



## Female Returnees and their children

Psychotherapeutic perspectives on the rehabilitation of women and children from the former territories of the so-called Islamic State

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## Returnees and their children

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#### Introduction

Experts dealing with the challenges of deradicalisation and rehabilitation today are quickly realising that women and children are also being given an important position in the ideology of radical political or religious groups. According to neo-Nazi beliefs, their role is to secure the "future of the white race", and in the world view of the terrorist militia "Islamic State", they should help to build the "caliphate". They are involved in the social life of extremist groups in a variety of ways and are often shown in propaganda in the context of ideals of community, generativity and strength. But how do children in particular become involved in such politically or religiously radical groups? And what does it mean for their social and mental development? These are very important questions for support services, reintegration tools and rehabilitation programmes.

Past and current examples show that children can be born into families that follow a certain ideology (as can be the case with neo-Nazi groups, nationalist communities or radical religious groups). It is also possible for them to be introduced to such groups by a parent after the biological parents separated and the mother or father found a new partner. If parents, who have dedicated their lives to an ideological mission, raise children, they come into contact with the ideological universe of the group early on in life. This contact is less intellectual and more playful, involving the mind and body: rituals, sporting activities, celebrations, music and computer games are used to socialise them in the ideological community – a community that acts as if it were chosen but also persecuted in a world of enemies, which has a lasting impact on how children develop their identity. Children are given more direct ideological education or training as they get older, in which they are taught the foundation myths and historical narratives of the group and may swear loyalty to the leaders or worship martyrs.

Experts face particular challenges if children and adolescents are involved in the family and group constellations. In these cases, reintegration tools and rehabilitation programmes need an age-specific component that ensures the child's welfare and the protection of the children and their primary caregivers. Experience shows that women who want to break away from extremist groups with their children are often ambivalent at first. Many factors and fears interact, which create uncertainty in the distancing and reintegration process. This is also evident, for example, in some women who had joined radical Salafism, travelled to the territories of the so-called Islamic State ("IS") and given birth. Many initially idealised leaving their home country and starting their life in "IS", but then experienced dehumanising and traumatic situations. Numerous women are now imprisoned with their children in northern Syria in dire conditions. While they tried to hold onto the ideal of the "caliphate" at first, they are now often internally distanced from it and want to return home.

In the complex tug of war between security political, constitutional as well as humanitarian considerations, various psychological questions are also raised. We would like to address some



of these questions in this issue. We use the situation of German women who travelled to "IS" with their children as an example. Especially for children and adolescents, it is even more important to understand what it means to be born in "IS" and to grow up there and in captivity. How can we imagine the internal world of these children, their mental state and their development?

Some of these children will return to Germany within the next few years. The jihadist ideology, trauma and experiencing losses leave their mark on their development. Under these circumstances, repatriation, rehabilitation and reintegration are challenging social tasks. What support will they need for repatriation? This publication intends to highlight the psychological and psychosocial aspects of these efforts.

The first part provides an overview of the situation of children with a link to Germany. The second part addresses issues of trauma and discusses children and adolescents growing up in a field of tension between trauma and ideology. And finally, the third part focuses on rehabilitation and reintegration. We hope that we can help to improve understanding across professions so that professional rehabilitation can prevent potential future (re-)radicalisation risks.

## 1. Context

### 1.1 Childhood and adolescence in "IS"

When Abu Bakr Al-Baghdadi named himself the caliph of the declared "caliphate" on 29 June 2014, he raised the terror group "IS" to the status of a state player that should have everything it needs - territory, a population, a currency, a tax system, police and secret service, institutions such as schools and a justice system. Children and adolescents were given a very special role in this ideological project: They were considered the generation that would continue and expand the "caliphate" in future. At first, "IS" aimed to win over the "heads and hearts" of young people, both in conquered territories and abroad. Many of them sympathised with the jihadists, even if there were a wide variety of motives of this. The sympathisers included young people who fled violence at home, but also war orphans or young people who were easy to manipulate and were particularly receptive to the offers and messages of the jihadists.

