



Hedayah

Countering Extremism  
& Violent Extremism

TOOLKIT

# Rehabilitation & Reintegration of Minors

Joseph Gyte, Denis Suljić & Emma Allen



# FOREWORD

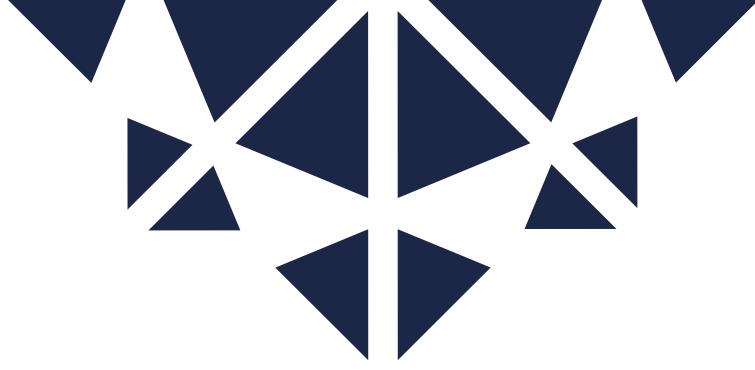
The UK Government's efforts to counter violent extremism and radicalisation depend on working with a range of international and multilateral partners. Our enduring partnership with Hedayah as a centre of excellence in countering violent extremism began with UK support for its foundation over a decade ago. Our collaboration continues today through the delivery of overseas programming designed to prevent people from becoming terrorists or from supporting terrorism.

As radicalisation knows no boundaries, the development and sharing of evidenced based good practices is an essential tool in supporting the effective rehabilitation and disengagement of those already involved in terrorism, those radicalised by terrorist organisations and those vulnerable to radicalisation by the international community.

I thank the Hedayah team for their dedication, collaboration, and their efforts to produce this Toolkit. I hope that it will be of benefit to rehabilitation and reintegration efforts focused upon children around the world.

**Edward Hobart CMG, His Majesty's Ambassador to the United Arab Emirates**





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# EXECUTIVE **SUMMARY**

## EXECUTIVE SUMMARY

The fall of Daesh's territories in Iraq and Syria has created a vital need to provide rehabilitation and reintegration support for those returning to their country of nationality or origin. While previous work in the broader field of rehabilitation and reintegration of individuals affected by violent extremism, as well as related fields such as child disarmament, demobilization, and reintegration (DDR) and child refugees, provides guidance for practitioners and policymakers, there is a need for specific considerations and approaches that address the context of returnee children from Iraq and Syria.



While acknowledging the complexities involved and the agency of child returnees, it is important to note that children should be considered as victims and the best interests of the child should be central in all rehabilitation and reintegration efforts. This principle has influenced the development of the guidelines, good practices, and the overall approach to this toolkit, ensuring a child-centric approach that acknowledges their specific needs and rights throughout the rehabilitation and reintegration process. This Toolkit seeks to directly support trauma-informed rehabilitation and reintegration approaches, and further highlights the need for age and gender differentiated approaches.



*Credit: Levi Meir Clancy*



## HOW TO USE THIS TOOLKIT

This Toolkit is intended for **two primary audiences** – practitioners engaging in, or developing, programming specifically on rehabilitation and reintegration of minors repatriated from North East Syria and Iraq, and government policymakers and decision makers involved in planning related to rehabilitation and reintegration efforts involving minors.

The practices outlined in this Toolkit are based on what was identified in the relevant literature. While there may be lessons from other fields that may be useful for understanding and responding to the needs of this group, this Toolkit posits that while these may provide general direction, these previous experiences from related fields are often not sufficiently researched or tested in respect of their application to the particular group considered (namely returnee children) to consider them to be a foolproof blueprint. As such, readers of this Toolkit are encouraged to see the ‘good practices’ outlined herein as a foundation upon which, aided by further assessment, research, and enquiry, tailored and individualized responses can be developed.

Earlier sections outline the research component that informed this Toolkit (*see Section 3. Research Methodology*) and the findings of this research in terms of the strength of evidence of the literature, specifically related to the rehabilitation and reintegration of children returning from living under Daesh in Iraq and Syria (*see Section 4. Strength of Evidence of the Literature*). The **Good Practices Toolkit section** (*see Section 5. Good Practices Toolkit*) includes practices related to rehabilitation and reintegration of children drawn from the sources that scored the highest in our Strength of Evidence review. This Toolkit provides a user-friendly entryway into considering the specific needs of children in rehabilitation and reintegration, outlining good practices and guiding users to relevant sources and tools.



## METHODOLOGY

This research project focuses on the rehabilitation and reintegration of minors returning from conflict zones, particularly Syria and Iraq, but where applicable, drawing on other contexts, and encompasses a broad analysis of global good practices, guidance, or principles for understanding and responding to age- and gender-differentiated needs and challenges, as well as strategies for contextualizing these practices. The primary objective of this research project was to develop a Toolkit that captures the evidence base for programming to support the rehabilitation and reintegration of minors. Our approach included a small qualitative primary data collection component, along with a comprehensive review of secondary sources. The qualitative data collection, which comprised expert interviews with practitioners and academics with experience working on rehabilitation and reintegration, including children, helped to contextualize and triangulate the findings of the literature review and to identify additional sources for inclusion.



## STRENGTH OF EVIDENCE

In the landscape of rehabilitation and reintegration programs, particularly for minors repatriated from conflict zones, the strength and rigour of underlying evidence is pivotal. The Toolkit critically examines the existing literature, assessing the robustness of evidence that shapes our understanding and informs subsequent good practices. This exploration is the cornerstone of this Toolkit, ensuring that each recommendation and guideline presented is grounded in evidence. By analyzing the strength of evidence, we not only adhere to a high standard of research but also provide practitioners and policymakers with a clear foundation to design and implement effective and sensitive interventions to the unique needs of the children they aim to serve.

The review of literature and strength of evidence highlighted areas that have received considerable attention, but also shines a light on critical gaps that need to be addressed. The findings also call for approaches to research in this field that can generate a stronger body of evidence and provide a stronger guidance for real world implementation. Addressing these gaps is crucial for developing a comprehensive understanding of effective practices. It is particularly vital given the evolution in circumstances of children who have not yet been repatriated, as for various reasons, the needs and experiences of children who return today may be different. The only way we will understand these important differences is through rigorous research, as well as individualized and contextualized assessment processes. For this reason, this Toolkit recommends continued efforts to conduct research and evaluation, particularly including quasi-experimental and mixed methods approaches, along with research examining the changing needs of child returnees today.



Credit: Ahmed Akacha



## GOOD PRACTICES

The Toolkit presents identified good practices along with discussion or related challenges and specific age and gender differentiated needs, grouped into ‘good practice thematic areas’. These sections may also be considered modular and can be read or used as a resource separately, should practitioners or policymakers be looking for guidance specific to different components of the rehabilitation and reintegration process.

Key **overarching principles** that emerged across the Good Practice Areas assessed for this Toolkit, representing clear common threads throughout these areas, included:

1



### CHILD PROTECTION

*First ‘do no harm’*

Children must be treated as victims first and foremost, and rehabilitation and reintegration efforts for any persons under the age of 18 should be led by child protection concerns.

2



### CONTEXTUALIZATION and INDIVIDUALIZED APPROACHES

*There is no one-size-fits-all*

Develop nuanced, well-informed, individualized, and age- and gender-sensitive responses requires a deep understanding of the children’s experiences, and challenges, as well as an assessment of assumptions based on previous programming, other children, or other fields.

3



### MULTI-STAKEHOLDER APPROACHES

*Holistic and coordinated efforts contribute to success*

A diverse range of actors and stakeholders must be involved in the rehabilitation and reintegration efforts, and they will be better able to respond to the needs of returnee children when they are adequately prepared, trained and supported. Coordination and collaboration between these groups requires strong information sharing mechanisms, planning, and concerted efforts.

4



### COMMUNITY and FAMILY SUPPORT

*Reintegration requires positive social environments*

The pathways to successful reintegration are laid by families and communities who are ready, willing, and equipped to receive child returnees and support them.

5



### ASSESSMENTS, MONITORING and EVALUATION, and RESEARCH

*Learning and understanding are key*

From individualized assessments to tailored client plans and ongoing monitoring of needs and outcomes, every area discussed will be strengthened by learning about the children’s needs, learning from communities, unpacking assumptions, and measuring what works.

1

**BACKGROUND**

# 1 BACKGROUND

The fall of Daesh’s territories in Iraq and Syria has created a vital need to provide rehabilitation and reintegration support for those returning to their country of nationality or origin. While previous work in the broader field of rehabilitation and reintegration of individuals affected by violent extremism, as well as related fields such as child disarmament, demobilization, and reintegration (DDR) and child refugees, provides guidance for practitioners and policymakers, there is a need for specific considerations and approaches that address the context of returnee children from Iraq and Syria. Particular nuance is needed to manage the return of the families of Foreign Terrorist Fighters (FTFs), which often includes children, some of whom may have been born within the conflict zones and who have varying degrees of exposure to (or, in some cases, involvement in) violence and combat, as well as human rights abuses, which has led to varying levels of trauma and vulnerability.

In this toolkit, children (or minors) are defined in alignment with the United Nations Convention on the Rights of the Child (UN, 1989) as ‘every human being below the age of eighteen years’<sup>1</sup>. Article 3 of the CRC asserts that every child has the right to have their best interests given primary consideration in all actions concerning the child, including the right to protection and care necessary for their well-being. Article 40(3) of the CRC stipulates that for children alleged as, accused of, or recognized as having infringed the penal law, states shall seek to promote “whenever appropriate and desirable, measures for dealing with such children without resorting to judicial proceedings, providing that human rights and legal safeguards are fully respected”. Further, it notes that they have evolving capacities, and article 40(3) of the CRC specifies that not all children have the emotional, mental, and intellectual maturity to be held responsible for their actions. While acknowledging the complexities involved and the agency of child returnees, it is important to note that children should be considered as victims, and the best interests of the child should be central in all rehabilitation and reintegration efforts. This principle has influenced the development of the guidelines, good practices, and the overall approach to this toolkit, ensuring a child-centric approach that acknowledges their specific needs and rights throughout the rehabilitation and reintegration process.



Credit: Ahmed Akacha

<sup>1</sup>The term “minors” may be used to refer to individuals under the “age of majority”, which defines the age of transition from underage status to legal adulthood. While the age of majority varies depending on jurisdiction, it will be set at 18 for the purpose of this study, in alignment with United Nations Convention on the Rights of the Child (CRC), which defines children, effectively minors, as “every human being below the age of eighteen years.”



## RETURNEE CHILDREN UNDER INTERNATIONAL LAW

The provisions to safeguard children that may apply to returning children include conventions, United Nations Security Council Resolutions (UNSCRs), and non-binding international agreements and resolutions. Notably, these conventions include the Convention on the Rights of the Child (CRC or UNCRC) alongside with the Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict (OPAC). Additionally, the UN Security Council, acting under Chapter VII of the Charter of the UN, in UNSCR 2396 (2017), called upon all Member States to develop and implement comprehensive and tailored rehabilitation and reintegration strategies and protocols, underscored the importance of a whole-of-government approach, and encouraged pro-active engagement with communities and civil society. Non-binding laws, principles, guidelines, and agreements that are relevant also include the Paris Principles, the Beijing Rules, the Riyadh Guidelines, and the Neuchâtel Memorandum on Good Practices for Juvenile Justice in a counterterrorism context produced by the Global Counterterrorism Forum (GCTF), among others.

For further discussion of the international law applicable to children returning from living under Daesh, see *Annex C. Legal and Policy Frameworks*.

Across the diverse and relevant literature, whether directly addressing returnee children or from related fields, significant emphasis is placed on the need for trauma-informed care. As recent research notes, “There are several systematic reviews that have examined interventions for children and their families who have been impacted by related but different traumatic events and adverse life experiences, such as human trafficking, war, displacement, and family and gang violence. These studies highlight the importance of trauma-informed care and multidisciplinary coordination to ensure well-rounded care. However, even with these populations, research indicates that there are still gaps in terms of evidence-based service provision” (Bunn et al, 2023). The same systematic review notes the lack of differentiation in services in many cases between “women and children, children and youth, and youth across developmental stages” (Bunn et al., 2023).

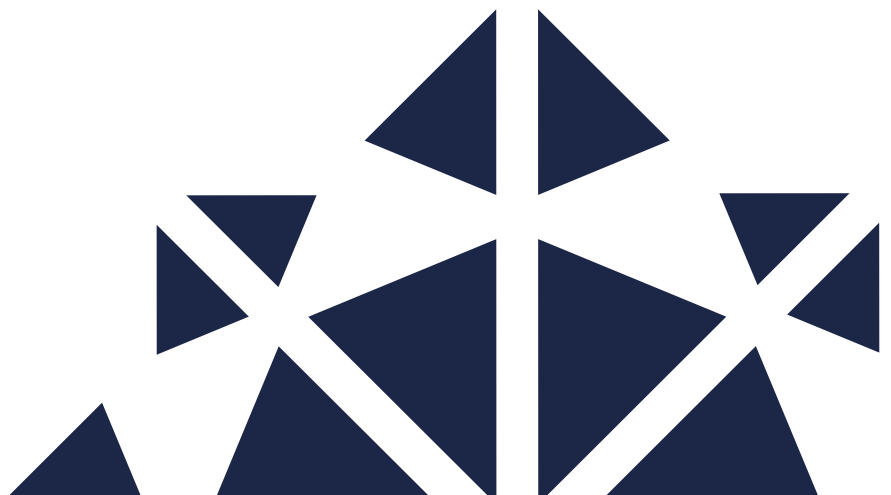
This is a need that rehabilitation and reintegration actors have recognized and called for efforts to address. For instance, a series of roundtables conducted by the International Organization for Migration (IOM) and the International Centre for Counter-Terrorism (ICCT) in 2022 highlighted this critical need, making the following recommendation:

**“Embed age- and gender-conscious considerations in policy and programming:** *Observance of age and gender considerations is crucial to the development and implementation of efficient rehabilitation and of the child principles applying at all stages. Approaches to PRR [Prosecution, Rehabilitation, and Reintegration] should moreover be adapted to children’s ages and stages of development, in addition to needs and risks where appropriate, and specific ways in which they might have experienced conflict and violent extremism. [...] Ignoring these complexities can result in ineffective programming and waste of resources.” (IOM and ICCT, 2022)*

This Toolkit seeks to directly support trauma-informed rehabilitation and reintegration approaches and further highlights the need for age and gender differentiated approaches. Such approaches, which account for the individualized experiences of children and are informed by the needs that result from their intersecting identities (Stenger, 2024), will be vital for success in the long-term project of rehabilitation and reintegration for returned children in any context. However, it is important to acknowledge the limitations of this Toolkit and its methodology.

- This document is focused on matters related to effective rehabilitation and reintegration. It does not address, in any detail, the needs of children during repatriation or within the criminal justice system, which can potentially impact the rehabilitation and reintegration processes of minors.
- This Toolkit has focused specifically on considering current evidence regarding differing experiences and needs based on age and gender, but it should be acknowledged that various other factors may impact these experiences, such as culture, race and religion, and efforts to incorporate these will likely also be useful.
- While the literature review sought to consider as many relevant sources as possible, comprising over 100 relevant publications, it did not include non-English language sources, and thus may not include reporting or evidence published in local languages. Additionally, evidence on rehabilitation and reintegration practices is often not made publicly available due to their sensitive nature, and this review only considers publicly available sources.
- While we have sought to present the guidance identified in the literature in a clear and actionable manner, this Toolkit and the practices it highlights can only be as specific as the literature it is based upon.
- Finally, it is important to note that the research foundation of this Toolkit, the Strength of Evidence review, seeks to assess the validity and reliability of sources and the types of evidence provided. While there are many valuable documents, guidelines, and studies that did not meet the desired strength of evidence, they may nonetheless contribute invaluable nuance and critical understandings of the nature of rehabilitation and reintegration efforts to date.

Works that were not included in this toolkit because they did not meet the inclusion criteria above may still have important value in understanding and responding to the needs of returnee children. However, this Toolkit emphasizes that observational studies with limited supporting evidence or highly localized application cannot provide definitive guidance across a wider set of contexts. Therefore, the report encourages all stakeholders to question assumptions and ensure rehabilitation and reintegration efforts are led by up-to-date, age- and gender-specific, evidence-based understandings. The needs of child returnees have not remained static and will change over time – we must ensure that we respond to those changing needs, and this Toolkit seeks to contribute to such efforts.



# 2

## HOW TO USE **THIS TOOLKIT**

## 2 HOW TO USE THIS TOOLKIT

The practices outlined in this Toolkit are based on what was identified in the relevant literature. While there may be lessons from other fields that may be useful for understanding and responding to the needs of this group, this Toolkit posits that while these may provide general direction, these previous experiences from related fields are not clearly tested or sufficiently researched in respect of application to the particular group considered (namely returnee children) to consider them to be a foolproof blueprint. As such, readers of this Toolkit are encouraged to see the ‘good practices’ outlined herein as a foundation upon which, aided by further assessment, research and enquiry, tailored and individualized responses can be developed.

### WHAT IS THE GOAL OF THIS TOOLKIT?

The purpose of this research was to analyze existing available expertise, good practices, and legal and policy frameworks, and to identify what evidence, lessons and tools are currently available to support countries who are choosing to repatriate children regarding how to effectively rehabilitate and (re) integrate them. It further aims to provide this information along with practical recommendations and additional tools in the form of a guidance document and toolkit to support policymakers and practitioners in development and implementation.

#### Why does the strength of evidence matter?

“Research and evaluation generates the evidence required by public officials and civil servants to make informed judgements about how to design and implement policy and how to spend scarce financial resources. Consequently, the identification and use of robust research and evaluation is integral to the Value for Money cycle.” (UK Department for International Development, 2014)

### WHO IS THIS TOOLKIT FOR?

This Toolkit is intended for:

1

**Practitioners engaging in, or developing, programming specifically on rehabilitation and reintegration of minors repatriated from North East Syria and Iraq** For this group, the Toolkit is intended to provide a guide to understanding the evidence base for practice along with specific recommendations and resources. (in particular, practitioners such as social workers, psychologists, teachers, religious leaders, who provide direct support, but potentially including any others who interact with and provide support to repatriated children.).

2

**Government policymakers and decision makers particularly those working in counter terrorism or counter extremism areas and those working in related social services such as education and social welfare, who may be involved in planning processes related to rehabilitation and reintegration efforts involving minors.** For this audience, the Toolkit highlights the foundations of practice, and outlines the evidence available to support decision making.

## WHAT CAN YOU FIND IN THIS TOOLKIT?

The earlier sections of this Toolkit outline the research component that informed this Toolkit (see *Section 3. Research Methodology*) and the findings of this research in terms of the strength of evidence of the literature specifically related to the rehabilitation and reintegration of children returning from living under Daesh in Iraq and Syria (see *Section 4. Strength of Evidence of the Literature*). The **Good Practices Toolkit** section (see *Section 5. Good Practices Toolkit*) includes practices on the rehabilitation and reintegration of children drawn from the sources that scored the highest in our Strength of Evidence review. It is important to note that for the purposes of this Toolkit, practices or approaches that were highlighted as effective, positive, or useful in the reviewed and high-scoring literature (for more detail on this approach, see *Section 3. Research Methodology*) have been referred to simply as ‘good practices’.

**For each area of good practice, the Toolkit provides:**



### Summary of the Body of Literature

Drawing on the Strength of Evidence review, these sub-sections outline the ‘scale’ and type of evidence in the good practice thematic area.



### Summary of Good Practices

Summarizes and synthesizes the good practices drawn from the highest-scoring sources in the Strength of Evidence review.



### Key Challenges and Barriers

Highlights key challenges and barriers related to this area.



### Age and Gender Differentiated Needs

Outlines key age- and gender-differentiated needs related to each good practice area identified during research.



### Additional Tools and Resources

Provides further related tools, guidelines, and resources, drawing from broader literature.

It is important to note that this Toolkit is not a comprehensive compilation of all literature regarding rehabilitation and reintegration of children, instead it focuses on existing guidance that was found to have a stronger evidence-base, using our tailored Strength of Evidence review framework (for more information, please see *Annex B. Detailed Methodology*). This Toolkit provides a user-friendly entryway into considering the specific needs of children in rehabilitation and reintegration, outlining good practices and guiding users to relevant sources and tools.

# 3

## RESEARCH METHODOLOGY

## 3 RESEARCH METHODOLOGY

This section outlines in brief the research methodology which informed the findings in this Toolkit. Please note that a detailed methodology is available in *Annex B. Detailed Methodology*.

### RESEARCH QUESTIONS, SCOPE & OBJECTIVES

This research project focuses on the rehabilitation and reintegration of minors returning from conflict zones, particularly Syria and Iraq, but where applicable, drawing on other contexts. It encompasses a broad analysis of global good practices, guidance, or principles for understanding and responding to age- and gender-differentiated needs and challenges, as well as strategies for contextualizing these practices in diverse settings.

The primary **objective** of this research project was to develop a Toolkit that captures the evidence base for programming to support the rehabilitation and reintegration of minors. Further, it intends to:

- Identify, categorize, and analyze good practices in the rehabilitation and reintegration of minors returning from conflict zones, and understand the evidence base for the sources of these practices by analyzing their Strength of Evidence.
- Understand how these practices can be effectively adapted and applied in various cultural and social contexts, with a particular focus on the specific needs and challenges associated with different ages and genders.

Our **research questions** included:

- What are the existing legal and policy frameworks globally, resources, toolkits, and guidance documents related to the rehabilitation and reintegration of minors?
- What are the established good practices for the rehabilitation and reintegration of children from conflict zones, specifically focusing on Syria and Iraq?
- How valid and reliable are the sources that share these good practices? What is the strength of the evidence supporting each practice, i.e., what kind of evidence exists to support these approaches?
- How do age and gender influence the needs of minors who have been repatriated? and how should/do the good practices reflect these individual needs
- How should rehabilitation and reintegration practices be adapted based on age- and gender-related needs?
- Are there other key characteristics of returning minors that need to be considered to adapt relevant guidance and practices?
- What are the key challenges and barriers that good practices intend to address/overcome? Are there any key challenges or barriers that remain unaddressed by the existing good practices?
- What evidence exists to guide the adaptation and contextualization of global or generalized models of rehabilitation and reintegration? What, if any, core principles of rehabilitation and reintegration of minors remain unchanged?

## RESEARCH APPROACH

Our approach included a small qualitative primary data collection component, along with a comprehensive review of secondary sources. The qualitative data collection, which comprised expert interviews with practitioners and academics with experience working on rehabilitation and reintegration including children, helped to contextualize and triangulate the findings of the literature review, and to identify additional sources for inclusion.

## RESEARCH TOOLS

A **strength of evidence (SoE) review** was conducted, utilizing a structured assessment of the existing literature to establish a robust foundation for the study. The SoE assessment was developed based on the principles established in the “How to Note: Assessing the Strength of Evidence” published by the UK Department for International Development (2014). The principles of the SoE were adapted and streamlined to fit the needs of this research, enabling a comparison between relevant studies while ensuring a structured process for inclusion and evaluation to determine the most reliable sources that share relevant good practices.

Sources were considered based on core criteria, including **eligibility, approach and design** (research type, research design, and research methodology), **quality** (appropriateness, validity, and reliability), **contextual relevance** (e.g., global, regional, or national), **good practice area** and **selected research questions**. based on these criteria, each source received a score out of 30, representing the sources’ strength of evidence. additionally, the contextual relevance (e.g. global, regional, or national), the good practice thematic areas addressed, and the relevance to the research questions were also noted for each assessed source but did not contribute to the SoE assessment score.

Additionally, eight **expert interviews** were conducted online throughout January and February 2024. These interviews were conducted with experts who had significant experience as either practitioners or researchers on the topic of rehabilitation and reintegration of children, particularly children from North East Syria, including direct experience working with returnee children in a variety of contexts. These interviews were semi-structured and guided by a predefined set of questions aligned with the research questions and goals. A semi-structured approach allowed interviewers to remain flexible to ask probing questions and explore topics of interest in more depth and depending on the participant’s expertise and experience in the field, some questions were tailored to fit the profile of each participant. Subsequent transcriptions were quality checked, then coded in alignment with the identified ‘good practice thematic areas’. Quotes in this report that are attributed as ‘Expert Interviews’ are drawn from these interviews directly, and are intended to highlight real-world practice aligning with the good practices highlighted by literature.

# 4

## **STRENGTH OF EVIDENCE OF THE LITERATURE**

## 4 STRENGTH OF EVIDENCE OF THE LITERATURE

In the landscape of rehabilitation and reintegration programs, particularly for minors repatriated from conflict zones, the strength and rigor of underlying evidence is pivotal. This section of the Toolkit critically examines the existing literature, assessing the robustness of evidence that shapes our understanding and informs subsequent good practices. This exploration is the cornerstone of this Toolkit, ensuring that each recommendation and guideline presented is grounded in evidence. By analyzing the strength of evidence, we not only adhere to a high standard of research but also provide practitioners and policymakers with a clear foundation to design and implement effective and sensitive interventions for the unique needs of the children they aim to serve. This section serves as a bridge between research and practice, highlighting how evidence-based insights are translated into actionable strategies within this Toolkit.

Through a structured literature review, we categorized and assessed the Strength of Evidence from 101 sources (for more information on the literature review, see *Annex B. Detailed Methodology*). These sources included gray literature and available peer-reviewed journal articles on the topic, both categories spanning across the ten identified Good Practice Thematic Areas. Our analysis reveals imbalances in the focus and depth of the existing literature, highlighting priorities and gaps that may have shaped collective understandings and approaches to the rehabilitation and reintegration of returnee minors.



Credit: Ahmed Akacha

Through a structured evaluation framework that assessed various elements of the research approach of individual studies, and, subsequently, the strength of evidence of the body of literature, (see *Section 3. Research Methodology*), we found disparities between different domains. Notably:

- Areas such as community reintegration, assessments, education, and center-based rehabilitative care were addressed the most frequently among the sources.
- Center-based rehabilitative care, preparatory measures (prior to return) and cross-cutting principles, and understanding child experiences prior to return received higher average strength of evidence scores when not accounting for the size of the body of evidence.
- Practitioner self-care emerged as a significantly underrepresented area, both in terms of the number of sources dedicated to it and the nature of research addressing this issue.

Statistical analysis indicates that the observed differences in scores across the different domains is likely due to chance and does not stem from inherent differences in thematic importance or domain-specific research quality. This observation implies a level of uniformity in research across the various Good Practice Thematic Areas, despite their different depths of exploration. However, while there may be uniformity in the results across the Good Practice Thematic Areas, most sources scored relatively low on the Strength of Evidence assessment, with only 21 out of the 101 sources scoring 20 or more out of 30 (not including the size of the body of literature score). See *Annex B. Detailed Methodology* for more information on the scoring procedure.

While experimental approaches, such as randomized controlled trials, can generate stronger evidence, their application in this field can be challenging, primarily due to the ethical and security considerations, noting that it is not always appropriate to have a control group that receives no treatment. However, the outcomes of this Strength of Evidence assessment highlight the need to strengthen the evidence base which is utilized for the development of related rehabilitation and reintegration practices.

This challenge is not insurmountable - mixed methods approaches, and quasi-experimental methodologies, can be drawn on to strengthen the evidence base available to practitioners and policymakers. Such efforts will require ongoing cooperation between researchers, practitioners, and policymakers.

Out of the 101 sources, 96 were observational, one was considered experimental (a Stage 3 source, i.e. a relevant source not directly addressing rehabilitation and reintegration of returnee children), and four were considered quasi-experimental (of which two were Stage 3 sources). Also, 41 were scored as including primary research, while 50 were secondary research only, and ten were conceptual/theoretical. Additionally, only five sources used a mixed methods design, combining qualitative and quantitative data (of which only two sources were from Stage 1 and three sources were from Stage 3). 12 sources did not provide a clear methodology for the readers understanding. Moreover, it was found that the contextual focus of the sources – whether global, regional, or national – did not significantly influence the strength of evidence, pointing to universal challenges in conducting this kind of research at all levels. Additionally, there were significant geographical gaps identified, including throughout East Africa (excluding the Greater Horn of Africa), East Asia, Latin America and the Caribbean, Oceania (excluding Australia), Southern Africa, South Asia, and West Africa (excluding the Sahel and Cameroon).

This review highlights areas that have received considerable attention and shines a light on critical gaps that need to be addressed. The underrepresentation of domains such as practitioner self-care also calls for a more diverse and holistic approach to research and practice in this field. These findings also call for approaches to research in this field that can generate a stronger body of evidence and provide stronger guidance for real world implementation. Addressing these gaps is crucial for developing a comprehensive understanding of effective practices. It is particularly vital given the evolution in circumstances of children who have not yet been repatriated, who since repatriation processes began have gotten older, may have been exposed to new forms of violence, and who are likely to have experienced detention in contexts like al-Hol camp. In this regard, there also remains a need for continuous research and monitoring of the circumstances and conditions of the children yet to be returned. The needs and experiences of previous child returnees may inform practice today, but the needs and experiences of children who return today may be very different. The only way we will understand these important differences is through rigorous research as well as individualized and contextualized assessment processes.

