



How Sexual and Gender-Based Violence Affects the Settlement Experiences Among Yazidi Refugee Women in Canada

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Gender and sexual violence is historically used as a weapon of war. Yazidi women resettled in Canada directly from northern Iraq after the 2014 Daesh-led attacks in the Sinjar region. This direct resettlement experience makes the Yazidi refugees a very distinct group from a resettlement perspective. The severe human rights violations and sexual and gender-based violence they have experienced has affected both their physical and mental health. However, research on pre-arrival trauma and its impact on resettlement has been limited to individual post-arrival psychological interventions without considering how pre-arrival trauma experiences may affect their overall settlement experience. Our paper focuses on the settlement challenges and needs of 21 Yazidi women resettled in the four Canadian cities with the largest Yazidi communities. Because the resettlement of the Yazidi often happened within weeks after their release from captivity, the structural deficiencies within the Canadian settlement network revealed challenges for resettlement organizations in terms of how they assist those with acute trauma. We argue that although the Canadian resettlement program is generous in many ways, it falls short of adequately addressing trauma at the acute stage, especially sexual and gender-based violence as experienced by the Yazidi women and children. Our analysis reveals that single-female-headed families, particularly those with young children, have a difficult time navigating the resettlement system in Canada. We have identified the resettlement experiences of Yazidi women and recommend resettlement to happen in three stages, to account for the acute level of trauma this particular group faces. The first stage lasts between six weeks and three months as many women require more dedicated support from settlement providers for housing, language, and health. The second stage is a period of adjustment which occurs within the next eighteen months, depending on the available support these refugee women have to navigate the different settlement services. The third stage begins sometime after the second year when many women can start navigating the social support, education and health systems independently. Thinking of how SGBV may influence the resettlement process in these three stages is a good way for us to consider the additional assistance that may be needed and how they may better access resettlement services.

Keywords: sexual and gender-based violence, yazidi women, resettlement experiences, PTSD, access post-arrival services

INTRODUCTION

The trauma experienced by modern day refugees is well documented (Fino et al., 2020). Refugees of the 21st century, however, are more likely to experience longer and more chronic forms of traumas due to their experience in modern wars and unequal social conditions than those arriving in previous generations. According to the United Nations (2020a), not only are the absolute number of world conflicts increasing over the past thirty years, the violence within these conflicts is also increasing. Those victimized by war and trauma are also more likely to be female than in previous years. Violence takes many forms, including domestic violence, organized crime, and violent extremism. Often the easiest targets are women and the most painful psychological and social pain that can be inflicted upon a community centres upon them.

The way Canada resettles refugees is becoming increasingly entrenched in neoliberalism, where governments shift responsibility for various aspects of communal welfare from federal and provincial governments and into the private sector (Haymes, et al., 2014). How does this work with refugees? In practice, the government provides the funding but offloads the actual resettlement “work” to non-government organizations (Gonzales Benson, 2020, in press). Because they provide the funding, however, the government has considerable control over the type and amount of services delivered and has considerable control over who provides services as they can reduce or remove funding from organizations on an annual basis (see McGrath and McGrath, 2013; Government of Canada 2019). In Canada, it is the federal government’s responsibility for selecting and funding resettlement organizations, but it is the individual organizations themselves that actually do the work of resettlement. In such an environment, the longevity and health of such organizations is unstable, particularly for smaller settlement organizations (Peace Geeks, 2020). Many resettlement organizations receive 70% or more of their annual funding from the federal government. Although the federal government has, in recent years, provided funding in three- to five-year increments, there is still a significant amount of uncertainty for those working in the settlement sector. This means that some programs, including some dedicated to assisting refugees overcome trauma, may be available one year but cancelled the next. The inconsistent availability of the programs to assist refugee with trauma needs and the continual rotation of new staff may affect their integration process in Canada if the programs such as mental health services that could help them heal from their trauma is not available year to year. Settlement agencies themselves have difficulty retaining staff when the funding environment is insecure.

Why is a gendered focus required in resettlement services? Conflicts are increasingly gendered (Kakar, 2019). Around the world, women and children comprise the largest, most vulnerable group of refugees in the world. Sexually- and gendered-based violence against women and girls during conflicts have been recognized as a significant public health concern associated with long-term adverse physical, mental, and social consequences

(Amone-P’Olak, et al., 2016). For instance, research shows that women and girls who are exposed to abduction, trafficking, torture, sexual and gendered-based violence, forced marriage and other forms of atrocities, can cause or complicate pre-existing mental health conditions (Sleiman-Haidar, 2016). At least one out of five refugee women have experienced physical and sexual violence (UNHCR 2017; Abbott, 2016). From conflicts in Bosnia and Herzegovina to Peru to Rwanda, Bangladesh, Cambodia, Cyprus, Haiti, Liberia, Somalia, Uganda, and Syria, women are often the first responders and the primary victims in a crisis. Whether en route or in camps, in home countries or host countries, many refugee women have experienced rape, imprisonment, torture, separation from loved ones, and murder, all of which contribute to high rates of trauma among refugee women and girls. For example, the ongoing atrocities of the Burmese security forces against the Rohingya over the past ten years use systematic rape as a weapon against women and girls as part of their campaign (Abrar, 2018).

For Yazidi women in Northeastern Iraq, murder, torture, and sexual slavery are common occurrences (Porter, 2018; Vijayann, 2017). Additionally, they were forced to become eyewitnesses of deliberate kidnappings and killings of their loved ones and forced separation from their families (Porkka, 2017). Our paper focuses on the resettlement experiences of one such group of Yazidi women who were resettled in Canada during 2017–2018. We identify their resettlement needs and examine how their previous experiences of SGBV-based violence may influence their acquisition and timing of resettlement services in Canada. Our study shows that the systems in place to help resettle refugees often fail to respond to the needs of refugee women who have experienced gendered and sexualized violence. This creates additional barriers to accessing settlement resources among Yazidi women.

