

RESILIENCE AMIDST TRAUMA: UNDERSTANDING THE MENTAL HEALTH OF YAZIDI WOMEN IN IRAQ

Marko Stefan Petrović

Department of Psychology, Faculty of Philosophy, University of Belgrade, Serbia.

DOI:<https://doi.org/10.5281/zenodo.15517502>

Abstract: This study explores how gendered realities affect the mental health of Yazidi women, currently displaced in Northern Iraq. The aim is to identify positive and negative gender practices, explore their impact on mental health outcomes, and situate them in the cultural and socio-political context of the Yazidi community. The study adopts a mixed methods research design, combining the results of a quantitative survey conducted through a door-to-door assessment of Yazidi women living in two camps (N = 204) and semistructured interviews (N = 13). The findings reveal that gendered social control has a profound impact on Yazidi women's mental health by undermining their need for agency and freedom, preventing them from participating in beneficial activities and pursuing goals, and sometimes causing conflicts with their families.

Keywords: Gender, Mental Health, Yazidi/Yezidi, Iraq, Mixed Methods

Introduction

Gendered division of labor, confining many women to the household, contributes to experiences of monotony, social isolation, and physical exhaustion. In spite of gender-specific constraints and the displacement setting, women from the Yazidi community rely on diverse sources for well-being. This includes community-based resources like friendships and neighborhood groups, traditional and religious practices, and some individual activities. The results are situated within the framework of traditional customs and norms, as well as within the sociopolitical context of post-conflict and displacement. The critique of depicting Yazidi women as a homogeneous group and the significance of recognizing the diversity of their gendered experiences are highlighted. Gender implications on psychological experiences are well documented. In general, internalized disorder such Gender Implications on Women's Mental Health and Experiences Gender as a social construct, as distinct from sex as a biological category, refers to relationships between and among the sexes based on their respective roles (UNICEF, 2018a). As a system of power, gender shapes the economic, political, and sociocultural characteristics, constraints, and opportunities associated with being a woman or a man (Wright et al., 2016). Gender permeates through every aspect of society and intersects with other social factors such as economic status and religious or ethnic affiliations, as well as sexual orientations (Al-Ali, 2005). While gender varies across cultures, is dynamic, and can change over time (Neculaesei, 2015), a common pattern is that women experience limited personal autonomy, resource access, and

influence in decision-making processes that shape social realities and their own lives. As depression and anxiety are more prevalent among women, while externalized problems such as substance use disorders and antisocial behavior are more prevalent among men (WHO, 2002; Seedat et al., 2009). Coping mechanisms are also recognized to be gendered, with women often leaning towards "social", less active strategies aimed at altering emotions, while men tend to rely on problem-focused strategies aimed at altering the stressor and antisocial strategies (Hobfoll et al., 1994, Liddon et al., 2018). Identified differences in mental health variables between men and women have been attributed to biological factors such as genetics, anatomy, and physiology, as well as psychosocial factors related to conditions determining their daily lives and their interplay (Eagly and Wood, 2016; Li and Graham, 2017). In order to analyze how gender shapes the psychosocial realities of women and men and subsequently their mental health outcomes, it has to be considered that gender is not a unitary entity (Lorber, 1994). Gender includes components such as gender norms and roles, particularly the division of labor and gendered control that enables conformity to traditional roles. On the individual level, it consists of components such as gender identity, gender socialization the process of "learning" gender, and gender beliefs reflecting the resistance to or acceptance of gender ideology. Different social roles, including those of gender, vary with social conditions, and "appropriate" behavior is guided by social norms (Thorlindsson, 1982). Some scholars hypothesize that differences in social roles account for gender differences in internalizing problems, by highlighting that women have lower access to multiple social roles, which could otherwise be a source of identity and meaning (role accumulation hypothesis), that women face more conflicting demands between different social roles, like parenthood and employment (role configuration hypothesis), or that women have less positive experience within any social role (role strain theory) (Sachs-Ericsson and Ciarlo, 2000). In particular, some authors consider the division of labor responsibilities. It is a ubiquitous tendency that women are more involved in housework and childcare, while men participate in paid work. This division is a decisive factor for social and personal life, determining power relations and lower autonomy among women and thus limiting a crucial human need associated with mental health (Chirkov et al., 2003; Brunson et al., 2009; Rosenfield and Smith, 2009). Importantly, gender and gender differences in mental health vary across cultures, countries, and regions (Fischer et al., 2004; Gong et al., 2018). The relevance of psychosocial variables related to gender might depend on cultural orientation. For instance, the relevance of autonomy for well-being tends to be more pronounced in cultures that are to a greater extent individualistic oriented, where individual needs are emphasized, than in more collectivistic-oriented countries, where relatedness is particularly valued (Oishi et al., 2009; Balkir et al., 2013). Such results point to the importance of taking cultural aspects into account when analyzing associations between gender realities and mental health. However, there is a lack of attention paid to this issue (Reid, 2002). Nevertheless, the intersectionality approach offers a framework for exploring the intersection between gender and different social identities, with the primary attention directed to the question of how intersections produce experiences of privilege or marginalization (Opara et al., 2020; Hussein, 2023).

The dominant research and theoretical attempts to explore how gender shapes mental health are often located in countries of the Global North and observed through the lens of their standards of desirable patterns and outcomes, which are not necessarily applicable to other contexts (Erdener, 2017). In order to better understand the link between mental health and gendered lived realities, a more detailed, culturally sensitive analysis of idiosyncratic expressions, practices, and norms is necessary, as is their positioning in the current sociopolitical landscape. This is particularly relevant for the exploration of contexts like Iraq, often described by an oversimplified understanding of gender relations (Charles et al., 2023) that lacks nuanced consideration of different social, ethnic, and religious belonging. Gendered Realities in Iraq Often referred to as the “cradle of civilization”, Iraq is known for being one of the first places to develop complex urban centers (Langfield et al., 2009). Its rich mosaic of ethnic, religious, and linguistic groups has fostered a treasure of diversity, yet it remains a fragile entity shaken throughout history, most recently by the emergence and reign of the Islamic State (IS) (Althalathini et al., 2022). In this post-conflict phase, the country is experiencing political power battles, sanctions, and economic stagnation, leading to poor living conditions for many (Vilardo and Bittar, 2018). Internal conflicts and sectarian violence continue to contribute to social unrest (Haddad, 2013; Köse et al., 2016). Many Iraqis have been forced to leave their home cities and villages to settle elsewhere in the country, increasing their vulnerability due to the challenges associated with internal displacements, such as physical danger, limited access to health care, employment opportunities, and education and the environmental challenges (Burnham et al., 2016). Patriarchal culture has been prevalent and is still dominant in contemporary society, meaning that women and girls although equal by law do not have the same opportunities as men and boys (Althalathini et al., 2022). Restrictive gender norms perpetuate both the public and private spheres, creating persistent inequalities in almost every area of life (SEED Foundation, 2021). The reproductive work and caregiving responsibilities in the household are imposed mostly on women, preventing them from delegating or redistributing these responsibilities (World Vision, 2024). They are often denied autonomy in decision-making and mobility and control over resources. Access to employment is limited, with less than 15% of Iraqi women engaged in paid work (World Bank, 2020). While inadequate access to education also affects men and boys, there is a noticeable gender disparity with women often being denied to participate in social and political processes (SEED Foundation, 2021). In addition to inequalities, women have suffered from different forms of violence. As Al-Ali (2005) reported, about half of women in Iraq have experienced some form of sexual or sectarian violence in public spaces on the streets or at work. Intimate Partner Violence (IPV) is also prevalent, with indications that the prevalence is almost reaching 50% (Klugman, 2019). Other, severe forms of Gender-Based Violence (GBV), are “honor killings” in which a female is killed in order to remove the family shame associated with extramarital relations and to restore the family’s reputation (Al-Ali, 2005) and the practice of early and forced marriage (UNICEF, 2018b). The IS invasion led to the normalization of violence, disruption of social order, and the absence of protection mechanisms (SEED Foundation, 2021) and up to today, GBV persists in many areas of life (UNFPA,