"IS" used a well-planned strategy of persuasion and recruitment as well as intimidation and violence, even up to genocidal persecution and extermination, as the Yazidis in Iraq experienced. Many families in Syria and Iraq were divided during Islamic State's rise to power and rule: While some family members joined the terror militia, others rejected it and lived in fear and under constant threat or had to flee.

### *School system*

Tens of thousands of children and adolescents who went to school during the rule of "IS" experienced how the entire education system was transformed in line with the radical Salafist ideology. School subjects such as drawing, music, history, philosophy and social sciences that did not contribute to the internalisation of the ideology were removed from the "education" imposed by "IS". They were replaced with topics that give children a more rigorous education of the Quran: Tawhid (monotheism), Fiqh (jurisprudence), Salât (prayer), Aqîda (principles), Hadîthe and Suren. School books paid homage to militarisation and violence was normalised with images and texts about war (Benotman/Malik 2016). Students were to be given a feeling of superiority, heroism and loyalty to "IS" (van der Heide/Alexander 2020). Teachers who refused to comply were dismissed or persecuted as traitors. Many children suffered under this new school system, lived in fear and could not complete their education.

### *Early education in the family*

"IS" expected its followers to start the Salafi education of children at a very early age. Mothers were expected to teach their children the literal meaning of the Quran and raise them for the service of the Jihad.<sup>1</sup> Particularly the boys were expected to be involved in sporting activities early on to become aggressive and to be well-prepared for their later role as a fighter. They grew up with images of modern martyrs and the glorification of war and were expected to direct their hate towards the enemy. Girls, on the other hand, as the guarantors of a new generation of jihadists, were to be fully veiled at a very young age and married early, but were upheld as symbols of purity, modesty and chastity (van der Heide/Alexander 2020).

<sup>1</sup> Instructions on how to raise children for jihad could be found, for example, in a propaganda guide entitled "The Sister's Role in Jihad" (see van der Heide/Alexander 2020).

### *Jihadi socialisation in the training camps*

In the training camps for the “cubs of the “caliphate””, jihadi education intensified for some of the children and adolescents from 12 years of age, sometimes even earlier. This education, sometimes lasting several months, focused on in-depth, religious indoctrination, weapons training and physical combat training. Children and adolescents who were brought to the jihadists in the training camps often had to participate in extreme violence. They were forced to watch videos of beheadings, be present at executions and even kill prisoners. Disobedience was brutally punished. Some of these children and adolescents were forced to join “IS” because their families were blackmailed or threatened. Others were orphans or, as with the Yazidi children, kidnapped and brought to the training camps. Some were even sent there by their jihadi parents (Bouzar/Benezech 2019).



The totalitarian ideology in these training camps focused on an elite identity of the boys, who became both victims and perpetrators. Those who were recruited and trained by “IS” were given a feeling of being chosen and were given a higher social status at the start of the “caliphate” - which was also to prevent the recruits from turning to other ways of life. After completing their training, young people were given specific roles in the terror militia, be it as fighters, guards, spies, propagandists or similar roles (Vale 2018, van der Heide/Alexander 2020).

It was not uncommon for children to be used as suicide bombers with the promise of a “reward in paradise”.

### 1.2 Germans who left to join “IS”

While “IS” was conquering and expanding, it used propaganda to intensively recruit foreign supporters. The key message was that Hijrah (leaving to join the “caliphate”) is a duty for every Muslim. Everyone could find their place for a “good life”, a high standard of living and a useful purpose in Islamic State. The propaganda mainly targeted young people who would start families and have children.

Between 2013 and 2018, around 5,000 young people left Europe to go to “IS”-controlled regions, around 1,050 of them were from Germany (BKA/BfV/HKE 2016). They were mainly young adults between 18 and 29 years of age, although the figure also included a certain number of minors. The majority of those who left Germany (N=784) were German citizens, 79 % male and 21 % female. It was known that 37 % of the group (290 people) had children at the time that they (first) left Germany (BKA/BfV/HKE 2016). Some of these 784 people, mostly women, left Germany with children to join “IS”. According to their ideological beliefs, they often saw it as the only possible way to give their children a “better world under God’s law” and not to leave the child to the “dark forces of the infidels”.