Relevant **recommendations** may thus include:

1. Efforts to conduct further research and evaluation, including quasi-experimental and mixed methods approaches, should be encouraged and opportunities to do so should be sought in relation to any planned rehabilitation and reintegration programming. This may require continued capacity building for local actors to conduct appropriate research efforts.
2. Research examining the changing needs of child returnees today, as they return from a different context to children repatriated in previous years, is needed to ensure that responses are based on detailed, accurate and up-to-date understandings.



Credit: Ahmed Akacha

**5**

**GOOD  
PRACTICES  
TOOLKIT**

## 5 GOOD PRACTICES TOOLKIT

This section of the Toolkit outlines the strength of evidence in each good practice thematic area and directly shares good practices identified in the highest-scoring sources in the Strength of Evidence review and outlines the context and relevance of each 'Good Practice Area' as well as specific challenges addressed in the broader literature and highlighted in expert interviews.

### OVERARCHING PRINCIPLES

The following overarching principles emerged across the Good Practice Areas assessed for this Toolkit and represent clear common threads throughout the section to follow. They include:

#### OVERARCHING PRINCIPLES

1



#### CHILD PROTECTION

*First 'do no harm'*

Children must be treated as victims first and foremost, and rehabilitation and reintegration efforts for any persons under the age of 18 should be led by child protection concerns.

2



#### CONTEXTUALIZATION and INDIVIDUALIZED APPROACHES

*There is no one-size-fits-all*

Develop nuanced, well-informed, individualized, and age- and gender-sensitive responses requires a deep understanding of the children's experiences, and challenges, as well as an assessment of assumptions based on previous programming, other children, or other fields.

3



#### MULTI-STAKEHOLDER APPROACHES

*Holistic and coordinated efforts contribute to success*

A diverse range of actors and stakeholders must be involved in the rehabilitation and reintegration efforts, and they will be better able to respond to the needs of returnee children when they are adequately prepared, trained and supported. Coordination and collaboration between these groups requires strong information sharing mechanisms, planning, and concerted efforts.

4



#### COMMUNITY and FAMILY SUPPORT

*Reintegration requires positive social environments*

The pathways to successful reintegration are laid by families and communities who are ready, willing, and equipped to receive child returnees and support them.

5



#### ASSESSMENTS, MONITORING and EVALUATION, and RESEARCH

*Learning and understanding are key*

From individualized assessments to tailored client plans and ongoing monitoring of needs and outcomes, every area discussed will be strengthened by learning about the children's needs, learning from communities, unpacking assumptions, and measuring what works.

While it is recommended that readers are familiar with all good practice thematic areas, these sections may also be considered modular, and can be read or used as a resource separately, should practitioners or policymakers be looking for guidance specific to different components of the rehabilitation and reintegration process. For this reason, there are recommendations that are recurring and repeated across sections – this indicates that these came out strongly across different areas and are important at various (or all) stages of return processes. However, regarding Center-based and Family-based Rehabilitative Care, it is recommended that stakeholders read both sections together, due to the interrelated nature of the good practices.

A full description of the approach for the Strength of Evidence review can be found in *Annex B. Detailed Methodology*. The ‘Strength of Evidence Summary’ tables (found at the beginning of each good practice thematic area) are intended to inform readers of the scale of the body of literature and how well the relevant sources identified and assessed were scored based on the assessment criteria used.

The guidance table below clarifies further:

**Example of a Strength of Evidence Summary Table:**

	<b># of Sources</b>	The number of sources identified as highly relevant and eligible for review.
	<b>Average Score for Approach and Design</b>	<p>The average score for the research reviewed in terms of approach and design.</p> <p><b>Considerations included:</b></p> <ul style="list-style-type: none"> <li>• Use of primary or secondary data.</li> <li>• Observational, quasi-experimental, or experimental design.</li> </ul>
	<b>Average Score for Quality</b>	<p>The average score for the research reviewed in terms of appropriateness, validity, and reliability.</p> <p><b>Considerations included:</b></p> <ul style="list-style-type: none"> <li>• Whether the research approach aligned with the study goals.</li> <li>• How generalizable and applicable are the findings.</li> <li>• The consistency and accuracy of the measurements.</li> </ul>
	<b>Size of Body of Evidence</b>	How substantive was the body of evidence on this specific topic? (i.e. how did the number of relevant sources compare to the other good practice thematic areas?)
	<b>Total Score</b>	What was the overall score considering all these elements?

Finally, it is important to note that the good practices presented in each of the Good Practice Areas represent a synthesis of the various relevant recommendations identified within the sources reviewed for this Toolkit, and specifically, the sources which scored highly in the assessment of their Strength of Evidence. While other good practices may exist, this Toolkit sought to capture and share good practices which have been presented or formulated in response to a clear evidence base. As such, this is not an exhaustive list of what may constitute good practice but an identification of good practices which appear to have a clear evidence base.

## PRINCIPLES FOR CONTEXTUALIZATION

The research which informed this Toolkit sought to identify principles and practices that can inform the contextualization of programming efforts, given that this is commonly cited as an important approach. It is commonly cited as successful rehabilitation and reintegration of returnee children necessitate tailored approaches that account for the particularities of national and local contexts. Almost all the literature reviewed for this report emphasized the importance of contextualizing the approaches. However, minimal guidance was found on how to conduct the contextualization process. As such, this brief section highlights this overarching need.

### **Foster a multi-stakeholder approach involving CSOs, local organizations, and community members to facilitate the contextualization process.**

Such collaborations will help to ensure that the interventions are grounded in local realities while benefiting from a diverse array of perspectives and expertise (Rosand, Ellis and Weine, 2020; UNODC, 2021).

In this regard, co-designing and co-delivering such programs with community representatives will also foster a sense of local ownership and ensure that interventions resonate with the local socio-cultural environment (Grossman and Barolsky, 2019).

### **Establish and utilize platforms for international experts to share challenges, lessons learned, and effective practices from other countries and settings.**

While acknowledging the unique approaches of different countries, such forums can facilitate the exchange of ideas and strategies, enhancing the collective capacity to support returnee children effectively (Zeiger et al., 2021). Practitioner exchanges do not always need to result in the adoption of international practices into local contexts. The European Union's strategy of adapting existing child protection frameworks in the context of returnee children underscores the value of leveraging established, locally adapted programs (Peresin and Pisiu, 2021). This approach, coupled with a coordination mechanism at both national and local levels, streamlines efforts to address the unique challenges of ensuring the adopted approaches are appropriately tailored to the local contexts.

“

“We view these children as having fairly similar needs to other children, and so, we're looking at adapting those broader models to the specific needs of these kids rather than developing something new. The continuum of experiences in terms of loss and grief are not unique to these children. Many refugees that leave their home behind have similar experiences. This [...] means we have a lot of tools that can be useful.”

**Anna Knutzen**  
Expert Interview

**Contextualization processes should look beyond the national and local contexts, to incorporate considerations related to the child's context prior to return.**

Transparent information exchange between countries is important to identify the needs of the returnee children and the responsive services, prior to their return. Such collaboration can provide critical insights into the children's conditions and experiences, thereby informing more effectively tailored strategies (Zeiger et al., 2021). This will also be particularly important for the contextualization of psychosocial services, such as those that aim to address trauma. However, regarding trauma support and other forms of psychosocial support, it is important to recognize that Western practices may not always be entirely suitable for the local context (Wessells, 2004).

In this regard, adapting rehabilitation and reintegration efforts to the national and local context requires an approach that balances the need for rapid support with the importance of contextual sensitivity and alignment with receiving communities.

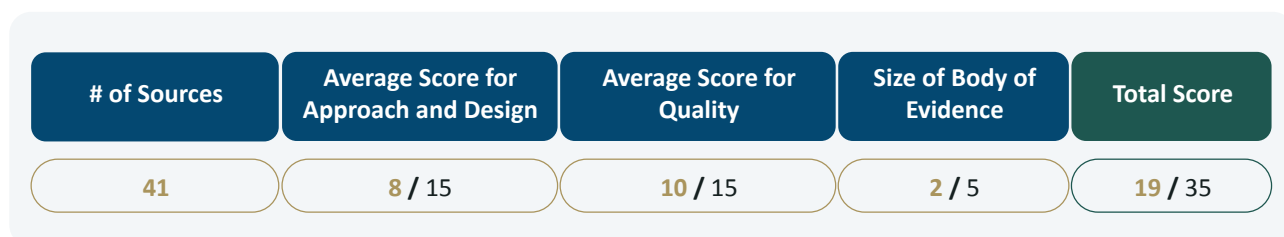
**By drawing on local experiences, existing programs, and international practices, governments can develop contextually relevant initiatives that support the successful reintegration of returnee children, ensuring their well-being and long-term resilience.**



*Credit: Ahmed Akacha*

## AREA 1: UNDERSTANDING CHILD EXPERIENCES PRIOR TO RETURN

Recognizing the diverse and complex experiences of children prior to their return is the foundation upon which effective rehabilitation and reintegration programs are built. ‘Area 1: Understanding Child Experiences Prior to Return,’ delves into evidence in this area, highlighting how our understanding of these experiences shaped the development of this Toolkit and can inform the design of targeted programs. By evaluating the strength and scope of the available literature, we ensure that our approaches are not only evidence-based but also finely attuned to the nuanced needs of children embarking on rehabilitation and reintegration journeys.



Of the 41 sources that were identified for this thematic category, almost all were considered directly relevant and classified as ‘Stage 1’. Approximately a third of these were global in scope, while a third were regionally focused (including Africa, Central Asia, Europe, and the Balkans), and the remaining third were nationally focused, ranging from Australia and Denmark to Iraq, Kosovo, and Uzbekistan. However, less than half of these met our requirements for ‘high scoring’ sources, given the nature of the studies or research involved, and similarly, less than half included any primary research and none utilized mixed methods approaches. All the sources reviewed were observational in nature.

- **Relevance:** 39 out of the 41 eligible sources were evaluated under Stage 1, while the remaining (two sources) were assessed under Stage 2.
- **Geographic Focus:** 16 sources were globally relevant, 12 were regionally relevant (including Africa, Central Asia, the Western Balkans, and seven focused on Europe), and 13 were nationally focused.
- **Strength of Evidence:** The highest score on the Strength of Evidence was 23, while the lowest score was nine. 11 of the sources scored 20 or more.
- **Type of Source:**
  - 18 sources were primary research, 20 were secondary, and three were theoretical or conceptual.
  - All 41 sources were observational, and 38 used either qualitative or quantitative data, while three had no clear methodology, and none used mixed methods.

The experiences of people living under Daesh have now been significantly researched, though new specifics continue to emerge as FTFs and their families continue to be returned to their countries of origin. There is rich literature on this topic, from a variety of sources. However, it is important to note that this research, while nuanced and vital, is largely not generalizable. Additionally, for various good reasons, ranging from the difficulties in data collection in these contexts through to the nature of the topic, it can be extremely challenging to collect large scale quantitative data in a manner that might provide such results. As such, practitioners and policymakers must take care in assuming that they understand the full scope of experiences that FTFs or their families, and children in particular, and ensure that any programming or support is based on a foundation of individualized, specific information gathering and assessment of needs.



“It’s very easy for us to make blanket assumptions about what experiences these children have had and the reality is that there’s a lot of fog around it. Military and humanitarian organizations have found out a lot of information and there is some access, but there’s a lot we don’t know and some of this only surfaces as [children] are returned.”

**Georgia Holmer**  
Expert Interview

It is also relevant to stress that experiences, and subsequent needs of children returning, continue to be shaped by the environments and experiences they have been exposed to after the fall of Daesh-controlled territories and indicate a widening gap in age- and gender-differentiated experiences and needs that future rehabilitation and reintegration efforts must be able to address.

## SUMMARY OF GOOD PRACTICES

### Children’s experiences are interpreted through a child protection lens first and foremost.

On an international level, the Office of the United Nations High Commissioner for Human Rights has emphasized that discussions regarding child returnees from Iraq and Syria must go beyond procedural issues in order to incorporate child protection concerns including the rehabilitation and reintegration of recruited children (OHCHR, 2014). It advocates for states to “[p]rioritize child protection through the Children and Armed Conflict agenda at the Security Council” (OHCHR, 2014) and that humanitarian agencies must prioritize the provision of both “psychosocial support to children associated with armed groups, including rehabilitation of children who have been subjected to indoctrination in ISIS<sup>2</sup> training camps and schools” (OHCHR, 2014) and “specialized medical services and psychosocial support to women and girls, in particular victims of sexual violence” (OHCHR, 2014). Further, the United Nations and its agencies have continued to reiterate that any individual under the age of eighteen must be treated as a victim of abuse (UNCCT, 2020). These core principles underscore the necessity of understanding these children’s experiences comprehensively. This child-centered and protection-focused approach is essential, not only to ensure the children’s rights are upheld but also to facilitate a deeper understanding of their experiences, which will support the children to have opportunities to successfully reintegrate and access all rights. Overall, both relevant literature and international legal frameworks advocate for a child-rights focus to be the primary lens for assessing reintegration needs rather than a security lens.

### Prepare rehabilitation and reintegration practitioners based on identified and reported child experiences to give appropriate support.

A thorough understanding of the returnee children’s experiences should guide the identification of multidisciplinary specialists, as well as a range of capacity-building support they should receive. Based on the information received, countries should identify – wherever possible – those stakeholders with previous relevant experience in specializations such as “supporting victims of conflict, terrorism or trafficking; working with survivors of post-traumatic stress and complex trauma; forensic work including interventions with offenders; extremist rehabilitation; child and family systemic working; education of special populations” (Bulan Institute, 2022).

<sup>2</sup> Please note that Hedayah uses the term ‘Daesh’ to refer to the so-called ‘Islamic State’, also known as IS, ISIS, or other similar versions. However, terminology referring to IS or the Islamic State is maintained for quotations and titles as per the original publication.

### Collect detailed information prior to repatriation, where possible.

Collecting detailed, pre-repatriation information embodies a proactive, rights-based approach to rehabilitation and reintegration. It lays the groundwork for informed decision-making, ensuring the appropriate allocation of resources and that interventions are not just reactive but strategically designed to address the complex needs of returnee children. Governments may only receive information on the approximate numbers of their nationals held in the camps without names or details, and therefore, where possible, engaging in screening and vetting visits by government delegations may enable the collection of information that can facilitate an initial classification of the returnees based on needs and profiles, and ensure the voluntary nature of returns (IOM and ICCT, 2022). Data should be collected on each individual's demographic details (including gender, age, ethnicity, religion and family status), as well as deeper insights into their life in the conflict zones and experiences of violence within camps (UNDP, 2022). Such discussions should be conducted in an open and transparent manner, allowing child returnees and primary caregivers to be prepared and understand what will happen upon their return (UNDP 2022). It should be noted that while states may establish multidisciplinary teams or send experts to conduct such visits and assessments in the camps, they may also consider establishing such teams in embassies or consulates in foreign countries where the returnee children first arrive in transit (Pisiou and Renard, 2022). It should also be noted that these initial assessments will likely be incomplete, given the limited amount of information available and should, therefore, be complemented by subsequent and regular assessments (Pisiou and Renard, 2022). For example, and highlighting the value of such proactive engagement, the Kyrgyz Government conducted a 20-day visit to Iraq, which enabled them to ensure the release of 79 children from Iraqi prisons, participate in court hearings to ensure children's rights and arrange temporary legal guardianship (Bulan Institute, 2022).

“

“You have to really have that ability and agility to unpack what the challenges are and really good social workers and mental health professionals who can accompany kids on that Journey with empathy. The best cases that I've seen are actually professionals who have gone to Syria themselves [...] I think that overcomes a massive barrier in terms of being able to relate and talk to somebody.”

**Anna Knutzen**  
Expert Interview

### Ensure that understanding of experiences supports reintegration rather than leading to stigma.

The in-depth understanding generated by the various assessments of psychological impacts, learning stages, radicalization levels, or other tools that may be deployed to understand children's status and needs upon return or any associated data collection or reporting must not lead to stigma based on the nature of these experiences. As Hedayah noted in relation to understanding children's exposure to and acceptance of Daesh narratives, it is “important that these assessments are only utilized to aide in the design of a more effective program, and that the outcomes of the assessments are not nefariously used to label the child as ‘radicalized.’ This label could lead to stigmatization, which could ultimately have counterproductive effects on their ability to reintegrate into society” (Zeiger et al., 2021). The information gathered should be sensitively handled and, even more critically, understood as much as possible in context, factoring in gender and cultural differences (Zeiger et al., 2021); and that those who are privy to this information are appropriately trained and equipped to ensure this information is used to support children rather than create further barriers to reintegration.

**Individualized information on the child’s background and experiences, considering their age and gender, is collected to appropriately tailor support, including psychological, psychosocial, and medical needs.**

“Children require individualized assessment and tailored rehabilitation responses, considering the trauma they have experienced, their age, level of development, and gender.” IOM & ICCT 2022

Individualized assessments are required to adequately understand the relevant experiences of children prior to return, recognizing that there cannot be a universal or one-size-fits-all approach (Bulan Institute, 2022) and must incorporate an age and gender-sensitive lens (UNCCT, 2020). This specificity is important to ensure that programming for children can be responsive to needs stemming from abuse or trauma (IOM and ICCT, 2022). Specific gendered analysis can be useful to support this process, conducted in advance of assessments, to support understanding and interpretation of child experiences and subsequent needs (UNDP and ICAN, 2019).

It is also important to ensure that processes are in place to assess “the extent of indoctrination, the exposure to violence and the living conditions experienced” (Pisiou and Renard, 2022), specifically, noting the likely variation in these based on age and gender. Similarly, Hedayah’s *ISIS Files* highlight the vital need of determining if, and to what degree, children have been exposed to Daesh’s ‘competitive system of meaning’ and the extent they have been internalized (Zeiger et al., 2021). For more information on individualized assessments, please see *Area 4. Assessments*.

## KEY CHALLENGES & BARRIERS

One of the key challenge states often face in understanding the experiences of returnee children is the **lack of available information on the children and their families prior to their return**. This information is critical to ensure the appropriate preparations are made ahead of repatriation, so that the children may swiftly transition into an adapted rehabilitation and reintegration process. As noted, many countries only receive an approximate number of their nationals held in camps and may not receive basic information such as names. Further complicating this situation, it has been reported that some individuals held in Al-Hol have paid bribes to be listed on certain registers (IOM and ICCT, 2022).

Prior to return, states should attempt to verify the returnees’ identities and nationalities, including children born within the conflict zones (Pisiou and Renard, 2022). Within this context, while information gathering pre-repatriation is a crucial approach, it has also been reportedly challenging to conduct such assessments in North East Syria, and particularly in Al-Hol. In this regard, there is often a need for enhanced cooperation and information sharing between states and entities in camps, with limited cooperation potentially translating into limited information to guide appropriate responses (IOM and ICCT, 2022).

Regarding the individualized assessments of children, there also remains a significant **lack of specialized tools designed** for children affected by violent extremism (Nemr et al., 2018). It can also prove particularly complex to administer assessments depending on the child’s age, with many tools unsuitable and not adapted for children (Brooks, Honnavalli and Jacobson-Lang, 2022).

Moreover, while there are key challenges and barriers related to the collection of information, there are also challenges remaining once the experiences are understood. Principal among these is the potentially **extensive and deep trauma** experienced by children, and further, by the caregivers and parents who act as their support networks. Children who have experienced armed conflict, and in some cases who may have participated in combat, experience high rates of Post Traumatic Stress Disorder (PTSD) along with other psychological effects. These experiences affect brain and bodily function, and impact information processing, threat perception, trust-building and relationships, and ability to regulate emotions – all critical elements in successful reintegration (Niconchuk, 2021). The prevalence of PTSD among this group is unknown, though it is estimated to be high, and can vary dramatically based on severity, length of exposure, age, and other factors (Brooks, Honnavalli and Jacobson-Lang, 2022). All children will have suffered various traumas, ranging from exposure to violence or instability and loss of family members to physical and sexual violence (Renard and Coolsaet, 2018). It is also important to consider that parents and caregivers who return with their children, or who are reunited with them post-return, may have experienced similar traumas that impact them in similar ways (Bulan Institute, 2021).

The **separation from, or loss of, parents and caregivers** is also a major and regular factor in child experiences prior to return. Children have been separated from their parents (OHCHR, 2023) for various reasons, ranging from accidental to deliberate separation for education or due to parents being imprisoned, or due to remarriages or changes in family structures, often due to the death of a parent or caregiver. Cases of the loss of a parent or caregiver, which were widespread, further compound children’s vulnerability (Bulan Institute, 2021) and pose additional challenges in return for family reunification efforts. Further, the case of children who are being repatriated after experiencing living in camps, such as Al Hol, adds additional layers of challenges, as these children are living in a dire situation in terms of access to healthcare, education, and ongoing insecurity, emotional, sexual, and physical violence or threats. They are also at risk of further, or new, or **ongoing radicalization**, which must be considered in new ‘waves’ of rehabilitation and reintegration efforts as opposed to earlier efforts (Bulan Institute, 2021).

## **AGE & GENDER DIFFERENTIATED NEEDS**

Where possible, the **intersection of both age and gender** should be a consideration in understanding child experiences, and effective rehabilitation and reintegration approaches for children should include understanding the unique experiences of violence and coercion at the hands of Daesh based on both age and gender, as well as considering how age and gender may inform their different responses and need on return (Margolin, 2023). Previous research into child soldiers in unrelated conflicts has shown that these differences in age and gender had an impact on the severity of trauma experience, though not necessarily a uniform or linear impact (Brooks, Honnavalli and Jacobson-Lang, 2022), further highlighting the need for bringing age and gender differentiated understandings to bear in rehabilitation and reintegration. This is also in line with the concept of ‘evolving capacities’, as introduced by the United Nations CRC, which enshrines in international law a balance between the entitlement to protection and recognition of children’s agency and increasing autonomy that results from their varying contexts, diverse life experiences, and differing acquisition of competencies (UN, 1989). Rehabilitation and reintegration efforts should also be informed by such understandings and adapt programming in line with these individualized needs.

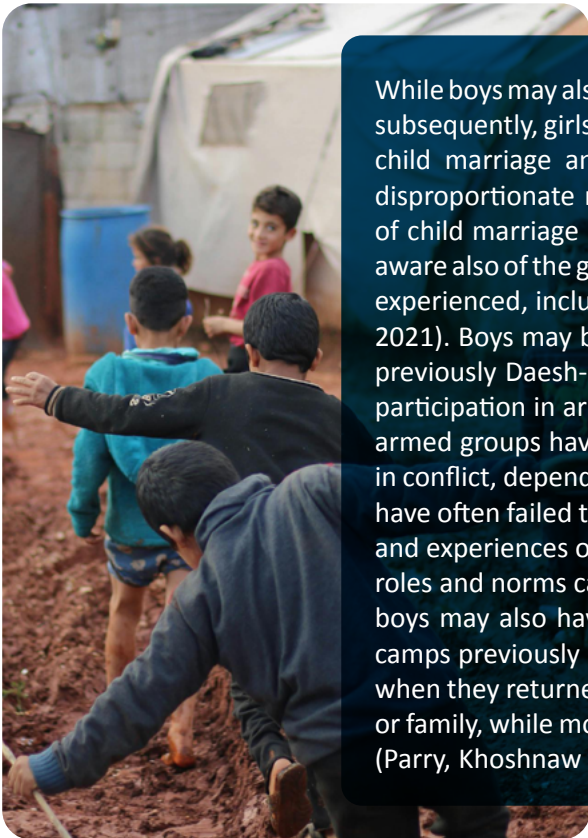


Credit: Tima Miroshnichenko

It is important to consider not only a distinction between children and adults but the various age groups, from teenagers and adolescents (10-17 years) to preschoolers and younger children (4-10 years) and infants and toddlers (0-3 years) (Pisiou and Renard, 2022). Each group is likely to have had different experiences and require different support on return (Pisiou and Renard, 2022).

Trauma and its impacts may manifest differently among these groups – younger children may be traumatized despite lacking conscious memory of their experiences (Sischka, 2021) and have, in some cases, been found to experience more serious long-term effects than older age groups (Mehra and Wentworth, 2022) though this may not manifest as PTSD (KRCT, 2021). However, older children are more likely to have been targeted as potential soldiers or to have experienced combat as well as child marriage or forms of sexual assault, and as a result, may suffer more from PTSD, depression, and anxiety (Sischka, 2021). Children’s age may have also been instrumentalized by Daesh as a potential form of ‘protection’, with research around honor crimes suggesting that children were often selection to carry out such acts with the likelihood of their being punished less harshly (Harper, 2020).

Daesh’s so-called caliphate was deeply enmeshed in gendered narratives, and **gender is a strong factor of differentiation** in potential experiences living under Daesh rule. More broadly, “girls suffer disproportionately both in terms of their exposure to violence and the gravity of its consequences” (Harper, 2020). Female and male child returnees share some challenges but face many gender-specific ones – boys are more likely to be seen as a security issue, while girls may experience stronger stigma associated with experiences of sexual violence (Harper, 2020). As a result, their pathways to reintegration may be quite different (UNODC, 2017). This is also important to consider for practitioners in terms of how young girls and young boys may differently present symptoms of post-traumatic stress, such as anxiety or depression (Brown and Mohammed, 2021), and gender has been shown to impact reactions to violent events and likelihood of developing PTSD (UNODC, 2017).



While boys may also have experienced forms of sexual abuse under Daesh or subsequently, girls are more likely to have experienced rape, sexual assault, child marriage and various forms of gender-based violence. Girls face disproportionate risks, in this case, often from Daesh’s common practice of child marriage (Vale, 2022; Brito, 2023). However, it is important to be aware also of the gender-specific traumas that boys have disproportionately experienced, including their potential experiences in detention (Ní Aoláin, 2021). Boys may be more likely, particularly in the case of returnees from previously Daesh-held territories, to have been forced into training for or participation in armed combat (Vale, 2022). Similarly, girls associated with armed groups have been found to have had both direct and indirect roles in conflict, dependent often on their age (ACPHA, 2020) and DDR programs have often failed to significantly recognize the existence of, let alone needs and experiences of, girl participants in violence, and these clashing gender roles and norms can potentially affect reintegration (Haer, 2017). Girls and boys may also have different levels of support upon return – children in camps previously living under Daesh were asked who might support them when they returned to their community, and boys often mentioned friends or family, while more than half of the girls interviewed simply said ‘nobody’ (Parry, Khoshnaw and O’Neil, 2022).

Credit: Ahmed Akacha

## ADDITIONAL TOOLS

The following tools are any additional resource identified during the research and drafting that may be useful to policymakers and practitioners, and relate to this good practice area, but which do not align specifically with any of the synthesized practices outlined above.

UNODC’s (2019) [Justice for children in the context of Counter-terrorism – A Training Manual](#)

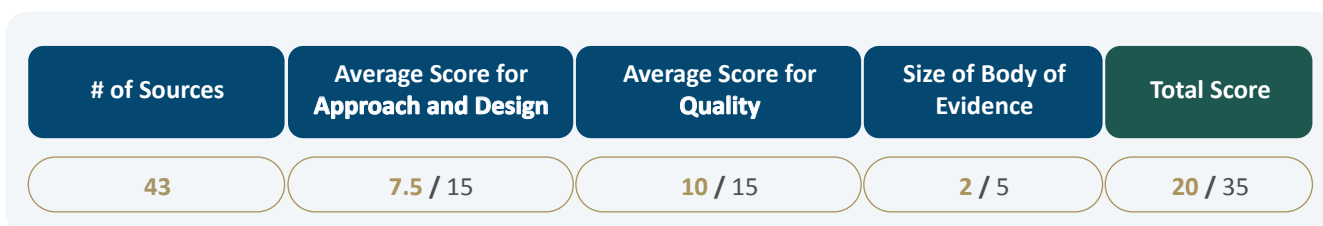
The manual is an accessible guide to support practitioners in dealing with children alleged or accused of having committed terrorism-related offences. The manual can be used as instructor led training and self-taught learning.

RAN’s (2022) Manual – [Responses to Returning Foreign Terrorist Fighters and Their Families: Rehabilitation of radicalized and terrorist offenders for first-line practitioners](#)

The manual offers guidance to practitioners for the rehabilitation and reintegration of terrorist offenders. The manual features recommendations and case studies. Children are taken into consideration in various capacities, and the Manual has specific guidance on supporting returned children in the European context.

## AREA 2: PREPARATORY MEASURES & CROSS-CUTTING PRINCIPLES

Preparations for the return of children and families can be challenging and often take place under rapid timelines – however, they set the stage for a smooth arrival and can be particularly important not only to ensure that resources and planning are in place to meet children’s immediate needs, but that relevant actors are prepared, and families and communities are sensitized to receive these children. As the later sections on *Community Preparedness* and *Community Reintegration* will highlight, this sensitization and preparation can be just as important for supporting long-term reintegration goals.



Almost all the identified sources were evaluated under Stage 1 (40 out of 43). A slight majority were considered globally relevant (40%), while the focus of the remaining sources was equally distributed across regional and national. Slightly less than one third of these met our requirements for ‘high scoring’ sources (14 out of 43), given the nature of the studies or research involved, and similarly, just less than half included primary research and none utilized mixed methods approaches. All the sources reviewed were observational in nature.