2020). During the invasion of IS, many women were exposed to war-related violence, including torture, rape, sexual slavery, or forced conversion to Islam (Amnesty International, 2017). While the prevailing literature often portrays traditional practices and culture in Iraq as inherently harmful to women, positive gendered aspects within Iraqi culture are frequently overlooked. For instance, women in Iraq demonstrate highly developed and diverse networks and connections (Dietrich et al., 2021), often manifested through gatherings in the form of tea parties or sewing circles. These gatherings serve as platforms for socialization, mutual support, and expressions of solidarity among women. Recent research sheds light on the empowering aspects of religious practices for women, which serve as coping mechanisms in the face of adversity or help them navigate through entrepreneurship (World Vision, 2024; Althalathini, et al., 2022). Women are not powerless, as they demonstrate resilience and show an important and positive impact on Iraqi society. During the conflict, women managed to provide for their children, protect them from being recruited by IS, contribute to educating their children and their de-radicalization, and keep their families united (Dietrich and Carter, 2017). Some local women contribute to community engagement, by running shelters to meet the needs of other women, organizing informally, and raising their voices against the violence toward women in their surroundings, with some courageous examples of women engaged in community work or political activism, through public engagement in Organisations such as for the Organisation for Rehabilitation of Women (WRO), the Organisation for Women's Freedom in Iraq (OWFI) and other similar initiatives. Conflict can be a space to negotiate gender roles with the potential for positive changes in gender dynamics toward increased women's agency (Althalathini et al., 2022). Bias and Gürler (2020) have reported that internal displacement for at least some Iraqi women has led to increased agency, due to them becoming heads of the household, taking up leadership roles, or being displaced to communities that are less conservative than their original ones. Some softening of restrictions on women and more tolerance for Iraqi women working in new sectors and outside the home are noted as well (Vilardo and Bittar, 2018). However, the new responsibilities, particularly those associated with becoming a breadwinner/head of household, also place a burden on women, as new demands occur in the context of still restrictive gender norms, unpaid household work, lack of education, poverty, and internal displacement (Oxfam, 2019). Some women were not prepared for this new role, nor did they face community acceptance or support. In some cases, women taking up new roles can lead to tensions with their male partners (Wachter et al., 2018). Even if there is a visible positive development in some areas of women's lives, it is uncertain how profound and lasting this is (Vilardo and Bittar, 2018). Being a Yazidi Woman in Iraq Yazidis are one of many ethno-religious minority groups in Iraq, alongside Turkmen, Shabak, Christians, Kaka' i, and others, while the Iraqi majority identifies as Arab or Kurd and Muslim (Minority Rights Group International, 2018). Yazidism is practiced as a religion, forming a tight-knit community that places great value on generosity and sharing, tolerance, and peaceful coexistence with all human beings (Tippens et al., 2021; Shammo et al., 2022). The behavior of the members of this community is regulated by distinct rules: It is forbidden to marry or have sexual

relations with members of other communities, while the cast-like system regulates who can marry whom within the community (Allison, 2017). Yazidis have survived several attempts at genocide in the course of history, as they were wrongly accused of being “devil worshipers” (Ceri et al., 2016). The latest assault on their community through the IS has deeply shaken the Yazidi community. Although the other ethnoreligious minorities and the Muslim population who opposed the IS were all targeted, the Yazidi community was particularly affected (Hoffman et al., 2018). Yazidis’ experiences of the conflict were gender-specific, with boys and men being subjected to killings, forced to fight for IS or to convert to Islam, and girls and women being captured, forced to convert to Islam, raped, and trafficked (Jäger, 2019; Strang et al., 2020). Following the conflict, the way of life for Yazidis is undergoing massive changes (Omarkhali, 2016). Although some have returned to their home villages in Sinjar, the majority have not been able to do so, due to the destruction of their houses, insecurity in the areas and fear of the IS returning, or loss of trust in the resident Muslim population (Jäger et al., 2019). Many are now internally displaced in Iraq, living mostly in Internally Displaced Persons (IDP) camps, or have migrated to foreign countries. Historically, Yazidis have been economically disadvantaged, a situation that has been exacerbated by the impacts of conflict and displacement (Allison, 2017). Several studies touched upon specific aspects of gender realities in this community. Many women from the Yazidi community who were IS survivors faced subsequent unacceptance by their community, due to the perception of the violation of the relevant social norm of “purity”. However, strict patriarchal norms regarding “purity” have been loosened up, as religious Yazidi leaders have advocated for the reacceptance of survivors in the community (Omarkhali, 2016). Similarly, as in other communities throughout Iraq, Yazidi women often need the permission of a male family member to leave the house or engage in outside activities (Erdener, 2017). While boys and men are prioritized in education and employment (Shammo et al., 2022), taking care of the family and children is placed on the shoulders of women. Despite marginalization, women have an important role in transmitting cultural heritage to the next generations (Jäger et al., 2019). Several studies have addressed the mental health of Yazidi women, particularly in the context of the detrimental effects of the atrocities perpetrated by IS (Kizilhan, 2018). A study focusing on Iraqi Yazidis displaced in Turkey, reported high prevalence rates of PTSD (42.9%) and major depression (39.5%) in the community, with both being more frequent among Yazidi women than men (Tekin et al., 2016). In the same vein, a study conducted by Ibrahim et al. (2018) has demonstrated that 80% of Yazidi women and girls met the criteria for PTSD and exhibited high levels of depression. Experiences of traumatic events and enslavement predicted higher PTSD and depressive symptomatology. Importantly, the association between enslavement and depression was mediated by the perceived social rejection. Moreover, Abdulah et al. (2020) have shown that more than 40% of surveyed Yazidi women were at risk of suicide ideation and attempts following the IS attack. In another study, Yazidi women who were survivors or relatives of survivors of traumatic events showed a very high prevalence of post-traumatic stress disorder (78.1%) and depression (63%) in women assessed (Hillebrecht et al., 2018). A case series of several Yazidi women who migrated to Germany

showed in particular the presence of anxiety disorders, depression, and adjustment disorders (Gerdaud et al., 2017). Studies conducted in different time periods and across contexts point to the high level of suffering experienced by Yazidi women. Several studies also explored the coping mechanisms of Yazidi women. It was found that for Yazidis in Iraq, both women and men, religious resources and faith are the most used and trusted resources (Strang et al., 2020). Yazidism is a sedentary religion with a strong connection to the local environment where the holy places are located (Jäger, 2019). In the displacement context, some of their religious rituals are disrupted, particularly visiting the Lalish temple, a sacred place for Yazidis. However, religion hasn't lost its importance and there is evidence that it is even being strengthened, as religious beliefs serve as a source of hope and relief for Yazidi girls and women (Erdener, 2017; Howe et al., 2024). Acts of worship became the central part of the daily lives of displaced Yazidi women in Turkey and the US, providing a sense of order and an opportunity to feel a sense of belonging to their heritage (Erdener, 2017; Tippens et al., 2021). Wearing traditional clothing, celebrating traditional holidays, making traditional food, and teaching traditional practices to children are additional ways of preserving cultural identity (Tippens et al., 2021). Alongside religious resources, family and community resources are trusted the most, with Yazidi women particularly trusting friends, female relatives, police, and local women's groups (Strang et al., 2020). It has been shown that, for displaced female youth in the Kurdistan region of Iraq, the most important 2sources of well-being are social connections (with friends, family, and neighbors) and supporting community members (Howe et al., 2024). Erdener (2017) observed that Yazidi women in refugee camps in Turkey regularly practiced collective mourning rituals, in which they expressed their grief and shared trauma in silence. Additional coping strategies and sources of resilience mentioned by Yazidi youth were educational goals (Howe et al., 2024), while some, mostly older women, experienced housekeeping activities such as cooking and cleaning as a way to keep the family integrated in displacement and post-conflict context (Erdener, 2017). Also, some new forms of female resilience mechanisms emerged after the conflict, such as participation in self-defense groups, that foster a feeling of empowerment and control and spur the transformation of women's roles from a more passive to a more active one (Erdener, 2017). The reviewed studies explore the mental health vulnerabilities and coping strategies of Yazidi women, predominantly in the context of conflict-related experiences. Nevertheless, we found no studies that directly and systematically explore the implications of everyday gender-specific lived experiences on their mental health. Given the dynamic nature of gender and the conflict- and displacement-related transformations of the Yazidi community, a temporally and contextually situated analysis of gender and its importance for mental health in this community is necessary. The objective of this study is to examine this issue in depth. Therefore, considering the empirical evidence indicating the gender inequalities and obstacles to the mental health of women, it is imperative to consider the full range of challenges women face and their implications for mental health. In addition, the focus on resilience points is lacking in the existing literature, which may contribute to the perpetuation of narratives that reinforce the idea of women as weak and fragile (Ayoub et al., 2023). This highlights the