Using children as bait to recruit younger Europeans was an explicit part of the “IS” strategy. The propaganda films often showed happy children laughing in playgrounds or with their fathers in leisure parks, as well as schools, orphanages and seemingly well-equipped hospitals. This was how the “caliphate” portrayed itself to be a child-friendly country and these propagandist sequences affected many young women who felt drawn to the idealising images (Bouzar/Benezech 2019).

### ***Reasons to leave – a typology***

There are only a few systematic studies to date that look at the different reasons and motives for European men and women to join "IS". According to the study already mentioned that was conducted by the German security authorities, around half (54 %) were motivated to leave Germany for Islamist-Jihadi reasons. 18% of those who left Germany expressed their intention of wanting to be part of the fighting ("the armed jihad"). The third most common motive for leaving Germany was "humanitarian" reasons (18 %). More uncommon motives for leaving Germany included a "revolutionary intention" (8 %), the desire to marry (6 %) or follow or accompany their spouse or family member (5 %) (BKA/BfV/HKE 2016).

We can find more detailed motivation studies in France, where Bouzar in particular developed an inductive typology that showed how the "IS" propaganda was adapted according to how susceptible young people were (Bouzar 2017). I have included her descriptions of the motivations.

#### ***1st motive: "IS" as utopia***

According to Bouzar, many of the young men and women followed their dream of a "perfect" world. "IS" propaganda made them believe that by leaving for "IS", they could help build an "ideal society" - a society in which there is equality and solidarity among Muslim men and women and where children can have a happy upbringing. This collectively shared fantasy connected young people from all sorts of backgrounds. They spread the illusion of being reborn and starting anew. At the same time, the propaganda suggested that the "West" is bad because it suppresses and persecutes Muslims and life in the West is therefore reprehensible. They were also promised that they would be able to "reinvent" themselves in "IS", take on a new name and break away from their ancestry.

#### ***2nd motive: Mother Theresa***

Bouzar's study describes a second motive of the willingness to join a humanitarian cause, which developed among some young people from the moral shock of the atrocities committed by the Syrian army and other armed groups in the civil war. "IS" used images of suffering or dying children to appeal to their altruistic motives and accused these young people of having a "comfortable life" in the West: "How can you do nothing while children in Syria are dying?" They were told that they could put a stop to these atrocities and save people by joining the jihadi movement. This was also how young people with professional aspirations in medicine, social or care fields were recruited.

#### ***3rd motive: Sleeping beauty***

A third motive describes the so-called global marriage motive that caused some young women to leave. Bouzar appreciates that these young women were looking for protection and were mentally very unstable. Marrying a jihadist seemed to be the answer to all their problems. They fantasised about being able to find a husband who would never leave them and who could make it possible for them to be together "forever in paradise". The "IS" propagandists succeeded in feeding this illusion that "IS" admired and respected women. "IS" propaganda pitched it to the future bride as a "pearl box" that contained "valuable diamonds".

#### ***4th motive: The fortress***

The fourth motive, the "fortress", is seen in young people who feel overwhelmed with their adolescent, psychosexual impulses and obsessively seek to control them. They see turning to radical Salafism as an attractive way to become a better person. Their motive for radical engagement is a quest for purity, a way to contain their body and transform it into a fortress against "dirty" sexual fantasies and impulses. This can also include seeing martyrdom in the jihad as a way out to attain this ideal, pure self.

**5th motive: The saviour**

The saviour motive is based on apocalyptic beliefs. The young people are convinced that the end of the world is close. To save their own family from hell, they want to sacrifice themselves to die in the Holy Land. They believe that this is the only way to ensure that they can take their family with them to paradise - but only if they leave Germany without hesitation. Bouzar believes that many of these young people had recently experienced a major crisis, usually the loss of a close relative. "By dying, they hope to "intercede" for this relative whom they consider an unbeliever or a lost Muslim" (Bouzar 2017). Suicidal feelings are also often present in these young people.