The body of evidence identified in the literature review can be characterized in more detail, based on this assessment, as follows:

- **Relevance:** 40 out of the 43 eligible sources were Stage 1, two were Stage 2, and one was Stage 3.
- **Geographic Focus:** 17 were globally relevant, 13 were regionally relevant (though mostly focused on Europe), and 13 were nationally focused.
- **Strength of Evidence:** The highest score on the Strength of Evidence was 23, while the lowest score was 11, and 14 of the sources scored 20 or more.
- **Type of Source:**
  - 18 sources were primary research, 21 secondary research, and four theoretical or conceptual.
  - All 43 sources were observational, and 39 used either qualitative or quantitative data, while four had no clear methodology. None used mixed methods methodology, and none used mixed methods.

### SUMMARY OF GOOD PRACTICES

**An effective rehabilitation and reintegration policy framework for returnee children requires a holistic, adaptable framework that prioritizes the child’s best interests, integrates gender-sensitive approaches, and leverages the expertise of key non-government actors.**

Acknowledging the vulnerability and unique needs of children returning from conflict zones, it is imperative for states to treat all individuals under the age of 18 as children, entitling them to special protections within both criminal justice and community settings.

Recognizing that children have evolving capacities and may lack the emotional, intellectual, and mental maturity of adults and that children are more vulnerable than adults, this stance necessitates recognition that children involved with Daesh are primarily as victims of human rights abuses and violations, regardless of their age, sex, or any real or perceived affiliations with armed groups (UNOCT, 2020). Moreover, in line with the United Nations Convention on the Rights of the Child (UNCRC), all actions should prioritize the best interests

of the child, including within the criminal justice setting. This includes the protection of children from all forms of violence and ensuring their rights to identity, family life, and legal representation. These principles should, where possible, inform national legislation and guide the treatment of returnee children (Pisiou and Renard, 2022).

Many countries have adopted an ad hoc basis for the rehabilitation and reintegration of returning children, leading to greater variation or inconsistency in rehabilitation and reintegration programming. Such inconsistencies may leave returnees vulnerable to ad hoc decisions or administrative procedures, undermining the effectiveness of these programs (UNDP and ICAN, 2019). A comprehensive, strategic approach to repatriation and reintegration can address these gaps, leveraging local systems and resources while ensuring sensitive handling, and drawing upon existing local systems, resources, and competencies. (Margolin et al., 2023).



Credit: Ahmed Akacha

The dynamic nature of the challenges faced by returnee children calls for a policy framework that is adaptable and responsive to individual cases. To remain flexible to the potential changes in circumstances and available approaches, the full spectrum of the national policy hierarchy should be utilized. This framework should facilitate a case-by-case response that ensures that the rehabilitation and reintegration processes remain flexible and context-sensitive (Gyte, Zeiger and Hunter, 2020). One of the first goals for designing a rehabilitation and reintegration strategy or policy must be to collect information on the cohort of returnees to guide selecting suitable approaches (Margolin et al., 2023).

Subsequently, the development of comprehensive strategies and plans should include the roles of families, women leaders, youth representatives, religious and cultural leaders, and practitioners (Sandi, 2022). The development and monitoring of these policies can be strengthened by active involvement of civil society (United Nations Security Council Counter Terrorism Committee, 2019). Mandating a multi-agency approach to facilitate communication and information-sharing can also ensure a coherent transition between rehabilitation and reintegration processes at different government levels (Gyte, Zeiger and Hunter, 2020).

It is important to identify not only extant laws and legal precedents but also relevant programs and lessons from other sectors, representing a checklist for evaluating the comprehensiveness of the legal foundations (Margolin et al, 2023). Rather than establishing the rehabilitation and reintegration programs outside of existing systems, the policies and strategies should relate to and build upon the existing structures for the social welfare of children (Gyte, Zeiger and Hunter, 2020). However, appropriate action should be taken to ensure special safeguards and legal protections for children are in place and that strategies to prioritize the best interests of the child, consider the gender and age of the child, and include access to health care, psychosocial support, and education programs (United Nations Security Council Counter Terrorism Committee, 2019) are in place.

Determining the legal status of child returnees is another crucial component for effective rehabilitation and reintegration. In cases of uncertainty, DNA testing may be employed to establish biological connections. Additionally, establishing legal processes for obtaining identity documents and birth certificates is essential for facilitating access to services and rights as citizens. Simplifying these administrative and legal procedures will encourage return and integration (Pisiou and Renard, 2022; Shapoval, 2021). The welfare and rights of the child should be safeguarded at all times and take priority when weighing up interests (GCTF, 2019).

**The rehabilitation and reintegration of returnee children requires a well-coordinated, multi-actor approach that leverages the strengths of government agencies, civil society, communities, and international partners.**

As noted above, the unique and diverse needs of child returnees necessitate the adaptation of existing state structures to accommodate new forms of cooperation, responsibility determination, coordination, and information sharing. To ensure efficient, swift, and effective multi-agency approaches for these children, clear legal rules and regulations around information sharing are essential. This includes provisions for sharing information gathered for security purposes with child services or social work, to make a sound assessment of the child's needs, and vice versa. Reviewing current legal frameworks for cooperation between services is crucial to ensure the child's welfare while protecting their safety and security (Pisiou and Renard, 2022).



Credit: Pixabay

The demand for a multidisciplinary approach, incorporating various government agencies, civil society, academia, the private sector, and the media, requires the building of multi-disciplinary support teams experienced in dealing with similar circumstances. A multi-agency body with a clear legal mandate is recommended, to provide oversight, governance, and advisory roles, ensuring accountability and effective coordination among all relevant stakeholders (Global Center on Cooperative Security and ICCT, 2018; UNICEF, 2023; Gyte, Zeiger and Hunter, 2020., 2020). This kind of multi-agency body may be co-chaired by government and civil society representatives, which could help to ensure coherence of policies and facilitate cooperation and information exchange among the diverse set of stakeholders (Grossman and Barolsky, 2019).

It is necessary to clarify the roles, responsibilities, and protections for each stakeholder involved. This includes defining the distribution of tasks related to rehabilitation and integration among central and local governments and CSOs. Identifying and involving all state and non-state actors early in the rehabilitation process and establishing a clear 'road map' and distinct roles and contributions, can prevent institutional overlap and unnecessary duplication (Sandi, 2022; Bulan Institute, 2022).

Community-based support plays a crucial role in the rehabilitation and reintegration of returnees, and engaging CSOs can create ownership and improve implementation effectiveness by fostering trust and understanding between stakeholders. Local communities and authorities should make efforts to work closely with local leaders, religious leaders, and CSOs to gather information, build local reconciliation, and strengthen community bonds. This collaborative effort is fundamental for the effective exchange of information among different stakeholders (Bulan Institute, 2022; Sandi, 2022).

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“It’s not sustainable to have the core rehabilitation and reintegration team and efforts being developed, coordinated, and implemented by staff operating in the capital city. How much time does that allow for you to really interact and work with these people that are spread across multiple municipalities?”

**Adrian Shtuni**  
Expert Interview

Preparations must also include mobilizing specialists and organizing capacity-building activities for professionals with experience in relevant fields. The national multi-agency body, with a whole-of-government approach, should oversee the initial reception and evaluation of returnees, requiring active interagency and multi-sector participation. Community-based support models, supported by local government service providers should subsequently work together with community-based support actors to meet the complex needs of returnee children (Bulan Institute, 2022; Margolin et al, 2023; Grossman and Barolsky, 2019).

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“We started with ensuring that the practitioners that provided services for these children knew the responsibilities that they had and the duty of care. We made sure that they received the basic training that they needed. [...] we ensured that whoever we sent out to the field understood the duty of care, understood the responsibilities, understood that they would be working with vulnerable populations and that this was doubled when working with children, particularly children that have had traumatic experiences. That was the first thing: training and capacity building for the practitioners.”

**Dr. Abiye Iruayenama**  
Expert Interview

Transnational and multidisciplinary cooperation is also important to enable countries to learn from each other’s experiences and adjust based on successful practices. Open and transparent information-sharing between the authorities in the child’s country of departure (e.g. Syria) and destination countries is also crucial for informing tailored approaches necessary for handling child returnee cases (Gyte, Zeiger and Hunter, 2020).

### Programming for children must take a long-term and sustainability-focused approach and seek opportunities to create standardized processes and ongoing learning.

Providing long-term, sustainable rehabilitation and reintegration programs is paramount. These programs must be age- and gender-sensitive, disability-inclusive, and offer access to a wide range of support services, including health care, mental health, psycho-social support, education, and protection. Establishing these programs requires a detailed framework at the governmental level that outlines both a general approach and specific guidelines for each stage of the rehabilitation process. This entails the initial mapping of existing resources and capacities, followed by the development of tailored plans that address the unique needs of returnee children. In this regard, governments must secure the necessary financial and human resources. (Bulan Institute, 2022).

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“Make sure that all systems are in place so that you can replicate the intervention [...] Our social services and juvenile probation are paying for these evidence-based programs, but then they’re not getting the outcomes they’re expecting because people aren’t implementing them correctly. [...] You have to have both. You have to have an evidence-based program and then you have to have good implementation science to make sure that it’s being done correctly.”

**Patrick Tyler**  
Expert Interview

Standardizing interventions within rehabilitation and reintegration programs through the development of Standard Operating Procedures (SOPs) and manuals is critical. This approach ensures consistency in staff training and the implementation of interventions, allowing for the programmatic framework to prescribe overall programs while enabling individualized responses based on assessments. Standardization supports overcoming challenges related to the individualization of treatments and enhances the effectiveness of rehabilitation efforts (Gyte, Zeiger and Hunter, 2020). It is also important to conduct regular, longitudinal studies on the effectiveness of rehabilitation and reintegration efforts to develop a holistic view of program success. These studies can inform adjustments and improvements in program design and implementation, ensuring that interventions remain responsive to the evolving needs of returnees (Shapoval, 2021).

## KEY CHALLENGES & BARRIERS

The operationalization of effective practices for the rehabilitation of returnee children relies on the development of comprehensive policies and processes for effective inter-agency coordination.

Robust **legislative or operational frameworks** are needed for ensuring resource allocation, enhancing training and capacity building, improving inter-agency collaboration, clarifying legal and policy ambiguities, and incorporating gender and age considerations into rehabilitation strategies. A significant barrier in the rehabilitation and reintegration of returnee children can be the lack of a robust legislative framework to facilitate effective implementation of a holistic approach (Farrel et al., 2021). The absence of a national strategy, or of clearly articulated definitions of rehabilitation and reintegration, further complicates the process (Bunn et al, 2023). Legal ambiguities, such as the criteria for separating children from their parents based on ideology and the interaction with police and security actors, also pose a challenge (UNICEF, 2023).

The **coordination and streamlining of support for social integration** is also critical yet challenging. Long-term work of this kind requires holistic approaches, which in turn demand coordinated and collaborative efforts across various governmental and non-governmental entities. However, persistent challenges in this have been identified – such as inconsistent and insecure or short-term funding, particularly for the CSO sector (OHCHR, 2023), the lack of an identified authority for coordination, and the absence of information sharing mechanisms. All of these are detrimental to maintaining a sustained and cohesive rehabilitation strategy (Grossman and Barolsky, 2019).

Additionally, the **lack of comprehensive training manuals and guides** that address age and gender sensitivity, as well as the full process and spectrum of services poses a significant challenge, particularly for institutional memory (Gyte, Zeiger and Hunter, 2020; Shapoval, 2021). This is compounded by a scarcity of skilled personnel capable of providing the specialized psychosocial support needed by returnees. Continued efforts to build the capacity of practitioners in both government and civil society are essential, particularly in contexts where resources are constrained. Specialized educational programs, trauma-informed mental health care, assessments, and violent extremism prevention are among the areas requiring enhanced focus and investment (Weine et al, 2020).

## AGE & GENDER DIFFERENTIATED NEEDS

The rehabilitation and reintegration of returnee children requires a nuanced approach that carefully considers age- and gender-differentiated needs from the outset and during preparations for their return, including during the development of policies, response teams, and programs. This approach is not just beneficial but essential, as the age and gender of the returning minors influences their needs and experiences.

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“Being gender neutral is not good enough. [...] We need to take the specific experiences that these girls might have had and ensure that the practitioners are providing support that meets the standards.”

**Dr. Abiye Iruayenama**  
Expert Interview

Effective policy responses require an understanding of the unique experiences and needs of different genders. By adopting gender-sensitive policies and ensuring legal protections for girls, especially those who have survived violence, states can support their access to justice and appropriate healthcare. This approach should also leverage the expertise of local women leaders, recognizing their role in addressing the complex challenges faced by returnees (UNDP and ICAN, 2019; Sandi, 2022). States can also improve their gender policy frameworks to create an environment that enables girls to fulfil their potential (Shapoval, 2021). Furthermore, it is critical to have a clear understanding that the experiences of young children exposed to Daesh indoctrination differ significantly from older children who may have received military training (Renard and Coolsaet, 2018). Such insights allow for the design of policies and programming that is not one-size-fits-all but are instead customized to address the specific vulnerabilities and strengths of different age and gender groups. This level of tailoring is crucial, given that the effectiveness of rehabilitation and reintegration efforts hinges on their ability to resonate with and meet the individual needs of returnees (Margolin et al., 2023).

Policymakers and practitioners also need to reflect on, and, where necessary, deconstruct, their own **age and gender stereotypes** to avoid biases and oversights that may hamper gender-sensitive programming (Pisiou and Renard, 2021). Such policies should not only be sensitive to the biological and psychological vulnerabilities of children but also address the social constructs that exacerbate the vulnerabilities of girls in these contexts (UNODC, 2019).

Furthermore, **all processes in place must be age-appropriate**, adhering to international standards that favor rehabilitation over punitive outcomes for children and the consideration of the best interests of the child in all matters affecting children. However, for those returnees that have reached the minimum age of criminal responsibility, which varies from jurisdiction to jurisdiction, and in many cases where children are prosecuted or held criminally responsible by a criminal court, tailored juvenile justice systems should be used instead of military or special security courts, and domestic legislation should not define a different age of criminal responsibility solely for terrorism related offences (United Nations, 2019) and the age of criminal responsibility should never be set as less than 12 (UN CRC).

States should also adopt multi-actor teams that are appropriately trained in addressing the differentiated needs of boys and girls. Teams should be interdisciplinary, involving professionals who are not only trauma-informed and gender-sensitized but also trained to engage with children based on their specific profiles and experiences. Such teams should include both male and female practitioners, which may be more suitable for working with different categories of returnees (UNDP and ICAN, 2019). In addition, these teams must also adopt age-appropriate engagement strategies, recognizing the distinct ways in which different age groups process trauma and interact with the provided services. For instance, strategies for children under the age of 12 should prioritize psychosocial support and education that is adaptable to their developmental stage and cultural background.

## ADDITIONAL TOOLS

Norwegian Refugee Council (NRC) and Save the Children. (2021). [Legal Protection of Children Toolkit](#).

This toolkit is a practical resource for practitioners when dealing with issues involving the legal protection of children. It contains guidance, practical tips, and examples of different types of child rights issues handled by Information, Counselling, and Legal Assistance programs. The toolkit also contains checklists for use in daily work including lists of child rights standards and checklists for identifying protection risks, working with children, and developing advocacy and policy change approaches

International Organization for Migration (IOM). (2022). [Reintegration Handbook](#).

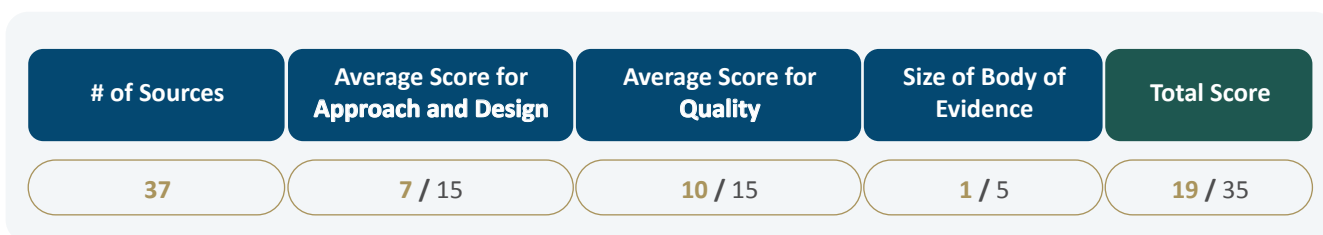
While this handbook is not focused on the rehabilitation and reintegration of returnee minors, it does provide insightful and practical guidance on such topics as mainstreaming reintegration considerations into policies and strategies, as well as monitoring and evaluating programs.

UNODC (2019). [Justice for Children in the Context of Counter-Terrorism: A Training Manual](#).

The manual is an accessible guide to support practitioners in dealing with children alleged or accused of having committed terrorism-related offences. This manual complements the manuals of point 4 and can be used as instructor-led training and self-taught learning.

## AREA 3: ARRIVAL & INITIAL CARE

The arrival and initial care provided to returnee children is a pivotal moment in the long-term process. Good practices related to the arrival and initial care of minors upon their repatriation focus on providing first medical attention and care (physical and psychosocial) as the returnees are being prepared for formal rehabilitation and reintegration programs. This initial period, encompassing procedures that vary across different countries, may last days or a few weeks, depending on each context. The research showcasing examples from several regions explains how, in this phase, minors are provided with essential needs and services that play crucial roles in allowing them to eventually leave the initial care treatment and prepare them to continue on their rehabilitation and reintegration journey.



Sources relating to Arrival and Initial Care assessed for this Toolkit were more varied than some other areas and had a reasonable number of primary research studies but were still primarily observational. The body of evidence identified in the literature review can be characterized as follows:

- **Relevance:** 29 out of the 37 eligible sources were evaluated under Stage 1, and eight as Stage 2.
- **Geographic Focus:** 11 sources were globally relevant, 13 were regionally relevant (including Africa, Central Asia, Europe, and the MENA region), and 13 were nationally focused.
- **Strength of Evidence:** The highest score on the Strength of Evidence was 23, and the lowest was 9. A third scored 20 or above.
- **Type of Source:**
  - 15 sources were primary research, 18 were secondary research, and four were theoretical or conceptual.
  - All 37 sources were observational, 32 used either qualitative or quantitative data, while five had no clear methodology, and none used mixed methods.

### SUMMARY OF GOOD PRACTICES

**Comprehensive initial assessments of needs are critical foundations for programming and support and should be conducted both before and upon arrival.**

As called upon in the United Nations Security Council resolution 2396 (2017), Member States should conduct an assessment of individuals (“including suspected foreign terrorist fighters and their accompanying family members, including spouses and children”) and take “appropriate action,” including rehabilitation and reintegration (United Nations Security Council Counter Terrorism Committee, 2019). Initial assessments may address factors such as “beliefs and attitudes; history and capability; motivators; mitigating or protective factors; personal history; and criminal history” (IOM and ICCT, 2023) to inform future individualized support.

Literature indicates that the individuals conducting or supporting assessments should be adequately trained to complete robust assessments, but a range of professional backgrounds may be useful to participate in this process, including, for example, child psychology, or in select and specific circumstances, religious scholars (Shapoval, 2021).

At the arrival stage, comprehensive assessments also allow for identifying returning minors' basic medical needs, including any urgent medical treatment required, the psychological impacts of their experiences, and determining the need for subsequent psychological assistance and treatment to support their mental well-being (Shapoval, 2021). Needs assessments can also include a thorough examination of the welfare requirements of the returnees, including provisions for clothing and food to ensure their basic needs are met, including addressing the need to restore their legal documents to establish legal identity (Shapoval, 2021). It is important to note that needs assessments should not limit freedom of expression nor stigmatize the minor (IOM and ICCT, 2023) and, as such, must be handled with extreme care. For more information, please see *Area 4. Assessments*.

**Immediate and appropriate care for medical and mental health concerns is likely to be needed and should be provided for children as early as possible upon return.**

Due to its significance and overwhelming presence among good practices, this practice is highlighted separately. In line with UNCRC Article 24 (UNICEF) recognizing children's right to the highest attainable standard of health, it is recommended to ensure that each minor is assessed upon arrival for physical and mental health concerns and that initial care is provided accordingly. Promising practices have emerged taking this approach from various contexts - Tajikistan's comprehensive care of minors upon their return includes ensuring medical treatments, inoculation, and counselling from mental health experts (Bulan Institute, 2022), while Kosovo's reintegration of minors included ensured psychological and psychiatric support within 72 hours of arrival (Bulan Institute, 2022), and Uzbekistan ensured trained psychologists provided monitoring and assistance to minors through group and individual psychological interventions at arrival stages (Bulan Institute, 2022). These efforts emphasize the critical need for medical and psychological care, which should be evaluated and addressed upon the children's arrival.

**Essential needs like hygiene, healthy diets, and safe spaces must be met, along with psychosocial support.**

The facilities where minors are arriving should be able to provide basic services and meet their essential needs. Promising practices on this front have been noted in the literature. Where children are temporarily housed in care facilities on arrival, this can include providing safe spaces, creating special menus to promote recovery from malnutrition, and teaching essential skills related to sanitation, oral hygiene, and cleanliness (Bulan Institute, 2022). Psychosocial support such as group therapy, art therapy activities, and individual counselling are also important forms of support, along with practical needs such as clothing, toys and books, which can support educational goals and promote therapeutic outcomes through play (Bulan Institute, 2022). Good practices from other contexts included the appointment of youth 'protectors' from certified institutions to oversee the safety and development of returnee children (Bulan Institute, 2022).

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“Repatriates were provided with several sets of clothing, personal hygiene products, and children toys.”

**Alim Shaumetov**  
Expert Interview

### Provision of legal assistance and protection services should be ensured upon arrival.

“Member States should put in place special safeguards and legal protections, in full compliance with their obligations under international law” (United Nations Security Council Counter Terrorism Committee, 2019). The United Nations Security Council Guiding Principles on Foreign Terrorist Fighters outlines several key protective measures that must be taken to protect the rights of minors, including: considerations of the child’s age and possible roles associated with violent extremism, while recognizing the child as a victim; assessments at the arrival of each child should be conducted individually and without prejudice, taking their needs into account; and provide appropriate scope for discretion at all stages, among others. Legal protection and support can also include rapid support with obtaining legal documentation for returning minors - a noted promising practice from Kazakhstan was the immediate restoration of documents by the country’s Migration Service upon arrival (Shapoval, 2021).

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“Another significant factor is the documentation of the children. Because when they returned, unfortunately, they came without documents. Many children were born in Syria, in the conditions of the Al-Hol and Al-Roj camps. Upon arrival, the state took on the free issuance of documents. As of today, almost all of them have documents in their hands: a birth certificate, which specifically states that the place of birth is the Republic of Kazakhstan.”

**Alim Shaumetov**  
Expert Interview

### Wherever possible, children should be in the care of their families, and where separation is necessary, it must be undertaken with caution and opportunities to interact and connect with separated families.

UNICEF recommends that while any legal proceedings or investigations may be occurring, minors should remain with their mothers and siblings until separation becomes a requirement (UNICEF, 2023) to avoid negative effects on children from separation. Where separation is necessary, it is recommended that minors be prepared for separation upon arrival by being informed of their care arrangements and plans (UNICEF, 2023). An example of this can be found seen in some European contexts, where enabling interaction with the mother is a customary procedure in legal systems; when circumstances dictate that children are separated from their mothers upon entering, additional steps can and ought to be implemented to guarantee these mothers have the chance to be involved in their children’s lives during their incarceration (UNICEF, 2023).

### Involving communities, civil society and other local stakeholders can strengthen preparations for return.

A comprehensive multi-agency approach with appropriate coordination and communication is a crucial good practice at the onset of minors’ return. Regular communication is essential. In Europe and Central Asia, community leaders and civil society organizations play particularly important roles in this context (Bulan Institute, 2022). This can help to minimize time spent in holding or arrival facilities. In the case of Kosovo, for example, family members were notified and requested to receive children after an initial 72-hour hold period (Bulan Institute, 2022). In Uzbekistan, initial care efforts included the engagement of state agencies, UNICEF, and local stakeholders, including support provided by NGOs and local organizations to aid in conflict resolution and the establishment of secure attachments (Bulan Institute, 2022) and to arrange residential care where they could interact with other children, supporting their resocialization (Bulan Institute, 2022).

## Communication efforts can support rehabilitation and reintegration and better prepare communities for return.

Hedayah's *Blueprint of a Rehabilitation and Reintegration Center: Guiding Principles for Rehabilitating and Reintegrating Returning Foreign Terrorist Fighters and their Family Members* recommends that a communications strategy be developed at the arrival of the returning minors which should include awareness raising through multiple channels, such as media outlets, social media, and informal community activities/platforms (Gyte, Zeiger and Hunter, 2020). Communities can play a central role in spreading the narrative, and support should be provided to ensure a positive narrative regarding rehabilitation and reintegration is being spread so that communities are more likely to participate productively in rehabilitation processes and avoid the possible stigmatization that can undermine rehabilitation efforts (Gyte, Zeiger and Hunter, 2020). Similarly, Radicalisation Awareness Network (RAN) recommends the authorities and government bodies facilitating the return of minors develop a communications strategy, including the sharing of relevant information with institutions or community bodies that should be aware of children returning (Pisiou and Renard, 2022). For more information, please see *Area 8. Community Preparedness*.

## KEY CHALLENGES & BARRIERS

Key challenges and barriers at arrival and during initial care aiming to support minors upon their return are diverse and can be broken into two main themes – **immediate health care** and acquiring **legal documentation**. Notably, some of these challenges are not limited to the 'arrival and initial care' phase but extend to minors' medium- and long-term rehabilitation and reintegration processes.

A major challenge relates to the urgent and severe medical needs of many returning minors, who require immediate treatment (Bulan Institute, 2022). It is noteworthy, however, that the analysis of the relevant literature demonstrates an overwhelming focus on trauma and mental health issues, while a lack of human resources upon arrival to provide medical care to the returnees has also been a significant concern as healthcare professionals in certain contexts have worked 15-hour shifts to provide care to returning minors, highlighting this challenge (Bulan Institute, 2022). Medical staff are some of the most crucial resources needed to ensure child well-being in the early rehabilitation and reintegration stage, and future approaches must account for resource availability in this context.

The lack of legal documentation remains the most pressing administrative challenge for authorities managing repatriated minors on arrival. In some cases, legal obstacles can cause a delay in the documentation process for a period of up to six months (Shapoval, 2021). Sources indicate that obtaining birth certificates to establish legal identity for children born in Syria (Shapoval, 2021) is one of the highest priorities for returnees, and one of the most challenging. These challenges affect other areas noted in this Toolkit (see, for example, the Good Practice section for *Area 7: Education*).

## AGE & GENDER-DIFFERENTIATED NEEDS

Upon arrival and during initial care, minors should not be treated as one standard target group. Age and gender shaped the lives of minors living under Daesh, and similarly, the experiences of minors living in conflict zones vary depending on each case. Therefore, it is crucial that gender and age-conscious considerations are integrated into screening and assessments, as well as rehabilitation and reintegration programming (IOM and ICCT, 2023) (for more information, see the following section on *Area 4: Assessments*). Given the regular identification of medical needs on arrival and during initial care, preparations should be made for support from medical experts who can provide age and gender-specific care.

## ADDITIONAL TOOLS

IOM and ICCT (2022). [Roundtables on Prosecution, Rehabilitation and Reintegration.](#)

The detailed report by the International Organization for Migration (IOM) and the International Centre for Counter-Terrorism (ICCT) includes identified good practices, practices to be cautious of, shared experiences, challenges, and potential opportunities discussed among the participants.

Bulan Institute for Peace Innovations (2022). [The Compendium of Promising Practices in the Rehabilitation and Reintegration of ISIS-linked Women and Children.](#)

“The Compendium of Promising Practices in the Rehabilitation and Reintegration of ISIS-linked Women and Children” published by the Bulan Institute for Peace Innovations provides a comprehensive overview of the efforts conducted in the field of rehabilitation and reintegration of women and children in several countries, including in Germany, Kazakhstan, Kyrgyzstan, Kosovo, Netherlands, Tajikistan, and Uzbekistan. The report compares and showcases different and, at times, similar approaches and practices in the rehabilitation and reintegration of minors and their families.



Credit: Ahmed Akacha

## AREA 4: ASSESSMENTS

Assessments of returnee children are vital mechanisms to understand the individual, age, and gender-differentiated needs of children upon return and throughout their rehabilitation and reintegration journeys. They should guide the development of tailored client plans and support the monitoring of the child’s progress. Assessments also provide an opportunity for important learning that can inform broader understandings of effectiveness in rehabilitation and reintegration programming.

# of Sources	Average Score for Approach and Design	Average Score for Quality	Size of Body of Evidence	Total Score
77	7 / 15	10 / 15	5 / 5	22 / 35

The body of evidence available regarding Assessments was one of the largest sets of sources identified in this study, highlighting its importance in the field and the substantial attention it has received. The body of evidence identified can be characterized as follows:

- **Relevance:** 60 out of the 77 eligible sources were evaluated under Stage 1, 16 sources were assessed under Stage 2, and one source was assessed under Stage 3.
- **Geographic Focus:** 35 sources were globally relevant, 20 sources were regionally relevant (including Africa, Central Asia, Africa, Southeast Asia and the Balkans, but predominantly focused on Europe); 22 sources were nationally focused.
- **Strength of Evidence:** The highest score on the Strength of Evidence was 23, while the lowest score was nine, and 16 of the sources scored 20 or more, our benchmark for a ‘strong’ source.
- **Type of Source:**
  - 29 sources were primary research, 41 secondary research, and seven theoretical or conceptual.
  - Two sources were quasi-experimental, but the majority (75) sources were observational. 65 sources used either qualitative or quantitative data. Only one source used mixed methods.