Yazidi women and their children have experienced long-term victimization under a systematic and comprehensive genocide (Goldberg, 2015). As a result, they are amongst the most traumatized group of recent refugees to Canada with over 80% experiencing poor mental health upon their arrival (Ibrahim, et al., 2018; Yildizhan et al., 2018). Psychologists and other specialists who work with traumatized Yazidi populations have all observed that the level of trauma and the rates of SGBV is significantly higher than what they have observed among previously resettled refugee populations (Hoffman, et al., 2018). Why are more recent refugees, including the Yazidi, experiencing so much trauma? First, there has been an opening up of inclusion criteria that has enabled a growing number of women—often extremely vulnerable—to access protection from Canada in ways that were not previously possible (UNHCR, 2017). Canada has finally adopted the Feminist International Assistance Policy (FIAP) supporting more programmes for traumatized women (UNHCR, 2017). This means many of the recent refugee women accepted into Canada are more highly traumatised and have special needs (Wilkinson, et al., 2019). Second, the experiences of violence among more recently arrived women from war-torn countries are far more traumatic than previous refugee arrivals (UN, 2020a), with women being the most frequent targets of this violence.

While attacks against women are commonplace in most wars, today's brutal tactics focus on women. This violence takes many forms but includes rape, forced marriage, forced impregnation, indentured labour, sexual servitude, and the intentional spread of HIV/AIDS (Bureau of International Information Programs, 2012). Finally, Canada has moved more quickly to provide safety for a small minority of refugees. With the Yazidi, many of the victims of war and torture were freed for very brief periods of time before they were relocated to Canada. In some cases, it was less than two weeks from release by their kidnappers to their arrival in Canada. Refugees do not normally move straight from captivity directly into resettlement. That process usually involves substantial years in a refugee camp before they are selected for permanent residency in Canada. As a result, the resettlement agencies are seeing, often for the first time, women who have been directly released from captivity—so they are at an acute stage of trauma recovery that generally is present more often overseas in a refugee camp.

What makes Yazidi refugees significantly different from many of the previous refugee arrivals is the degree of physical, mental, and emotional health issues they have experienced prior to their arrival. They have also been victims of persecution for centuries, mainly because of the mistaken belief that their religion is focused on devil worship (Erdener, 2017). Understanding the trauma faced by Yazidi requires a review of their recent history. Before August 2014, there were few people who had heard about the Yazidis or knew of the centuries of torture they endured. The most recent attack on the Yazidi people marks the 73rd genocide in their history. On August 3, 2014, a small area in Sinjar inhabited by Yazidis, were attacked by Daesh as their religious practices were deemed threatening to Daesh's version of Islam (Sarac, 2020) and to their desire to create an Islamic caliphate. During the attacks, men were killed, but women and children were kidnapped (Erdener, 2017; Foster and Minwalla, 2018). Rape of women is deeply humiliating but for Yazidi women, having sexual relations with a non-Yazidi man effectively makes expels them from the tightly knit Yazidi religious and cultural community. These experiences make the Yazidi one of the most vulnerable groups in Canada. Due to years of marginalization and persecution, their religion, culture, and way of life is not well understood by outsiders. The other unique part of their situation is the fact that the Yazidi resettled in Canada during 2017–2018 were selected in Iraq directly. They were internally displaced prior to their arrival to Canada, which differs from other refugees. This meant that the time between leaving Iraq and coming to Canada is measured in days and weeks—not years. This is significant as, according to the UNHCR, the average refugee spends 7–9 years in a refugee camp prior to permanent resettlement (Wilkinson et al., 2019). There is also evidence to suggest that the prolonged nature of the trauma they have endured collectively is vicious and inhumane.

In November 2019, the Directorate of Yazidi Affairs of the Ministry of Endowment and Religious Affairs of the Kurdistan Regional Government, released data on the Yazidi community who had been reported missing because of the Daesh-led attacks of 2014. They estimated 6,417 Yazidis were abducted, 3,524 have been rescued or escaped from their abductors (1,197

women, 339 men, 1,038 girls and 950 boys), but 2,893 remain missing (UN, 2020b). The number of women, girls and boys who have been raped or sexually assaulted remains an estimate because of the number of missing and the reluctance of some survivors to report.

As a religious, cultural and linguistic minority, the Yazidi are often shunned by other communities because outsiders do not understand or feel threatened by their cultural and religious practices. Daesh has exploited some of these cultural and religious differences to enact crimes that are meant to especially undermine and destroy their society. For instance, Yazidi women who become pregnant by being raped by Daesh must give away their children. The Yazidi are an endogamous group. Any child resulting from a union with a non-Yazidi is rejected by the community, along with their mother. As a result, many women must give up their children for adoption in order to be accepted back into the Yazidi community. Unfortunately, some women are rejected by their families and communities anyway. Others keep their children but must give up their Yazidi identity and community membership (Porkka, 2017). Fortunately, their leader, Baba Sheik, issued an edict in late 2017 that allows women to keep their children, though some community members continue to shun them.