necessity of addressing resilience points alongside the exploration of gender. More specifically, the aim of this study is to shed light on gender-specific challenges and resilience points in the broader sociohistorical context and to explore how they influence the mental health of Yazidi women.

Materials and Methods

The study relies on a mixed-methods research design that combines quantitative findings based on a survey with qualitative information derived from Key Informant Interviews (KIIs). KIIs were conducted with the aim of deepening and clarifying specific findings from the survey. Quantitative Survey Quantitative data collection took place in August 2022 in two IDP camps, Essyan and Mam Rashan, located in the Nineveh region, in Northern Iraq. Two research assistants who collected the data previously took part in training on data collection and concepts of mental health and gender. We relied on convenience sampling to recruit participants, more precisely, door-to-door assessment was conducted. Interviews were carried out by two female research assistants in a private, face-to-face interview setting. All participants were thoroughly informed about the purpose and relevant aspects of the research and gave consent for their participation in the study. The questions were read to the participants in Kurdish language and the responses were entered directly by the research assistants. In addition to standard socio-demographic questions, the PHQ-9 questionnaire was used for assessment of depression, as a reliable, valid, and practical instrument for research use (Kroenke et al., 2001). It consists of 9 items that cover 9 DSM criteria. Each item scores from 0 "not at all" to 3 "nearly every day", with the total PHQ score ranging from 0-27. It demonstrated high reliability in our study, measured by Cronbach's Alpha ($\alpha = .92$). For detecting the major depressive disorder, a cut-off score of ≥ 10 was used, as a widely used cut-off score, with acceptable diagnostic properties (Manea et al., 2012). To explore perceived gender realities, measures consisted of open-ended questions. To create an opportunity for women's perspectives to be heard and cultural specificities to be noticed, we asked: "What cultural practices, everyday routines, or celebratory rituals do you think are positive/negative for women in your community and their well-being?" Open-ended questions were subsequently coded into categories by the first author, with all categories that made up more than 3% of answers included, while other responses were coded into the "other" category. Additional questions on gender-specific experiences in different domains relied on the Gender-Analysis Toolkit for Health Systems (Jhpiego, 2016). This included a question about restrictions of mobility for women in their communities, followed by a question on its influence on access to services and social networks, with answer options "very strongly", "strongly", "a bit" and "not at all". The distribution of household activities was explored by asking: "What activities are women/men typically responsible for in the household?" with the assessed subdomains of: Food and cooking; cleaning; childcare; education of children; leisure activities and social contacts; work and employment; investments/use of money. The answering scale included the following options: "0 = not at all", "1 = very seldom", "2 = often" and "3 = regularly". Based on the patterns of high positive and negative correlations, the former four domains, cooking; cleaning, childcare, and education of children were subsequently averaged into a category of "reproductive work",

while the latter three, leisure activities, employment, and use of money were averaged into a category “productive work and leisure”. Data was analyzed using the SPSS v26 software. Key Informant Interviews Qualitative data collection was carried out from June to December 2023 in the Essyan camp. The in-depth semistructured interviews included women who reside there and were conducted in Kurdish by the third author, who is a member of the Yazidi community. The sampling procedure was purposive and included Yazidi women who reside in the camp and representatives of organizations, either as employees or volunteers, who have direct experience in working with Yazidi women. During the recruitment process, an attempt was made to provide a variety in terms of demographic variables. The sample included a total of 10 Yazidi women, with the average age of the participants being 32.7 (Min = 20, Max = 50). In terms of marital status, three participants were married with children, five were never married and had no children, one was widowed and one was divorced. Half of the participants were currently housekeepers, one a student, two employed, and one engaged in volunteering work in the school. The sample also included three representatives of organizations that provide services in the camp, working closely with Yazidi women. The second author took part in the qualitative data collection training. The second author facilitated a majority of interviews in Kurdish, with the transcripts subsequently translated into English by the bi-lingual speaker. Two interviews with representatives of organizations were facilitated by the first author in an online format and in English. The agenda for interviews consisted of questions on resources and challenges in daily life, in household and community life, and questions on perception of gender roles and norms. Particular focus was on exploring the practices reported in the survey. Questions for each topic were at first asked in a more open way (e.g., “What are the most important challenges that Yazidi women currently face? How is that affecting their mental health?”), to enable spontaneous responses and shed light on the most relevant topics. This was then prompted with questions on specific practices/sub-topics recognized in the literature or survey as relevant. (e.g., “Do women in your community face mobility restrictions?? Is this affecting their mental health?”). Questions referred to ‘women in the community’, but participants often spontaneously spoke about personal experiences, which was welcomed and explored during the interviews. All the participants were thoroughly informed about the study and gave their consent for participation and audio recording. With their permission, the conversations were audio recorded and transcribed, in an anonymous way, with personal information excluded from quotations. Data was analyzed using the MAXQDA software for analysis, with a thematic analysis applied. The data were coded using a line-by-line approach. The interviews were first analyzed individually to identify themes within each transcript, followed by a cross-sectional analysis of similarities and differences across transcripts.

Results

Survey Results

A total of 204 displaced Yazidi women participated in the quantitative survey, with an average age of 28.67 (SD = 9.29). All participants were displaced from Sinjar district, with an average of 7.91 years

since displacement ($SD = 0.66$). An average of 3.96 ($SD = 1.89$) adults (>16) live in the households sampled, while the average number of children (<17 years) is 2.74 ($SD = 1.8$). A detailed overview of the sample, including the place of residence, marital status, employment status, and education, can be found in Table (1). The prevalence of depression among the participants was assessed using the PHQ-9, with a cut-off score of 10 indicating clinically significant depression. Out of the 204 participants, 39 (19.1%) scored above this threshold, indicating a significant level of depression. The mean total PHQ-9 score for the sample was 4.75 ($SD = 5.58$), with scores ranging from 0-27. There were no significant differences in the total PHQ-9 score between the two age groups broken down by median ($F(1, 202) = .25, p = 0.62$). The mean and standard deviation of individual items can be found in Table 2).