## SUMMARY OF GOOD PRACTICES

**Assessments must be comprehensive and individualized to identify age- and gender-differentiated needs.**

“Approaches to rehabilitation and reintegration are largely successful when they address the risks and needs of the client, and account for the client’s personal history, mental health, cognitive skills, and relationships” (Gyte, Zeiger and Hunter, 2020). In this regard, holistic, individualized, age- and gender-sensitive assessments are pivotal to avoid overestimating or neglecting key factors (Sandi, 2022). Additionally, avoiding assumptions and biases related to gender, age, and culture is critical for ensuring that the process remains inclusive, equitable, and accurately reflective of the individual (Margolin et al, 2023).

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*“The best therapy is one that proceeds without judgment and really tries to understand. I think whenever you’re talking to children who have been through difficult experiences, that’s where you’ve got to start, and then help them understand and interpret what happened to them.”*

**Anna Knutzen**  
Expert Interview

Regarding the identification of ‘risks’, for the population of returnee minors, risk assessments should be related to the risks posed to the individual rather than the threats they may pose themselves (Grossman and Barolsky, 2019). It is paramount that these assessments are guided by the principle of the child’s best interest (UNCCT, 2020). Additionally, children may present not only with needs but also with pro-social strengths and resiliency factors that should be identified during the assessments for each individual and considered for the development of the child’s rehabilitation and reintegration plan (Grossman and Barolsky, 2019).

A comprehensive approach to assessments should encompass a range of domains to provide a clear and full picture of the child and guide the subsequent support services provided. These domains should include psychosocial aspects (especially trauma-related elements), educational or vocational needs depending on the age of the child, health, attitudes, potential radicalization, and the familial environment, among others (Grossman and Barolsky, 2019).

Practitioners should utilize diverse diagnostic and assessment tools, leveraging existing instruments adapted to the local context. Social workers, case managers and mental health and psychosocial support (MHPSS) service providers will have various standard and validated tools at their disposal, however, those that rely on self-reporting may not be comprehensive enough for returning minors (Margolin et al., 2023). While structured interviews may yield more information, particularly among older clients, the use of projective tests may prove more useful for younger children, who may be reluctant or unable to engage in more traditional forms, such as interviews. Drawing tests, as an example, have been successfully used to evaluate emotional indicators of child and family relationships (Shapoval, 2021).

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*“We noticed a lot of selective mutism where, especially younger children, refused to speak to counsellors about the events that they had gone through. The first thing we did was ensure that the counsellors went through training on the understanding that when talking with adults, and more so with children, that all the information they give must be voluntary.”*

**Dr. Abiye Iruayenama**  
Expert Interview

Additionally, assessments should also focus on the child’s environment, including the community of return. In this regard, assessments should be conducted on local communities to gauge acceptance of the returning minor and how support or stigmatization might affect reintegration and identify available resources and support structures, such as schools and civil society organizations that may support during the reintegration phase (UNDP, 2020).

**Trust building and child-sensitive engagement and communication with returnee children are critical to effective assessments.**

Trust building and child-sensitive engagement and communication are critical to effective assessments and require practitioners to allocate sufficient time and effort to develop relationships characterized by transparency, empathy, and non-confrontation (Gyte, Zeiger and Hunter, 2020; IOM and ICCT, 2022). Experienced practitioners, trained in interacting with children based on their developmental stage and conducting assessments in a non-threatening manner, play a crucial role in this process (Gyte, Zeiger and Hunter, 2020). Practitioners who have experience working with children affected by other forms of migration, violence, or abuse may be well placed to conduct such work (UNICEF, 2023). Their ability to connect with children on a deep level is fundamental to breaking down barriers and fostering a sense of security, acceptance, and belonging, where the child is able to freely express their emotions and needs and receive support from a nurturing and trusted adult (UNICEF, 2023).

For assessments conducted within the community environment, it is important to consider the use of local social workers, community representatives, or civil society organizations who often have unparalleled trust and access to the affected individuals and communities, enabling them to be effective interlocutors and assessors (UNDP and ICAN, 2019). Such actors can also be used to leverage vicarious trust by facilitating introductions between the practitioner and the client (Gyte, Zeiger and Hunter, 2020).

**An ethical and rights-based approach to initial assessment is needed to ensure adherence to “Do No Harm” principles.**

Throughout the assessment process, practitioners must adhere to a strict ethical and rights-based framework. This includes upholding the child’s rights, doing no harm, ensuring confidentiality within established boundaries, and employing effective oversight mechanisms to prevent any form of discrimination (IOM and ICCT, 2022; United Nations Security Council Counter Terrorism Committee, 2019). Moreover, ethical considerations are integral to trust building and engagement practices. Protecting the child’s rights, ensuring confidentiality, and adhering to a “do no harm” philosophy is paramount, providing a solid ethical foundation upon which trust can be built to support engagement in reintegration processes. Practitioners must be vigilant in preventing any form of discrimination and ensuring that their interactions with children are always respectful and non-judgmental. Practitioners should also inform families and law enforcement on the parameters of confidentiality and information-sharing and strictly adhere to the principles (UNICEF, 2023).

**The expertise of practitioners in conducting assessments is vital and requires interdisciplinary collaboration and information sharing.**

The expertise of practitioners in conducting these assessments is vital. It requires professionals from relevant, multi-disciplinary fields who are trained to interact with children in a developmentally appropriate manner (Benotman and Malik, 2016). The multidisciplinary team is essential for a holistic assessment process and may include psychologists, psychiatrists, social workers, child rights practitioners, healthcare professionals, civil society, and community actors (Sandi, 2022). The team should also be comprised of both male and female trained personnel to undertake the assessments, as the gender of the practitioner can also impact the relationship with the client and the client’s openness to share information (UNDP and ICAN, 2019).

While it may be required to engage multiple professionals depending on the expertise required, a case manager should be appointed as the central point of contact for the client who is responsible for coordinating between the stakeholders and be aware of all information about the client (Gyte, Zeiger and Hunter, 2020).

Strong coordination and information sharing protocols and practices should be adopted to ensure the practitioners know as much about individual cases as possible, including before arrival (UNICEF, 2023). It's important to avoid over-testing and repeat-testing, which could be counterproductive to the child's progress (Margolin et al, 2023).

Information exchange during the assessment process should also be bidirectional with the client and their families/caregivers. Clients must be adequately informed about the process and actively consulted on their tailored client plans. Additionally, those involved in the day-to-day care of the child, such as parents, childcare providers, and teachers, should be aware of and understand the client's plan, in order to foster a supportive environment that aligns with the child's reintegration plan (Bulan Institute, 2022).

**Efforts to develop tailored client plans should be collaborative and client-centric (and in the case of children, therefore must be child-centric), and progress along these plans must be carefully monitored.**

Recognizing that "success" varies from one individual to another, practitioners can significantly enhance the efficacy of rehabilitation and reintegration programs by diligently developing and monitoring individualized client plans, rooted in a deep understanding of each child's unique context. This will foster the child's successful return to the community and promote their long-term well-being and resilience.

Developing a client plan for returnee minors is a nuanced process that hinges on comprehensive, individualized approaches, with a tailored set of services selected to align with the child's best interests, needs, strengths, and risks. Integral to this process is the effective use of assessments that provide enough information to identify appropriate rehabilitation and reintegration goals and approaches (Gyte, Zeiger and Hunter, 2020). Developing a client plan is inherently collaborative, drawing on the expertise of a multidisciplinary team. However, it should also adopt a client-centric approach, whereby the client and caregivers are involved in the decision-making process instead of being passively subjected to the plans (IOM and aICCT, 2022). Young children should be included in decision-making processes in a manner consistent with their evolving capacities (UNOCT, 2020). The client plan should also prioritize responding to the child's key vulnerabilities to reduce their risks and alleviate any pressures or mental health concerns. In most cases, psychological support, particularly related to trauma, will be needed (Sandi, 2022).

Monitoring the child's progress against the plan is also a fundamental component of the rehabilitation and reintegration effort. In this regard, the client plan should include clear, measurable objectives, and benchmarks tailored to the individualized nature of each client plan. This involves using diverse and adaptable diagnostic tools that enable practitioners to track progress and make necessary adjustments to the plan. Abstract and subjective criteria (e.g. little ideological knowledge, need for belonging) should be avoided, focusing instead on meaningful indicators linked to "demonstrable behaviors or the presence of particular psychosocial vulnerabilities", considering the improvements to the child's overall well-being (Margolin et al., 2023). In this regard, while it is crucial to continuously conduct assessments, repeated at regular intervals to evaluate the client's change and progress (IOM and ICCT, 2022), the process should avoid overburdening the child with excessive assessments (Margolin et al., 2023).

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*“We use a lot of valid and reliable standardized instruments that are included within our battery of assessments that then become our outcome measures in addition to informing the service. It’s not just telling the staff, “This is what you need to do right now for this kid or family”. Based on their characteristics and their needs, we can look at the pre-test and post-test changes [...] and get that back to the staff.”*

**Patrick Tyler**  
Expert Interview

## KEY CHALLENGES & BARRIERS

One key challenge associated with the assessments of child returnees is related to the lack of **information sharing** between relevant actors due to concerns regarding confidentiality and data protection (DRIVE, 2022), as well as secrecy driven by security concerns, which limits practitioners’ access to crucial information and hinders the development of effectively tailored reintegration strategies (Demuynck, andreeva, and Kefford, 2023). Additionally, information gathering is often hampered by children’s difficulties in recalling events accurately, practitioners’ intimidating attitudes and lack of child-appropriate language, insufficient coordination leading to repeated interviews, and inadequate settings like interview rooms tailored to children’s needs (UNODC, 2017).

There is also a significant **absence of specific assessment tools** designed for children affected by violent extremism (Nemr et al., 2018). It can also prove particularly complex to administer assessments depending on the child’s age, with many tools unsuitable for those under 12 (Brooks, Honnavalli and Jacobson-Lang, 2022). Existing tools for assessing adults often include individual risk assessments, such as VERA 2 and ERG22+, which are not child-adapted, questioning their effectiveness in this context. There is a need for specific indicators and a thorough assessment tool to address the diverse backgrounds of child returnees (Polizzi, 2023), thereby enhancing the rehabilitation and reintegration process.

## AGE & GENDER DIFFERENTIATED NEEDS

Gender- and age-conscious considerations must be embedded in all aspects of screening, risk assessment, needs assessment, and client plan development, with a focus on the best interests of the child. Most of the assessed sources emphasize the need to develop **individualized rehabilitation and reintegration plans**. Assessments that guide these individualized plans must consider the specific experiences of child returnees, including nuances related to their gender and age, to address their unique needs (Demuynck, andreeva and Kefford, 2023). Additionally, the cultural background and age of the child will influence how psychosocial factors, such as trauma, are manifested, processed, and recognized in girls and boys, necessitating age and gender-aware assessments to ensure effective responses (Van Der Heide and Alexander, 2020). Moreover, practitioners must consider the child’s age and its impact on the child’s **evolving capacities**, incorporating observational methods and projective tests for younger children, who may not be able to respond effectively in structured interviews or through self-reporting. Practitioners should be trained to conduct gender- and age-specific assessments to tailor interventions to the child’s unique circumstances (Demuynck, andreeva and Kefford, 2023). Practitioners must also be able to recognize how relevant psychosocial factors, such as trauma, manifest differently across age groups (toddlers, school-aged children, and teens) to foster resilience and provide a supportive environment for recovery.

The gender of both the client and the practitioner can also influence the assessment process, highlighting the need for practitioners of both genders to be available to engage with the clients. Generally, individuals from the same in-group and gender are more likely to be able to establish trust, resulting in better informed assessments (Mattei and Järvå, 2023).

## ADDITIONAL TOOLS

Hedayah’s (2023) [Identifying Needs and Strengths: A Practitioners Manual on Client Engagement: From Trust Building to Resilient Behavior](#)

Hedayah’s manual represents a concrete operational tool for practitioners, providing considerations on how to successfully assess and handle relationships with individuals affected by violent extremism, including children. This manual does not represent a validated assessment tool. However, it offers guidance, practices, and templates with the aim of supporting practitioners in further contextualization and validation, according to their own context.

Hedayah’s (2020) [Blueprint of a Rehabilitation and Reintegration Center - Chapter 6. Assessing the Client.](#)

Hedayah’s Blueprint provides recommendations and guidance on information gathering, trust building, assessments, and developing client plans.

RAN’s (2022) [Manual – Responses to Returning Foreign Terrorist Fighters and Their Families](#)

This manual by the EU’s Radicalisation Awareness Network (RAN) for practitioners provides guidance on conducting assessments, including specific consideration for child clients, and shares an overview of available assessment tools.



Credit: Ahmed Akacha

## AREA 5: CENTER-BASED REHABILITATIVE CARE

It is not uncommon for returning families, including children, to be placed in a specialized center for rehabilitative care for some period after their return, ranging from short-term stays to longer periods. These Centers can be a useful way to respond to acute needs and provide round-the-clock, ongoing support across a range of areas, from medical care and essential needs to psychosocial support, in a way that can be more challenging when returnees are placed with families and in communities. While a center-based option can benefit the rehabilitation process and is a common approach internationally, the period of stay in a center should be limited to the least amount of time possible.

# of Sources	Average Score for Approach and Design	Average Score for Quality	Size of Body of Evidence	Total Score
44	8 / 15	10 / 15	3 / 5	22 / 35

Approximately 70% of the identified sources were evaluated under Stage 1 (31 out of 44). Exactly half of the sources were considered globally relevant, while only 20% demonstrated a regional focus, and 30% reflected a national focus. Only one in four of the sources met our requirements to be considered ‘high scoring’, despite more than half of the sources including primary research and five sources being either experimental or quasi-experimental and four using mixed methods approaches. The body of evidence identified in the literature review can be characterized in more detail, based on this assessment, as follows:

- **Relevance:** 31 out of the 44 eligible sources were evaluated under Stage 1, 10 sources were assessed under Stage 2, and three sources were assessed under Stage 3.
- **Geographic Focus:** Of these sources, 22 were globally relevant, nine were regionally relevant (including Africa, Central Asia, Europe, and Western Balkans), and 13 were nationally focused.
- **Strength of Evidence:** The highest score on the Strength of Evidence was 30 (a Stage 3 experimental study), and the lowest was nine. 11 of the (Stage 1 and Stage 2) source scored 20 or more.
- **Type of Source:**
  - 23 of the sources were primary research, 17 were secondary research, and four were theoretical or conceptual.
  - Five sources were experimental or quasi-experimental; only four out of the 44 used mixed methods.

## SUMMARY OF GOOD PRACTICES

**Deprivation of liberty should be in the least restrictive manner and for the least amount of time possible.**

The goal of center-based rehabilitation should primarily be to prepare the child for reintegration back into their family and community. For returnee minors, it is generally recommended to use a Rehabilitation Center more as a transition facility, as deprivation of liberty should be a means of last resort, with children in the least-restrictive conditions possible and staying for the least amount of time possible and normalization occurring as soon as possible (Pisiou and Renard, 2022). These centers should offer a secure and just environment, fostering a sense of psychological and physical safety among the children (IOM and ICCT, 2022).

In this regard, rehabilitation should focus on enhancing the child's preparedness for the next steps in the process, including enhancing their knowledge of the community (Zeiger et al., 2021) and engaging the practitioners responsible for reintegration (Gyte, Zeiger and Hunter, 2020). Additionally, children should be prepared for (re-)entry into schools, including through tailored social and educational support (Shapoval, 2021) (see the later section of this report, Area 7: Education). It is also critical to take care with regard to how children are grouped within centers to promote positive relationships, including peer-to-peer mentorship and avoid possible negative impacts (Benotman and Malik, 2016). Children should not be grouped with adults, while age, gender, vulnerabilities, and needs should be considered when grouping children (Pisiou and Renard, 2022).

### **Rehabilitation efforts must adopt a holistic and individualized approach.**

Rehabilitation efforts for returnee minors should be based on a client plan guided by comprehensive assessments, and must adopt a holistic and individualized approach, incorporating psychological, social, medical, educational, and theological services tailored to each child's specific needs. This approach should be age and gender-sensitive, ensuring that interventions are appropriate and effective (United Nations Security Council Counter Terrorism Committee, 2019).

The literature has revealed a vast array of possible rehabilitation activities that could be provided to support the child. Some of the key areas highlighted include activities to: strengthen the social networks of isolated children (UNU and UNIDIR, 2022), support the rebuilding of family relationships, including by engaging family members through psychosocial and counselling interventions (UNDP and ICAN, 2019), respond to trauma and psychological and emotional distress (Zeiger et al., 2021), improve the child's critical thinking skills and acceptance of diversity (UNDP and ICAN, 2019), and provide alternative mechanisms for expression when traditional talk therapy is not useful (UNDP and ICAN, 2019), among many others.

The literature is mixed regarding incorporating religious and theological components. One recommendation may be to include a 'values-based' curriculum that contains religious and theological components to inculcate the child with moderate, nationally aligned values (Benotman, and Malik, 2016), provided that the religious and theological practitioners are trained in child psychology and the child is above the age of 10 (Shapoval, 2021). However, it is critical to avoid labels, such as "extremists", which may exacerbate the situation, and to take care not to completely remove all identities of the child and support the child to organically redefine themselves and their identity (Zeiger et al., 2021). In fact, for returnee minors, it is recommended not to specifically aim to "disengage" or "deradicalize" the child. Instead, practitioners should prioritize psychosocial, medical, and educational support, which in turn should contribute to this effect (UNU and UNIDIR, 2022).

While the range of services available should be comprehensive, it is also not always necessary to develop new approaches. Instead, practitioners should utilize and build upon existing programs and projects and involve practitioners with relevant experience from other fields, including social work, migration, juvenile justice, and Disarmament, Demobilization, and Reintegration (DDR) (Shapoval, 2021).

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*“We teach kids problem-solving strategies and how to make good decisions. We have a publication that showed that for kids that have been exposed to high levels of trauma and are presenting a lot of post-traumatic stress symptoms, if they were trained on how to make good decisions and problem-solving that reduced the emotional distress associated with the trauma, and so, that’s kind of one of our go-to protective factors. We do that with a very simple acronym called SODAS, which stands for “Situation, Options, Disadvantages, Advantages, and Solutions. It’s a way to teach kids how to break down decision-making into those parts, and we find that our kids excel when they learn how to do that. It gives them control in some situations, especially some of the violent situations. They’re able to feel like they have control over something. They can make decisions on smaller things to help them cope with some of the bigger traumatic events.”*

**Patrick Tyler**  
Expert Interview

### **Providing ongoing support and capacity building to practitioners, communities, and families, from case management through to parenting approaches and trauma sensitization.**

Engaging a team of multidisciplinary specialists—from psychologists and social workers to medical personnel and theologians—is crucial from the onset of rehabilitation through to reintegration, ensuring a cohesive and supportive environment for the child (Zeiger et al., 2021). However, a case management approach should be adopted with an identified case manager leading the individual’s processes, who is adequately equipped with the necessary resources, including on MHPSS, and with access to experts for consultation (Margolin et al., 2023). This personalized oversight ensures a coherent and responsive strategy tailored to the child’s evolving needs (United Nations Security Council Counter Terrorism Committee, 2019). It is also important to ensure effective information sharing, coordination and collaboration among all stakeholders involved in the rehabilitation process, including by aligning stakeholders under relevant policies and action plans or creating working groups (Bulan Institute, 2022).

Central to this process is the principle of acting in the child’s best interest and adhering to a “do no harm” approach, recognizing children foremost as victims within this context (IOM and ICCT, 2022). In this regard, the rehabilitation framework should further be underpinned by continuous training and support for practitioners, enhancing their capacities and ensuring the practitioners are well-equipped to address the complex needs of returning minors (Shapoval, 2021). As mentioned above, utilizing existing programs and drawing on the expertise of practitioners from related fields can enrich rehabilitation efforts, leveraging a broad spectrum of knowledge and experience.

Moreover, during the rehabilitation process, training should be provided to family members, teachers, and other community members who will engage with the child during the subsequent stages. Such training should include therapeutic parenting, trauma sensitization, and familiarization with the individualized rehabilitation and reintegration processes (IOM and ICCT, 2022).

## KEY CHALLENGES & BARRIERS

Center-based rehabilitation for returnee children presents numerous challenges and barriers that governments must carefully consider in order to ensure the adoption of the most appropriate approaches. These challenges range from the availability of specialized services to addressing the complex psychological and ideological influences experienced by these children.

One of the primary challenges relates directly to the use of a center-based approach compared to family-based rehabilitation. Separating children from their families, particularly their mothers or primary caregivers, increases the risk of reinforcing the child's trauma and creating more anxiety and insecurity. Several categories of practitioners, including child psychiatrists, psychotherapists, and children's legal representatives, have voiced their opposition to such separation during the arrival phase due to the symptoms displayed by the returnee children (Repatriate the Children Sweden, 2022). In most countries, the lack of clarity in law or administrative processes around the criteria for separating children from their parents based on ideology also poses significant **ethical and practical challenges** and risks unintended consequences. Decisions regarding custody, particularly concerning large groups of siblings, must carefully consider the children's best interests, the capacity of caregivers, and the potential psychological impact of separation (UNICEF, 2023).

The confinement of children during center-based rehabilitation may also prevent their access to much-needed services and support networks that could be critical for their effective rehabilitation, including schools, which can provide much-needed access to social networks, which can undermine their long-term reintegration and potentially create stigmatization due to their segregation from the community (UNU and UNIDIR, 2022; GCTF, 2015). Additionally, center-based support can negatively impact the provision of voluntary and confidential support, which is particularly critical for the provision of psychosocial support related to gender-based violence (UNICEF, 2019).

Providing holistic support, which incorporates several specialized services, requires the availability of many **specialized practitioners with diverse expertise** to provide a tailored approach (Renard and Coolsaet, 2018). However, there is often a scarcity of qualified practitioners with adequate expertise and skills to work with this category of clients (Shapoval, 2021). Moreover, there is often a lack of specialized training developed for psychiatrists and psychosocial practitioners to work with children on the complex and unique trauma and psychological challenges they may face (Koller, 2019), as well as a lack of coordination between child protection and welfare actors to ensure appropriate supervision (UNODC, 2017).

## AGE & GENDER DIFFERENTIATED NEEDS

Governments and rehabilitation centers must adopt strategies and approaches age- and gender-sensitive. The developmental stage of a child significantly influences their rehabilitation needs and capacities. For younger children aged nine to 12, for example, who may have been exposed to military training but cannot be criminally prosecuted, the focus should be on creating a supportive environment within supervised institutions that offer access to age-appropriate recreational activities and educational resources. This approach not only aids in normalizing their experiences but also helps in addressing trauma through structured yet flexible activities that cater to their developmental level (DRIVE, 2022). Where possible, young children also should not be separated from their mothers or primary caregivers (Bulan Institute, 2022).

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Adolescents, particularly those between the ages of 13 and 17, face a different set of challenges. Rehabilitation efforts must balance the need for psychological and educational support tailored to their age group with the need for peer relationships. The transition from childhood to adolescence is marked by a heightened dependence on peer relationships to sustain identity-formation. Interventions for teenagers must, therefore, carefully navigate these dynamics, avoiding actions that could alienate them from their social groups, which are crucial for their sense of identity and belonging (Mattei and Järvå, 2023). Indeed, each age category, mainly delineated according to teenagers/adolescents (13-17 years old), young children 4-12 years old), and infants/toddlers (0-3 years old), will require a different type of psychological and psychiatric support. This is due not only to the different kinds of experiences but also the differences in individual development (Pisiou and Renard, 2022).

A child's gender is a crucial factor that shapes the experiences of children within rehabilitation settings. For example, girls are more likely to have been victims of abuse or sexual violence and have also shown signs of greater resistance to ideological shifts. Rehabilitation programs must acknowledge these gender-specific experiences, offering services that address sexual and gender-based violence and providing access to female healthcare professionals to ensure a safe and supportive environment (UNDP and ICAN, 2019). Conversely, the rehabilitation of boys may require addressing different sets of challenges. As noted, boys as young as nine may have received military training and been socialized to take on levels of autonomy or responsibility above their emotional, intellectual, and mental capacities. Boys may exhibit frustration or resistance to being treated as children, especially if they have been involved in roles that accorded them a certain level of autonomy or authority while in the conflict zone or camp. Rehabilitation efforts should be mindful of these dynamics, potentially offering vocational training instead of traditional educational support (Brown and Mohammed, 2021). However, it should also be acknowledged that young boys will also need psychosocial and trauma support and may have also been exposed to sexual abuse (Pisiou and Renard, 2022).

Rehabilitation centers must ensure that children are separated by gender to provide a secure environment conducive to healing and development. This separation also extends to the need for children to be housed away from adults, safeguarding them from potential abuse and negative influences (Pisiou and Renard, 2022).

## ADDITIONAL TOOLS

Hedayah’s (2022) Blueprint of a Rehabilitation and Reintegration Center - [Chapter 7. Center-based Interventions: Rehabilitation.](#)

Hedayah’s Blueprint provides recommendations and guidance on interventions and approaches, goals and evaluation, responsibilities of practitioners, and preparations for release.

UNHCR’s (2022) [Handbook for the design of temporary collective accommodations in the Americas.](#)

This handbook provides key recommendations for the planning and design of Temporary Collective Accommodations (TCA). The handbook aims to equip the readers with the criteria that will help them make decisions when planning and defining the location and characteristics of the different spaces that make up a TCA.



Credit: Jonathan Ramalho

## AREA 6: FAMILY-BASED REHABILITATIVE CARE

The family-based approach to rehabilitative care supports the children’s rights to remain with their families or primary caregivers and facilitates the important social element of rehabilitation and reintegration. However, this approach can present a range of complexities, as families may be poorly equipped to provide specific forms of support, and communities where families live – and potentially the families themselves – may have existing attitudes to returnees that are not necessarily positive or well-informed. Nevertheless, for various reasons, including the known support and reduction of harm that family support can provide, and the practical considerations of providing care in a way that supports reintegration, family-based rehabilitative care for child returnees is broadly recommended in the relevant literature.

# of Sources	Average Score for Approach and Design	Average Score for Quality	Size of Body of Evidence	Total Score
60	7 / 15	10 / 15	4 / 5	21 / 35

Most identified sources were evaluated under Stage 1 (80%). Slightly less than half were considered globally relevant (27 out of 60 sources), while the focus of 14 sources was regional, and the remaining 19 sources focused nationally. Only nine of these met our requirements for ‘high scoring’ sources, less than a third included primary research and only 2 were considered either experimental or quasi-experimental. The body of evidence identified in the literature review can be characterized in more detail as follows:

- **Relevance:** 48 out of the 60 eligible sources were evaluated under Stage 1, 10 sources were assessed under Stage 2, and two sources were assessed under Stage 3.
- **Geographic Focus:** Of these sources, 27 were globally relevant, 14 were regionally relevant (with Europe overrepresented, in 11 sources), and 19 were nationally focused.
- **Strength of Evidence:** The highest score on the Strength of Evidence was 30 (a Stage 3 experimental study), while the lowest score was nine. Nine of the (Stage 1 and Stage 2) sources scored 20 or more.
- **Type of Source:**
  - 16 of the sources were primary research, 39 were secondary research, and five were theoretical or conceptual.
  - One of the sources was experimental, one was quasi-experimental, and 58 were observational, while 51 used either qualitative or quantitative data, and only four used mixed methods.

### SUMMARY OF GOOD PRACTICES

Many of the good practices from the preceding section on “Center-based Rehabilitative Care” are also relevant for Family-based Rehabilitative Care but have not been duplicated here. Therefore, it is recommended to read these practices in conjunction with the previous section.

#### Identify and prepare care arrangements before return and ensure communication with families during these preparations.

It is recommended, where possible, to identify and prepare the care arrangements before the child’s return while also managing families’ expectations and informing them of the applicable processes (UNICEF, 2023). These care arrangements should honor the child’s attachment to their mothers or primary care givers and maintain family unity as much as possible (UNICEF, 2023).

In situations where children are separated from their families due to radicalization, danger, or other reasons, placing young children within foster families or with extended families may offer a viable alternative (Benotman and Malik, 2016). However, this option should be a last resort as the impact on the child will be significant and unpredictable (Radicalisation Awareness Network, 2022). If such an arrangement is to be adopted, the practitioners should ensure a nurturing environment conducive to the child's rehabilitation and well-being, working with foster families to understand and prioritize the best interests of the child (UNICEF, 2023). It is important to look at the wider network around the child to effectively assess the environment's suitability for rehabilitation and to identify the kinds of support and relationships available. The family, schools, community, and local organizations may play a role in establishing the child's view of society and their identity (Radicalisation Awareness Network, 2022).