During conflicts, it is common for perpetrators to use sexual abuse as a weapon. In such instances, women and girls become vulnerable to extreme sexual violence. Okeke-Ihejirika et al. (2018) find that SGBV occurs when the purpose of acts of violence is to humiliate or tarnish the survivors irrespective of one's gender. According to Alsaba and Kapilashrami (2016), violence creates greater risks for women and girls and new forms of violence emerge that further intensify existing patterns of violence. For instance, the use of sexual violence is an approach practiced by military to sexually enslave women and girls in genocides such as in Rwanda, the civil wars in Sierra Leone, Liberia and the Democratic Republic of Congo, and Palestine (Alsaba and Kapilashrami, 2016). Studies conducted in Rwanda and Bosnia, show that the genocidal atrocities has long-term effects on the lives of survivors, more than half of the survivors (65 and 62%) met the criteria for trauma-related disorder, respectively (Horowitz et al., 1995; Schaal, and Elbert, 2006). The Yazidi group would not be exception to these experiences.

The negative consequences of sexual violence during wartime can have substantial influence on the emotional as well as social lives of the survivors. The Yazidi have experienced significant psychological strain and genocidal dehumanization which is related to their religious beliefs and partly to their ethnicity as unbelieving Kurds (Porkka, 2017). For instance, many witnessed the killing and or kidnapping of their loved ones (McGee, 2018). This gendered nature of violence has left the community imbalanced leaving communities decimated by the loss of most of the adult and adolescent male population (Jensen, 2019). As a result, the organization of Yazidi society has drastically changed. Given the endogamy imperative (that to maintain Yazidi identity, women must marry Yazidi men), the long-term health of this community is jeopardized given the large gender imbalance the Daesh attacks have instigated.

We can learn about long-term survival of sexual and gender-based violence from the experiences of other ethnic groups. Albutt et al. (2017) conducted a survey study on 310 survivors of eastern Congo and their findings showed that about 44.3% reported facing social rejection after sexual violence. In fact, the study further showed that 54.9% of women stated that their status in the community and relations with family after sexual abuse has reduced. According to Porkka, (2017), not only are young Yazidi girls are harmed physically and mentally by the sexually based attacks by Daesh, but young boys were also victimized. This physical and psychological harm comes through the violent separation of Yazidi boys from their families, forced conversions and subsequent indoctrination, recruitment and military training which includes beatings, training on suicide bombing, and watching violent war propaganda. Older boys were trained to fight while the younger boys served as sexual slaves. A study conducted by (Kizilhan and Noll-Hussong, 2018) on Yazidi child soldiers found extremely high rates of Post-traumatic Stress Disorders (PTSD) and other mental health problems among these abducted children. As a result, men and women experience different psychological barriers related to honour, anger or grief. Women who lost their husbands and survived sexual slavery struggle to overcome their grievances and obstacles towards reconciliation as do men who survived the mass killings in their village only to realize their wife or daughters were kidnapped and raped by Daesh (Zoonen and Wirya, 2017).

Given their unique pre-arrival conditions, the significant trauma they have witnessed or personally experienced, and that the Yazidis settled in Canada arrived directly from Iraq, there are several pertinent questions to be addressed: what settlement services and support traumatized women need during the critical period of resettlement? Do they have immediate access to health services during the acute trauma phase that coincides with the initial period of resettlement? Who meets needs of these women in the long-term? Addressing these questions can help settlement service organizations and researchers better address the urgent needs of refugees experiencing trauma. The findings also provide valuable information to the Canadian settlement organizations and prepare them better when receiving refugees experiencing significant trauma in the future. It will help future refugee women better prepare for their new lives in Canada.

All refugees are eligible to receive settlement and integration services such as English language training, employment services, accommodation assistance, and many other settlement supports, all free-of-charge through a settlement service provider organization (IRCC, 2016; IRCC, 2017). Although the refugees are eligible to avail these services, there are some differences in accessing them among the depending upon the entrance category. For example, government assisted refugees are eligible to receive supplemental health coverage such as dental care for which privately sponsored are not eligible, as the costs are expected to be borne by their sponsors (IRCC, 2016; IRCC, 2017). Likewise, those arriving in the Blended Visa Office Referral categories, along with privately sponsored refugees are not eligible for the six weeks of introductory services provided by Refugee Assistance Providers who resettle government assisted

refugees. The rationale for this differential offering in service is that the federal government expects private sponsors to provide the personalized settlement assistance to their sponsored families in the same way that a government agency does. This differential service reflects the neoliberal push in the federal government to offload the cost of resettling refugees to individual citizens and their families. Most of the Yazidi were brought to Canada as government assisted refugees, although there were some private sponsorship through religious groups through Project Abraham in Toronto or Operation Ezra in Winnipeg. As a result, there are differences in access and utilization of various settlement services even among the small number of Yazidi in Canada.

In this paper, we discuss the main resettlement challenges refugee women face during the three stages of resettlement (critical, medium-term and long-term resettlement stages) with special emphasis during the initial period of resettlement that extends from 6 weeks to three months post arrival and how it plays a crucial role in the overall integration process. This is known as the critical stage resettlement. It is followed by the medium-term stage which lasts until about two years after arrival whereas the third stage refers to long-term resettlement needs. Along the way, we identify some of the unique challenges faced by the Yazidi women who were resettled in Canada and how their pre-arrival experiences, related to gender-based violence faced at the hands of Daesh in Iraq, have affected their resettlement experiences.

MATERIALS AND METHODS

Narrative interviews with 21 newly arrived adult Yazidi women were conducted during March 2018 just after their arrival to Canada. Participants were selected with the help of local Refugee Assistance Providers (RAP) who also arranged appointments for our interviewer. The settlement agencies were available onsite should the participants experience any psychological distress. None did. Interviews were conducted by a female Yazidi Canadian in Kurmanji who lived outside the four main cities of resettlement: Toronto, London, and Winnipeg. In Calgary, the RAP agency provided their own interviewer who also conducted the interviews in Kurmanji. The RAP and mental health representatives on our project advisory committee advised that the trauma that the Yazidi had experienced might influence our rapport with the participants during the interview, so unstructured narrative interviews were the most appropriate method for investigation as it allowed the women to explore topics of their own choosing. Using this method also allowed the women to share their experiences in as great or as small of detail, providing them with some agency during the process. What surprised us is that most of the Yazidi women want to share their detailed histories of coming to Canada and why they had to leave Iraq and the narrative interview approach was an excellent opportunity for us to get to know them a bit better and to ethically record their histories.