**6th motive: Lancelot, fighting against the dictator**

This motive is primarily seen in young men who want to fight and put themselves, their limits and their courage to the test and prove their masculinity. They ask: What am I capable of? Am I a real man? According to Bouzar, this group often has a connection to aspects of revenge and retaliation that the young people believe they have to seek in order to restore their own worth or the worth of their "brothers". Many of these young men also had an affinity to male associations, such as the military or the police - professions that they may have applied to but with no success.

**7th motive: Zeus who regenerates the world**

Young people with this motive want to impose shariah law around the world to tackle corruption and moral vices. They often unconsciously seek to fight their own impulses as many of these young people, according to Bouzar, knew no limits and took part in risky behaviour. They are driven by a feeling of omnipotence and see themselves in their fantasies as a divine authority to command others. The jihadi discourse gives them the justification for their quest for absolute power.

**Motives for leaving in the interview study by Anne Speckhard**

US psychologist and terrorism researcher Anne Speckhard analysed motives for joining "IS" in her interview study with "IS" supporters in Syria and Iraq (Speckhard/Ellenberg 2020). Out of the 220 mostly imprisoned people, 38 of them were women. Speckhard describes these women as having a biographical, pre-existing "vulnerability" that she differentiates from the specific reasons for joining: growing up in poverty, particularly among women in Syria and Iraq who have joined "IS"; prior traumatic experiences and family conflicts. Leaving to go to Syria was often a way of escaping or attempting to save themselves, others followed their (future) husband, partner or relatives without asking questions and let themselves be manipulated. However, Speckhard emphasised that the vulnerability does not negate the women's personal agency: "Many women recount their own strong desire to join the "ISIS Caliphate", live under shariah and follow a traditional lifestyle. Some were proud that their husbands had joined ISIS, enjoy freedoms and other benefits and help build up the "caliphate"" (ibid. p. 105). Women who followed their husbands to "IS" were often just as motivated to join or encouraged their husbands to do so, some of them were even the main driving force behind leaving. For foreign "IS" supporters, the dream of gaining status and importance and finding a purpose in life was a strong driving force, which indicates that they were not able to find all of this in the life they left behind.



### 1.3 Children with a link to Germany in "IS"

It is estimated that around 300 children and adolescents left Germany, mostly with their parents, between 2013 and 2018 to go to Syria or Iraq or were born there (BfV 2019, von der Heide/Kabisch/Mascolo/Musawi 2019). Around 75 % of them were born in the combat zone (ICCT 2020). Surveys show that out of these approx. 300 children and adolescents according to the initiative "Repatriate the Children Germany", up to 150 children with a link to Germany are with their mothers, mainly in Al-Hol camp and other internment camps and prisons in northern Syria.<sup>2</sup> These children can be divided into three age groups:

- a) Children between 7 and 13 years of age
- b) Children between 4 and 6 years of age
- c) Young children up to 3 years of age

The psychological situation of these children will differ depending on their age and the experiences in "IS", on the run and in prison.

<sup>2</sup> Claudia Dantschke (HAYAT) assumes that there are around 140 children, see also <https://www.parlament-berlin.de/adoss/18/VerfSch/protokoll/vfs18-030-wp.pdf>.

#### a) Children between 7 and 13 years of age

Children who were taken by their mothers or fathers to "IS" territories between 2014 and 2018 were mainly pre-school age when they left Germany. They are now of school age, even if they never regularly attended school. Children from this age group were often suddenly taken away from family members (e.g. from the parent left behind or grandparents) when they left.<sup>3</sup> They were abruptly taken out of their lives in Germany when they emigrated to the "Caliphate".

One must assume that these children have had traumatising experiences under the rule of "IS". They have been exposed to the ideology and violence of "IS" more strongly than younger children. The children grew up in an environment dominated by "IS", have been exposed to continuous propaganda, and may have witnessed public executions or punishments. It is possible that children had to watch their parents being abused and

<sup>3</sup> According to the Public Prosecutor General, the offence of child theft, with a specific risk of death, in one case resulting in death (Sec. 235 (2) No. 1, (4) No. 1, (5) of the German Criminal Code (StGB)), of bodily harm (Sec. 223 (1) StGB) and of breach of the duty of care and upbringing (Sec. 171 StGB) could apply.