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*“... and what is also very important to note in this regard is that the main priority of the government was to preserve the family, the family itself. We have not had cases in Uzbekistan where children were removed from their mothers[...]the mothers who returned with their children remained with their children.”*

**Oliya Ilmuradova**  
Expert Interview

**Care arrangements must engage with and address trauma and identity and will likely require ongoing support to families and the child returnees.**

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*“Some mothers had primary symptoms with depression, others had secondary symptoms of depression. One of the key symptoms of depression is that you stop caring for the things that you used to care for before the mental health challenge and this could include parenting [...] So, we psycho-educated parents to be aware of the effects that this might have on the children and for children to be aware of the challenges that the parents are going through.”*

**Dr. Abiye Iruayenama**  
Expert Interview

Family-based rehabilitation needs to be understood within the social context, acknowledging both the child's individual trauma and the collective trauma of the family and community is essential. This dual recognition enables a more nuanced and empathetic approach to rehabilitation, fostering healing and resilience on both individual and community levels (Benotman and Malik, 2016).

Support and expert guidance should be provided for these families as a unit to help them deal with trauma within and outside the family and to create a safe and stable environment for the child to grow up in. Practitioners should pay close attention to the family's narrative regarding the experiences prior to returning. The child will likely remember certain instances and have questions which may lead to challenging feelings, misinterpretations of actual events, and discussion. Support should address the struggle to explain to children what happened to them and their parents (Radicalisation Awareness Network, 2022). In this regard, trauma awareness is a skill that must be imparted to all frontline practitioners working with returnee children (Radicalisation Awareness Network, 2022).

Working with the child and their family to reconcile different identities and aspects of their lives is a critical aspect of rehabilitation. It is also important to recognize that aspects of the “home” culture may feel foreign to returnee children and that practitioners and families should understand the need to provide time and space for them to become comfortable in the new environment, and that space should be provided to express their feelings and memories, including what and whom they might miss from before their return (UNICEF, 2023). This process helps in the formation of a coherent self-identity, facilitating smoother integration and adaptation to their environment.

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*“We teach parents how to teach kids social skills, how to reinforce positive behavior, how to correct negative behavior, how to maintain a safe home, how to calm themselves down when they’re frustrated with their children. That’s an evidence-based program, and that program has been effective in increasing positive parenting practices. It’s also been shown to decrease emotional behavior problems in children.”*

**Patrick Tyler**  
Expert Interview

### **Offering long-term, sustainable support that is age- and gender-sensitive across a spectrum of services—psychological, social, socio-economic, medical, educational, and theological—is essential.**

This approach should prioritize addressing trauma and MHPSS, recognizing its profound impact on the children’s rehabilitation and reintegration journey (Bulan Institute, 2022). For comprehensive rehabilitation, practitioners should work with the children and the entire family simultaneously. Family bonds can be particularly impactful, especially between children and their parents, which can be powerful instruments to support psychological and social rehabilitation (Zeiger et al., 2021).

Compared to center-based rehabilitation, it is often more difficult for practitioners to consistently engage with the children. However, once the child is back in the community, such engagement must be as regular and consistent as possible. This practice is necessary to monitor the child’s progress, address emerging challenges, and ensure the continuity of care and support (Benotman and Malik, 2016).

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*“They provided an option for 24/7 phone consultations to the returnees, but not just the returnees, also the receiving families. That’s a good thing because if you didn’t have the time to prepare them properly [...] at least you’re giving them this opportunity.”*

**Adrian Shtuni**  
Expert Interview

Within this context, it is important to leverage a multifaceted pool of experts to inform appropriate rehabilitation and reintegration interventions, including social workers, teachers, and psychologists (Zeiger et al., 2021). It is also critical to identify stakeholders at both the central and local levels and to develop clear roles and mandates for all. A coordinated effort that aligns these stakeholders helps to ensure a coherent and

unified approach to rehabilitation despite practitioners being based in different entities and locations (Bulan Institute, 2022). Regarding such coordination, community-based practitioners may not have been involved in the initial assessments of the returning children, and therefore, these practitioners must receive tailored information that allows them to shape their interventions effectively and respond to the specific needs of the child (Bulan Institute, 2022).

Civil society organizations (CSOs) are also a significant resource that can be relied upon to facilitate the rehabilitation process. CSOs can create social support networks for returnee children and provide every-day and specialized support. Engaging CSOs widens the pool of available actors, reducing the burden on government actors, and can improve the effectiveness of the rehabilitation implementation through their knowledge of the local community, established trust, and ability to consistently engage with the children (Bulan Institute, 2022). Local authorities should consider working closely with CSOs, community leaders, and community representatives to develop and implement programs for reintegrating children and families (Sandi, 2022). A network of practitioners and local actors administered by a local CSO and funded by the government to coordinate rehabilitation activities may prove effective (Benotman and Malik, 2016).

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*“It’s important to measure social integration. I think the degree that people are able to make and maintain social connections is a direct indicator of their health.”*

**Anna Knutzen**  
Expert Interview

## KEY CHALLENGES & BARRIERS

Family-based rehabilitation programs can play a crucial role in supporting the reintegration of children and can also help to avoid some of the challenges posed by the center-based approach, including the social and psychological impacts of separation from the family and community. However, this approach also faces its own unique set of challenges that governments must address to ensure the successful rehabilitation of returnee children. Addressing these challenges can enhance the efficacy of family-based programs to provide the comprehensive and sustained support needed for the successful rehabilitation of returnee children, but often requires extensive resources as well as political and social support (Gyte, Zeiger and Hunter, 2020).

While separating children from their families has its own ethical, legal, and practical challenges, the rehabilitation process can be complicated by **family members feeling unprepared** to deal with the unique challenges presented by returnee children (DRIVE, 2022). These tensions can exacerbate the children’s trauma and hinder their reintegration. Additionally, the impoverished conditions of many family units, coupled with a lack of support for families and caregivers, can impede the provision of a stable and supportive environment necessary for long-term healing (Seed Foundation, 2020). However, assessing the family’s ability to care for traumatized children presents a layer of complexity. Continuous **monitoring and assessment** are required to navigate these challenges, with the authorities sometimes facing difficult decisions regarding foster care or institutional placement, particularly for families with multiple children. The potential separation of siblings can create additional trauma, highlighting the need for careful and considerate custody decisions (Renard and Coolsaet, 2018).

The provision of psychosocial and individually tailored services also faces significant obstacles in family settings, including the irregular participation of children and the potential discomfort of their family members during sessions (for example, if the mother doesn't like what the child is saying). This situation can be compounded by the general lack of community-based practitioners specialized in treating trauma caused by violence, loss, and the experience of growing up in such circumstances. The decline in the intensity of support over time and the reliance on families to request services rather than a systematic approach can further exacerbate these challenges and mean that children may not receive long-term, consistent care (KRCT, 2021). Additionally, community-based social workers often receive very limited information about the returning child and the legal status of the family members, complicating the arrangement of care (UNICEF, 2023), and cooperation between relatives and coordination units can be hindered by a lack of understanding of security factors, making it difficult to prepare for and facilitate rehabilitation effectively (Repatriate the Children Denmark, 2023).

## AGE & GENDER DIFFERENTIATED NEEDS

Like center-based rehabilitation, family-based rehabilitative care requires a multi-faceted approach that considers the individual's age, gender, and the specific nature of their experiences. As noted in the preceding section, the rehabilitation process must be nuanced, recognizing that children of different ages and genders respond differently to interventions. For young children, the attachment and nursing needs of younger children make their proximity to their mothers essential for their emotional and psychological well-being. Limiting separation supports a nurturing environment crucial for their early development and helps mitigate the impact of trauma (Gyte, Zeiger and Hunter, 2020). For older children and adolescents, particularly those who have been exposed to extreme violence and indoctrination, rehabilitation efforts need to be carefully designed to address their specific experiences. Adolescents' rehabilitation should account for their developmental status, ensuring that interventions do not alienate them from their peer groups, which are significant for their sense of identity and social support (Mattei and Järvå, 2023). While based in communities, rehabilitation programs must still be able to foster environments where older children can engage in age-appropriate educational, psychological, and social services, avoiding the inclusion of these individuals in adult-oriented services (UNODC, 2021). Gender also significantly influences the experiences of returnee children, necessitating tailored rehabilitation strategies. Rehabilitation programs must ensure that girls have access to female practitioners and gender-specific support services (UNDP and ICAN, 2019), even if they are in family-based care.

## ADDITIONAL TOOLS

The Commonwealth (2022). [Managing the Reintegration of Violent Extremists and their Families: A Guide to Proactive Reintegration](#)

This publication focuses on efforts to rehabilitate individuals that have participated in violent extremist groups to reintegrate them into their community. It looks at proactive strategies that could be used in Commonwealth countries to aid in the rehabilitation and integration of former violent extremists and their families.

Weine et al. (2023). [Assessing Person-Centered Outcomes in Women and Children Returning from Violent Extremist Conflict. United States Institute of Peace \(USIP\).](#)

This paper provides a person-centered approach to outcome indicators for returning women and children, based on existing evidence and practice knowledge.

## AREA 7: EDUCATION

Education is a major part of all children’s lives – and for many children returning from living under Daesh, a right they may have had limited or no access to. Further, where education may have been available, it is likely to have been a site of indoctrination and violence rather than learning and safety. Older children, in particular, may return from conflict zones with long gaps in learning. Experiences of trauma may also make it difficult for children to connect with peers and return to learning. However, facilitating a return to education not only adheres to international commitments to ensure education for all, but also provides opportunities for pro-social engagement and for learning that will be critical to reintegration in both the short and long term.

# of Sources	Average Score for Approach and Design	Average Score for Quality	Size of Body of Evidence	Total Score
72	7 / 15	10 / 15	4 / 5	21 / 35

There is a sizeable body of literature that includes elements related to education, however this area was more likely to have sources which were not specifically focused on the rehabilitation and reintegration of children, but which included relevant education-related content from adjacent fields of practice.

- **Relevance:** 52 out of the 72 eligible sources were evaluated as Stage 1, 18 sources were assessed under Stage 2, and two sources were assessed under Stage 3.
- **Geographic Focus:** Of these sources, 31 were globally relevant, 20 were regionally relevant (including Africa, Central Asia, the Balkans, and Europe, among others), and 21 were nationally relevant (approximately half focused on European countries; Iraq, Kosovo and North Macedonia had three to four sources each).
- **Strength of Evidence:** The highest score on the Strength of Evidence was 23, while the lowest score was nine, and 11 of the sources scored 20 or more.
- **Type of Source:** The highest score on the Strength of Evidence was 30 (a Stage 3 experimental study), while the lowest score was nine, and 14 of the (Stage 1 and Stage 2) sources scored 20 or more.
  - 25 of the sources were primary research, 40 were secondary research, and seven were theoretical or conceptual.
  - One of the sources was experimental, two were quasi-experimental, and 69 were observational. 60 used either qualitative or quantitative data only, and only three used mixed methods.

Unlike many other areas of practice considered in this Toolkit, sources were identified that included experimental or quasi-experimental approaches and a fair number including primary research. However, this still represents a limited number of studies with mixed methods and/or experimental approaches, and a high proportion of sources based on secondary literature. However, it is worth noting that while it is important to examine the relevance of non-rehabilitation and reintegration-specific evidence, the field of education and sub-areas, such as education in emergencies, are likely to offer useful guidance in responding to new and evolving challenges in the return of children and their reintegration into education.

## SUMMARY OF GOOD PRACTICES

“

*“There is a benefit to putting them into a normal environment where they can be kids again.”*

**Adrian Shtuni**

Expert Interview

**Children’s right to education must be enshrined in all rehabilitation and reintegration support, and all necessary efforts – including addressing barrier such as appropriate documentation – should be taken to provide access to education as soon as possible.**

RAN’s Returnee Manual notes that guidance on engaging with child returnees should “enshrine the right to education” (Pisiou and Renard, 2022), a principle that should cut across any rehabilitation and reintegration efforts. Ensuring educational access, including through the provision of necessary legal documents, should be a key part of restoring repatriated children’s ‘civil status’ (Shapoval, 2021). This includes creating education services in lieu of access to formal education during assessment phases (Benotman and Malik, 2016). It also applies to any children who may have been prosecuted, detained, or held in any form (interim or otherwise) of center-based care. UNCCT (2020) specifically notes that children should have access to age, gender, and disability-specific education at all stages of detention, and should “receive adequate, age-appropriate education [and] be able to participate in recreational activities appropriate to their age and in cultural life and the arts” (p. 87).

**Children should receive child-specific services and should not be included in adult services; education support should be tailored to the age and gender-specific needs of children.**

It may be necessary to have child-specific education services attached to facilities aimed at adult family members – for example, ensuring safe, child friendly spaces for education activities in centers where adult rehabilitation may be taking place for children visiting or temporarily housed in such centers (Gyte, Zeiger and Hunter, 2020) or providing education services in centers where families might go to access other types of support (Shapoval, 2021). Similarly, education services should be tailored to children’s development level and the cultural context in which they live, and not only their age (Pisiou and Renard, 2022).

**Curricula and educational activities must be age- and gender-sensitive and specifically tailored to returnee needs, and should seek to proactively engage with and support children’s positive identity formation, as well as build children’s critical thinking, tolerance, and other positive skills that will enable reintegration.**

First and foremost, educational activities for returnee children should be tailored to their needs as a broader group and at the individual level, including their age and gender differentiated needs (Shapoval, 2021). There is not extensive guidance on methods for putting this into practice that is specific to rehabilitation and reintegration contexts – however, there are numerous resources from education and teaching that provide guidance on applying a gender lens to curriculum development, on gender equality in classrooms, and so on. These lessons should be used with some caution but can inform efforts, as can the application and use of understanding of child experiences prior to return developed by rehabilitation and reintegration practitioners in the early stages of return processes (see also the previous sections related to Good Practice Areas ‘Understanding Child Experiences Prior to Return’ and ‘Assessments’), which can inform personalized

education plans for children that may utilize play or art therapy, child-friendly media (Shapoval, 2021) and other age-appropriate approaches. As previously noted, including bridging courses, preparatory classes, and ongoing forms of support such as tutoring or mentoring (UNDP and ICAN, 2019) to address developmental delays or learning gaps can form part of this planning (Shapoval, 2021).

Educational activities should, as much as possible, draw on trauma-informed approaches and can further include components building “critical thinking skills, social intelligence, and empathy, as well as vocational training, arts and game therapy and mental health support” (IOM and ICCT, 2022). This may mean developing “specific curricula for children which emphasize civic education, critical thinking, positive role models, and respect for other religions” (Shapoval, 2021), as well as “human rights, [...] diversity, coexistence and acceptance of others” (Sandi, 2022). These approaches can support efforts to dismantle ‘us vs. them’ narratives children may have been exposed to under Daesh rule (Zeiger et al., 2021). Hedayah’s *ISIS Files* also notes the importance of directly engaging with the impacts that exposure to Daesh indoctrination may have had on children’s personal identity, as this is critical to any efforts to design and tailor interventions that will seek to replace, reform or rebuild these positively, and recommends “working with psychologists to design and implement education programs to avoid separating children from their fundamental reality and identity” (Zeiger et al., 2021). Other research has highlighted specific efforts to connect with national identity and culture to promote a sense of belonging (Bulan Institute, 2022).

**A clear and contextually informed approach for addressing the age gaps and missed schooling of returnee children, particularly older children, is needed to ensure children are set up for successful learning and reintegration.**

Specific support is clearly needed for children who have educational ‘gaps’, particularly for older children.



*“Education reintegration is the most challenging for [older] children. The long gaps in formal and informal education often leave them significantly behind their peers in terms of educational benchmarks, and acquisition of knowledge and life skills. This can affect self-esteem as well as social reintegration. Even with access to supplementary support, returning to formal learning environments may be difficult for them due to stigmatization and fear from teachers and other students. This is often compounded by a sense of shame and loss of status for having missed formal education during younger years.” (UNICEF, 2023)*

Various approaches have been outlined by the literature reviewed for this Toolkit, but what is clear is that a plan to address this, informed by understanding of the children returning broadly and at individual level, is extremely important. This may include reintegration at lower grades (Bulan Institute, 2022), “development of a specific, accelerated curriculum” to address ‘over-aged’ children who missed years at school (IOM and ICCT, 2022), or alternatives such as “tutoring, online education, or schools set up to support a variety of learning needs” which are particularly useful for older children with larger ‘gaps’ to address (UNICEF, 2023). It should also be acknowledged that many older children were treated as adults prior to their return and may not want to receive traditional educational support, and in such cases, the provision of vocational training may be a suitable alternative (Brown and Mohammed, 2021).

### **Schools, teachers, and other supporting actors in school or education environments, must be adequately prepared, supported, and trained to respond to the needs of returnee children.**

Various sources note that schools are important actors in the rehabilitation and reintegration journeys of child returnees, and preparing them to receive returnee children has been identified as a good practice (Bulan Institute, 2022). RAN's Returnee Manual, for instance, notes that "schools should be involved in the rehabilitation of child returnees without jeopardizing the safety of other children, school staff and others directly involved" – including providing a safe and regulated space, minimizing stigma, appropriate dealing with any risks posed by/to child returnees, encouraging children to become positive members of school community, and overcoming reluctance in some schools to take in child returnees (Pisiou and Renard, 2022).

Education practitioners working to support returnee children must be equipped to use trauma-informed approaches (Pisiou and Renard, 2022), and may need specific training, as conducted in Kyrgyzstan, on "the complexities involved in educating children returning from former ISIS-controlled territory and prison environments [and] how to respond to challenges linked to psychological trauma and educational delays in repatriated children" (Bulan Institute, 2022). They may also need training on the mechanisms and narratives used by Daesh to indoctrinate children (Zeiger et al., 2021), and subsequent proactive measures to reverse the normalization of violence children may have experienced (Zeiger et al., 2021). While funding and resourcing can often be a major challenge, adequate resources – in terms of staffing, capacity building, among other components – must be a priority. Where possible, the engagement of female staff, religious leaders (IOM and ICCT, 2022) as well as psychologists and other specific expert support will provide critical support to this process. This need for understanding of trauma-informed approaches may extend to the range of stakeholders who may play a role in a multi-agency, holistic response to supporting child returnees and their education, which the RAN Manual notes may include actors such as "social care services, psychologists and healthcare actors, local authorities, schools, prison and probation-related services (e.g. when parents are in prison), employment services, sports and leisure organisations, religious and charity organisations, intelligence and police" (Pisiou and Renard, 2022).

### **Setting returnee children up for success in education requires support and engagement from a range of actors.**

Many actors must come together and coordinate to effectively respond to the needs of returnee children and provide safe spaces for their education. At the government level, it is important that ministries or departments of education are included as implementing agencies (Shapoval, 2021), and that their responsibilities and activities are clear (Shikova, Musliu and Saiti, 2022). Civil society support has also been useful (Bulan Institute, 2022), as has structured engagement with community-level (for instance, municipality or city level education governance) both formal and informal education mechanisms (Bulan Institute, 2022). Broader educational institutions, such as universities and education-oriented research and programming actors, can also potentially support rehabilitation and reintegration efforts with tailored, evidence-based advisory support and specific research on child needs, programming effectiveness, and curriculum development (Nemr et al., 2018).

## **KEY CHALLENGES & BARRIERS**

Both the review of the literature around the needs and experiences of returnee children and expert interviews conducted to support this Toolkit flagged the major challenge of how to return children to school. Specific **tutoring, or preparatory classes** prior to returning to school are methods that have been used to address this challenge; experts interviewed also noted that **alternative schooling methods** like Montessori schools, which are more flexible in their curricula and very learner-focused, can be good fits for the kind of support needed for these students (Anna Knutzen, Expert Interview).

Earlier sections have noted the importance of **understanding and addressing trauma**. This also applies to education, as the impacts of trauma and its manifestations are potential barriers to children successfully engaging in education, such as difficulties in trust and building relationships (SEED Foundation, 2020).



*“They wouldn’t draw or paint. They use their fingers because many are taught in their school that to draw is Godlike - we can’t make people into images, and you can’t make things only God can, so they’d be very hesitant to draw, but once they got going – gosh, they love the art classes, and they express themselves openly, and we learned a lot about them through what they painted or drew.”*

**Feriha Peracha**

Expert Interview

The question of what level of information may be needed for teachers, schools and educators around the background of a child is a noted challenge – it is extremely important that those engaging with children in education settings are well informed and equipped, but concerns have been raised about this leading to stigmatization (Pisiou and Renard, 2022), an issue reported in various contexts specifically in school settings (Rosand, Ellis and Weine, 2020). There are various ways it may be possible to approach this, based on factors such as the level of experience of teachers with students who have experienced trauma, levels of capacity in trauma-informed approaches, and community perceptions of returning children, among others.

Experts interviewed also identified the vital need to ensure **increased support for teachers** who are working with returnee children (Adrian Shtuni, Expert Interview). While this may vary between contexts, and existing social support structures in education are a key factor, ensuring teachers and educators are well-informed and given whatever tools possible to support, assess and educate children, and manage their peer-relationships is critical. Finally, a major practical hurdle is the documentation difficulties that returning children face, and the barriers to access to education that this can pose (Shapoval, 2021).

## AGE & GENDER DIFFERENTIATED NEEDS

Many countries providing support to returnee children have adopted approaches that seek to identify specific needs through forms of personalized assessments and work plans, inclusive of educational needs (Mehra and Wentworth, 2022; Altier, 2021). School-aged children will need further educational support, ensuring that they are prepared to return to school (Shapoval, 2021). A central challenge in terms of age and gender differentiated needs for returnee children’s education is finding ways to appropriately support children who have missed significant amounts of schooling in ways that balance their educational capacities and their social and emotional need to engage with children of a similar age. Older children have often lost several years of education, due to longer periods spent in Syria while of school-age, or in some cases due to imprisonment (Repatriate the Children, 2023). Beyond the rehabilitation and reintegration space, this is a well-known challenge in education worldwide (see for example - Gottfried, 2011), and it is often the case that such gaps in schooling result in disengaging from education. Some contexts have addressed this by as much as possible placing children in grades with children of the same age (Mehra and Wentworth, 2022), however this must be supplemented by ‘bridging’ or preparatory education efforts prior to return to formal schooling to ensure returnee children have positive experiences and can successfully engage. Further, age-appropriate interventions might also mean providing vocational training or income-generating opportunities for older children.

## ADDITIONAL TOOLS

Hedayah’s (2021) [The ISIS Files: Rehabilitating Children of Daesh: Extracting Recommendations from the Education-Related ISIS Files.](#)

Hedayah’s ISIS Files investigated the indoctrination that children living under Daesh rule may have been exposed to in education settings and proposes recommendations for addressing this challenge. This report may be useful for educators, teachers and other actors seeking to better understand children’s education experiences under Daesh.



Credit: Ahmed Akacha

## AREA 8: COMMUNITY PREPAREDNESS

Reintegration ultimately aims to (re)insert the children into communities and enable them to live peacefully. Those communities can play a major role in the success of these efforts, and proactively engaging with them to ensure they are prepared – both in terms of resourcing but also awareness and sensitization – must be a critical component of rehabilitation and reintegration.

# of Sources	Average Score for Approach and Design	Average Score for Quality	Size of Body of Evidence	Total Score
56	7.5 / 15	10 / 15	3 / 5	21 / 35

- **Relevance:** 43 out of the 56 eligible sources were evaluated as Stage 1, and 13 as Stage 2.
- **Geographic Focus:** 26 were globally relevant, 13 were regionally focused, and 17 nationally focused.
- **Relevance:** The highest score on the Strength of Evidence was 23, while the lowest score was nine, and 15 of the (Stage 1 and Stage 2) sources scored 20 or more.
- **Type of Source:**
  - 25 sources were primary research, 25 were secondary, and six theoretical or conceptual.
  - None of the sources were experimental, one was quasi-experimental, and 55 were observational, while 48 used either qualitative or quantitative data, seven had no clear methodology, and one used mixed methods.

### SUMMARY OF GOOD PRACTICES

#### Ensure in advance the availability of professional support for communities.

As part of the engagement with minors and their families, it is important to remember that returnee children should always have readily available support in relation to their mental health, psychosocial well-being, and gender-based violence (UNCCT, 2020). It may be necessary to train relevant professionals to provide such support - for example, activities for training for local youth councils and workshops for local multidisciplinary teams organized in North Macedonia worked to support and raise awareness (Shikova, Musliu and Saiti, 2022).

#### Sensitization efforts for returning minors should include strategic communications and educational programs for receiving communities.

Education plays a crucial role in community preparedness. Community education and awareness-raising can reassure the community about their exposure to risk, decrease stigma, and increase community support for reintegration. Sensitization efforts for returning minors should include educational programs for receiving communities to increase understanding and acceptance, workshops to dispel myths and misconceptions, and community discussions to foster empathy and support (UNCCT, 2020). Customized messages should be designed and disseminated to diminish stigma, foster inclusion within the community, mitigate the risk of violent retaliation against returnees, and facilitate their successful reintegration into their communities. Such campaigns should be tailored to the specific cultural and social context while prioritizing the well-being and successful reintegration of the children (UNCCT, 2020).

Furthermore, educating people reintegrating and their surrounding support networks may help to ease barriers to seeking and accepting help, including priming individuals' families and other key stakeholders in placement communities before release or arrival (Margolin et al., 2023).

A good practice identified in the approach of the Government of Australia is the reassurance given to communities that perceived risks are unlikely - in other words, reassuring communities based on professional judgements (e.g., by the police). This is particularly important to help mitigate fear and ambivalence within communities regarding their willingness to engage with or accept returning minors (Grossman and Barolsky, 2019).

### **Be transparent whenever possible, and actively work to build trust with communities.**

Transparency was identified as a crucial good practice to ensure that communities are adequately consulted and feel confident about the government's involvement in relocating returning individuals within community settings. This aligns closely with the feedback from community participants regarding the importance of trust, respect, and the disclosure of partnerships between the government and community organizations (Grossman and Barolsky, 2019). Through transparency, authorities can support the trust-building process, leading to more effective community preparedness and rehabilitation and reintegration of minors.

### **Involve relevant stakeholders who can connect, mentor, reassure and support in combatting stigma.**

It is essential that relevant actors are involved, briefed, and prepared. Non-governmental organizations (NGOs) and community-based organizations with expertise in reintegrating various populations can serve as invaluable resources in supporting the reintegration of minors (Margolin et al., 2023). They possess the 'know-how' in linking reintegrating individuals with mentors or older peers, collaborating with families and community leaders, and building trust-based relationships. These connections not only aid in dismantling self-stigma but also promote help-seeking behavior and a willingness to pursue treatment (Margolin et al., 2023). Other relevant stakeholders that should be engaged are religious communities. A good practice identified in Kosovo's efforts to ensure community readiness for the integration of children was the direct work of religious leaders with the receiving communities. Moreover, religious leaders can support in recognizing signs of radicalization and providing counselling services to the returning minors (Bulan Institute, 2022).



*"We worked even before their return with family members. We were preparing this safety cushion so that, first of all, they would be accepted into the family."*

**Oliya Ilmuradova**  
Expert Interview

### **Assess available resources and potential challenges ahead of return and reintegration efforts, and tailor programs accordingly.**

A useful good practice is to evaluate available resources and potential challenges before reintegration is initiated. In the context of Australia, at the forefront of priorities was the establishment of consultation and preparation mechanisms and resources, accompanied by ample lead time before arrival, to assess the levels of community readiness to participate, available community resources, and any existing or potential challenges before placing returned within a local area (Grossman and Barolsky, 2019).

Rehabilitation and reintegration programs will also be strengthened by being customized to specific communities, considering existing norms and structures, and creating efforts that are firmly rooted, embraced, and advantageous to the broader community (Pisiou and Renard, 2022). This can involve local leadership, while ensuring the broader community, including women and marginalized groups, is actively involved in decision-making processes during program development (Pisiou and Renard, 2022).

### Develop programs in partnership with local communities.

As demonstrated by the preceding good practices, the communities hold significant power over the success of the reintegration efforts. In this regard, programs that are developed by local communities and based on local understandings have greater impact and legitimacy, and therefore, it is recommended to work closely with community leaders, representatives, and CSOs during the design phase (Sandi, 2022). Furthermore, it should be acknowledged that communities may express resentment toward the returnee children, especially communities that have witnessed related violence and where victims are present, due to the perceived benefits and preferential treatment received throughout the rehabilitation and reintegration program. Practitioners and policymakers should establish a clear understanding of the conditions under which the local communities are prepared to welcome the returnee children, which may include, for example, ensuring that the most vulnerable community members and those in need also receive similar livelihood support (Gyte, Zeiger and Hunter, 2020). In such situations, community leaders – which may include religious leaders and civil society actors, among many others – may be able to support efforts to promote a broadening of the conditions under which local communities are prepared to welcome the returnee children, through dialogue, education, and trust-building.

## KEY CHALLENGES & BARRIERS

The potential for **stigmatization** due to presumed involvement with Daesh can make communities apprehensive, which in turn can increase discrimination against children attempting to reintegrate back into society. Placing children in communities can be harmful if such concerns are not appropriately managed (Margolin et al., 2023). In addition, communities may frequently lack trust in returnees and harbor biases against them, especially in areas heavily affected by Daesh activities (Pisiou and Renard, 2022). This situation can also be linked to inadequate information among receiving communities about returning children, incorrect assumptions regarding their degree of involvement with Daesh, and/or their presumed support for the group (Pisiou and Renard, 2022).