The advisory committee assisted in identifying the themes that shaped our interview guide. These themes include experience in the reception centres, current housing conditions, language

classes and pre-arrival knowledge of English, pre-arrival employment history and accessibility of employment services, pre-arrival orientation and post arrival settlement service use, general health related service accessibility and various demographic questions. An interview guide was prepared and shared with our advisory committee, and adjustments were made. After the guide was approved, an independent Kurmanji speaking translator was hired to translate the interview guide, consent form and recruitment script using the Latin alphabet, which was requested by our Kurmanji speaking interviewer. A third Kurmanji speaker backtranslated all documents. The interviewer and translators were different individuals and unknown to one another.

Given the short timeline for our study and the fact that we used RAP agencies to identify and invite participants, all the Yazidi in our study is exclusively from the government assisted category of refugees. Study participants were all aged 18 and over at the time of the interview. Only one person per household was interviewed. The Psychology/Sociology Research Ethics Board at the University of Manitoba reviewed the study recruitment and methodological protocols and granted permission for the team to conduct the study.

It was essential to have a qualified Kurmanji speaker from the small Yazidi community already living in Canada. We needed someone who understood the culture and history of the group given the widespread misunderstandings about Yazidi people. We had a strong preference for female interviewers as the advisory committee had mentioned to us that many Yazidi women would not speak with an unrelated male. To curtail some of these challenges, a Yazidi Canadian Kurmanji interviewer was selected to conduct the interviews. As a member of the community in Canada, she was aware of their history and having worked in a settlement agency in a different city, was aware of the challenges that refugees face in general. Though long conversations were not possible during the interview given the very short time period we had to complete the study, our interviewer made it a point to “listen” to the women. Given her excellent rapport, most of the interviewees referred to her as “teacher” in a sign of respect. Interviews were tape recorded with all participants’ permission and were translated and transcribed by the interviewer. A second, unrelated Kurmanji speaker double checked a selection of transcriptions to ensure translation was accurate.

Our interviewer ensured that all the participants she met were emotionally and psychologically well before she ended the interview. At no time did any of the participants indicate they were traumatized during the interview process, and all completed the interview. In some cases, she alerted the settlement worker on site (her interviews were conducted in the community where the immigrant settlement organization was working) if she felt the family required additional assistance unrelated to our interviews. At the conclusion of the interview, she gave each participant \$10 gift card and asked if they would like to take part in a future study. All participants agreed to be contacted for a second study. They shared their contact information with the interviewer for future follow-up. Participants have been assigned pseudonyms and all identifying information have been removed from the data set.

Once the interviews were translated and transcribed, the interview team hand coded the interviews multiple times, first using holistic coding where large units of data are broadly coded into a large category, then subsequently re-read and re-organized into smaller, more detailed codes (Saldana, 2021). The interviews were read back-to-back multiple times as part of the coding process. In this way, patterns and repeated themes became more easily detectable and the researchers began to write about their observations. A final report for the project was submitted to IRCC (Wilkinson, et al., 2019).

RESULTS AND DISCUSSION

Almost all our respondents reported gender-based violence faced in the hands of Daesh in Iraq. Women and children who were resettled in Canada showed symptoms of serious mental health problems, including depression and PTSD. Yazidi women talked about their unwillingness to continue with their lives, even after resettlement. Few of them mentioned how they were only surviving because they had young kids and they were the only parent alive. Saadia relates her feelings about her life in general. “If it wasn’t for my kids, I don’t know if I would even want to live after all that has happened to me. My children keep me going because I know they have no one here. I was raped and tortured . . . While in captivity they took their turns on me, if I defied them they’d threaten my children.” (Saadia, in Canada for 8 months).

Sadly, Saadia’s experience is far from unique. Almost all of the women we spoke to had been kidnaped, tortured and raped. Most of these women have relatives from their immediate families, who were kidnaped and presumed dead. Some remained hopeful that their loved ones somehow escaped or remain alive in captivity. The capture, release and arrival of 12 year old Yazidi Emad Misko Tamo in Winnipeg was the most high profile example of survival and reunion. As a boy, he was kidnaped by Daesh and forced to fight alongside the terrorists in the Sinjar region (Pauls, 2017). His identification by the Red Cross by photo and subsequent reunification with his family, who were living in Winnipeg by then, provided hope for other Yazidi families that their children, mothers, fathers, aunts, uncles and cousins could still be alive.

Hopes that relatives remained alive, however, can interrupt and delay their resettlement and integration in Canada. For instance, some women find it impossible to attend language classes due to the ongoing trauma they are experiencing as they worry about their missing loved ones. Many told us they had tried to participate in language classes but found it extremely difficult to concentrate given their constant worries for their missing family and recalling their own trauma experiences. Silda shares the magnitude of the loss she has experienced and how that has affected her experiences in Canada. “I am too old for schooling, I have gone through too much, lost 35 people in my family, I lost my husband, and my children to Daesh and one of my son died in my arms. You

think I will ever lose that image in my head? Never I cannot” (Silda, in Canada for 7 months).

