects of all types of trauma. By integrating knowledge about trauma into policies, procedures, and practices, caregivers can provide a supportive environment that avoids re-traumatisation. Trauma-informed care emphasises safety, trustworthiness, peer support, collaboration, and empowerment, ensuring that children feel understood and respected.

One notable example is the work of MSF, which provides trauma counselling in refugee camps. MSF's approach includes individual and group therapy sessions where children can express their feelings and experiences in a safe, supportive environment.³⁰ This method has proven effective in helping children process their trauma and begin the healing journey.

5.1.2. *Culturally Sensitive Interventions*

Cultural sensitivity is crucial in delivering effective mental health care to Yazidi children. Interventions must be tailored to respect and incorporate the cultural and religious backgrounds of the children. Local NGOs and community-based organisations are often best positioned to provide culturally sensitive care. These organisations understand the cultural context and can design interventions that resonate with the children and their families.

For example, community-based initiatives involving trained local volunteers have shown success in overcoming cultural barriers. Volunteers who share the same cultural background as the children can build trust and provide relatable support, making it easier for children to open up and engage in therapy.³¹

5.1.3. *Integrated Mental Health Services*

Integrating mental health services into broader healthcare and educational systems ensures comprehensive support for Yazidi children. This approach involves incorporating

³⁰Amnesty International, 'Iraq: Yazidi child survivors of Islamic State facing unprecedented health crisis' (Amnesty International, 30 July 2020).

³¹ UNHCR, 'Mental Health and Psychosocial Support' (UNHCR).

mental health screenings and interventions into routine healthcare visits and school programs. By doing so, mental health care becomes more accessible and less stigmatised.

In Germany, efforts to integrate mental health services within the national healthcare system have proven effective. The German healthcare system provides comprehensive mental health care, including therapy and psychiatric services, to Yazidi refugees. Additionally, training cultural mediators and providing translation services help bridge the gap between healthcare providers and refugee communities, enhancing the effectiveness of these services.³²

5.1.4. Community-Based Mental Health Programs

Community-based mental health programs leverage local resources and knowledge to provide support that is both effective and sustainable. These programs often involve training community members as mental health ambassadors who can offer peer support and connect individuals with professional services.

In Iraq, the Kurdistan Regional Government collaborates with international organisations to establish specialised mental health clinics within refugee camps. These clinics are staffed by trained professionals who provide trauma-informed care to Yazidi children. The integration of mental health services with other essential services, such as education and primary healthcare, ensures a holistic approach to the children's well-being.³³

5.2. CASE STUDIES

5.2.1. Médecins Sans Frontières (MSF) in Iraq

MSF's mental health programs in Iraq have demonstrated significant improvements in the psychological well-being of Yazidi children. MSF provides individual and group therapy sessions, creating a structured environment where children can express their emotions and work through their trauma. The therapeutic approach used by MSF is holistic and culturally sensitive, recognizing that rebuilding trust is essential for these children to feel secure enough to engage with mental health services. This foundation of trust and safety allows children to work through their trauma and regain a sense of normalcy in their daily lives.³⁴

5.2.2. Local NGOs and Mental Health Ambassadors in Germany

In Germany, local NGOs have implemented innovative mental health programs that train Yazidi refugees as mental health ambassadors. These ambassadors thereafter provide peer support, facilitate community discussions about mental health, and help connect

³² Centre for Addiction and Mental Health, 'Immigrant and Refugee Mental Health Project' (CAMH).

³³ UNHCR, 'Mental Health and Psychosocial Support' (UNHCR).

³⁴ Doctors Without Borders, 'What is Psychological First Aid?' (Doctors Without Borders).

community members with professional services. This peer-led approach fosters a sense of trust and relatability, making it easier for children to engage with mental health services.³⁵

The best practices and case studies highlighted here demonstrate the power of compassionate, culturally sensitive, and integrated mental health care for Yazidi refugee children. From trauma-informed care and community-based programs to the integration of mental health services in education and healthcare, these approaches offer hope and healing. By continuing to implement and expand these best practices, organisations can help Yazidi children recover from their trauma and build brighter, healthier futures.