Receiving communities may also experience resentment if their needs to receive children are not addressed (Pisiou and Renard, 2022). The perception that reintegrating individuals are receiving disproportionate support can worsen tensions between the two groups, a situation observed in several contexts involving returning minors (Pisiou and Renard, 2022). Insufficient **allocation of resources** to support reintegration processes has the potential to exacerbate existing grievances among returning children (Pisiou and Renard, 2022). For example, if returning minors receive specialized care and benefits intended to facilitate their reintegration into society that are not available to others within the community, community members may develop grievances due to feeling excluded from any form of assistance provided by authorities or perceiving that returnees are being ‘rewarded’ for their involvement with Daesh.

## AGE & GENDER DIFFERENTIATED NEEDS

Community preparedness efforts should consider age and gender-differentiated needs. In terms of engaging receiving communities, it is key that involved actors provide age-appropriate and gender-based professional support and services. For instance, in certain contexts, there has been a need for female religious leaders to support the rehabilitation and reintegration of female minors (Bulan Institute, 2022), and communications with receiving communities may need to be age and gender differentiated to reach the returnee’s likely peer group. Creating access to such services or support can be part of the preparation efforts within communities to receive returnee children. Strategic communications may also be needed to prepare communities for the rehabilitation and reintegration of children, and any such communications campaigns should be developed through the lens of age and gender-based sensitivities. For instance, considering the varying roles female and male children may have had to assume in conflict zones, strategic communication campaigns should ensure the incorporation of these differences to enhance the likelihood of community receptiveness.

## ADDITIONAL TOOLS

Margolin et al. (2023).  
[Reintegration of Foreign Terrorist Fighter Families: A Framework of Best Practices for the U.S.](#)

This comprehensive report from The Washington Institute leverages case study investigations, scholarly analyses, and interviews with practitioners and stakeholders to suggest a novel framework for reintegrating the families of foreign fighters returning from conflict zones. The report provides a detailed overview of good practices, lessons learned and challenges in the context of the United States.

Hedayah’s (2022) Edited Volume  
 - Exploring trends and research in countering and preventing extremism and violent extremism  
 - [Chapter 9 Community Attitudes Towards the Reintegration of Violent Extremist and Terrorist Offenders: A Neglected Challenge?](#)

This essay discusses the community preparedness and engagement as crucial element in the rehabilitation and reintegration processes of violent extremist and terrorist offenders by assessing the importance of political discourse and communication strategy.



Credit: Levi Meir Clancy

## AREA 9: COMMUNITY REINTEGRATION

As noted in the previous section, Area 8: Community Preparedness, community reintegration is the ultimate goal of rehabilitation and reintegration. Children may experience a different set of challenges, but rehabilitation and reintegration efforts share a common objective to ensure that children's lives are not adversely affected by the decisions made by others on their behalf which led them to live under Daesh rule and that they, like other children, are able to live happy, safe, and productive lives in their communities.

# of Sources	Average Score for Approach and Design	Average Score for Quality	Size of Body of Evidence	Total Score
78	7.5 / 15	10 / 15	3 / 5	21 / 35

- **Relevance:** 56 out of the 78 eligible sources were evaluated under Stage 1, 20 sources were assessed under Stage 2, and two sources were assessed under Stage 3.
- **Geographic Focus:** Of these sources, 33 were globally relevant, 20 were regionally relevant (over half focused on Europe), and 25 were nationally relevant (of these, Iraq, Kosovo, North Macedonia and United States had multiple sources).
- **Strength of Evidence:** The highest score on the Strength of Evidence was 30 (a Stage 3 experimental study), while the lowest score was nine, and 14 of the (Stage 1 and Stage 2) sources scored 20 or more.
- **Type of Source:**
  - 28 sources were primary research, 41 were secondary research, and nine were theoretical or conceptual.
  - One of the sources was experimental, two were quasi-experimental, and 75 were observational; 64 used either qualitative or quantitative data, 11 had no clear methodology, and three used mixed methods.

### SUMMARY OF GOOD PRACTICES

**Individualized assessments should include community reintegration considerations to inform placement and preparations and can be contextualized for both communities and children's needs.**

It is recommended that the reintegration of minors into communities draws on individual assessments to comprehensively evaluate their requirements and develop a holistic approach to their reintegration (Grossman and Barolsky, 2019). Such assessments (see the previous section titled Area 4: Assessments for further information) should inform decisions regarding suitable interventions and potential risks to the child, guiding decisions related to custody, supervision, and placement (IOM and ICCT, 2022). The research on the good practices for community reintegration also points to the need for tailored and contextual approaches instead of "one size fits all" frameworks (Grossman and Barolsky, 2019).

**Ensure a smooth transition from rehabilitation to reintegration.**

For cases where children receive rehabilitative support within a center, it is important that appropriate steps are made to facilitate their seamless transfer into the reintegration phase. It is recommended to develop clear information-sharing and handover mechanisms between the practitioners responsible for each stage, including on the child's needs, assessments, and services, to ensure the effective continuation of care upon release (Gyte, Zeiger and Hunter, 2020). Moreover, opportunities should be afforded to the community-based social workers, or designated focal point for reintegration, to engage with the children during rehabilitation, which can support their trust-building, provide an understanding of the rehabilitation services conducted, and mitigate the risk that the child feels they are re-starting the process upon reintegration (Gyte, Zeiger and Hunter, 2020).

**Communities and families should be actively engaged in reintegration, to build trust and address stigma.**

It is recommended that experts and relevant stakeholders are involved in working with both the repatriated minors and their families (or the social environment to which they belong) who should be engaged in the assistance, both social and psychological, provided to children and in the process of increasing their resilience (Shapoval, 2021). Social workers, in particular, have an important role to play across all phases of the rehabilitation and reintegration process, but especially in providing family-based support and community-based case management (UNICEF, 2023). From the Australian context, a good practice noted is to engage community leaders knowledgeable about local issues and youth culture to offer role modelling and mentorship to minors (Grossman and Barolsky, 2019). Trust building is another key element that must be considered as part of the general involvement with minors and their communities during the reintegration process. As highlighted in Hedayah's Blueprint of a Rehabilitation and Reintegration Center, the emphasis on trust building and maintaining community trust should start as soon as possible (Gyte, Zeiger and Hunter, 2020). Trust building between minors and local institutions involved in the reintegration work should be conducted to also create a sense of comfort among the minors, so that when they become adults, they are willing to engage and contact their local authorities for any help they may need without feeling marginalized (Parry, Khoshnaw and O'Neil, 2022).

Community outreach should also be conducted aiming to minimize discrimination and stigmatization of returnee children, reduce likelihood of poor reception by their communities, improve school environments, and enhance their feelings of safety (Parry, Khoshnaw and O'Neil, 2022). The degree of support a child receives from their family and community is closely linked to the adoption and/or presentation of positive social behavior and a sense of belonging after their involvement in conflict (Grossman and Barolsky, 2019). As such, offering reintegration services within communities and involving the family and community in reintegration can be an extremely effective approach to child reintegration (Grossman and Barolsky, 2019). Other research highlights that community reintegration programs must also be "transparent, inclusive, and multidimensional" and engage CSOs and NGOs who may be better connected with and active within relevant communities (Shikova, Musliu and Saiti, 2022).

**Community-level activities promoting social cohesion, and connecting with and building trust between local authorities, community members and returnees and their families, should be developed.**

Community reintegration of minors should include facilitation and access to various activities, allowing them to strengthen their social networks while minimizing the potential of creating grievances. As identified in the good practices found in the context of Iraqi returnees, this form of engagement can encompass activities promoting social cohesion and discussions involving local authorities, returnees, and victims' families (Parry, Khoshnaw and O'Neil, 2022).

It could also involve raising community awareness and can inspire enthusiastic participation of older children and young adults (Parry, Khoshnaw and O’Neil, 2022), while ensuring care is taken to avoid further stigmatization of the returnee children and their families. As in other areas, the literature also points to the need to engage diverse stakeholders from various sectors, such as religious organizations, NGOs, academia, healthcare providers, educators, and the media (IOM and ICCT, 2022), including community-level actors.

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*“In general rehabilitation and reintegration process was fully implemented on the basis of interaction of state bodies with NGOs. This was facilitated by the number of legislative acts that regulated the interaction of state bodies with non-governmental organizations.”*

**Alim Shaumetov**  
Expert Interview

**Community reintegration efforts of minors should adhere to a rule of law approach and utilize existing legal procedures.**

*“Programming for the reintegration of women and children associated with violent extremist groups must be anchored, owned and beneficial to the wider community.”* IOM and ICCT, 2022

Community reintegration efforts should be based on a rule of law approach, and utilize existing legal procedures where possible, requiring examination of current law and legal precedents and assessing how courts have historically responded to related issues, including discussions regarding the citizenship or nationality of repatriated minors (Margolin et al., 2023). From a domestic policy standpoint, countries can benefit from setting objectives for how the community reintegration of returnee children aligns with other policy priorities such as security, rights, resilient communities, and the rule of law (Margolin et al., 2023). This may involve creating assessment tools to assist practitioners in making data-driven decisions regarding the risks and needs associated with these reintegration processes (Margolin et al., 2023). In addition, programming must have clear objectives for the broader community and the minors being reintegrated.

## KEY CHALLENGES & BARRIERS

Community-level challenges may include the possible consequences of trauma experienced by children, which can lead to – or be compounded by – **social isolation** from community members and their peers, and a lack of positive role models in cases where fathers are absent (Grossman and Barolsky, 2019). In addition, many returning minors’ perceptions of safety and security have been undermined due to their traumatic experiences (Parry, Khoshnaw and O’Neil, 2022). Trust in formal institutions has also decreased (Parry, Khoshnaw and O’Neil, 2022), which is a challenge for the reintegration of minors as some may not want to engage with legitimate organizations and experts involved in supporting their return to the communities. This factor can complicate the process of reintegrating into the community, particularly considering the long-term vulnerability minors have to recruitment by extremist and violent extremist actors that may capitalize on marginalized minors (Parry, Khoshnaw and O’Neil, 2022).

Another complicating factor may be the children’s relationship and the care provided by their mothers (Nemr et al. 2018). Since many mothers are the sole caretakers of returning minors, their capacity for support, and their own individual experiences and reintegration processes, can be directly related to the successful reintegration of their children.

The continued provision of psychosocial and tailored services requires the availability of diverse practitioners within communities, and in particular, social workers. However, as previously noted under *Area 6. Family-based Rehabilitative Care*, there is often a general lack of available community-based practitioners specialized in providing the types of care needed to effectively support these children (Bulan Institute, 2022). In many countries, this issue is exacerbated by a limited scope and length of funding and resourcing (UNICEF, 2023). Additionally, when present, social workers often receive very limited information about the returning child hampering the effectiveness of the care provided (UNICEF, 2023).

Practitioners and families will also need to be aware of the possible “honeymoon period” for returnee children following their transition from a rehabilitation center to community-based reintegration. Following release, children may show particularly positive signs of reintegration, but after an initial period, they could (re)develop negative behaviors or psychosocial conditions. Those closest to the children will need to be adequately briefed on the risks as well as the methods to help motivate the child to regain and stay on track with their rehabilitation program (Gyte, Zeiger and Hunter, 2020).

## AGE & GENDER DIFFERENTIATED NEEDS

As noted in the earlier sections of this Toolkit (see for example the section titled *Area 1: Understanding Child Experiences Prior to Return*) the experiences of children while living under Daesh were diverse and varied based on age, gender, and a number of other factors (Margolin et al., 2023). These experiences will almost certainly impact their experiences of reintegration into communities. Major challenges in community reintegration include the potential for **gender-specific stigmatization** in local communities (Gyte, Zeiger and Hunter, 2020) and **negative perceptions** toward returning minors (IOM and ICCT, 2022), which can be serious impediments to reintegration efforts. Returnees may also be sensitive to gender differences among the practitioners that support their reintegration. It is therefore important to ensure adequate gender diversity among those available to support the returnees in communities. Such gender diversity should take into account the actual needs of the clients and not based on pre-conceived notions (Gyte, Zeiger and Hunter, 2020). For example, a returnee girl may prefer a female social worker, but prefer a male tutor.

## ADDITIONAL TOOLS

UNICEF (2023). [Reintegration of children affected by armed conflict in Syria to Western Europe: Lessons and reflections shared by social workers](#)

This guide provides considerations and good practices for engaging with returning children, developed based on documentation of experiences from social workers, mental health practitioners, and other front-line actors.

UNDP and ICAN (2019).  
[Invisible Women.](#)

The “Invisible Women” report published was a collaborative endeavor involving the United Nations Development Programme (UNDP) and the International Civil Society Action Network (ICAN) and offers important insights into sector-specific analysis focusing on rehabilitation and reintegration of women, including minors, and examples of good practices, programming guidance and policy mapping.

IOM (2021). [Child Reintegration Monitoring Toolkit.](#)

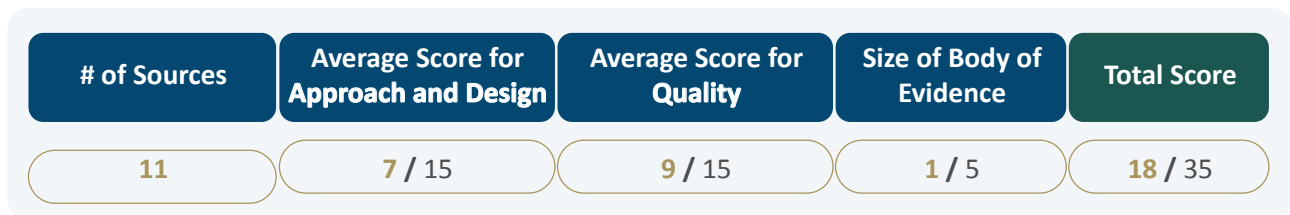
This toolkit is designed to support international organizations, CSOs, and governmental actors on operationalizing standards for reintegration and enables stakeholders to monitor the extent to which child returnees reintegrate in a sustainable manner in the communities to which they return.



Credit: Ahmed Akacha

## AREA 10: PRACTITIONER SELF-CARE

Unlike other sections of this Toolkit, this good practice area is focused on the needs of practitioners specifically, rather than those of children requiring support. There has been growing recognition of the need to ensure that all practitioners and stakeholders, ranging from psychologists and social workers to researchers and evaluators, are adequately supported in their own self-care and mental health needs. Practices and approaches vary widely across the different stakeholders involved.



The body of evidence available regarding practitioner self-care was one of the smaller sets of sources identified in this study, highlighting its emerging nature as well as the need for further evidence generation on this critical topic.

- **Relevance:** 8 out of the 11 eligible sources were evaluated under Stage 1 and three sources were assessed under Stage 2.
- **Geographic Focus:** Of these sources, three were globally relevant, four were regionally relevant (mostly European-focused), and four were nationally focused.
- **Strength of Evidence:** The highest score on the Strength of Evidence was 21 (out of 35), while the lowest score was 11. Three of the (Stage 1 and Stage 2) sources scored 20 or more, our benchmark for a ‘strong’ source.
- **Type of Source:**
  - Three sources were primary research, seven were secondary research, and one was theoretical or conceptual.
  - All sources were observational; none used mixed methods.

Given the vital role of practitioners in rehabilitation and reintegration, and the specialized needs of children that these professionals must meet, it is critical that further attention is dedicated to the needs and wellbeing of practitioners to ensure a firm foundation for supporting child returnees in their rehabilitation and reintegration journeys. These investments in appropriate mechanisms to support practitioners are even more important when considering the long-term nature of the project of rehabilitation and reintegration.

### SUMMARY OF GOOD PRACTICES

#### Working directly with clients requires specific measures to ensure staff well-being.

Hedayah’s Blueprint of a Rehabilitation and Reintegration Center, developed based on primary and secondary research and in collaboration with a range of relevant experts and practitioners, recommends a robust set of staff well-being measures at practitioner level, aimed particularly at staff working in center-based rehabilitation. These include promoting a healthy work-life balance, ensuring strong oversight and support from supervisors, providing psychological support and self-care training, and creating peer or group support mechanisms amongst staff and practitioners (Gyte, Zeiger and Hunter, 2020).

“

*“The biggest challenge is the personal involvement you give of yourself.”***Feriha Peracha**  
Expert Interview

Further, it highlights the need to provide resilience building programming, such as training or targeted support, to ensure staff have high levels of resilience to radicalization, as well as specific internal mechanisms to allow practitioners dealing with challenging clients to refer them to appropriate other colleagues or practitioners (Gyte, Zeiger and Hunter, 2020).

### **Appropriate training and capacity building can help to ensure practitioners are well-equipped and more resilient.**

The IOM and ICCT highlight a range of specific needs for practitioner training, and in alignment with the goals of this Toolkit, the need for gender-sensitive training is particularly emphasized (IOM and ICCT, 2022). Other research has also emphasized the importance of multidisciplinary specialists, and that these professionals should possess not only relevant experience but also be provided with sufficient information on their cases and receive the appropriate training, further noting the necessity of having available human resources that are sufficiently equipped to safely provide long-term psychological assistance (Bulan Institute, 2022). Further, it is important to note when considering the actors who may experience mental health challenges due to their work in the rehabilitation and reintegration of children that this must include the diversity of roles that may interact with content that can create stress or secondary trauma. These experiences may not be limited only to ‘frontline’ actors, potentially including researchers, evaluators, management staff, or a range of others, and may be further compounded where children are involved.

## **KEY CHALLENGES & BARRIERS**

There are a range of challenges faced by practitioners in terms of the potential impacts upon their own health and well-being. While little evidence was identified regarding the more specific impacts that may come from working with children on rehabilitation or reintegration cases as opposed to returnees more broadly, it is documented in other fields that working with traumatized children can be a source of **secondary traumatic stress** (NCTSN, 2011). There is little reason to assume that this would not be the case for those working with child returnees. The evidence of this has been seen in various reports and is widely acknowledged in the field. These range from general high levels of stress through to burnout and vicarious or secondary trauma (Gyte, Zeiger and Hunter, 2020). Experts have also highlighted the importance of avoiding burnout by ensuring that practitioners are able to see and understand their impact:



*“We use [data] a lot to combat burnout because [...] there’s a huge degree of compassion fatigue and secondary post-traumatic stress and all that. So oftentimes people are wondering, “Why am I doing what I’m doing?” If you can come back and show them data to say, “Okay, here’s where this kid and family was out when you started off the services, here is where they’re at now - look at the gains that you’ve helped them make, the difference that you’re making in their life” and we can quantify that and then we can show them the aggregate across their entire caseload or an entire department, then everybody can see that they’re making a difference.”*

**Patrick Tyler**  
Expert Interview

These challenges can also be compounding, and result in high turnover rates (Bulan Institute, 2022) that can add additional stress to existing staff and increase the burdens of staffing and training. For these reasons, ensuring a strong focus on not only equipping staff in terms of the resources they need but also in terms of support for their personal well-being and mental health is vital. This is vital not only in terms of providing effective support and outcomes for those children who need rehabilitation and reintegration services, but for similarly providing safe and healthy working environments for these critical practitioners.

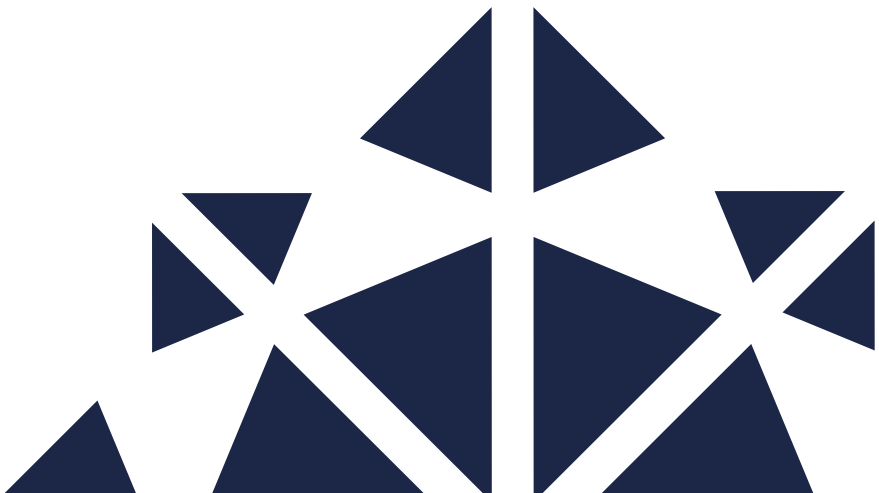
## ADDITIONAL TOOLS

Vox-Pol’s (2014-2021) [Researcher Welfare 2: Mental and Emotional Well-being and Self Care](#)

While these tools are not targeted specifically to practitioners working in rehabilitation and reintegration, the Vox-Pol research network provides a range of resources on researcher welfare, including around mental and emotional well-being.

Hedayah’s (2020) Blueprint of a Rehabilitation and Reintegration Center - [Section 4. Human Resources – Staff Well-Being.](#)

Hedayah’s Blueprint offers a detailed list of recommendations and guidance for Staff Well-being, particularly focusing on center-based rehabilitation staff.



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# ANNEXES

# ANNEXES

## ANNEX A. RESOURCE GUIDE

The below table contains the list of all sources that scored more than 20 out of 30 on the Strength of Evidence Assessment. The table highlights which of the good practice thematic areas each of the sources is relevant for, as well as the stage under which the source was assessed.

Source	Good Practice Areas										
	Understanding Child Experiences Prior to Return	Preparatory Measures and Cross-cutting Principles	Arrival and Initial Care	Assessments	Center-based Rehabilitation	Family-based Rehabilitation	Education	Community Preparedness	Community Reintegration	Practitioner Self-care	
Benotman, N. and Malik, N. (2016). The children of Islamic State. Quilliam Foundation. <a href="https://formiche.net/wp-content/blogs.dir/10051/files/2016/03/the-children-of-islamic-state.pdf?x22885">https://formiche.net/wp-content/blogs.dir/10051/files/2016/03/the-children-of-islamic-state.pdf?x22885</a>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
Bulan Institute for Peace Innovations (2022). The Compendium of Promising Practices in the Rehabilitation and Reintegration of ISIS-linked Women and Children. <a href="https://bulaninstitute.org/wp-content/uploads/2022/11/The-Compendium-of-Promising-Practices-in-the-Rehabilitation-and-Reintegration-of-ISIS-linked-Women-and-Children.pdf">https://bulaninstitute.org/wp-content/uploads/2022/11/The-Compendium-of-Promising-Practices-in-the-Rehabilitation-and-Reintegration-of-ISIS-linked-Women-and-Children.pdf</a>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Daniela Pisoiu and Thomas Renard, 2022. RAN Manual: Responses to returning foreign terrorist fighters and their families, 2nd Edition. Radicalisation Awareness Network. <a href="https://home-affairs.ec.europa.eu/system/files/2022-12/ran_manual_responses_returning_foreign_terrorists_and_their_families_en.pdf">https://home-affairs.ec.europa.eu/system/files/2022-12/ran_manual_responses_returning_foreign_terrorists_and_their_families_en.pdf</a>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>
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## ANNEX B. DETAILED METHODOLOGY

This Annex outlines in detail the methodology and approach used for the research that informed the Toolkit.

### RESEARCH QUESTIONS, SCOPE & OBJECTIVES

This research project focuses on the rehabilitation and reintegration of minors<sup>3</sup> returning from conflict zones, particularly Syria and Iraq, but where applicable, drawing on other contexts. It encompasses a comprehensive analysis of global good practices, guidance, or principles for understanding and responding to age and gender-differentiated needs, and strategies for contextualizing these practices in diverse settings. This includes a systematic literature review and semi-structured interviews with key stakeholders to gather in-depth insights and practical experiences.

The primary **objective** of this research project was to develop a Toolkit that captures the evidence base for programming to support the rehabilitation and reintegration of minors. Further, it intends to:

- Identify, categorize, and analyze good practices in the rehabilitation and reintegration of minors returning from conflict zones, and to understand the evidence base for these practices by analyzing the Strength of Evidence of relevant sources.
- Understand how these practices can be effectively adapted and applied in various cultural and social contexts, with a particular focus on the specific needs and challenges associated with different ages and genders.

Our **research questions** included:

- What are the existing legal and policy frameworks, resources, toolkits, and guidance documents related to the rehabilitation and reintegration of minors?
- What are the established good practices in the rehabilitation and reintegration of minors from conflict zones?
- How valid and reliable are the sources which provide or outline good practices? What is the strength of the evidence supporting each good practice 'area'?
- How do age and gender influence the needs of minors who have been repatriated? and how should/do the good practices reflect these individual needs?
- How should rehabilitation and reintegration practices be adapted based on age and gender-related needs?
- Are there other key characteristics of returning minors that need to be considered to adapt relevant guidance and practices?
- What are the key challenges and barriers that the good practices intend to address/overcome? Are there any key challenges or barriers that remain unaddressed by the existing good practices?
- What evidence exists to guide the adaptation and contextualization of global or generalized models of rehabilitation and reintegration? What, if any, core principles of rehabilitation and reintegration of minors remain unchanged?

<sup>3</sup>The term "minors" was used to refer to individuals under the "age of majority", which defines the age of transition from underage status to legal adulthood. While the age of majority varies depending on jurisdiction, it will be set at 18 for the purpose of this study, in alignment with United Nations Convention on the Rights of the Child (CRC), which defines children, effectively minors, as "every human being below the age of eighteen years."

## RESEARCH APPROACH

The methodology guiding this research and subsequent toolkit development incorporates two main approaches: a thorough examination of existing literature and interviews. The literature review formed the basis by analyzing the landscape of publications, empirical studies, and relevant theories and approaches to rehabilitating and reintegrating minors. Through a synthesis of literature and critical evaluation, the study identified good practices, distilled into core themes that comprise the bulk of this toolkit. The research process also revealed gaps in knowledge and identified theoretical insights that supported the toolkit's overall development. Additionally, semi-structured interviews were carried out with key experts identified to complement the literature review. These interviews offer a qualitative perspective, allowing for a deeper exploration of nuanced topics and experiences. By combining findings from both methods, this research toolkit provides a comprehensive understanding and presentation of the good practices for the rehabilitation and reintegration of minors. Each of the methods is individually discussed below.

## RESEARCH TOOLS

### Literature Review & Strength of Evidence Assessment

A thorough strength of evidence (SoE) review was conducted, rigorously assessing existing literature to establish a robust foundation for the study. The SoE assessment was developed based on the principles established in the "How to Note: Assessing the Strength of Evidence" published by the Department for International Development, Foreign, Commonwealth and Development Office, Government of the United Kingdom.<sup>38</sup> The principles of the SoE were adapted to fit the needs of this research, enabling a comprehensive comparison between relevant studies while ensuring a systematic process of gathering and evaluating these together to determine the most reliable sources while focusing on those consisting of verified good practices. Sources were considered based on core criteria including:

1. **Eligibility**
2. **Approach and design** (research type, research design, and research methodology)
3. **Quality** (appropriateness, validity, and reliability)
4. **Contextual relevance** (e.g., global, regional, or national),
5. **Good practice area**
6. **Selected research questions**

Note that the final three criteria (contextual relevance, good practice area, and selected research questions) did not contribute to the strength assessment of individual sources.

**Eligibility** related to their specific relevance to this topic, and grouped each research publication into stages 1, 2, and 3. This allowed the researchers to prioritize the documents based on each stage.

- **Stage 1:** included the most relevant literature that comprised content solely focusing on the rehabilitation and reintegration of minors and children (persons under 18). It also included publications that addressed the research questions directly with a particular focus on age and gender-differentiated factors, good practices, key challenges, and barriers. In addition, it incorporated only those sources that examined the returnees from previously Daesh-controlled territories or were born in the Syrian and Iraqi camps.
- **Stage 2:** included broader relevant literature that met some of the criteria from Stage 1 but not all.
- **Stage 3:** included at least one criterion from Stage 1. This provided an opportunity to consider literature from adjacent fields, particularly when this may have been lacking in Stage 1 and 2 sources.

Publications from each stage were first evaluated on their **approach and design**. The three key areas were assessed and scored either 5, 3, or 1 (5 being the highest) included the type of research (primary = 5; secondary = 3 and theoretical/conceptual = 1); the research design (experimental = 5; quasi-experimental = 3 and observational = 1) and methodology (mixed methods = 5; quantitative or qualitative only = 3 and no clear method = 1), following the same scoring system.

Next, the selected publications from the three stages were rated based on their **quality** through three main areas: appropriateness (highly suitable design and methods = 5; mostly suitable = 4; moderately suitable = 3; and not suitable = 1); validity (very high validity = 5; high validity = 4; moderate validity = 3; low validity = 2; and very low validity = 1); and reliability (highly reliable = 5; mostly reliable = 4; moderately reliable = 3; barely reliable = 2; and not reliable = 1). The quality assessment of each study was conducted across these three dimensions, contributing to a total quality score out of 15. This scoring system ensured that the quality assessment was comprehensive yet not disproportionately weighted compared to the other criteria.

The fourth area of SoE analysis focused on **contextual relevance**. This assessed whether the publication was of global, regional, or national scope. The publications that were global in scope were mentioned as such, while those focusing on regional or national contexts were named and included in a detailed list of regions and countries analyzed. This categorization was used primarily for informational purposes and not scoring, but its role was crucial in contextualizing the evidence within the broader research landscape.