Most of our participants were keen to share their experiences as survivors of torture with the interviewer even though that was not the purpose of our interview. We surmised that they needed a listener who understood their language and culture and could relate to their experiences. They mentioned how they felt relieved after speaking to the interviewer as few mentioned it was for the first time they had someone to talk to in their own language about what they had experienced. Given that Kurmanji is such a rare language in Canada, there were very few support workers in Canada who could speak it when they arrived in 2017. Some women told us of the frustration they experienced when asking for mental health help because many of the practitioners in Canada could not relate to the kind of torture they experienced. Nasreen’s experience was common.

“The only problem I have is with the mental doctor. Don’t take me wrong, she helped me quit smoking and I feel better about a lot of things, but she tells me to forget about what happened to me. I will tell you it’s not easy to forget, no matter what we get or do in life, what I went through I cannot forget, I was in captivity by the Muslims (DAESH) for over 2 years. I had a child from them, I held that little girl for few days and carried it 9 months and they took her from me, they told me that your other children are infidels, and we don’t want them as they are the offspring of an infidel. The men who raped me took my little girl from me. Then when I got sick they threw me and my two children in a hospital in Iraq. That’s how I was able to escape” (Nasreen, in Canada for 7 months)

For Nasreen, the pain of losing her infant daughter, the terror of being forcibly raped and kidnapped made it difficult to form a relationship with her Canadian psychologist because she could not completely understand the pain of losing her child and that her surviving children were treated as infidels by her captors. The psychologist was likely unaware of the expulsion practices of the Yazidi community toward Yazidi women who had been raped by Daesh. These experiences have also affected her and the other women’s ability to access services and successfully resettle in Canada. Nasreen has two children who are under the age of ten whom she could not leave behind with a qualified childminder in order to access language- or employment-related services seven months post-arrival. Due to her kidnapping, separation from her children was unbearable. She could not have them out of her sight as it caused her deep distress not to see them. This stress was complicated further by the lack of Kurmanji speaking interpreters, and sometimes she had no choice but to opt for Arabic interpreters in order to obtain timely psychiatric counselling. The language reminded about her past (Wilkinson, et al., 2019) since her captors were Arabic-speakers.

There is a shortage of mental health practitioners with experience working with traumatized refugees. Some of them simply want some compassionate, active listening by mental health practitioners. Similar to Nasreen, Battal relates the

importance of having trained, culturally responsive psychologists who specialize in trauma.

“There is an issue that isn’t addressed by the doctors, here, we have a lot of single women, with their children who have nobody but their kids left, they are all have mental illness and I know that everyone in Canada knows why I don’t have to discuss that in details, and may be you know yourself to speaking to the Yazidi communities, the doctors here not good, all they do is write a script and send us on our way, these issues need to be addressed by professionals who know how to deal with these situations. A simple script isn’t going to take it away.” (Battal, In Canada for 7 months)

During the initial stages of resettlement, the timeframe consisting of the first three months after arrival, we noted how many women wanted to first manage their mental and physical health issues before starting the process of integration by accessing language, employment, and other resettlement resources. Amal tells us, “I would start my language classes once my health issues are taken care of and I am not so emotional, like I said we have seen too much with our bare eyes, we have seen people die in front of us. It’s all taking a toll on the mind” (Amal, in Canada for 4 months). Women like Amal who have faced SGBV mentioned that their trauma must be examined before they can be healthy enough to learn a new language or absorb the important information learned during the initial stages of resettlement. For those who are able to attend language classes, retention of the new language is sometimes impeded by PTSD as Zheyen tells us, “I do have problems with processing English because of all the hardships we went through back home, my memory isn’t so good. I have depression and anxiety. I saw my brother die buried under the house they were building.” (Zheyen, in Canada for 7 months).

Some women who have experienced trauma could not attend classes for as long as a year post-arrival. This reflects how integration among women who have experienced SGBV pre-arrival require additional physical and mental health support even before undertaking language learning. Their overall integration is delayed as a result as they confront their medical challenges. Behi is one example. “No, I haven’t taken any classes and I am not able to go to school, because of my depressions, I pass out I am unable to use the public transportation.” (Behi, in Canada for 13 months). Some women report that even after receiving mental health assistance, their life in Canada is affected given the magnitude of the losses they faced. Khalida reports that her captivity and loss of her entire family has made it very difficult to become mentally well and has influenced her ability to resettle successfully. “No, I am not getting better it seems, I was struck by a car while fleeing for safety, I was in captivity locked away for almost 2 and half years, I am not well mentally, I was barely given a chance to see the light of the sun. my entire family was killed by Daesh” (Khalida, in Canada for 14 months).

Yazidi children have also witnessed and experienced violence. This makes navigating settlement resources difficult for both the

mother and their children. Saadia tells us about her son's experiences.

My oldest son's school is very far for him. Like I said has not been feeling well, he takes 6 medications a day to maintain himself. He was in captivity for 2 years, I would only see him once a month for few hours and they would take him away from me again.

Interviewer: Where did they take him do you know?

They would take him for training and make him watch as they killed people, and they beat him a lot. (He) has been sick since then, none of us are well. (Saadia, in Canada for 8 months)

When their children are unwell, the mental health of the entire family is affected. This in turn affects their ability to integrate and successfully resettle. In some of our interviews, we learned that extended family members brought highly traumatized orphaned children with them to Canada. One of our participants, who has been in Canada for less than a month, was worried about all the children he brought to Canada and panicked about not being able to control the violence exhibited by one of his nephews whom he brought with him to Canada.

"I lost 21 members of my family to Daesh and rescued 5 members. And those that I have rescued are traumatized tortured, and sick. Importantly I brought 5 of them here with me, 2 of the girls were raped and sold over 20–30 times. One of the boys has been severely wounded, and the other boy has gone deaf (due) to the blows of trauma to head and face.

Interviewer: Has the wounded boy been seen by a doctor since your arrival?