6. RECOMMENDATIONS FOR IMPROVEMENT

6.1. Specialised Training Programs for Mental Health Professionals

Developing specialised training programs for mental health professionals, focusing on trauma and PTSD with an emphasis on cultural competence, is essential.³⁶ Training should include understanding the cultural and historical context of the Yazidi people.

6.2. Enhancement of Funding and Resource Allocation

Securing increased funding and resources for mental health services targeting conflict-affected children is critical. This can be done through international aid, government funding, and partnerships with NGOs and philanthropic organisations. The WHO³⁷ underscores the need for increased funding and resources to address global mental health disparities.

6.3. Establishment of Legal and Policy Frameworks

Advocating for the development and enforcement of national and international legal frameworks that ensure the right to mental health care for Yazidi children is crucial. Engaging with policymakers to integrate mental health into national health agendas and protecting children's rights is essential. The UN General Assembly's Convention on the Rights of the Child (1989) provides a legal basis for advocating for these rights.³⁸

³⁵ Kelley, L. M., & Harlow, L. K. "Yazidi Refugees in Germany: Mental Health and Social Support Initiatives." *Journal of Immigrant and Minority Health* (2023).

³⁶ Judith L Herman, *Trauma and Recovery: The Aftermath of Violence--From Domestic Abuse to Political Terror* (Basic Books 2015).

³⁷ World Health Organization, *Mental Health Atlas 2017* (WHO 2019).

³⁸ United Nations Convention on the Rights of the Child (adopted 20 November 1989, entered into force 2 September 1990) 1577 UNTS 3.

6.4. Ensuring Compliance with International Human Rights Standards

To ensure effective implementation of these measures, it is essential to establish monitoring and compliance mechanisms that align with international human rights standards. This includes regular assessments by international bodies, such as the United Nations³⁹ and non-governmental organisations, to evaluate the adherence of host countries and aid organisations to established human rights principles. Ensuring compliance also involves holding entities accountable for failing to meet these standards, thereby safeguarding the rights and well-being of Yazidi children.

³⁹ Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict (adopted 25 May 2000, entered into force 12 February 2002) 2173 UNTS 222.

CONCLUSION

The situation of Yazidi refugee children, deeply scarred by the atrocities committed since 2014, is a critical humanitarian issue that demands urgent attention and action. The widespread psychological trauma these children have endured, including abduction, enslavement, and the brutal loss of family members, necessitates a comprehensive and culturally sensitive mental health response.

Current mental health support systems, though present, are insufficient to meet the immense needs of Yazidi children. Organisations such as the UNHCR, WHO, Médecins Sans Frontières, and local NGOs have implemented valuable programs providing trauma counselling and support. However, challenges such as a lack of specialised mental health services, cultural sensitivity issues, language barriers, and resource constraints hinder the effectiveness and reach of these initiatives.

Moreover, the stigma associated with mental health issues in the Yazidi community further complicates the situation, preventing many from seeking the help they desperately need. Specialised training programs for mental health professionals, particularly in trauma-informed care, must be expanded. There is also a pressing need for increased funding and resources to ensure the sustainability and expansion of mental health services. Furthermore, integrating mental health care into national health systems and ensuring cultural competence among healthcare providers are crucial steps to provide accessible and effective support.

These strategies, coupled with international cooperation and strong political will, can significantly improve the mental health outcomes for Yazidi refugee children, helping them heal and rebuild their lives.

While considerable strides have been made in supporting Yazidi refugee children, much remains to be done. The international community, governments, NGOs, and local organisations must intensify their efforts to provide comprehensive mental health care. By doing so, we can honor the rights of these children, alleviate their suffering, and give them hope for a brighter, more secure future.

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