Table 1: Sample description

Demographic variable	Category	Frequency (%)
Location	Mamrashan camp	106 (52)
	Essyian camp	98 (48)
Marital status	Currently married	120 (58.8)
	Never married	81 (39.7)
	Divorced	3 (1.5)
Education	Illiterate	87 (42.6)
	Primary school	43 (21.1)
	Secondary school	56 (27.5)
	University	13 (6.4)
	Missing	5 (2.5)
Employment	Paid work/Self-employed	9 (4.4)
	Non-paid work (volunteer)	4 (2.0)
	Student	37 (18.1)
	Housekeeper	112 (54.9)
	Unemployed (health reasons)	42 (20.6)

Table 2: Mean and Standard deviation for PHQ-9 total score and individual symptoms

Symptom	Mean	SD
Total score	4.75	5.58
Decreased interest or pleasure	0.47	0.78
Depressed mood	0.48	0.76
Change in sleep	0.80	0.93
Fatigue or loss of energy	0.68	0.86
Poor appetite or overeating	0.53	0.78
Guilt/worthlessness	0.42	0.72

Trouble concentrating	0.65	0.86
Psychomotor agitation or retardation	0.39	0.70
Suicidal thoughts	0.33	0.71

Women were asked to identify positive and negative cultural practices and everyday routines for females in their communities. The categories and their response frequencies can be found in Tables (3-4). For further clarification, corresponding tables with exemplary answers for each category in Tables (5-6) can be found in Appendix (1-2). Reported cultural activities and daily practices that women evaluate as being positive for them are diverse, with the most frequently reported being: Working (35.3%), engaging in hobbies (watching TV, listening to music, etc.) (22.1%), makeup practices (17.2%) and going out (11.8%). With regard to negative practices, the most frequent categories include family matters (22.1%), housework and working too much (17.2%), and staying home and not going out (16.7%). Participants were asked whether they think that Yazidi women face restrictions in their mobility and to what extent this influences their access to services and social networks. A majority of the participants (88.2%) expressed the opinion that women face restrictions. In regard to the influence on access to services and social networks, 45.6% of participants who perceive restrictions reported that mobility restrictions affect them very strongly, 32.2% strongly, 19.4% a bit, and 2.8% not at all.

Table 3: Positive cultural practices reported by Yazidi women

Category	Frequency (%)
Working	72 (35.3)
Hobbies	45 (22.1)
Makeup	35 (17.2)
Going out	24 (11.8)
Time with friends/relatives	19 (9.3)
Sport (gym)	18 (8.8)
Learning (courses, training)	15 (7.4)
“Me” time, taking care of myself	9 (4.4)
Other	12 (5.9)

Table 4: Negative cultural practices reported by Yazidi women

Category	Frequency (%)
Family matters/fighting with	45 (22.1)
Husband/unloyal husband	
Housework, working too much	35 (17.2)

Staying home, not going out, being alone 34 (16.7) and isolated Other 107 (52.5) In order to explore the gendered division of labor, paired sample t-tests were performed. The first t-test compared assessments of women's and men's engagement in reproductive work and showed a significantly higher perceived

engagement in women ($M = 2.65$) than in men ($M = 0.74$), $t(203) = 27.03$, $p = 0.00$. The second t-test was performed to assess gender differences in productive work and leisure activities and revealed a significantly lower perceived engagement in women ($M = 0.83$) than in men ($M = 2.49$), $t(202) = 16.35$, $p = 0.00$.

Results of Qualitative Analysis

In the qualitative analysis, the thematic analysis revealed themes of gendered social control and gendered division of labor as specific challenges. With regard to coping strategies, themes of connections, traditional and religious practices, working, physical activity, spending time outside as well as beauty practices were identified. Gender-Specific Challenges Restriction of movement and participation, previously identified as a challenge for women in the survey, was further explored in the qualitative study. Many Yazidi women are not able to participate in community activities, go out at night, or visit places past the camp borders. Often, they are only allowed to do so with appropriate (mostly male) accompaniment, such as a family member or relative. However, women are restricted to varying degrees, often depending on the attitude of their families. Some are allowed to participate in activities in the camp organized by humanitarian actors, to visit friends close by, or to move alone inside the camp, while others are not. If we go to a nearby place, we can go with friends, but not alone. If we decide to go to a faraway place, for example, Mosul or Baghdad, we have to take a male with us, a brother, father, or spouse. This affects the mental health status, knowing that someone has to be with you every time you go out. (27 years old) Many women reported that the restrictions in movement and participation negatively influence their mental health, as they undermine their sense of freedom, socially isolate them, and discourage them from pursuing their goals (like employment or education) and beneficial daily activities. Experiencing such restrictions, sometimes also creates conflict with the family due to discrepancies in there and their parents' gender beliefs. Although all participants agree on the negative impact of these restrictions on their own mental health and the mental health of others, Yazidi women's gender beliefs about such practices vary. While the majority believe that such practices should be changed, some, particularly older women, justify them by positioning them within the framework of tradition and customs. I cannot go out alone; I lack that kind of freedom. It's a challenge for us if we want to do something independently. (...) Yes, [we would like to] have an outdoor job or go to celebrations and doctors by ourselves, but we can't! (...) Yes, other women face the same challenge, lacking the necessary freedom and I hope this changes in the future. (36 years old) We cannot meet each other because the family's household doesn't allow us to go out. (...) Also, if we meet, it can only be with close family members, relatives, and close Neighbors. (42 years old) For example, I wanted to have a job and the possibility of going out by myself, but being a female makes it impossible! (...) We have to follow our traditions; Yazidi people cannot neglect their customs and traditions. (36 years old) Sure! Conflicts [between girls and their families] happen a lot inside the camp, that's why the suicide rate has become so high in the last couple of years, because, they don't like the way, their family is treating them like being forced to do things that they don't like, so most of them try to commit suicide

and some of them have committed suicide. (NGO representative) The mentioned restrictions are perceived as driven by the norm for Yazidi women to be pure and honorable, leading to the societal control of women. This is not only achieved through family attempts to monitor or control the female members but also through surveillance within the community, which women experience as a threat of social condemnation. Some of them expressed that they fear how the community will react if they, or their daughter, go out alone or participate in activities that are not traditionally meant for women. This societal control is particularly pronounced for women who do not have husbands, such as widowed or separated women, as they are subjected to particular scrutiny by the community. In this case, the absent marital control is compensated by pronounced community monitoring, leading to even greater restrictions. The community judges us, so I limit myself to visiting nearby neighbors. (...) It does affect my mental health. If I want to go anywhere, I have to take either my son or brother with me. (...) As I mentioned, I cannot go out alone. People would talk about me and damage my reputation, so I have to protect my reputation and my family by not being alone outside. (45 years old) In addition to mobility and participation, lack of freedom and societal control is also perceived in relation to marital practices and decisions. Marriage is considered to be sacred, with violations of norms and family decisions being harshly judged. Divorced women who do not meet gender norms of purity and marriage often suffer exclusion and lack of support. Women who marry or do not marry, against their family's will, risk being rejected by their family. But when she's divorced, they see her as a bad woman, she did something really bad, and that's why her husband divorced her, so they don't take care of her or like her, as the one who is widowed. So divorced women are like cursed women, in their religion. So, we can say she is banned from everything, she just lives for her kids, to take care of them and that's it, she doesn't have any life. (NGO representative) After they get married (against the family's will), their parents don't talk to them anymore, so they are really upset about this. (...) So if you don't listen to your parents, you are not from that family anymore. (NGO representative) The restrictions in mobility are perceived, at least in part, to be driven by gender norms about women as 'vulnerable' and therefore in need of protection. Some women mentioned that the tendency to protect women and the resulting restrictions are related to the wider sociopolitical circumstances and the position of the Yazidi community in particular. After the recent IS attacks on the Yazidis, the restrictions on women are seen as partly being reinforced by the precarious context and loss of trust in other ethno-religious communities in the area. Furthermore, some women mentioned that the immediate environment of displacement camps is not perceived as safe, particularly as they are inhabited by unfamiliar Yazidi communities from different villages. In this light, although many of them feel obliged to have company in public, some participants do not feel comfortable going out alone, stating the lack of safety as a reason. I've noticed some girls dropping out of school because their families don't support them, citing safety concerns. (...) In my neighborhood, I've seen girls fleeing from their houses because their families don't provide them with the needed freedom. If there were safety in our society, maybe our families would offer more freedom. However, constant attacks on our society have led to this limited freedom. (20 years old) The camp is populated