The next category, comprising the longest list of categories of SoE, focused on the selected **good practice areas**. These areas, which the researchers checked with Yes/No in the matrix (representing if they were addressed or not within each publication), were purposely broad in scope and included the researcher's assessment of the likely main themes of relevant literature based on preliminary desk research. The list included: understanding child experiences before return, preparatory measures and cross-cutting principles, arrival and initial care, center-based rehabilitative care, family-based rehabilitative care, education, community preparedness, community reintegration, practitioner self-care, and other (the researchers could specify any other areas that were not included in the original list of presumed good practices).

The last section of the SoE matrix included textual references to the publications analyzed for the four main areas, each including a set of questions to guide the researchers: age and gender-differentiated needs (How do age and gender influence the needs of minors who have been repatriated? and how should/do the good practices reflect these individual needs?); key challenges and barriers addressed (What are the key challenges and barriers that the good practices intend to address/overcome? Are there any key challenges or barriers that remain unaddressed by the existing good practices?); other key characteristics (Are there other key characteristics of returning minors that need to be considered to adopt relevant guidance and practices?) and evidence on contextualization and core principles (What evidence exists to guide the adaptation and contextualization of global or generalized models of rehabilitation and reintegration?). These sections allowed the researchers to dive deeper into relevant and specific questions by referring to and including in the matrix the relevant paragraphs and pages identified in each report, allowing for easier content extraction during the drafting of the final report.

In brief, the contextualized SoE assessment was a robust framework for conducting a rapid, yet rigorous assessment of existing literature concerned with the rehabilitation and reintegration of minors. This methodological approach ensured that the findings and practices presented in the Toolkit based on this research were a good representation of what might constitute evidence-based practice in this field.

## Semi-structured Interviews

The second research component included primary data collection through online interviews with selected experts with experience researching or working as practitioners in the rehabilitation and reintegration of minors. By engaging directly with individuals possessing firsthand experience or expertise relevant to the topic, the interviews promised to produce valuable insights that could be used to triangulate and interpret the results of the Strength of Evidence review. The first phase of the interview process included the development of the interview approach, relevant documentation that needed to be filled out by the participants, and detailed guidelines for the interviewees. The interviews were open, semi-structured, and guided with a predefined set of questions aligned with the research questions and goals. A semi-structured approach ensured the interviewers asked the most pertinent questions while remaining flexible to ask probing questions to explore topics of interest in more depth, depending on the flow and nature of each interview. Notably, depending on the participant's expertise and experience in the field, some questions were tailored to fit the needs of each participant and more focus was given to these throughout the discussion, particularly considering the time limitation as each interview was approximately 1 hour long.

Ethical considerations were addressed through standard protocols for informed consent, and included sharing informed consent and a participant information sheet to ensure participants were aware of the research topic in detail, potential risks, possible benefits to the participants, and themes surrounding confidentiality and participant anonymity, among other themes. More specifically, the participant consent form explained to the participants in detail the information concerning identifiable/attribution and coded data related to the project, the information concerning the participants' consent and a set of Yes/No questions the participants needed to check mark before the interview. Reviewing and signing these documents confirmed the participants' understanding and consent on potential participation concerns, such as the management and use of data, anonymity, and confidentiality questions. The participant information sheet included the details about the study, participant requirements, participation transparency, data collection and management, the use of the data for the study, and participant risks and benefits. Finally, each interview was recorded with the participant's consent, and subsequent transcriptions were developed and coded based on a comprehensive codebook developed in advance.

### List of Expert Interviewees\*

<b>Georgia Holmer</b>	Royal United Services Institute (RUSI)	<b>Dr. Patrick Tyler</b>	BoysTown National Research Hospital
<b>Oliya Ilmuradova</b>	Barqaror Hayot	<b>Adrian Shtuni</b>	Shtuni Consulting
<b>Dr. Abiye Iruayenama</b>	Neem Foundation / Thoth Analytics and Advisory Group	<b>Alim Shaumetov</b>	Aqniyet Fund
<b>Feriha Peracha</b>	Sabawoon	<b>Anna Knutzen</b>	UNICEF

## DATA ANALYSIS & REPORT DRAFTING

### Qualitative Analysis

The qualitative analysis for this research took a deductive analysis approach, beginning with a codebook developed by the research team. The main themes of the codebook included minors' experiences pre-return, preparatory measures and cross-cutting principles, arrival and initial care, assessments, rehabilitation, community preparedness, education, community reintegration, practitioner's self-care, and a general code comprising broader themes including good practices, contextualization, challenges and barriers, and age and gender considerations. Developing the codebook ensured a consistent approach to data coding and analysis. It is noteworthy that during the coding process, some new codes were developed as transcriptions revealed novel themes not previously accounted for in the development of the codebook. Lastly, the coded transcriptions were also checked for validity by other researchers involved in the project, which further supported the accuracy of the analysis.

### Quantitative Analysis

Analysis of the rankings of the Strength of Evidence Assessment were conducted to provide a basis for understanding the broader strength of evidence for good practice areas, and for rehabilitation and reintegration of minors overall. The findings of this analysis are presented in brief in the Toolkit's Strength of Evidence section and referred to in the Good Practices Toolkit section, but are also outlined in detail in *Annex D. Detailed Strength of Evidence Review Findings*.

### Report / Toolkit Drafting

The intended outcome of this research was not a research output but a hybrid 'Toolkit' document, which captured the results of research along with providing useful guidance for practitioners and policymakers. This Toolkit was drafted by Hedayah's Research and Analysis department and the project's Expert Consultant, in collaboration with Hedayah's Capacity Building department. The report underwent review by relevant stakeholders from the donor, as well as internal review by Hedayah, and expert peer review by an independent academic with experience on the topic.

## ANNEX C. INTERNATIONAL LEGAL FRAMEWORKS

This section lays out relevant International Legal Frameworks governing or related to the repatriation and subsequent rehabilitation and reintegration of children from previous Daesh-held territories (i.e., North East Syria and Iraq).

### Convention on the Rights of the Child

*Adopted by United Nations General Assembly Resolution A/RES/44/25, 1989*

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The Convention on the Rights of the Child (CRC) of 1989 represents a comprehensive international agreement on the rights of children. It encompasses a wide range of civil, political, economic, social, and cultural rights for children under the age of eighteen. The CRC emphasizes respect for the dignity and worth of each child, advocating for measures that promote their physical, psychological, and social well-being. The CRC is legally binding on the State Parties (those countries that have ratified or acceded to it). In this regard, it must be adhered to in relation to the rehabilitation and reintegration of child returnees, and among the many important articles, the following are highlighted for reference:

**Article 3. 1.** In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration.

**Article 3. 2.** States Parties undertake to ensure the child such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her, and, to this end, shall take all appropriate legislative and administrative measures.

**Article 39.** States Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of: [...] armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.

**Article 40. 1.** States Parties recognize the right of every child alleged as, accused of, or recognized as having infringed the penal law to be treated in a manner consistent with the promotion of the child's sense of dignity and worth, which reinforces the child's respect for the human rights and fundamental freedoms of others and which takes into account the child's age and the desirability of promoting the child's reintegration and the child's assuming a constructive role in society.

**Article 40. 4.** A variety of dispositions, such as care, guidance and supervision orders; counselling; probation; foster care; education and vocational training programmes and other alternatives to institutional care shall be available to ensure that children are dealt with in a manner appropriate to their well-being and proportionate both to their circumstances and the offence.

### Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict

Adopted by United Nations General Assembly Resolution A/RES/54/263, 2001

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The Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict (OPAC) serves as a critical adjunct to the CRC, aiming to strengthen protections against the recruitment and use of children in conflicts. OPAC sets forth explicit prohibitions and obligations for both state and non-state actors, emphasizing the necessity of safeguarding individuals under 18 from the impacts of armed conflict. The protocol not only prohibits the direct participation of children in hostilities but also outlines the responsibilities of states to demobilize and reintegrate child soldiers into society, including through the following articles:

**Article 4. 1.** Armed groups that are distinct from the armed forces of a State should not, under any circumstances, recruit or use in hostilities persons under the age of 18 years.

**Article 6. 3.** States Parties shall take all feasible measures to ensure that persons within their jurisdiction recruited or used in hostilities contrary to the present Protocol are demobilized or otherwise released from service. States Parties shall, when necessary, accord to such persons all appropriate assistance for their physical and psychological recovery and their social reintegration.

### Protocol Additional to The Geneva Conventions of 12 August 1949, and Relating to The Protection of Victims of International Armed Conflicts (Protocol I), of 8 June 1977

[https://www.icrc.org/en/doc/assets/files/other/icrc\\_002\\_0321.pdf](https://www.icrc.org/en/doc/assets/files/other/icrc_002_0321.pdf)

This Protocol Additional extends and refines the humanitarian protections for individuals affected by international armed conflicts. This Protocol introduces enhanced safeguards and specific provisions concerning the treatment of children. As per the following Articles, the Protocol Additional emphasizes the reunification of dispersed families, the accommodation of detained children separate from adults unless in family units, and the prohibition of the death penalty for offenses committed by persons under eighteen:

**Article 74** – Reunion of dispersed families. The High Contracting Parties and the Parties to the conflict shall facilitate in every possible way the reunion of families dispersed as a result of armed conflicts and shall encourage in particular the work of the humanitarian organizations engaged in this task in accordance with the provisions of the Conventions and of this Protocol and in conformity with their respective security regulations.

**Article 77** – Protection of Children. 4. If arrested, detained or interned for reasons related to the armed conflict, children shall be held in quarters separate from the quarters of adults, except where families are accommodated as family units as provided in Article 75, paragraph 5.

**Article 77** – Protection of Children. 5. The death penalty for an offence related to the armed conflict shall not be executed on persons who had not attained the age of eighteen years at the time the offence was committed.

### **United Nations Standard Minimum Rules for the Administration of Juvenile Justice (the Beijing Rules)**

*Adopted by United Nations General Assembly Resolution A/RES/40/33, 1985*

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The Beijing Rules establish a global framework for the fair and humane treatment of juvenile offenders. Recognizing the varying levels of development and maturity among young people, the Beijing Rules advocate for a minimum age of criminal responsibility that reflects an understanding of the child's capacity for discernment, and emphasize rehabilitation over punishment, advocating for diversion to community-based services. In this regard, the following articles are highlighted:

**4.1** In those legal systems recognizing the concept of the age of criminal responsibility for juveniles, the beginning of that age shall not be fixed at too low an age level, bearing in mind the facts of emotional, mental and intellectual maturity.

**11.1** Consideration shall be given, wherever appropriate, to dealing with juvenile offenders without resorting to formal trial by the competent authority.

**11.3** Any diversion involving referral to appropriate community or other services shall require the consent of the juvenile, or her or his parents or guardian, provided that such decision to refer a case shall be subject to review by a competent authority, upon application.

**11.4** In order to facilitate the discretionary disposition of juvenile cases, efforts shall be made to provide for community programmes, such as temporary supervision and guidance, restitution, and compensation of victims.

**24.1** Efforts shall be made to provide juveniles, at all stages of the proceedings, with necessary assistance such as lodging, education or vocational training, employment or any other assistance, helpful and practical, in order to facilitate the rehabilitative process.

**25.1** Volunteers, voluntary organizations, local institutions and other community resources shall be called upon to contribute effectively to the rehabilitation of the juvenile in a community setting and, as far as possible, within the family unit.

**29.1** Efforts shall be made to provide semi-institutional arrangements, such as half-way houses, educational s, day-time training centres and other such appropriate arrangements that may assist juveniles in their proper reintegration into society.

### **United Nations Rules for the Protection of Juveniles Deprived of their Liberty**

*Adopted by United Nations General Assembly Resolution A/RES45/113, 1990*

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Regarding the rehabilitation and reintegration of child returnees, countries must also consider the frameworks pertaining to the deprivation of liberty. In this regard, while the United Nations Rules for the Protection of Juveniles Deprived of their Liberty are focused on the juvenile justice system, and not all children will go through this system, they do include a number of important considerations for this context, including, but not limited to:

2. [...] Deprivation of the liberty of a juvenile should be a disposition of last resort and for the minimum necessary period and should be limited to exceptional cases.

12. [...] Juveniles detained in facilities should be guaranteed the benefit of meaningful activities and programmes which would serve to promote and sustain their health and self-respect, to foster their sense of responsibility and encourage those attitudes and skills that will assist them in developing their potential as members of society.

13. Juveniles deprived of their liberty shall not for any reason related to their status be denied the civil, economic, political, social or cultural rights to which they are entitled under national or international law, and which are compatible with the deprivation of liberty.

79. All juveniles should benefit from arrangements designed to assist them in returning to society, family life, education or employment after release. Procedures, including early release, and special courses should be devised to this end.

80. Competent authorities should provide or ensure services to assist juveniles in re-establishing themselves in society and to lessen prejudice against such juveniles. These services should ensure, to the extent possible, that the juvenile is provided with suitable residence, employment, clothing, and sufficient means to maintain himself or herself upon release in order to facilitate successful reintegration. The representatives of agencies providing such services should be consulted and should have access to juveniles while detained, with a view to assisting them in their return to the community.

### **Principles and Guidelines on Children Associated With Armed Forces or Armed Groups (The Paris Principles)** *UNICEF, 2007*

<https://www.unicef.org/mali/media/1561/file/ParisPrinciples.pdf>

Through an extensive process, including regional and sub-regional workshops held throughout 2005 and 2006 with government and non-government stakeholders, UNICEF drafted this set of principles, which received broad political endorsement in Paris, in 2007. The principles provide several relevant definitions that are applicable to the topic of returnee children, including:

**2.1** “A child associated with an armed force or armed group” refers to any person below 18 years of age who is or who has been recruited or used by an armed force or armed group in any capacity, including but not limited to children, boys and girls, used as fighters, cooks, porters, messengers, spies or for sexual purposes. It does not only refer to a child who is taking or has taken a direct part in hostilities.

**2.8** “Child Reintegration” is the process through which children transition into civil society and enter meaningful roles and identities as civilians who are accepted by their families and communities in a context of local and national reconciliation. Sustainable reintegration is achieved when the political, legal, economic and social conditions needed for children to maintain life, livelihood and dignity have been secured. This process aims to ensure that children can access their rights, including formal and non-formal education, family unity, dignified livelihoods and safety from harm.

The principles also provide guidance on the primary consideration of such children as victims, as follows:

**3.6** Children who are accused of crimes under international law allegedly committed while they were associated with armed forces or armed groups should be considered primarily as victims of offences against international law; not only as perpetrators. They must be treated in accordance with international law in a framework of restorative justice and social rehabilitation, consistent with international law which offers children special protection through numerous agreements and principles.

Among many important guidelines and principles that are relevant to the context of returnee children, the principles also emphasize the following:

**3.7** Wherever possible, alternatives to judicial proceedings must be sought, in line with the Convention on the Rights of the Child and other international standards for juvenile justice.

**4.1** From the planning stage onwards, through the design of eligibility criteria and screening procedures for inclusion in release and reintegration programmes and informal release processes through to programming for reintegration, monitoring and follow-up, actors should recognise that girls are at risk of being 'invisible' and take measures to ensure that girls are included and relevant issues addressed at all stages. It is important that the differences between girls' and boys' experiences are understood and taken into account by all actors and that programming for children who are or have been associated with armed forces or armed groups explicitly reflects the particular situation of both girls and boys.

**7.0** At all stages, the planning and programming for children who have been associated with armed forces or armed groups should have the objective of enabling children to play an active role as a civilian member of society, integrated into the community and, where possible, reconciled with her / his family.

**7.4** Planning for programmes should emphasize community engagement, involve children and the communities to which they return, build on existing resources and take account of the rights and aspirations of children, balanced with community priorities and values.

**7.5** Preparation should include a strategy to meet the needs both of children who enter a release process and those who do not go through any kind of process but leave armed forces or armed groups and either return to their family and community or seek to integrate elsewhere.

### **United Nations Guidelines for the Prevention of Juvenile Delinquency (The Riyadh Guidelines)**

*Adopted by United Nations General Assembly Resolution A/RES/45/112, 1990*

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While the Riyadh Guidelines address prevention considerations and not directly the rehabilitation and reintegration of children, there are several guidelines that may be considered relevant to this context, including, but not limited to:

**5.** The need for and importance of progressive delinquency prevention policies and the systematic study and the elaboration of measures should be recognized. These should avoid criminalizing and penalizing a child for behaviour that does not cause serious damage to the development of the child or harm to others. Such policies and measures should involve: [...]

(a) The provision of opportunities, in particular educational opportunities, to meet the varying needs of young persons and to serve as a supportive framework for safeguarding the personal development of all young persons, particularly those who are demonstrably endangered or at social risk and are in need of special care and protection; [...]

(e) Consideration that youthful behaviour or conduct that does not conform to overall social norms and values is often part of the maturation and growth process and tends to disappear spontaneously in most individuals with the transition to adulthood.

**10.** Emphasis should be placed on preventive policies facilitating the successful socialization and integration of all children and young persons, in particular through the family, the community, peer groups, schools, vocational training and the world of work, as well as through voluntary organizations. Due respect should be given to the proper personal development of children and young persons, and they should be accepted as full and equal partners in socialization and integration processes.

**12.** Since the family is the central unit responsible for the primary socialization of children, governmental and social efforts to preserve the integrity of the family, including the extended family, should be pursued. The society has a responsibility to assist the family in providing care and protection and in ensuring the physical and mental well-being of children. Adequate arrangements including day-care should be provided.

**13.** Governments should establish policies that are conducive to the bringing up of children in stable and settled family environments. Families in need of assistance in the resolution of conditions of instability or conflict should be provided with requisite services.

**14.** Where a stable and settled family environment is lacking and when community efforts to assist parents in this regard have failed and the extended family cannot fulfil this role, alternative placements, including foster care and adoption, should be considered. Such placements should replicate, to the extent possible, a stable and settled family environment, while, at the same time, establishing a sense of permanency for children, thus avoiding problems associated with “foster drift”.

**16.** Measures should be taken and programmes developed to provide families with the opportunity to learn about parental roles and obligations as regards child development and child care, promoting positive parent-child relationships, sensitizing parents to the problems of children and young persons and encouraging their involvement in family and community-based activities.

**17.** Governments should take measures to promote family cohesion and harmony and to discourage the separation of children from their parents, unless circumstances affecting the welfare and future of the child leave no viable alternative.

**32** - Community-based services and programmes which respond to the special needs, problems, interests and concerns of young persons and which offer appropriate counselling and guidance to young persons and their families should be developed, or strengthened where they exist.

## United Nations Security Council Resolutions

2014 - 2021

Since the early stages of the conflict in Syria and Iraq, the UN Security Council have adopted several resolutions that address the topic of rehabilitation and reintegration. In the first such resolution, [S/RES/2178](#), in 2014, the UN Security Council, acting under Chapter VII of the Charter of the UN, called upon all Member States:

- 4.** [...] in accordance with their obligations under international law, to cooperate in efforts to address the threat posed by foreign terrorist fighters, including by [...] developing and implementing prosecution, rehabilitation and reintegration strategies for returning foreign terrorist fighters.

The Security Council subsequently built upon this earlier resolution with the resolution S/RES/2396, in 2017, which noted that “children may be especially vulnerable to radicalization to violence and in need of particular social support, such as post-trauma counselling”. This resolution, also adopted under Chapter VII of the Charter of the UN, subsequently provided the following:

- 30.** Calls upon Member States, emphasizing that they are obliged, [...] to develop and implement comprehensive and tailored prosecution, rehabilitation, and reintegration strategies and protocols, in accordance with their obligations under international law, including with respect to foreign terrorist fighters and spouses and children [...] and to do so in consultation, as appropriate, with local communities, mental health and education practitioners and other relevant civil society organizations and actors.

- 31.** Emphasizes that women and children associated with foreign terrorist fighters returning or relocating to and from conflict may have served in many different roles, including as supporters, facilitators, or perpetrators of terrorist acts, and require special focus when developing tailored prosecution, rehabilitation and reintegration strategies, and stresses the importance of assisting women and children associated with foreign terrorist fighters who may be victims of terrorism, and to do so taking into account gender and age sensitivities.

- 32.** Underscores the importance of a whole of government approach and recognizes the role civil society organizations can play, including in the health, social welfare and education sectors in contributing to the rehabilitation and reintegration of returning and relocating foreign terrorist fighters and their families, as civil society organizations may have relevant knowledge of, access to and engagement with local communities to be able to confront the challenges of recruitment and radicalization to violence, and encourages Member States to engage with them proactively when developing rehabilitation and reintegration strategies.

- 36.** Recognizes the particular importance of providing, through a whole of government approach, timely and appropriate reintegration and rehabilitation assistance to children associated with foreign terrorist fighters returning or relocating from conflict zones, including through access to health care, psychosocial support and education programs that contribute to the well-being of children and to sustainable peace and security.

Since 2017, there have not be any resolutions adopted by the UN Security Council that address rehabilitation and reintegration while acting under Chapter VII of the Charter of the UN. However, there have been several non-binding resolutions that have included pertinent guidance and considerations. For example, resolution [S/RES/2427](#), in 2018, encouraged:

**26.** [...] Member States to focus on long-term and sustainable reintegration and rehabilitation opportunities for children affected by armed conflict that are gender- and age-sensitive, including access to health care, psychosocial support, and education programmes, as well as raising awareness and working with communities to avoid stigmatization of these children and facilitate their return, while taking into account the specific needs of girls and boys, to contribute to the wellbeing of children and to sustainable peace and security.

Additionally, resolution [S/RES/2467](#), in 2019, stressed:

**28.** [...] that acts of sexual and gender-based violence in conflict can be part of the strategic objectives and ideology of, and used as a tactic by certain parties to armed conflict, including non-state armed groups, designated as terrorist groups and therefore affirms that victims of sexual violence, committed by certain parties to armed conflict, including non-state armed groups designated as terrorist groups, should have access to national relief and reparations programmes, as well as health care, psychosocial care, safe shelter, livelihood support and legal aid and that services should include provisions for women with children born as a result of sexual violence in conflict, as well as men and boys who may have been victims of sexual violence in conflict including in detention settings; contribute to lifting the sociocultural stigma attached to this category of crime and facilitate rehabilitation and reintegration efforts.

Moreover, resolution [S/RES/2617](#), in 2021, underscored:

The urgent need to implement fully and immediately resolutions 2178 (2014) and 2396 (2017), including their provisions on developing comprehensive and tailored prosecution, rehabilitation and reintegration strategies, and stressing the importance of assisting women and children associated with FTFs, who may be victims of terrorism.

### **The United Nations Global Counter-Terrorism Strategy: Eighth Review**

*Adopted by United Nations General Assembly Resolution A/RES/77/298, 2023*

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The UN Global Counter-Terrorism Strategy, first adopted in 2006, promotes a comprehensive, coordinated, and cohesive approach to counter terrorism at the national, regional, and international levels. In this regard, the strategy shares recommended measures to prevent and counter terrorism. Within the latest review of the strategy, in 2023, called upon all Members States:

**49.** [...] in accordance with their obligations under international law, to cooperate in efforts to address the threat posed by foreign terrorist fighters, including by [...] developing and implementing prosecution, rehabilitation and reintegration strategies, taking into account gender and age dimensions, for returning and relocating foreign terrorist fighters and their families, underscores in this regard the importance of a whole-of-government approach, recognizes the role that civil society organizations can play as they may have relevant knowledge of, access to and engagement with local communities, to be able to confront the challenges of recruitment and radicalization to terrorism, notes that children may be especially vulnerable to radicalization to violence and in need of particular psychosocial support, such as post-trauma counselling, while stressing that children need to be treated in a manner that respects their rights and protects their dignity, in accordance with applicable international law, and in this regard encourages all Member States to develop effective strategies to deal with returnees, including through repatriation, in accordance with relevant international obligations and national law

**121.** Reiterates that, considering their primary status as victims of terrorism as well as of other violations of international law, all children alleged to have, accused of having or recognized as having infringed the law, particularly those who are deprived of their liberty, as well as child victims and witnesses of crimes, should be treated in a manner consistent with their rights, dignity and needs, including for psychosocial support, in accordance with applicable international law, in particular obligations under the Convention on the Rights of the Child, with the best interest of the child as a primary consideration, and, bearing in mind relevant international standards on human rights in the administration of justice in this regard, urges Member States, in accordance with their national law, to consider alternatives to prosecution and detention and to take relevant measures to effectively reintegrate children formerly associated with armed groups, including terrorist groups, as guided by the Principles and Guidelines on Children Associated with Armed Forces or Armed Groups (the Paris Principles)

### **The United Nations Secretary-General's Plan of Action to Prevent Violent Extremism**

*Report of the Secretary-General, United Nations General Assembly A/70/674, 2015*

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In 2015, the UN Secretary-General presented a proposed plan intended to stimulate debate on how best to effectively prevent violent extremism. Among the several areas of focus, the plan also addressed the specific context of rehabilitation and reintegration, in particular, the plan stated:

**50.** When Governments embrace international human rights norms and standards, promote good governance, uphold the rule of law and eliminate corruption, they create an enabling environment for civil society and reduce the appeal of violent extremism. [...] I therefore recommend that Member States: [...] Introduce disengagement, rehabilitation and counselling programmes for persons engaged in violent extremism which are gender-sensitive and include programmes for children to facilitate their reintegration into society. These programmes must be in full compliance with international human rights norms and standards, including the rights to freedom of movement, freedom of expression and privacy, gender equality and the principle of non-discrimination.

Through UN General Assembly Resolution A/Res/70/254<sup>4</sup>, in 2016, the General Assembly responded by stating that it:

1. Welcomes the initiative [...] [and] 2. Decides to give further consideration to the Plan of Action to Prevent Violent Extremism, beginning in the United Nations Global Counter-Terrorism Strategy review in June 2016.

Since then, in the latest review of the UN Global Counter-Terrorism Strategy, the Eighth Review, in 2023<sup>5</sup>, the UN General Assembly stated that it:

**15. [...] recommends that Member States consider the implementation of relevant recommendations of the Plan of Action, as applicable to the national context.**

<sup>4</sup> See [A/RES/70/254](https://undocs.org/A/RES/70/254)

<sup>5</sup> See [A/RES/77/298](https://undocs.org/A/RES/77/298)

**Transforming our world: The 2030 Agenda for Sustainable Development**

*Adopted by United Nations General Assembly Resolution A/RES/70/1, 2015*

[https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A\\_RES\\_70\\_1\\_E.pdf](https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_RES_70_1_E.pdf)

The 2030 Agenda was established in recognition of the diversity of global challenges and “an indispensable requirement for sustainable development”. Within the declaration section, preceding the presentation of the Sustainable Development Goals and Targets, the 2030 Agenda states the following intention relevant to the context of returnee children:

**23.** [...] We resolve to take further effective measures and actions, in conformity with international law, to remove obstacles and constraints, strengthen support and meet the special needs of people living in areas affected by complex humanitarian emergencies and in areas affected by terrorism.

Through this resolution, General Assembly also made the following relevant commitment:

**25.** We commit to providing inclusive and equitable quality education at all levels [...] All people, irrespective of sex, age, race or ethnicity, and persons with disabilities, migrants, indigenous peoples, children and youth, especially those in vulnerable situations, should have access to Life-long learning opportunities that help them to acquire the knowledge and skills needed to exploit opportunities and to participate fully in society. We will strive to provide children and youth with a nurturing environment for the full realization of their rights and capabilities, helping our countries to reap the demographic dividend.

The 2030 Agenda subsequently establishes a diverse and comprehensive series of universally applicable goals, many of which, while not directly addressing returnee children, do have significant relevance, for example:

**Goal 1.5** By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters.

**Goal 4.5** By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations

**The Neuchâtel Memorandum on Good Practices for Juvenile Justice in a Counterterrorism Context**  
*Global Counterterrorism Forum (GCTF), 2015*

<https://www.thegctf.org/Portals/1/Documents/Framework%20Documents/2016%20and%20before/Neuch%C3%A2tel%20Memorandum%20on%20Juvenile%20Justice%20ENG.pdf?ver=2020-01-13-153528-460>

Through its Neuchâtel Memorandum, the GCTF provides a series of good practices that are intended to be considered during the criminal justice response to – and handling of – terrorism cases involving children. The Memorandum may also be used to guide related capacity building assistance in this area. In this regard, the Memorandum does contain several applicable good practices specific to the context of returnee children, including, but not limited to:

Good Practice 8: Consider, and apply where appropriate, alternatives to arrest, detention, and imprisonment, including during the pre-trial stage and always give preference to the least restrictive means to achieve the aim of the judicial process.

Good Practice 11: Develop rehabilitation and reintegration programs for children involved in terrorism-related activities to aid their successful return to society.

Good Practice 12: Design and implement specialized programs for terrorism cases to enhance the capacity of all the professionals involved in the juvenile justice system.

Good Practice 13: Design and implement monitoring and evaluation programs to ensure the effective implementation of international juvenile justice standards.