imprisoned. They are very likely to have been left alone with their experiences, their fears and excessive demands. Some children from this age group were occasionally given "IS" religious education and came into contact with weapons at a very young age because they were taught how to use them by their mothers and fathers.<sup>4</sup> In some cases, parents handed their children over to the "IS" training camps where they were given professional training in handling weapons, carried out various services and may even have used violence against people. One must assume that these children were also treated terribly; for example, it is known that they were threatened with physical punishments (beatings) for incorrect behaviour. When "IS" came under military pressure and had to accept considerable losses of territory, these children often experienced air strikes against "IS" strongholds. Their lives have long been influenced by war and fleeing. Now that they are imprisoned, they can recall memories about their life in Germany, a "different kind of normality", even if they do not speak much German. Some of them may even have contact with their grandparents in Germany.

#### ***b) Children between 4 and 6 years of age***

Children in the second group are of nursery and pre-school age. They were born during the peak of the territorial expansion of "IS" between 2013 and 2016 but have only ever experienced war and fleeing in their short lives: frequent displacement, a life in accommodation centres that may be bombed and shot at by "IS" opponents, under dire conditions, in fear, hunger and uncertainty. Some of them will have lost their caregivers. These children are almost of school age but they live with their mothers or caregivers in a camp of "IS" supporters where the jihadi ideology is virulent.

#### ***c) Children up to 3 years of age***

Children up to 3 years of age were born during the military push-back of "IS", at the time of the capitulation or in prison. They are the youngest group and were often born under life-threatening conditions. Their first years were and are influenced by the misery of fleeing and the hardships of life in a prison camp, a time that will also affect their earliest development and their first memories.

<sup>4</sup> According to the Public Prosecutor General, this is the offence of war crimes against people, specifically the involvement of a child under 15 years of age in an armed group in connection with a non-international armed conflict (Sec. 8 (1) No. 5 Ver. 2 of the German International Criminal Code (VStGB)).

## **1.4 The current situation of living in Al-Hol camp**

Al-Hol camp in Hasaka on the Syrian-Iraqi border became the central refugee camp for the Syrian, Iraqi and foreign "IS" supporters after the military defeat of "IS". The majority of them were captured in winter 2018/2019 after the military defeat of "IS" at Baghouz. Many were forced to surrender.<sup>5</sup> According to Kurdish sources, the camp houses citizens of at least 54 countries (including 16 different member states of the European Union) (Schennach 2020). It is estimated that 7,000-8,000 children under the age of 12 in the camp are of foreign origin and 700-750 children are from European countries (Speckhard 2020).

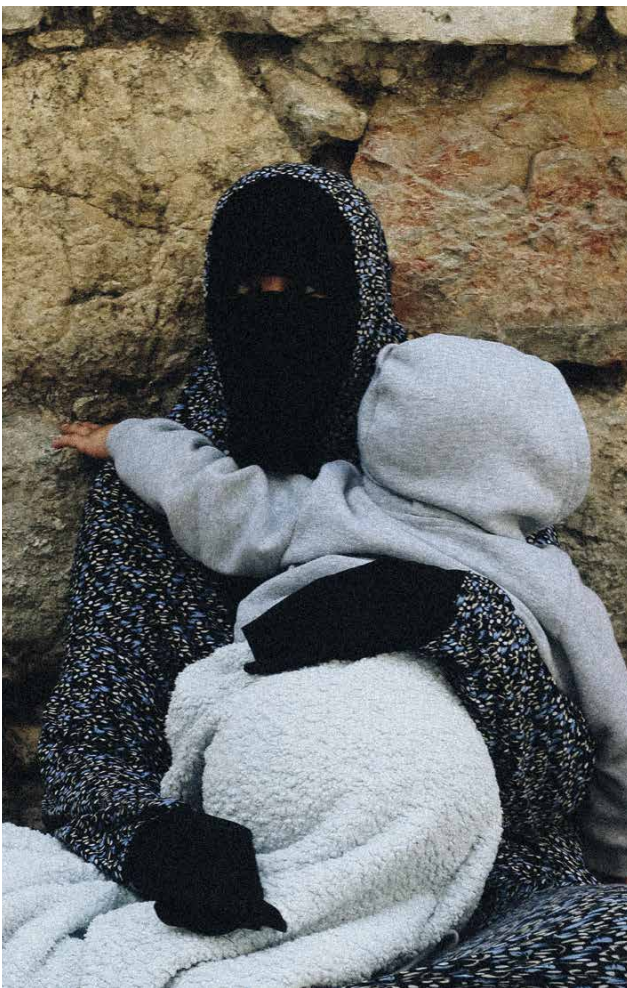
The camp was divided up into different zones. Several thousand foreign "IS" supporters mainly live with their children in a so-called Foreigners Annex, which is closed and residents are not permitted to leave. As such, the conditions are similar to prison. From the beginning, i.e. since the capitulation of "IS", the humanitarian situation in Al-Hol migrant camp has been alarming. Between March and December 2019, at least 371 children died in the various sections of the camp (Speckhard 2020, van der Heide/Alexander 2020, Francois/Ibrahim 2020). In autumn and winter 2019/2020, the situation of the children in Al-Hol became worse due to flooding, the extreme winter conditions and the continued lack of international support. In the summer months, temperatures can reach up to 50 degrees Celsius. It is reported that deaths occur every day as a result of malnutrition and exposure to extreme weather conditions.