by people from different backgrounds, some good and some bad. I prefer not to be alone, mainly for safety reasons. If I decide to walk alone in the camp, there's a risk of being followed or harassed by some people (guys). My school is near my tent, so on rainy days, I use public transportation without any issues. However, if I'm alone, I hesitate to use public transportation due to Safety concerns. (20 years old) The majority of women, despite existing restrictions, perceive positive changes in women's participation and agency due to displacement. Participants reported that displacement brought them closer to cities that, in Sinjar, were out of reach due to geographical distance and transport costs. This has resulted in an increase in attainment in education and employment. Some interviewees also reflected on the contact they have had with people from the city, in this case, Duhok, where they saw and interacted with women who were working or studying and who reportedly served as role models for some Yazidi women to aspire to do so themselves. Interviewees indicated that contact with people outside of their own community helped them broaden their perspectives and learn new things. Also, contact with humanitarian organizations and engagement with gender awareness programs resulted in increased recognition of female rights in the community. However, participants reported an existing generation gap in awareness and tolerance within the Yazidi community, partly due to the fact that predominantly younger generations attended such programs. Others discussed economic hardship and the fact that many women becoming breadwinners, despite challenges, has served as encouragement to engage with employment. Livelihood projects within the camps, provided by humanitarian organizations, have created new opportunities for at least some of those women to engage in work. After displacement, we encountered many different people and had the chance to interact. Meeting people from diverse places was positive, helping us develop and learn new things. (36 years old) Women became more powerful after enduring a lot. They had to become stronger for themselves and their families. I believe that if women were as strong as they are now, ISIS couldn't have caused us as much harm. (45 years old) Simultaneously, some aspects of displacement, particularly the lack of infrastructure and services in the camp (like gyms, sports areas, or parks) and the lack of privacy and living space within the tent, are recognized as barriers to women's participation in community life and beneficial activities. Our main challenge is the tents that we live in, where you can't have privacy. There are families of six or seven individuals living in one or two tents, so automatically there is a lack of privacy. For example, if I ever wanted to exercise or relax or even listen to music, there are people in the same tent who would like to study, which affects them. I cannot do anything I want and this affects the mental health of a person. This is all due to displacement. And there aren't any specific places or gyms here inside the camp where people can exercise. (27 years old) Another relevant gender-specific challenge that emerged in the interviews was engagement with household work, predominantly the responsibility of female family members. Reported levels of engagement with household work varied depending on the age, family size, and the specific role that women had within the family. Mothers, particularly those who are single parents and have many children, were affected, while (mostly younger) females who attend school or are employed were reported to be less obligated to contribute to

household duties. Women reported the tiring effect of household work, experiencing exhaustion, and physical healthrelated problems such as back pain or blood pressure disorders. Due to their dedication to household work, some women also lack sufficient time to invest in personal interests and activities that they see as beneficial for their mental health, such as meeting with neighbors, visiting the Lalish temple, or engaging in sports, self-care, or learning. Some participants reported that the repetitive nature of daily activities and monotonous tent surroundings also adversely affected their mental health. They are facing a lot of mental health problems. Not only because of the conflict. Living in a tent and not going out, gives you depression. Even if you are living in a castle and not going out. (...) The older women, most of the time, are staying at home, they don't go out, at all, that's why most of them have mental health problems. Younger girls, even if they don't work, or don't study, they still go out with friends, at least once a week. (...) They [older women] normalize it, they think that that's their right and what they should do, but that also gives them depression and a lot of mental health problems. (NGO representative) The most challenging thing for me is the responsibility of managing my household. I have to take care of everything inside the house, including expenses for the children's education and general upkeep. (...) I am solely responsible for household chores and everything else. Being a single mother, I can't even attend funerals or celebrations. I take care of tasks like washing clothes, preparing food, and cleaning the house. I am overwhelmed with all the responsibilities and both my physical and mental health are Affected. (45 years old) Due to the extensive household responsibilities, we lack time for self-reflection or engaging in activities we desire, such as studying. However, if I deal with both studying and family chores simultaneously, it significantly negatively impacts my mental health. (...) Unfortunately, these duties don't contribute to my education and in fact, they hinder my studies. It also affects my self-care; there are times I'd like to indulge in cosmetic products, but due to time constraints and fatigue, it becomes impossible. So, you end up having to prioritize between education and Self-care. (20 years old) The majority of the displaced Yazidi women in Essyan camp live in tents and regard living conditions as inadequate as they lack proper equipment, making house chores challenging. Tents are overcrowded and small and unlike in Sinjar, they don't offer a yard or garden. Additionally, there is not much protection from the harsh climate the cold winters and hot summers. Most of them are now living in tents, which is really bad in summer and winter. There are chores, their daily housework is really hard to do inside the camp. You know, Yazidi people bake bread every day, every morning they have to have fresh bread. And all of those chores inside the tent could be really hard. (...) At least, back in Sinjar, they had a yard, where they could bake and wash clothes and do other chores. But now, they have only one room. The tent is one room. So, all chores in one room, with everyone sleeping in the morning, it's so challenging. (NGO representative) Daily Practices Beneficial for Mental Health This study also explored points of resilience in the daily lives of Yazidi women. They reported relying on diverse practices to maintain mental health. They regularly meet with friends, relatives, and female neighbors to discuss daily challenges such as chores, camp conditions, and health-related problems. In addition to providing emotional support, relationships are essential sources of practical help and support within

the Yazidi community. This is especially true for women in need of support such as widowed women. Participants reported that programs, occasionally organized by humanitarian organizations, such as sewing programs, are relevant to them, not only for developing skills and practicing this traditionally valued activity but also for connecting with other women. Despite the restrictions they face, they make an effort to stay connected. The traditional practice of sharing food with neighbors and relatives provides an opportunity to meet and exchange, at least briefly. This is especially true for women who are confronted with major limitations imposed by their families. Also, traditional celebrations like weddings or funerals are a source of connections. Furthermore, some women reported relying on social media as a resource to overcome barriers and stay connected. Although this is not currently an opportunity for Yazidi women, some younger participants expressed that a potential backbone of their mental health and agency could be civic engagement in supporting other women and raising awareness about gender issues. Visiting friends and family and having them visit us, helps clear our minds and contributes positively to our mental wellbeing. (50 years old) But, besides that, the community is really helpful for those women who have lost their husbands. They make a really good connection for them to not feel lonely and they also support them a lot. (...) It is different if she is widowed or divorced. Because, when she's widowed, everyone knows that her husband is killed, and she needs to be cared for, her neighbors, her parents, and her parents-in-law, take care of her. (NGO representative) If there were a female community center, I would like to support my community by providing mental health services, raising awareness about the importance of studying, and addressing early marriage. It would greatly impact our decision-making process. (20 years old) Religious activities were also mentioned by some participants as a valuable source of positive emotions and coping strategies. Different religious occasions particularly Eid include the preparation of traditional food and the opportunity to meet with others, bringing them joy. Lalish temple, considered a holy place by the Yazidi community, where rituals and prayers are conducted, is described as having a "therapeutic" and calming effect on them. Praying and particularly lighting Torches of Hope in the temple is one of the practices that offers peacefulness, relaxation, and hope. Visiting this temple, particularly during occasions such as Eid, is also considered to be an opportunity for socializing and traditional dancing. During this time, collectivity and social bonds in the Yazidi community are strengthened. I feel very relieved when I visit Lalish, where I pray for myself and my children, hoping for a better future and improved life conditions. (45 years old) There are many Yazidi occasions that last for three days or a week, which are very good for mental health. Also, when relatives visit each Other, it brings relief! (24 years old) Engaging with household work can be a source of meaning, particularly in regard to motherhood. In that context, work is experienced as a way to make their family and children happy. Engaging with household work is also described by some of the participants as a practice that brings them relief and physical movement. As it is often the main available coping mechanism for those who face high levels of restrictions, it can help to divert their mind, preventing them from engaging in rumination particularly related to experiences of and witnessing of, IS atrocities, or current life situations and problems. I find relief in doing house