## ANNEX D. DETAILED STRENGTH OF EVIDENCE REVIEW FINDINGS

### Good Practice Areas



		# of Eligible Sources																		
		Stage 1	Stage 2	Stage 3	Total	Global	Regional	National	Average Score (Out of 5)	Average Score (Out of 5)	Average Score (Out of 5)	Total (Out of 15)								
# of Eligible Sources	Stage 1	39	40	29	60	31	48	52	43	56	8									
	Stage 2	2	2	8	16	10	10	18	13	20	3									
	Stage 3	0	1	0	1	3	2	2	0	2	0									
	Total	41	43	37	77	44	60	72	56	78	11									
# of Sources by Context	Global	16	17	11	35	22	27	31	26	33	3									
	Regional	12	13	13	20	9	14	20	13	20	4									
	National	13	13	13	22	13	19	21	17	25	4									
Approach and Design	Type of Research	3.7	3.7	3.6	3.6	3.9	3.4	3.5	3.7	3.5	3.4									
	Research Design	1.0	1.0	1.0	1.1	1.3	1.1	1.1	1.0	1.1	1.0									
	Methodology	2.9	2.8	2.7	2.7	3.0	2.8	2.8	2.8	2.8	2.8									
	Total	7.6	7.5	7.3	7.4	8.2	7.2	7.4	7.5	7.4	7.2									
Quality	Appropriateness	3.6	3.6	3.5	3.4	3.7	3.5	3.4	3.5	3.3	3.4									
	Validity	3.2	3.4	3.2	3.3	3.4	3.2	3.3	3.3	3.2	3.2									
	Reliability	3.1	3.3	3.2	3.2	3.4	3.2	3.2	3.2	3.2	2.9									
	Total	10.0	10.3	9.9	9.9	10.5	9.8	9.9	10.0	9.7	9.5									
Size of Body of Evidence		Total (Out of 5)		1.9	2.3	1.4	4.6	2.8	3.7	4.1	3.2	5.0	1.0							
Total Excl. Size of Body (Out of 30)				17.5	17.8	17.2	17.2	18.7	17.1	17.3	17.5	17.1	16.6							
Total Incl. Size of Body (Out of 35)				19.4	20.1	18.7	21.8	21.4	20.7	21.4	20.7	22.1	17.6							
Rank Excl. Size of Body				3	2	7	6	1	9	5	3	8	10							
Rank Incl. Size of Body				8	7	9	2	4	5	3	6	1	10							

Table 1: Overall average scores for all sources across the ten identified good practice areas.

This section presents an analytical evaluation of the current literature across all ten Good Practice Areas, focusing on the Strength of Evidence of each source, and highlights key patterns and gaps in the distribution and robustness of the literature to inform practitioners, policymakers, and researchers.

Table 1, above, presents the scoring across three primary dimensions: the Approach and Design of the source, the Quality of the research, and the Size of the Body of Evidence. All sources across the ten Good Practice Areas are scored against each dimension on a 5-point scale and aggregated to yield a total out of 15 for the first two dimensions, and out of 5 for the last, cumulating in an overall score out of 35. A total of 101 sources were included in the assessment based on the strict exclusion and inclusion criteria.

When considering the size of the body of evidence, the three Good Practice Areas with the highest score for Strength of Evidence are 1) Community Reintegration (22.1 out of 35), 2) Assessments (21.8), and 3) Education (21.4). However, when the size of the body of literature is not included in the score, the top three are: 1) Center-based Rehabilitative Care (18.7 out of 30), 2) Preparatory Measures and Cross-cutting Principles (17.8), and 3) Understanding the Child's Experiences Prior to Return as well as Community Preparedness (both scoring 17.5).

### Distribution of Sources Across the Good Practice Areas

	Observed Frequency (# of relevant sources)	Expected Frequency (if equally distributed)	Difference Between Observed and Expected	Chi-Square	Standardized Residual
Understanding Child Experiences Prior to Return	41	51.70	-10.90	<b>76.16</b>	-1.51
Preparatory Measures and Cross-cutting Principles	43	51.70	-8.90		-1.24
Arrival and Initial Care	37	51.70	-14.90		-2.07
Assessments	77	51.70	25.10		3.48
Center-based Rehabilitative Care	44	51.70	-7.90		-1.10
Family-based Rehabilitative Care	60	51.70	8.10		1.12
Education	72	51.70	20.10		2.79
Community Preparedness	56	51.70	4.10		0.57
Community Reintegration	78	51.70	26.10		3.62
Practitioner Self-care	11	51.70	-40.90		-5.68

Table 2: The number of relevant sources that address each of the ten identified good practice areas (observed frequency) compared to the expected frequency.

In order to identify unaddressed good practice areas in need of further study, the number of relevant sources (observed frequencies) was compared across the different areas. The Chi squared result equals 76.16 with 9 degrees of freedom. The two-tailed P value is less than 0.0001, which is significantly below the commonly used alpha level of 0.05 for statistical significance. This highly significant difference allows us to confidently reject the null hypothesis that the distribution of sources across thematic areas is equal. Instead, there is a statistically significant disparity in the distribution of sources, indicating that some themes are addressed more frequently than would be expected if the sources were distributed evenly. This points to a preference or bias in the coverage of certain themes within the body of sources examined.

The standardized residual scores indicate how many standard deviations the observed frequency is from the expected frequency. A residual value greater than +2 or less than -2 (which would occur in about 5% of cases if the null hypothesis were true, assuming a normal distribution) is typically considered significant. In this analysis, the themes “Arrival and Initial Care” with a standardized residual of -2.07 and “Practitioner Self-Care” with a residual of -5.68 are significantly underrepresented in the observed distribution. These findings suggest that these themes are addressed significantly less than expected and warrant further attention in future studies. It is also worth noting that only three of the Good Practice Areas have sources that address only that Area and no other, namely Understanding Child Experiences Prior to Return (six sources), Center-based Rehabilitative Care (two sources), and Community Reintegration (three sources).

## Results Based on the Good Practice Areas

Good Practice Areas	N	Mean	STD. DEV	STD. Error		Degrees of Freedom (DF)	Sum of Squares (SS)	Mean Square (MS)	F Statistic	P-value
Understanding Child Experiences Prior to Return	41	17.54	2.98	0.46						
Preparatory Measures and Cross-cutting Principles	43	17.77	3.11	0.47						
Arrival and Initial Care	37	17.22	3.42	0.56						
Assessments	77	17.25	3.21	0.37						
Center-based Rehabilitative Care	44	18.66	4.15	0.63						
Family-based Rehabilitative Education	60	17.07	3.36	0.43						
Education	72	17.33	3.48	0.41						
Community Preparedness	56	17.50	3.36	0.45						
Community Reintegration	78	17.13	3.58	0.41	Between Groups	9	98.94	10.99	0.960	0.473
Practitioner Self-care	11	16.64	3.07	0.93	Within Groups	518	5,933.33	11.45		
<b>Overall</b>	<b>519</b>	<b>17.42</b>	<b>3.37</b>	<b>0.15</b>	Total	527	6,032.27			

Table 3: Descriptive statistics and ANOVA results for the Strength of Evidence assessment across each of the Good Practice Areas.

While there is a difference between the Strength of Evidence scores for each of the Good Practice Areas, this difference was not found to be statistically significant. The ANOVA conducted on the scores across the ten Good Practice Areas resulted in an F-statistic value of 0.960 with 9 degrees of freedom between groups and 518 degrees of freedom within groups. The associated P-value is 0.473, which is substantially above the commonly used alpha level of 0.05 for statistical significance. This high P-value means that we cannot reject the null hypothesis; thus, it can be concluded that any differences in the mean scores across the Good Practice Areas are not statistically significant. In other words, the variability in the scores can be attributed to random chance rather than a specific difference in the thematic areas.

The mean score across all themes is 17.42, with a standard deviation of 3.37, indicating a certain degree of variability within the individual scores. However, since the F-statistic did not reach a level of statistical significance, we do not have sufficient evidence to suggest that the areas differ in terms of the scores. This implies that the observed differences in mean scores are within the range that could be expected by chance alone.

### Results based on the Context of the Sources

Context	N	Mean	STD. DEV	STD. Error		Degrees of Freedom (DF)	Sum of Squares (SS)	Mean Square (MS)	F Statistic	P-value
Global	41	17.10	3.12	0.49						
Regional	18	17.50	2.18	0.51	Between Groups	2	8.60	4.30	0.315	0.731
National	42	17.74	4.60	0.71	Within Groups	98	1,338.23	13.66		
<b>Overall</b>	<b>101</b>	<b>17.44</b>	<b>3.67</b>	<b>0.37</b>	<b>Total</b>	<b>100</b>	<b>1,346.83</b>			

Table 4: Descriptive statistics and ANOVA results for the Strength of Evidence assessment of the Global, Regional, and National level sources.

To determine whether the Strength of Evidence varies depending on the contextual focus of the sources, a comparison was made between the sources that address the Global, Regional, and National levels. The ANOVA conducted a comparison of the average scores of the three categories—Global, Regional, and National—resulted in an F-statistic value of 1.426 with a P-value of 0.245. This P-value is significantly above the commonly used alpha level of 0.05 for statistical significance. Therefore, we do not have sufficient evidence to reject the null hypothesis that the mean scores across the three categories are equal. In other words, the analysis suggests that the differences in the average Strength of Evidence scores for the global (17.12), regional (16.84), and national (18.3) categories are not statistically significant and could be due to random variation rather than any systematic difference between the categories. While the average (mean) score for the National level sources (18.3) is slightly higher than the other fields, with the regional sources scoring 16.84 and the Global sources scoring 17.12, there is not a statistically significant difference in the Strength of Evidence across these fields.

The 18 regional sources address: Africa, Central Africa, Central Asia, Europe, the Greater Horn of Africa, the Middle East and North Africa, The Sahel, Southeast Asia, Southeastern Europe, and the Western Balkans. Hence, there were no eligible sources that directly addressed the Americas, East Asia, Oceania or South Asia, among other sub-regions.

The 42 national sources address: Australia, Belgium, Cameroon, Canada, Denmark, Finland, Germany, Iraq, Italy, Kazakhstan, Kosovo, Kyrgyzstan, Netherlands, North Macedonia, Sweden, United States, and Uzbekistan. The countries addressed by the national level sources are primarily located in Central Asia, Europe (including Western Balkans), and North America. There are only three countries that are not from those regions, namely: Australia, Cameroon, and Iraq. Hence, there may be a need for more national level studies in countries throughout Africa, the Middle East and North Africa, East Asia, South Asia, and Southeast Asia, depending on the number of potential returnees from the countries in these regions.

### Overarching Findings & Issues

Through a comprehensive literature review, we categorized and assessed the Strength of Evidence of 101 sources. These sources spanned across the ten identified Good Practice Areas. Our analysis revealed a discernible imbalance in the focus and depth of the existing literature, highlighting pronounced preferences and gaps that shape our understanding and approach to the rehabilitation and reintegration of returnee minors.

Through a structured evaluation framework that scrutinized elements such as the approach and design and the size of the evidence body of the literature, we identified notable disparities in the emphasis placed on different domains.

- Areas such as Community Reintegration, Assessments, Education, and Center-based Rehabilitative Care were addressed the most frequently among the sources.
- However, Center-based Rehabilitative Care, Preparatory Measures and Cross-Cutting Principles, and Understanding the Child's Experiences prior to Return received higher average Strength of Evidence scores when not accounting for the size of the body of evidence.
- In stark contrast, Practitioner Self-care emerged as a significantly underrepresented area, both in terms of the number of sources dedicated to it and its low average score in our analysis. This gap underscores an urgent need to prioritize the well-being of those directly involved in the delivery of such services.

Our findings further indicate that the observed variability in scores across different domains does not stem from inherent differences in thematic importance or research quality. Instead, statistical analysis suggests that such variability is likely due to chance. This observation implies a level of uniformity in the research quality and design across the various Good Practice Areas, despite their different depths of exploration.

While there may be uniformity in the results across the Good Practice Areas, most sources scored relatively 'low' on the Strength of Evidence assessment, with only 21 out of the 101 sources scoring 20 or more out of 30 (not including the size of the body of literature score).

It must be acknowledged that adopting experimental approaches, such as randomized controlled trials, can have ethical issues in this field of study, as it is not always appropriate to have a control group that receives no treatment. However, these results do shine light on the need for employing other research design and methods which can offer more generalizable results for the development of good practices in this field to support the existing, primarily observational, research in understanding needs, experiences and practices.

Out of the 101 sources, 96 were considered by our assessment to be observational, 1 was considered experimental (a Stage 3 source), and 4 were considered quasi-experimental (of which 2 were Stage 3 sources). Also, 41 were scored as Primary research, while 50 were secondary research, and 10 were conceptual/theoretical. Additionally, only 5 sources used a mixed methods design, combining qualitative and quantitative data (of which only 2 sources were from Stage 1 and 3 sources were from Stage 3). 12 sources did not provide a clear methodology for the readers understanding.

Moreover, it was found that the contextual focus of the sources – whether Global, Regional, or National – did not significantly influence the strength of evidence, pointing to universal challenges in conducting high quality research at all levels. This universality hints at broader challenges. Additionally, there were significant geographical gaps identified, including throughout Asia and other sub-regions globally.

In conclusion, this literature review not only highlights the areas that have received considerable attention but also shines a light on critical gaps that need addressing. The underrepresentation of domains, such as Practitioner Self-care, calls for a more diverse and holistic approach to research and practice in this field. The low average scores also call for greater enhancement in the quality of research conducted that guides real world implementation. Continued effort to address these gaps is crucial for developing a comprehensive understanding of effective practices to guide policymaking and programming.



*Credit: Ahmed Akacha*

## ANNEX E. PRACTITIONER & EXPERT CONSULTATION SESSION

### CONSULTATION SESSION CONDUCTED DURING DURING CANADA CENTRE 2024 CONFERENCE ON COUNTERING RADICALIZATION TO VIOLENCE

#### Overview & Goals of the Consultation

This consultation session was held during the Canada Centre for Community Engagement and Prevention of Violence’s 2024 Conference on Countering Radicalization to Violence 2024 (colloquially known as “Megaweek”)<sup>1</sup>, held in Montreal, Canada, on May 29, 2024. The conference’s focus for 2024 was on “Domestic impacts of global conflicts and the responses of frontline prevention practitioners”, which guided Hedayah’s engagement for this session. The consultation session sought inputs and feedback from the experts and/or practitioners who participated, who each came to the session with diverse experiences and backgrounds. The session focused on the key cross-cutting themes identified in the Toolkit, specifically, age and gender, and contextualization. These themes were chosen to align with the research focus of the study that informed the Toolkit.

The session lasted one hour, with participants divided into groups, and their discussions guided by a set of questions for each theme (see **Figure 1**). As guided by the facilitators, group members could provide general ideas related to the topic or select a good practice area to discuss and provide recommendations based on their expertise, experience, and interest. As a result, some groups identified the good practice area they discussed, considering the themes of focus and provided recommendations, while others did not. Additionally, some groups discussed multiple themes, even if they may have selected one good practice area or theme to focus on, which is reflected in the recommendations provided on the covered topics.

Each group was given approximately thirty minutes to answer the guiding questions in relation to a particular ‘area’ of the rehabilitation and reintegration process<sup>2</sup>, and engage in internal discussions. The responses were to be crafted collaboratively, utilizing the expertise and experience of all team members. Participants were tasked with appointing a team lead or chairperson and a notetaker within each group, while one designated individual presented the group's findings during the subsequent readout session. Below is the list of the guiding questions provided to the participants, along with the summaries of each group discussion and subsequent recommendations extracted that serve as an additional resource for this Toolkit.

GUIDING QUESTIONS FOR DISCUSSION	
<b>Age and Gender</b>	<ul style="list-style-type: none"> <li>• What age and gender-specific needs should be considered to identify good practices in this area?</li> <li>• Based on your expertise and experience, what age and gender-specific good practices have you identified or implemented?</li> <li>• What age and gender-specific challenges (if any) have you encountered, or do you anticipate, in this area?</li> </ul>
<b>Contextualization</b>	<ul style="list-style-type: none"> <li>• What specific strategies can be employed to effectively contextualize rehabilitation and reintegration programming for children?</li> <li>• What challenges (if any) have you encountered in contextualizing your programs for diverse groups of minors, and how have you overcome them?</li> </ul>

Figure 1

<sup>1</sup> Megaweek is an annual event funded by Public Safety Canada that brings practitioners, researchers, academics, and other governmental stakeholders together for knowledge dissemination, networking, and service showcasing.

<sup>2</sup> Please see earlier sections of this Toolkit which lay out the ten good practice areas, which were also utilized for this consultation.

## HIGHLIGHTS OF THE DISCUSSION & KEY RECOMMENDATIONS FROM PARTICIPANTS

### Group 1: Understanding Child Experiences Prior to Return and Preparatory Measures & Cross-cutting Principles (Area 1 and Area 2)

This group noted that pre-arrival was most group members' major area of expertise, leading to the selection of this area for discussion. One of the main challenges highlighted was the absence of personal records or legal documentation of children born in Syria. Preparing the returnees' families, former friends, and broader communities for their return, as well as addressing the health issues faced by minors who often needed immediate medical treatments, were also critical issues identified in these early stages. In this context, group members noted several good practices in the pre-arrival stage identified by the Government of Canada and relevant bodies involved in the rehabilitation and reintegration of children. Recommendations presented by this group include:

- Allow children to share their experiences before their return.
- Prepare doctors and relevant staff ahead of time for physician meetings.
- Create documentation for children without legal documents and proof of being citizens.
- Conduct pre-home assessments to ensure returnees could return safely while also realizing that certain women, including mothers, could be arrested upon return.
- Deconstruct children's previous narratives and develop counter-narratives.
- Provide housing support, and work to deconstruct any negative perceptions of housing support that children and their parents may be exposed to.
- Ensure children have access to community resources to receive the support they need.
- Reach out to school boards to ensure they have the necessary tools to accept the children's return to school and that confidentiality agreements are put in place to protect them.
- Support children through coaching and resources to communicate their experiences to their families and friends while minimizing stigmatization and maximizing their safety.
- Tackle problems such as the experience of community fear and stigma toward returning children. This could include governments reaching out to local mosques or religious community organizations to explore the support available to the returning minors.
- Identify potential role models in communities that can support children, considering that many returning minors (especially boys) were surrounded by adults who exposed them to, and likely advocated for, various forms of violence.
- Create a media plan outlining engagement with media and journalists and develop a strategic communications approach for dealing with topics such as repatriation to share with the media.
- Educate relevant service providers engaging with the broader population about the issue of extremism, violent extremism and terrorism.

## Group 2: Community Reintegration (Area 9)

This group focused on community reintegration and noted in their discussion the complexities of age and gender differences and, in this context, the nuances that needed to be taken into consideration in the rehabilitation and reintegration of minors. The group noted the ages they had experience with (primarily early primary ages from 5 to 8, early teens from 12 to 15, and young adults aged 18), and noted several challenges the members faced during this work. For instance, exposure to violence of minors. The group's spokesman noted that the team also looked at the challenges faced by caretakers and their level of involvement in the rehabilitation and reintegration process / or their level of involvement in activities that resulted in the minor child being affiliated with or affected by terrorism, as well as socio-economic and language barriers that can affect reintegration into the wider community. Moreover, while children may go through support programming, that support may not continue once they are home and trying to reintegrate. Thus, sustainable rehabilitation and reintegration programming was one of the major challenges identified. Group members also emphasized the need for community reintegration to be a peaceful process. As reiterated by several participants, cultural sensitivity is a key aspect of reintegration.

The group members agreed that for younger children, education can be a valuable mechanism to achieve reintegration, but that psychosocial support is crucial. However, older children may have more complex needs related to having experienced more pressure, more direct influence, and greater aggression. The participants also noted the importance of school curricula - consideration of the fact that some students might be straight out of a war-zone is important. One participant noted: "I happened to make sure to have all kinds of books, and students came up to me and said, "That is my village – Can I take this home to show to my family? Those are the bad people." Therefore, the resources teachers can include – and a diversity of resources – may be essential to support engagement that can contribute towards reintegration. The group also explored how reintegration may look in different contexts, and issues surrounding navigating the different sets of gendered norms at play (from children's prior experiences to those teachers might highlight in the classroom, for example), and how to build relationships while navigating them. They highlight that above all, trust building is key. Recommendations presented by this group include:

- Understand children's lived experiences, as this is key to any reintegration.
- Provide psychosocial support early, and ensure it continues in the reintegration phase.
- Recognize the challenges faced by caretakers - working to prepare them and the community for reintegration is essential.
- Develop effective forms of monitoring of children at home to ensure their reintegration is successful, as direct programming often ends once they return home.
- Ensure all stakeholders, and particularly educators involved in community reintegration of minors, are aware of cultural sensitivities and contextual implications this has on potential success.
- Update school curricula to reflect and take into consideration children's experiences. The resources that teachers can integrate to support curricula use in classrooms are also key.
- Consider the restrictive gender norms that returning children have been exposed to, and for actors involved in supporting children, including families and educators, highlight the role new norms can play in reintegration.
- Build the reintegration process on trust, providing safety throughout - trust building is key in reintegration.

### Group 3: Arrival & Initial Care and Community Reintegration (Area 3 and Area 9)

Group 3 highlighted the importance of providing children with basic needs and services upon their arrival, including with gender-appropriate staff and care. The participants highlighted that minors should be reconnected with their families as soon as possible, and assessment should be conducted early on to distinguish between their biological and developmental age, particularly for children who have not developed at the same rate as their peers and may have a greater (or lesser) capacity for emotional maturity. The conversation emphasized individual assessments over grouping by age, as each situation is unique. The participants also discussed literacy and how varying literacy levels, depending on age, can impact the approach to reintegration. Gender also plays a key role. For instance, the group noted that the types of trauma children may have experienced is likely to have been shaped by their gender, especially expectations or exposure to violence based on strict gender roles and experiences of gender-based violence. Therefore, the participants agreed that a trauma-informed approach is crucial.

Children's support systems, particularly family support, were identified as vital. The group emphasized the community's capacity to listen and support the children and their families. The discussion also covered how the presence of siblings or parents can affect the rehabilitation experience for children who might be arriving alone or with family or who may be expected to form connections with family members who feel like strangers to them. In this context, the participants discussed reintegration and the importance of considering whether children want to return home or go elsewhere once their situation is resolved, ensuring their voices are heard and their evolving capacities for decision-making are respected. Recommendations from this group include:

- Ensure children at arrival are provided with basic medical needs and psychological care. These may include paediatric medicine, vaccines, and culturally sensitive immediate care.
- Provide the minors with basic needs, such as food, housing, and clothing upon their arrival.
- Conduct individual assessments for each child rather than grouping them by age, as each child may have different experiences, capacities and needs.
- Understand the distinction between biological vs. developmental age, especially for children who may not have developed at the same pace as other children due to experiences of trauma, medical issues affecting physical or emotional development, or interruptions in schooling and social and peer networks affecting emotional maturity.
- A trauma-informed approach is key - understanding children's experiences of trauma, in particular, based on gender, is essential, as minors may have had different types of trauma depending on their experiences.
- Support the family in caring for the child not only in the short term, but in the medium- and long-term; do not separate mothers from children and empower parents to support the children whenever possible.
- Understand the environment in which children are being reintegrated. Knowing if the children will return alone, with siblings, or with parents may affect and play a role (depending on the context) in their community reintegration.
- Work to address and resolve challenges such as conflicts within the family (which may be exacerbated by the family experiencing shame or stigma from other members of their workplace or community, exposure and unwanted attention due to media coverage) and experience of emotional distress or mental ill-health during the reintegration phase (social withdrawal, trauma response, anxiety).

- Integrate as many family members into the reintegration process as possible, to co-operate and collectively work toward success.
- Provide gender-sensitive care, including, where possible, considering whether assigning a staff member of the same gender as the client can make them feel more comfortable.
- Trust building and behaving in a way that maintains the client's trust is important. Be transparent when explaining to clients the relationship between the program and law enforcement, and work to build trust.
- Have a multi-disciplinary team of specialists (social workers, psychologists, etc.) available to work with children.
- Ensure that all stakeholders involved in children's rehabilitation and reintegration understand the end goals - while they may not be involved in decision-making, they should be heard and be aware of what will happen.
- Consider culture and consult religious leaders throughout the program where relevant.
- Work with schools and encourage parents to send children to school.
- Ensure digital literacy and media and information literacy are part of educational curricula, and contextualized based on the age and literacy of minors.
- Provide a support system for the minors and their family - there must be a continued focus on the children's voices, and the capacity of communities to listen to them and subsequently provide relevant support.

#### **Group 4: Arrival & Initial Care and Community Reintegration (Area 3 and Area 9)**

This group focused their discussion on arrival and initial care, the community reintegration areas, and some of the general themes and good practices identified in the Toolkit. First, the participants highlighted the need to ensure the security, safety and general well-being of children, emphasizing the importance of a phased approach that prioritizes immediate basic needs to avoid overwhelming them. Active community outreach efforts were also identified as crucial, as the group noted the importance of safe spaces and trusted individuals for the successful reintegration of minors, including trauma-informed, gender-sensitive, and phased approaches, which involve gradual steps to support reintegration and healing. This is particularly important as repatriated children may experience difficulties with attachment. In addition, support for the children's primary-care parent (usually mothers in this context) should always be provided with cultural sensitivity in mind. Participants noted the need to understand and support families in addressing and navigating complex family dynamics. This is important as family dynamics can dramatically impact, and potentially hinder, the rehabilitation and reintegration of minors.

The discussion highlighted the importance of not rushing the integration process and advocating for schools to adopt more adaptive and effective 'phased' or 'slow' integration methods as the child enters or re-enters mainstream education.

The group also discussed the need to change the narrative around returnees, with better recognition of the complex challenges they have faced, rather than a narrative around condemnation. Recommendations from this session include:

- Understand children’s experiences to tailor appropriate responses.
- Conduct individual assessments as opposed to group ones, or age-based assumptions.
- Do not overwhelm children and mothers, and ensure their security and safety as the first priority.
- Meet children’s basic needs and services throughout rehabilitation and reintegration.
- Distinguish between biological age and development age, as well as gender, when considering rehabilitation and reintegration programming.
- Ensure relevant authorities prepare appropriately to receive the children.
- Do not rush reintegration- it must be a phased process.
- Create positive spaces and ensure a trauma-informed and gender-sensitive approach to engagement and service delivery throughout the reintegration process.
- Conduct outreach to the community to identify individuals who can provide safety and support reintegration.
- Schools and educational institutions must be adaptive and effective in phased or “slow reintegration”. Relevant entities should work with educators and prepare the school community (educators, support staff and students) to facilitate acceptance and social cohesion and build strong networks within the school community. Alongside this, schools should implement a phased approach as the minor re-enters mainstream education: returning to school can be an important source of connection, but the safety of the child must be the highest priority and the child must be equipped with the necessary tools for success, including emotional and social capacities.
- Develop positive and effective narratives concerning returning minors to better support their rehabilitation and reintegration.
- In helping minors to reintegrate into their new context, it may be necessary to work with them to address and unpack restrictive and harmful gender norms, focusing on the intersection between identities and lived experience.
- Seek to empower the children and ensure that they, and those working to support them, understand their rights.
- Ensure that children are reintegrated into safe environments.

## Concluding Discussion

The concluding discussion involving all group members together, following from their group work, brought to light additional challenges and critical needs. These included the need to facilitate socialization for boys who may be perceived as potential threats among their peers at a higher rate than girls, to contextualize effective reintegration narratives, and to foster strong child-mother relationships. The participants stressed that it is imperative to dismantle negative perceptions of child protection services and challenge harmful stereotypes about young men. Moreover, addressing the needs of boys with trauma, especially those socialized to the incredibly conservative gender roles that were enforced under Daesh, remains a vital aspect of the reintegration process – a point reiterated throughout the concluding remarks from various groups.

## SITUATING CONSULTATION FEEDBACK IN THIS TOOLKIT

The group discussions and recommendations highlighted a range of ideas and good practices – and promisingly, many of these aligned with the principles and themes outlined in this Toolkit, such as emphasizing the need for comprehensive preparation to receive minors, the need to understand their unique experiences, and ensuring the provision of holistic medical care early on.

Similarly, the participants almost uniformly highlight the necessity of engaging multidisciplinary actors throughout the phases of the rehabilitation and reintegration efforts, to engage receiving communities and schools and support broader local communities in the reintegration of minors. As this Toolkit also highlights, this diverse group of practitioners also highlighted that it is essential to support the families of the minors being reintegrated and to identify those family members who can aid the process and create safe spaces for returning children. A key point arising from the discussions which was not a major focus of this Toolkit, though it aligns well with Good Practice Area 6. Family-Based Rehabilitative Care, was the need to support the parents of returning children, who are essential in children's lives. As discussed during this consultation session, supporting parents appropriately, where possible, can increase the chances for effective rehabilitation and reintegration of children.

More specific to age and gender, the group discussions highlighted the critical importance of differentiating biological and developmental age when tailoring programming for returning minors. Moreover, their young age should not mean that these children are not heard. In respect of their evolving capacities, returning minors must have a voice to share their experiences and needs, and inform their reintegration journeys. This can ultimately be a deciding factor in the success of rehabilitation and reintegration.

The importance of gendered understandings, gender-sensitive approaches was similarly emphasized. Gender is likely to have played a role in children's experiences of trauma, and different needs likely follow, thus different programming and support. In the early phases of rehabilitation, gender-appropriate staff and care are essential in providing basic needs and services, especially when it comes to medical aid. During this reintegration phase, it is essential to understand the restrictive gender norms they may have experienced and internalized, as well as the role that new norms can play in supporting reintegration. The participants broadly reiterated the need for age- and gender-appropriate responses at all levels of rehabilitation and reintegration and that depending on the cultural context and other circumstances, different approaches may be applied.