"No, he has not. Not yet, however, I am under the impression that appointments have been booked for them, the boy has had so many surgeries he's in need of medical care"

Interviewer: Have the girls been examined by a doctor?

"Yes, I recommended that they take them and get them checked because I am afraid they might have something wrong with them, they've been raped and sold by those (uses pejorative term for Daesh) who knows what kind of sickness they carry with them, one of them is not even 18 and has been raped over 20 times, and the other one is only 15 and she's been raped over 25 times".

Interviewer: What type of help do you need or would with these children to able to take care of them?

"You know teacher, I need the communities' help, those children are not normal anymore, mainly (name suppressed), he bothers everyone, beats up his sister and brother, bothers me my wife and children, Daesh beat him, and trained him how to fight, and has turned him uncontrollable wild" (Aylas, in Canada for a few weeks)

For Aylas and his family, the need for immediate care for him and his family is apparent, even though they have only been in the country for less than a month. In this case, the interviewer alerted the RAP personnel on site and ensured they had help and appropriate interpretation. This is, however, an example of the immediate needs of some refugee families. In the Yazidi case, because resettlement to Canada often happened mere weeks after their release from Daesh means a new more acute form of medical care must be made available to these families.

Many Yazidi showed symptoms of depression and PTSD which may affect their successful resettlement. Roshan tells us about her experiences.

"I am unable to sleep peacefully. Every time I close my eyes I get flash backs, even with the medications I am taking, I go back to the time, were heave been raped over and over again with my children watching, I have witnessed the most horrid events, I have seen women get raped and kill before my eyes, I have seen their 1 to 3 years old children beheaded before their eyes for defying (Daesh)... I want the government to know that we are not all the same. (I) believe some of us are a lot worse than those pretending to be, we require good medical treatment, good doctors, psychologists. We need interpreters that we can we feel confident to help us relay our messages.

I have no one here no brother no sister no mother, nobody, I am rendered useless, I have 9 kids, 8 with me and one still in captivity, the twin of my child that's here. My son was taken by a butcher, and he was a slave in his house. He would come to see me once in a while covered in blood. He told me that Daesh man he was living with was beheading innocent people, and he's asked him to follow him to do the same thing. I started crying and hitting myself, I told him son if you do that I will kill myself, what if they bring you someone, and it turns out to be your father, and you're not aware, because his face is covered what will you do? Then what will I do then? So praise God he refused to obey those demands they beat him day in and day out, they tortured my poor boy, and my other kids, my babies were raped unable to hold their stool in, I had to put diapers on my babies. My son their slave, I and my children - their toys" (Roshan, in Canada for 13 months)

These experiences and her continued concern over her son who is still in Daesh captivity, Roshan says, have made resettlement and use of settlement services very difficult. Her flashbacks and stress have made it impossible for her to access various settlement services that can assist her and her family. Hers is one example of many we heard about how trauma impedes family's abilities to successfully resettle in Canada.

As government assisted refugees, all the Yazidi in our study were eligible to obtain resettlement assistance from the RAP agencies. The settlement agencies and mental health

organizations all recognized the difficulty of providing resettlement services to families actively experiencing trauma or the uncertainty of loved ones who are believed to still be in Daesh captivity.

There are other challenges to resettlement faced by Yazidi that reflect a broader problem with the refugee resettlement system. One of the biggest gaps in the resettlement system identified by the Yazidi women is the inadequacy of financial assistance for newly arrived refugees. Government income assistance received by all government assisted refugees was not enough to obtain basic necessities for the entire month or they could not budget their expenses according to their essential needs. They also mentioned that their child tax benefits also were not processed until six-seven months after arrival, which added to the stress of resettlement. For most refugee families, child tax credits are vital to making ends meet. Silda tells us, "Sometimes until I receive my monthly allowance, I am forced to borrow from another Yazidi family in the community. I pay it back once I get my allowance, I wasn't receiving my child tax for a while I finally started getting it this month" (Silda, in Canada for 6 months). Others rely on donations from the community. "It's only the Iranian communities that help us with food, and sometimes they give us clothing and things for the house." (Amal, in Canada for 4 months).

Given the extra burden of dealing with the physical and mental conditions of their families, it is difficult for many refugee families to make ends meet. Borrowing money from community members cannot be the solution during the process of resettlement, but it can be seen as one of the many outcomes of a refugee resettlement system that is increasingly shaped by neoliberal regimes looking to offload the cost of resettlement onto communities. According to Harris (2016), approximately 65% of government-sponsored newcomers rely on food banks within their first year. Due to lack of information on budgeting, there are often misunderstandings regarding the child-tax benefits received by the guardians. One of our participants thought he was receiving enough money for him and his own (biological) children. He was simply self-financing the other five children whom they brought to Canada with them. Though the confusion regarding the child-tax benefits was explained by our interviewer, sometimes children might suffer financially, especially when they are accompanied by someone other than their own parents. It also shows that the financial assistance provided by the government is not generous as many Canadians are led to believe.

Participants also mentioned how expenses related to large amounts of prescription medication required because of their physical and mental health conditions were not fully covered by the government. Battal tells us that several family members require psychological medications and that they had difficulty paying for them with their refugee assistance cheques.

Trauma can be exacerbated when there is confusion and uncertainty about the many resettlement services available in Canada. Confusion in the early days of resettlement was common as RAP organizations scrambled to locate and hire qualified Kurmanji speakers who were in short supply. Women reported that it took many days to connect with settlement agencies despite calling them repeatedly. Sometimes emergencies occur and there is no qualified translator to assist

them. One of our participants could not give names of any settlement service agencies, and the 911 emergency number is unknown to her despite spending months in Canada. Another Yazidi participant asked us to inform the settlement agencies and the government of Canada that single-female headed households were particularly vulnerable in the early days of resettlement.