chores, seeing my children return happily from school, and visiting the animals I own. I don't feel well when I have nothing to do. I do what I want willingly, particularly these chores, to ensure my children's happiness. (...) Engaging in family chores helps divert my mind from daily challenges, supporting my mental well-being. (50 years old) Three interviewees were employed in outside work, and described by them as an opportunity to broaden their experience, learn and connect with people. As one of the participants specified, this is positive for her mental health, not only because it is a source of independence, agency, and competence, but equally importantly, a means to financially support the family. Similarly, participants who have not yet had the opportunity to be employed, perceived potential employment as an opportunity to support the family. I do get physically exhausted while working outside, but it does help my mental health. I feel that as a girl, I can rely on myself. I can communicate with people outside by myself and spend money on myself the way I want. Sometimes, with my salary, I support my family, which is considered a strength point for me. (27 years old) Some of the participants, particularly younger ones, mentioned exercise and sports activities as a source of relaxation and daily support for their mental health. Going out and visiting the city is also associated with positive emotions, particularly in the context of the camp where there is a lack of green or comfortable outdoor areas available. Some, also younger, participants mentioned putting make-up on and a body-care routine as something psychologically positive and pleasurable, referring to it as a "special time" for themselves. The most joyful part of my daily life is when I do exercises, basic exercises that I do at home, which are beneficial for me physically and mentally. Exercises have a great positive impact on me. I feel relaxed while working out and I do it on a daily basis. (27 years old) Yazidi people really like farming, especially at this time of the year, which is a farming season. They do farming a lot, so, even if the distance is too long to the place where they plant, they still go and do farming and they are really good at it. And not only men but also women and girls do it and I think that is really kind of therapeutic to them because they go out most of the day and they spend their time farming. (NGO representative) The happiest part of my day is when I put on makeup and take care of myself. It has a really positive impact on my mental health. If I had the financial capability, I would have opened a business related to makeup. I usually give myself an hour or an hour and a half per day for self-care, but there are days when I am busy with house chores and other responsibilities and I cannot give myself that special time. (24 years old)

Discussion

This study explored the impact of contextually situated gendered realities in two camps in Northern Iraq on the mental health of Yazidi women. Firstly, the evidence of the depression prevalence of 19.1% among women is in accordance with previous studies that reported high levels of depression after the IS atrocities (Ibrahim et al., 2018; Gerdau et al., 2017). This is higher than the prevalence of 7.8%, observed in the German female sample (Streit et al., 2021), and indicates the necessity for treatment. However, unlike the evidence from Tekin et al. (2016) that older women showed more symptoms of depression, no age differences were found in this study, possibly due to the fact that predominantly

younger women participated in the quantitative survey. This study emphasizes sleeping problems, feelings of fatigue loss of energy, and difficulty concentrating. Particularly, feelings of fatigue and loss of energy can be interpreted in the context of the gendered division of labor discussed below. In line with existing evidence in Iraq (World Vision, 2024), the findings confirm gendered control as one of the two main gender-specific challenges faced by Yazidi women, reflected primarily through the restrictions to their mobility and participation in local community life, but also through marital decisions and practices. The dynamics underlying these gendered practices are multifaceted, but primarily stem from the norms depicting women as responsible for family honor, fuelling the desire of the families and communities to monitor them. Culture is a source of meaning, yet it sometimes prescribes strict norms that might lead to an “entrapment” (Panter-Brick and Eggerman, 2012). While anticipation of rewards and punishments related to social roles leads to conforming behavior, it also implies acceptance of the costs incurred (Thorlindsson, 1982). This study revealed that restrictions produce negative mental health consequences for women, by undermining their sense of agency and freedom and preventing them from participating in beneficial activities for mental wellbeing, pursuing their goals, and accessing services and social networks. Conversely, not conforming to social norms has negative consequences on individuals too (Panter-Brick, and Eggerman, 2012). In this case, deviating from prescribed feminine roles concerning purity, honor, passivity, or subordination, leads to societal judgment. Women who go out alone, get divorced, or do not obey the family's marital decisions risk facing societal judgment, possibly resulting in conflict or in extreme cases, rejection by the family and community. However, attributing gender realities solely to culture might contribute to harmful neo-orientalist narratives of “oppressed Middle Eastern” women (Al-Ali, 2008). It neglects the role of other national and international political factors that have affected the position of women in Iraq the Ba’ath regime's reliance on and consecutive empowerment of conservative factions, economic hardship due to conflict and sanctions that have disproportionately affected women, and a generally precarious environment. In addition to associating restrictions with the Yazidi tradition, it is important to contextualize them within the post-conflict and displacement setting. As previously suggested (Vilardo and Bittar, 2018; Bias and Gürler, 2020), displacement contributed to increased participation, providing women with opportunities, bringing them into contact with humanitarian actors and women who enjoy more freedom, and encouraging them to take on new responsibilities. On the other hand, previous atrocities experienced by the community, particularly the latest perpetrated by IS, have increased fear and distrust of other community's particularly Muslim communities. The displacement camps are also perceived as precarious due to the diversity of the residents, displaced from different villages. This security situation reinforces the need to protect women, consequently reinforcing restrictions in some families. The practice of accompanying females who leave the immediate surroundings of the tent or camp, which is predominantly an obligation imposed by the family or community, also meets the safety needs of women in certain situations. Consequently, if such practices are solely presented as mechanisms of oppression, a comprehensive understanding of traditional

customs and communal care in the collectively oriented Yazidi community remains concealed. Simplified representations of cultural practices in the Global South, in some cases portrayed by Western authors and media, bear the risk of contributing to epistemic and neocolonial violence (Ayotte and Husain, 2005). For instance, covering the hair and head, which is a cultural and religious practice that served in addition as a symbol of solidarity and resistance to colonialism or fundamentalist movements for many women throughout history, is often solely represented as a sign of oppression in Western discourse. Although the majority of participants expressed the need for gender relations to change, variability in gender beliefs, particularly in relation to age, was demonstrated. Resistance to traditional norms is more pronounced among the younger generations, who are increasingly engaged in awareness programs and contact points outside of the immediate proximity of their family and community. Parents, who often determine their daughters' lives, sometimes still internalize traditional gender roles, justifying them as a part of tradition and customs. Implementing a more holistic approach in awareness programs, by encompassing the social networks of girls, older generations, and men, is essential. This study confirms the pronounced division of labor (World Vision, 2024) and its relevance for the mental health of Yazidi women, particularly those who have several children and are single parents. Being a housekeeper is, by some, experienced as physically exhausting and stressful and due to the heavy workload, is seen as a barrier to participation in other beneficial activities. Displacement further shapes their experiences as housekeepers. Living in a tent brings challenges of working with inadequate equipment and in limited space and harsh climate. As a result of spending most of their time in the household, women face monotony and social isolation, which is described as leading to a depressive mood. In line with the role accumulation hypothesis that underscores the benefits of different roles (Sachs-Ericsson and Ciarlo, 2000), some women, particularly younger, experienced the role of housekeeper as limiting and expressed the need for new roles and experiences. In this study, participants did not report explicitly on IPV as a gender-specific challenge. However, in the survey, they reported on intra-family issues that reflect marital conflicts and mistreatment of women and might also reflect cases of abuse. NGO representatives reported that upon displacement, IPV was prevalent in the camp, but that interference and awareness raising by the camp management and humanitarian actors led to a reduction in IPV cases afterward. The fact that they do not mention this issue explicitly, however, can be attributed to stigma, psychological difficulties in relation to this topic, and a fear of the consequences of disclosure in the displacement context (Strang et al., 2020; Younis et al., 2021). Hence, due to the mentioned barriers in disclosure, the pervasiveness of IPV should be systematically and sensitively examined. Despite the tendency to portray women, particularly in the displacement context, as vulnerable and agentless (Ayoub et al., 2023), it is apparent that Yazidi women strive for a better future and rely on available resources to cope with challenges, prevent their own psychological regression and thrive. Nonetheless, this study contributes to the argument that resilience cannot be understood as an individual attribute, but rather it is a product of interaction with the social and physical environment (Panter-Brick, and Eggerman, 2012). In line with existing evidence, the