The three most common causes of death were respiratory tract infections, diarrhoea and anaemia at 35.6 %, 11.8 % and 4.2 %, respectively (Schennach 2020). The European Council has now reached the assessment that all children in the camp are in "acute humanitarian distress" (Schennach 2020). The children living in tents are lacking proper nutrition, protection from the extreme weather, clean water, medical care and education. Some of the women and children were seriously injured before their arrival and were not given adequate medical care.

<sup>5</sup> This camp was originally intended to offer protection to internally displaced Syrians. During the defeat, it was increasingly used to house "IS" supporters, their children and older people from the former "IS" territories. According to the International Committee of the Red Cross (ICRC), the population in Al-Hol increased dramatically from 10,000 planned migrants in December 2018 to 72,000 residents at the end of March 2019. Approx. 90% of the camp residents are women and children under 12 years of age.

### Radicalisation risks in Al-Hol

Children who have to live in the Foreigners Annex for a long period of time under such adverse conditions are also at risk of radicalisation because the main reference point that offers them orientation and sense is the Salafist-Jihadi ideology and the feeling of belonging to the "caliphate". Initially, many of the former "IS" supporters with their children held onto the hope of escaping the war and the "IS" regime but after a while, the hope often turned into doubt, resentment and hate. As such, new "IS" structures, a "mini caliphate", are established in the conditions created by poor care, lack of perspectives and uncertainty. The Kurdish forces



that run the camp have been stating for months that fanatic women threaten and abuse other women who have already turned their back on "IS". A hostile environment to them has developed. Speckhard emphasises that it is traumatic for children when they have to see their mothers exposed to violence. Their tents are burnt to the ground, their property destroyed and in some cases, women have been murdered (Speckhard/Shajkovci 2019). Life in a camp like Al-Hol and the constant fear and intimidation exacerbate the trauma of many children.

The ideology of "IS", jihadism and the belief that "IS" will soon free them to set up the new "caliphate" live on in the heads of many women. Radicalised women try to attract children to the "IS" ideology. It is not uncommon in the camp for children to recite the "IS" slogans or throw stones at the Kurdish security forces. Therefore, there is a real danger that the imprisoned children internalise a positive image of "IS" if international aid and rehabilitation programmes are not offered. It is entirely possible that Al-Hol could become the catalyst for further radical violence - a problem that has international significance and cannot be solved by the Kurdish autonomy alone (Zelin 2019).