"I want to let everyone know that people like me who are sick and have small children that is and single need more help from the agency, I don't go out much because I am the only person taking care of my kids. Neither my community members nor the agency have helped me out more than twice with shopping. ...I want to go to school I want to learn, I want to work one day, but I need help and those that are in the same situation as me please, help them more they really do need help, mentally and emotionally help is required, we have been through too much we need time and support." (Amira, in Canada for 6 months)

In addition to the scarcity of qualified Kurmanji speaking interpreters, there is a special need for female interpreters. Especially for medical appointments, almost all women mentioned they needed female interpreters given the trauma of rape and their reluctance to share such intimate details with a man.

"The only thing that we honestly require is more female interpreters as its easier for us females to be able to talk through a female rather than a man. The only thing that's a problem for me personally is that I would rather be accompanied by a female interpreter rather than a man its embarrassing for me to discuss my personal things, I am not comfortable talking about my experience while I was held captivity by Daesh with a male staff worker." (Tujan, In Canada to 7 Months)

Tujan also mentioned how sometimes during an emergency she visits the hospital and does not have an interpreter available for her, she communicates using the Google Translate application. It is not uncommon for refugees to report using this valuable tool for emergencies and in everyday living. The Google translator enable them record the voice of what they want to say in their native language and then request this application to translate in English.

Upon their arrival to Canada, government assisted refugees, like the Yazidi, spent time in transitional housing, usually operated by RAP agencies. These transition houses serve many purposes. They provide 24-h assistance to newly arrived families and offer on site translation services. During the day, children are minded by qualified multilingual caregivers while their parents obtain instruction on how various services in Canada can be obtained. They learn about government assistance, housing, the education system and other important aspects to living in Canada. It is the intention to use this time to provide families with the information necessary to be successful when they move out on their own. Transition out of the housing occurs within 1-3 months of arrival, depending on the local housing market.

Settlement agencies want to help and do, but their services are over-stretched and under-funded. Many women felt they were pushed out of the transitional housing and left to “fend” for themselves. The lack of adequate translation services complicates the issue. Yazidi women suffered when they were left unattended by settlement agency staff members right after their entry and stayed at the reception centres. When we asked them about their initial arrival and experiences in temporary reception housing, Amal tells us, “no we did not have a good experience, while in the reception house for two days and 3 nights we didn’t see anyone, we were given 2 rooms, but we are (were) frightened. We were new in a foreign country, my children were crying, they were frightened we were told in Iraq, that we would have an interpreter with us all the time, until we were comfortable to be on our own but that didn’t happen.” (Amal, In Canada for 4 months). Amal, however, landed the last week in December, a time where many services pause for end of year.

But many Yazidi felt “abandoned” by the RAP providers while they lived in temporary housing at other times of the year. Many participants were unhappy with the lack of information provided at the reception centres. “At the reception house we haven’t seen much of the staffs from other than helping us go to setup a bank account, and giving us our funds for the 10 days, they gave us some information on the climate and the city that’s about it” (Tujan, In Canada for 7 months). Once they settled in permanent housing, the “attachment” to the resettlement programs became even more tenuous. Many complained how they could not access medical or other settlement related services mainly because of lack of transportation which they felt should have been provided by the settlement agencies themselves. “The main problems we’ve faced is not being able to go to our appointments, I’ve had some situations where I have walked to the doctor and we weren’t able to find it we had come home and take one of our neighbors who’s also a Yazidi with us.” (Zheyan, In Canada for 7 months). In this case, not only was interpretation an issue but transportation too. Many of the women we spoke to did not have enough English that navigating the bus system was next to impossible.

It was reported many times how finding permanent housing was considered an unofficial conclusion of responsibilities on part of the settlement agencies, at least according to the perception of the Yazidi refugees. Once the Yazidi families were moved to their permanent residence, it became more difficult to contact the settlement agencies. They reported how their calls and messages made to the staff members were not returned. The RAP agencies were powerless to respond because of the severe shortage of qualified Kurmanji speaking interpreters. It was a no-win situation where refugees distrusted the resettlement agencies for not returning their calls. As a result, there are many misconceptions held by the Yazidi. As Behi tells us, “That agency needs to help us for a year, from my own experience the agency is helping refugees for only 7 days or until they move them into a house.” (Behi, In Canada for 12 months).

Although this is only a small fraction of what we learned, we can make the following recommendations to the government to provide additional assistance for refugee groups in the future.

Recommendations

Given the recent and dramatic increase in refugees requiring resettlement worldwide and the continuation of sexual and gender-based violence leading to high levels of trauma among recently arrived refugee women in Canada, there is an urgent need to develop viable mechanisms for ensuring refugees’ well-being by not only providing immediate resources for protection, assistance and resettlement but also by understanding how trauma might influence the resettlement process. We propose that this is better operationalized through the understanding that resettlement occurs in three stages which also integrates a trauma-centred approach. This schema will be very useful to the government in making policies that benefits refugees with trauma needs. This schema would also be useful to researchers and advocates for refugees.

The first stage of resettlement after trauma can be considered as the critical stage, the period from arrival and lasting between 6 weeks and 3 months post arrival. This stage recognizes that traumatized refugees face more challenges that might affect their ability and willingness to access and use certain settlement services. At this stage, many women require more dedicated support of settlement providers for housing, language, and health. Given that less than 3 in ten refugees to Canada can speak English or French, navigating the resettlement system at this stage would require extra interpretation assistance (Kaida, et al., 2020). Even those who have some knowledge of one of Canada’s official languages may have difficulty with language given their mental health status.