collectiveness of the Yazidi community, and a general trend that women rely on “social” coping strategies (Howe et al., 2024; Hobfoll et al., 1994), this study shows the crucial importance of different forms and mechanisms of connections friendships, neighborhood groups, traditional and religious practices and participation in programs organized by NGOs. Women who are facing severe restrictions resort to more traditional practices like sharing food to stay in touch with each other. While social media were previously recognized to be the context of victimization of women and girls (Shammo et al., 2022), this study indicated their potential for maintaining connections, particularly for women who face mobility restrictions. The benefits, dangers, and restrictions of social media use should be further examined. Nevertheless, connections are a source of collective coping and emotional support and also practical help, particularly relevant for women in challenging situations. Furthermore, some women, particularly younger women, expressed the wish to participate in civic engagement and awareness raising about gender issues in the community. The strong bonds and drive for mutual support might be used as leverage points for improving women’s position in the community. Resorting to various traditional and religious practices to promote mental health is also widespread, but was not frequently reported in the survey, probably because it is not seen as a practice with a positive effect, but rather as a custom. However, when being explicitly asked in the interviews whether there are any traditional and religious practices that positively influence their mental health, various practices have been mentioned. While in line with the evidence that women tend to rely more on religious strategies (Hvidtjørn et al., 2014), idiosyncratic practices in the Yazidi community were identified. Regularly visiting Lalish temple, for the study participants who reside in Essyan camp, located near Lalish temple and engaging in prayers or other community rituals like lighting Torches of Hope, were found to be a source of relaxation and relief, reportedly helping women to deal with negative emotions and reinstall hope. Traditional occasions, particularly Eid, are experienced as a source of joy and family and community bonding time. Despite the tendency in the literature to only report on negative aspects of the division of labor and overwhelming household responsibilities, the effects of housekeeping activities should not be solely viewed in a negative light, as they serve as the primary source of meaning for some women, especially mothers. In the context of restrictions, deprivation, and lack of support in the camp, many Yazidi women are apparently managing daily to protect themselves from psychological regression by finding relief and structure in household work. This might be considered an avoidant coping strategy, recognized to be adaptive in the context of uncontrollable stressors and overwhelming emotions (Leslie-Miller et al., 2023). While they benefit from it daily, the need for professional support in dealing actively with stressors, particularly previous war-related trauma, is also evident. In opposition to the role configuration hypothesis stating that contradictory requirements of different social roles are a source of distress in women (Sachs-Ericsson and Ciarlo, 2000), this study shows that Yazidi women often perceive employment, not only as a source of personal agency but also as a way to support the family, particularly in the context of challenging economic situations. In this way, both agency and connectedness needs are met through employment and are perceived as intertwined. Some women,

particularly younger women, place great value on less traditional practices like physical activity and sport, or feminine beauty routines. Studies in Western populations indicate that beauty practices may serve as a source of enjoyment, self-care, and self-expression, but also might be practiced to gain social capital and as a liberating act (Clarke and Bundon, 2009). While this finding suggests that beauty and self-care are aspects of Yazidi femininity, the distinctive meanings that Yazidi women ascribe to these practices are to be further explored. This study confirms the relevance of gender in women's lives, shaping both restrictions and opportunities for Yazidi women. However, noticed diversity among women in terms of challenges, coping strategies, and gender beliefs, underscores the necessity of adopting an intersectional approach. This approach advocates for contextualized analysis, taking diversity into account and avoiding the portrayal of women as a monolithic group and it therefore opposes epistemic violence (ESCWA, 2019). In the displacement context, with minimized class disparities that are often in the analytical focus distinctions in age, familial roles, and marital status appear to produce more salient, qualitative differences in Yazidi women's experiences. In conclusion, the findings of this study provide further support for the importance of gender in understanding mental health, as well as the social role theory and the necessity of an intersectional approach. The study provides practical implications for both state and non-state actors. First, it highlights the need for professional treatment of Yazidi women's mental health and a nuanced approach that considers the diversity of primary challenges and needs. Despite existing progress, changes in gender awareness require further attention, particularly by involving not only young women but also their families, especially male members in such programs. Addressing security concerns in the camps and in the broader surrounding region is crucial, as it is a barrier that reinforces restrictions and feelings of insecurity. In addition, improvement of camp conditions is recognized as one of the priorities, particularly greater availability of sports or green areas, which many women recognize as potential avenues for their mental health. This study has identified the qualitative differences in the experiences depending on age, marital status, and familial roles, but future research is needed to explore the issue in more depth across different social groups. In particular, the experiences of marginalized and vulnerable groups such as divorced, widowed, or IS survivors need to be brought to the fore. Given the still existing dependency on families, often male members, future research directions should also include the male perspective on gender realities and mental health implications. Finally, as some community members are returning to Sinjar and others migrate, it is important to explore the dynamic changes in gender norms and relations in the community and their impact on women's mental health in these contexts. Alongside the insights provided by this study, it is important to acknowledge certain limitations when interpreting the results. Firstly, the use of convenience sampling raises questions about the representativeness of the sample. The study was conducted in two camps in the Kurdistan region of Iraq and thus insights cannot be applied without reservations to other contexts in Iraq or outside Iraq, as gender relations vary across regions, urban/rural areas, tribes/ethnicities, social class or religions (WHO, 2009; Oxfam, 2019), while relevant infrastructure and services opportunities for

women vary across displacement camps. Despite efforts to formulate the questions in an understandable way, additional consideration should be given to whether the survey was clear and easy to understand for women, particularly those who may be educationally disadvantaged or not used to discuss topics of concern.

Conclusion

The Yazidi community has been significantly impacted by conflict and displacement, as extensively discussed in the current literature. This study, however, explored more directly the significance of contemporary gendered realities in shaping the mental health of Yazidi women. While deeply ingrained in the traditions and customs of the Yazidi community, gender norms are under the influence of displacement and the broader socio-political context. Encounters with some female role models, different ways of life, and awareness-raising campaigns stimulated the process of pursuing greater participation, nevertheless, the post-conflict environment contributes to safety concerns and restrictions for women. Experienced social control and the gendered division of labor exacerbate the mental health of women, particularly contributing to internalized symptoms like depression, by diminishing women's sense of freedom and agency, leading to experiences of social isolation, loneliness, monotony, physical exhaustion due to household work and being prevented from pursuing their goals or engaging in beneficial activities for their mental health. Nevertheless, caring social bonds, celebrated with unique traditions and customs, are highly valued. In addition, depending on personal preferences, women rely on individual practices and hobbies such as exercise and beauty routines to promote their well-being. While gender produces distinct patterns in mental health outcomes and coping strategies, Yazidi women should not be portrayed as a homogeneous group, as they differ in challenges, resources, needs, acceptance of gender norms, aspirations, and wishes for a fulfilled life.