## 2. Ideology, violence and trauma

### 2.1 Trauma in children

Children and adolescents who have lived in the so-called Islamic State and are further exposed to the influence of jihadi ideology in the internment camps have almost always experienced extreme violence. What long-term consequences can this have on their development? It is important to address this question so that suitable offers for rehabilitation and reintegration can be developed. This chapter sets out some of the basics: First, the definition and the types of trauma will be discussed in detail and then traumatisation and resilience in childhood will be examined, always taking into account the psychological situation of the primary caregiver (usually the mothers). The situation of the mothers will also be looked at in more detail because they were witnesses as well as accomplices and victims in "IS" in a complex way, which will also have an affect on the children growing up (Speckhard 2020). The final part will address the potential psychological repercussions of complex traumas in children and adolescents caused by ideological violence.

#### *Risk of trauma*

It must be assumed that most of the children who survived the war, the air strikes and the military crackdown of the "IS" and who have been exposed to the adverse conditions in Al-Hol camp for a long time after the surrender in Baghouz, have experienced long-lasting and multiple traumatic situations. Many of them have lost their caregivers. The younger children have only ever experienced war and fleeing and are now growing up imprisoned in the camp where they are subjected to hardships and are exposed to a greater or lesser extent to "IS" ideology, depending on the situation of the mothers. The effects of the extremely poor life situation after the defeat of "IS" can be just

as severe as the experiences while living under "IS" (van der Heide/Alexander 2020).

Trauma, loss and the adverse living conditions create despair and lead to a chronic manifestation of their diseases.. Therefore, it is highly likely that the majority of the children are traumatised, although to varying degrees.

### ***Trauma – definition and types***

It is necessary at this point to discuss the scientific meaning of trauma and the types of trauma: Traumatic situations are, per se, extraordinarily threatening. The mind is overwhelmed with fear in the traumatic situation that is experienced as a "catastrophe". Every trauma is accompanied by feelings of powerlessness and complete helplessness. Due to their lack of ego-structural defences, children cannot deal with traumatic situations as well as adults (Vliegen/Tang/Meurs 2017). Trauma research distinguishes between type-I trauma, a single, drastic incident, and type-II trauma. Type-II trauma is repeated exposure to trauma over time. And there is a third type of trauma that includes complex trauma, severe and long-lasting trauma and/or repeated trauma in close relationships (abuse, sexual child abuse, war experiences, torture, life-threatening incidents, psychological and emotional neglect) in childhood.

### ***Trauma in children – memory and symptoms***

Unless they have a secure caregiver to protect them, very young children are much more vulnerable to life-threatening, traumatic events than adolescents or adults. Even though children between 0 and 3 have no conscious memories of what they experienced, we know from trauma research that there are "embodied" unconscious memories from early childhood. Even babies and toddlers can be traumatised by terrible events. Memories that leave their mark on the body and penetrate the mind that can be vaguely felt are formed or cause nightmares and express fears. The children often suffer from insomnia, stomach pains or headaches, they have disturbed rhythms of eating, waking up and sleeping, a loss of appetite and permanent hyperarousal. They are often overwhelmed by sort of a raw panic and are constantly expecting the catastrophic event to happen again. The children cannot relax. Their stress reaction system is permanently overwhelmed, particularly from severe and early traumatic stress.

### ***Protection and risk factors***

In the best case scenario, their primary caregivers can alleviate the fear and stress. A secure attachment and relationship, provided it can develop, is the most important protection and resilience factor against post-traumatic stress disorders. We know from analyses conducted by Belgian child psychiatrists<sup>6</sup> that some of the young mothers were relatively successful in looking after and protecting their children under the extreme conditions during the "IS" regime and imprisonment. They seem to have managed to keep their children away from the most awful circumstances, protect them from violence and therefore reduce the fears and stress reactions in the children. A child that has a secure and good relationship with their primary caregiver can usually handle extreme stress better. A secure connection means developing secure relationship expectations as well as a stable self-image and the ability to control oneself when stressed or anxious. Then curiosity about the own internal world and of other people can develop (which psychoanalyst Peter Fonagy also refers to as mentalisation).

However, it is also known that many of the women and mothers in the camp have reached breaking point. They function in "survival mode". The dire living conditions and the extreme group dynamic as well as the psychological stresses reinforce each other. All of this is then transferred to the traumatised children who are also affected. If the mothers do not respond well to their children's stress reactions, the traumatic fear, and alleviate this, this results in a high risk of attachment disorders, which can further affect the children's development. These children develop a "blueprint" of anxiety and distrust as an internal working model of relationships. They are at risk of developing consequences of the trauma. They may find it difficult to recover from emotions and are in a constant state of anticipating fear, regression and helplessness.