The second stage is the period of adjustment which occurs from six months to eighteen months after arrival. In this stage, most women will have hopefully been exposed to all the resources they are eligible to access as newcomers, although we recognize that this is not always the case. In this stage, women may seek additional mental and physical health assistance, the intention is that they access language and employment training if possible.

The third stage begins when women can start navigating the system on their own. This is the time that marks the beginning of the initial integration period, when women can feel more comfortable in their new host society. The extended support during the first and the second stages are crucial for refugee women who have faced SGBV and, according to our observations, are mostly single parents with young children. Yazidi women in Canada face special challenges given that their language is very rare and only a few Kurmanji speaking persons were living in Canada prior to their arrival. This, combined with trauma and enormous losses, has meant that many women have experienced prolonged initial stages of resettlement.

Finding permanent housing for refugees is important during the initial stages of resettlement, but after this relocation, contacting service providers becomes challenging given their individual housing locations which are sometimes very far away from the RAP and other settlement agencies. During the first few weeks of resettlement, especially when single women with young children move into permanent housing, they may require assistance with childminding so that they can attend language classes and start their integration process. Instead, some of the women remain isolated and alone taking care of their children, which can increase loneliness and depression. It is

often preferred that single parents or guardians with high levels of trauma having young children be resettled near others from their own community, so they have community members to rely upon for translation and other forms of support. This is a recommendation that is already followed, to a certain extent.

There is also a need to increase staffing of RAP agencies so that highly traumatized communities receive the guidance they need to become self-supporting and functioning in society. Given this groups' pre-arrival traumas, it is expected that they would require more longer-term, individualized support on arrival. It becomes difficult for few staff members to provide such individualized attention to the refugees. In many instances, just one settlement worker who could speak Kurmanji was caring for many Yazidi families at the same time. Others relied on Yazidi who had arrived prior to 2017 for this type of assistance, even if they were not working for a resettlement agency. Women participants reported how they booked doctor's appointments and planned their important outdoor visits according to the convenience and availability of one single staff member. This explains the pressure on a handful of RAP staff members.

With Yazidis, as most of them have faced SGBV in their home countries, during the first few weeks post-arrival, it is necessary to provide additional mental health support to those who need it and to prioritize mental health issues over other resettlement needs. This support needs to be culturally sensitive, have linguistic support and should be led by females when possible. Given that SGBV is on the rise worldwide and the atrocities committed against women and children rise, this need will only expand throughout the next few years.

Not only health and wellbeing are necessary as pre-conditions for successful initial integration, but the government funds provided for settlement are often inadequate. Although there is a one-time payment that allows families to acquire items necessary for setting up their permanent households, the costs of prescriptions, other medical supplies, and other expenses, they also require some emergency funds for buying prescription medicines and medical supplies. Participants reported how they depended on the food banks and sometimes borrowed money from community members for meeting their monthly needs. Medical expenses were quite a concern within this group. Extending the period of financial support to families who have high levels of trauma can help those who will require more time to access and use important resettlement services.

Thankfully, the Canadian government and the RAP agencies have learned from this experience and have already adjusted the way they provide services to Yazidi and other refugees (Wilkinson et al., 2019). Now that there are additional Kurmanji-speaking Canadians, more are becoming trained to assist in translation and interpretation services. Eligibility for language classes has been extended so that women and men experiencing trauma or have families in distress have additional time to attend classes. There remains a desperate need to train more mental health professionals in culturally appropriate trauma interventions, and we must continue to encourage the young people of these communities to undertake the training they need to complete certification in these professions. There still remains staffing challenges and financial distress for newly arrived refugees, but there is greater recognition that these costs need to be covered by the federal government. Unfortunately, because health is a

provincial designation, the provinces need to work with the federal government to determine a desirable funding solution.

CONCLUSION

Much of the existing research on refugee resettlement and integration focuses mainly on the immediate needs of refugee women who have transited to Canada from refugee camps or other means (Bloch and Schuster, 2002; CCR 2011; de Carvalho and Pinto 2018; Hynie, 2018). There is not much research on the experiences and settlement needs of refugee women who are in the initial acute stages of trauma, like the women arriving directly to Canada from Daesh captivity like the Yazidi. For their part, RAP services are aware of these problems but are under-funded and under-staffed to respond, especially to the lightning fast arrival of the Yazidi. This paper identifies and explains some of these gaps and we hope that this evidence can help them attain additional resources for their work. This is no small issue given the increase in violence and war worldwide. The arrival of Yazidis, Iraqis, and Syrians have been victimized in ways not seen for decades. Canada and other resettlement countries will continue to accept more traumatized refugees in the years to come.

This paper is useful for the settlement provider organizations and to policy analysts to evaluate the country's response to the refugee arrivals with high levels of trauma, as the conditions to end the refugee crisis are not likely to end soon. Taking a time-centred approach to integration also allows us to explore how trauma influences the settlement processes among refugee women. Understanding that initial resettlement is a process that often takes six months and that access to settlement services continues to be exacerbated well into the middle stage of integration, can help us better identify the gaps in the wrap-around settlement structure that still need to be filled. In our study, the ongoing trauma of having children and other family members either in captivity or unaccounted for can last for years—making it difficult for women to learn a new language and become fully independent. Future research should examine how trauma influences language learning among adults and how settlement “clusters” may advantage the overall resettlement process. This is particularly important information for communities who are considering a separation approach to housing and resettlement.

DATA AVAILABILITY STATEMENT

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

ETHICS STATEMENT

The studies involving human participants were reviewed and approved by Research Ethics Board (REB) of University of Manitoba. The patients/participants provided their written informed consent to participate in this study.

AUTHOR CONTRIBUTIONS

All authors listed have made a substantial, direct, and intellectual contribution to the work and approved it for publication.

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