References

- Ibrahim, H., Ertl, V., Catani, C., Ismail, A. A., & Neuner, F. (2018). Trauma and perceived social rejection among Yazidi women and girls who survived enslavement and genocide. *BMC Medicine*, 16(1), 154.
- Jäger, P. (2019). Stress and health of internally displaced female Yezidis in Northern Iraq. *Journal of Immigrant and Minority Health*, 21(2), 257–263.
- Jäger, P., Rammelt, C., Ott, N., & Brand, A. (2019). The (mental) health consequences of the Northern Iraq offensive of ISIS in 2014 for female Yezidis. *International Journal of Environmental Research and Public Health*, 16(13), 2435.
- Jhpiego. (2016). Gender analysis toolkit for health systems.
- Kizilhan, J. I. (2018). PTSD of rape after IS ("Islamic State") captivity. *Archives of Women's Mental Health*, 21(5), 517–524.

- Klugman, J., Amie, G., Dahl, M., Dale, K., & Ortiz, E. (2019). Women, peace and security index 2019/20: Tracking sustainable peace through inclusion, justice and security for women.
- Köse, T., Özcan, M., & Karakoç, E. (2016). A comparative analysis of soft power in the MENA region: The impact of ethnic, sectarian and religious identity on soft power in Iraq and Egypt. *Foreign Policy Analysis*, 12(3), 354–373.
- Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (2001). The PHQ-9. *Journal of General Internal Medicine*, 16(9), 606–613.
- Langfield, M., Logan, W., & Craith, M. N. (2009). Cultural diversity, heritage and human rights.
- Leslie-Miller, C. J., Cole, V. T., & Waugh, C. E. (2023). Positive distraction in daily activities as a predictor of good coping: A “day in the life” during the COVID-19 pandemic. *Frontiers in Psychology*, 14, 1142665.
- Li, S. H., & Graham, B. M. (2017). Why are women so vulnerable to anxiety, trauma-related, and stress-related disorders? The potential role of sex hormones. *The Lancet Psychiatry*, 4(1), 73–82.
- Liddon, L., Kingerlee, R., & Barry, J. A. (2018). Gender differences in preferences for psychological treatment, coping strategies, and triggers to help-seeking. *British Journal of Clinical Psychology*, 57(1), 42–58.
- Lorber, J. (1994). *Paradoxes of gender*.
- Manea, L., Gilbody, S., & McMillan, D. (2012). The optimal cut-off score for diagnosing depression with the Patient Health Questionnaire (PHQ-9): A meta-analysis. *Canadian Medical Association Journal*, 184(3), E191–E196.
- Minority Rights Group International. (2018). *World directory of minorities and indigenous peoples - Iraq*. UNHCR.
- Neculaesei, A.-N. (2015). Culture and gender role differences. *Cross-Cultural Management Journal*, 17(1), 31–35.
- Oishi, S., Diener, E., Lucas, R. E., & Suh, E. M. (2009). Cross-cultural variations in predictors of life satisfaction: Perspectives from needs and values. *Culture and Well-Being: The Collected Works of Ed Diener*, 109–127.

- Omarkhali, K. (2016). Transformations in the Yezidi tradition after the ISIS attacks. An interview with Ilhan Kizilhan. *Kurdish Studies*, 4(2), 148–154.
- Opara, V., Sealy, R., & Ryan, M. K. (2020). The workplace experiences of BAME professional women: Understanding experiences at the intersection. *Gender, Work & Organization*, 27(6), 1192–1213.
- Panter-Brick, C., & Eggerman, M. (2012). Understanding culture, resilience and mental health: The production of hope. In M. Ungar (Ed.), *The social ecology of resilience: A handbook of theory and practice* (pp. 369–386). Springer.
- Reid, P. T. (2002). Multicultural psychology: Bringing together gender and ethnicity. *Cultural Diversity & Ethnic Minority Psychology*, 8(2), 103–114.
- Rosenfield, S., & Smith, D. (2009). Gender and mental health: Do men and women have different amounts or types of problems? In T. L. Scheid & T. N. Brown (Eds.), *A handbook for the study of mental health: Social contexts, theories and systems* (pp. 256–267). Cambridge University Press.
- Sachs-Ericsson, N., & Ciarlo, J. A. (2000). Gender, social roles and mental health: An epidemiological perspective. *Sex Roles*, 43(9), 605–628.
- Seed Foundation. (2021). *Gender analysis: Kurdistan region of Iraq*.
- Seedat, S., Scott, K. M., Angermeyer, M. C., Berglund, P., Bromet, E. J., Brugha, T. S., Demyttenaere, K., de Girolamo, G., Haro, J. M., Jin, R., Karam, E. G., Kovess-Masfety, V., Levinson, D., Medina Mora, M. E., Ono, Y., Ormel, J., Pennell, B.-E., Posada-Villa, J., Sampson, N. A., & Kessler, R. C. (2009). Cross-national associations between gender and mental disorders in the World Health Organization World Mental Health Surveys. *Archives of General Psychiatry*, 66(7), 785–795.
- Shammo, T., Amin Saleh, D., & Khalaf, N. (2022). Challenges faced by Yazidi women as a result of displacement.
- Strang, A., O'Brien, O., Sandilands, M., & Horn, R. (2020). Help-seeking, trust and intimate partner violence: Social connections amongst displaced and non-displaced Yezidi women and men in the Kurdistan region of northern Iraq. *Conflict and Health*, 14(1), 61.

- Streit, F., Zillich, L., Rietschel, M., & Berger, K. (2021). Lifetime and current depression in the German National Cohort (NAKO). *European Neuropsychopharmacology*, 51, e172.
- Tekin, A., Karadağ, H., Süleymanoğlu, M., Tekin, M., Kayran, Y., Alpak, G., & Şar, V. (2016). Prevalence and gender differences in symptomatology of posttraumatic stress disorder and depression among Iraqi Yazidis displaced into Turkey. *European Journal of Psychotraumatology*, 7(1), 28556.
- Thorlindsson, T. (1982). Book reviews: B. J. Biddle: Role theory: Expectations, identities and behaviors. *Academic Press. Acta Sociologica*, 25(2), 210–212.
- Tippens, J. A., Roselius, K., Padasas, I., Khalaf, G., Kohel, K., Mollard, E., & Sheikh, I. (2021). Cultural bereavement and resilience in refugee resettlement: A photovoice study with Yazidi women in the Midwest United States. *Qualitative Health Research*, 31(8), 1486–1503.
- UNFPA. (2020). UNFPA in Iraq: How many more women should suffer before there is a law to protect them? UNFPA in Iraq. [En/news/how-many-morewomen-should-suffer-there-law-protect-them](#)
- UNICEF. (2018a). Gender toolkit: Integrating gender in programming for every child in South Asia. UNICEF. [Articles/gender-toolkit-integrating-gender-in-programming-for-every-child-in-south-asia/](#)
- UNICEF. (2018b). A profile of child marriage in the Middle East and North Africa.
- Vilardo, V., & Bittar, S. (2018). Gender profile – Iraq: A situation analysis on gender equality and women’s empowerment in Iraq.
- Wachter, K., Horn, R., Friis, E., Falb, K., Ward, L., Apio, C., Wanjiku, S., & Puffer, E. (2018). Drivers of intimate partner violence against women in three refugee camps. *Violence against Women*, 24(3), 286–306. World Health Organization. (2002). Gender and mental health.
- World Health Organization. (2009). Iraq mental health survey 2006/7. [World Bank](#). (2020). Women’s economic participation in Iraq, Jordan and Lebanon.
- World Vision. (2024). Empowered women, empowered children: Examining the relationship between women’s empowerment and the well-being of children in Iraq.
- Wright, H., Watson, C., & Groenewald, H. (2016). Gender analysis of conflict toolkit.