6 See a Belgian newspaper article from DeMorgen dated 10.09.2019: <https://www.demorgen.be/nieuws/rapport-is-hergroepeert-zich-in-syrische-kampen~b6c9e460/?referer=https%3A%2F%2Fwww.google.de%2F>

See Loots, G., Viaene, C., Jamaï, H., Quaghebeur, S., & Ryckx, S. (2018). Rapport bezoek aan belgische kinderen in koerdische vluchtelingenkampen in noord-oost syrië 13 – 21.

The consequences of complex trauma in children can be very different (Betancourt 2001, 2008). They can develop symptoms of post-traumatic stress disorder (PTSD) including reliving the experience (e.g. in nightmares, penetrating thoughts or flashbacks), avoidance behaviour and emotional numbness as well as increased arousal symptoms (e.g. sleeping problems, stomach pains and headaches, irritability or angry outbursts, difficulty concentrating, always being on guard or being easily startled). The effects often go beyond the direct symptoms and affect further development, resulting in developmental delays or regression. Some of the traumatised children barely speak, if at all, they are less motivated to discover the outside world, have greater social deficits and lower resilience. They display signs of severe separation anxiety and regressive behaviour. Depressive symptoms, social withdrawal, self-destructive behaviour or suicidal tendencies can occur. As a result, they do not develop curiosity for the outside world and social skills cannot properly develop. The traumatic fear that children live with means that they are always checking their environment for potential threats. The consequences of the trauma also include some children withdrawing, constantly thinking about the end of life and pondering or displaying destructive behaviour and breaking rules. Instead of playing creatively, they imitate their experiences in games (Fonagy 2001, Grünbaum 1997). Therefore, these children find it difficult to learn and the risk of cognitive dysfunctions increases due to the trauma (e.g. in terms of argumentation, solution strategies, processing information).

## 2.2 Mothers as witnesses, victims and perpetrators

We must also assume that many of the women who left to join "IS" have become direct or indirect perpetrators (or accomplices), supporters, witnesses and ultimately victims of violence to varying degrees. But how could these experiences of being witnesses, accomplices and victims affect their personality throughout their life and ultimately the mother-child relationship? The answer to this question requires exact biographical examinations that cannot be accessed at this point. However, reference can be made to experiences from research and counselling work:

### *Variety of potential experiences*

For many young women, the "illusion of a better society" very quickly collapsed after leaving to join "IS". They realised the dangerous and destructive situation in which they have put themselves (and their children) in "IS". Speckhard examined the various traumatic experiences of the women in more detail (Speckhard 2020, Speckhard/Ellenberg 2020).

Two thirds of them experienced the air strikes of the alliance against "IS" and were bombed, 42 % experienced the death of family members as a result of the fighting and violence of "IS" and, in particular, lost their husbands. Every fifth woman (20 %) was a victim of forced marriage and every sixth woman (16 %) was imprisoned by "IS". 10 % witnessed executions, 8 % were victims of rape and 5 % were witnesses of torture or were present when a family member was killed (Speckhard/Ellenberg 2020). Women who did not want to remarry often married out of desperation, simply to escape the miserable conditions (e.g. in the women's shelter for unmarried women and widows) (Speckhard/Ellenberg 2020).

"IS" supporters often explained in interviews their shock and dismay over learning that they had to endure whatever abuse their husbands meted out to them. The women reported a life of tyranny and fear: "Most of the subjects describe living under extreme fear, some from their first entry into ISIS, others developing this sense of terror as they realized that ISIS was a totalitarian state. The ISIS emni could accuse anyone of being a spy or other crimes and public executions and torture were normal occurrences. As a result, most did not have many friends and did not talk openly, sometimes not even sharing their doubts and fears within their families. Subjects told how ISIS trained youth to spy, even on family members, and how people informed on one another to the ISIS emni" (ibid. p. 114).

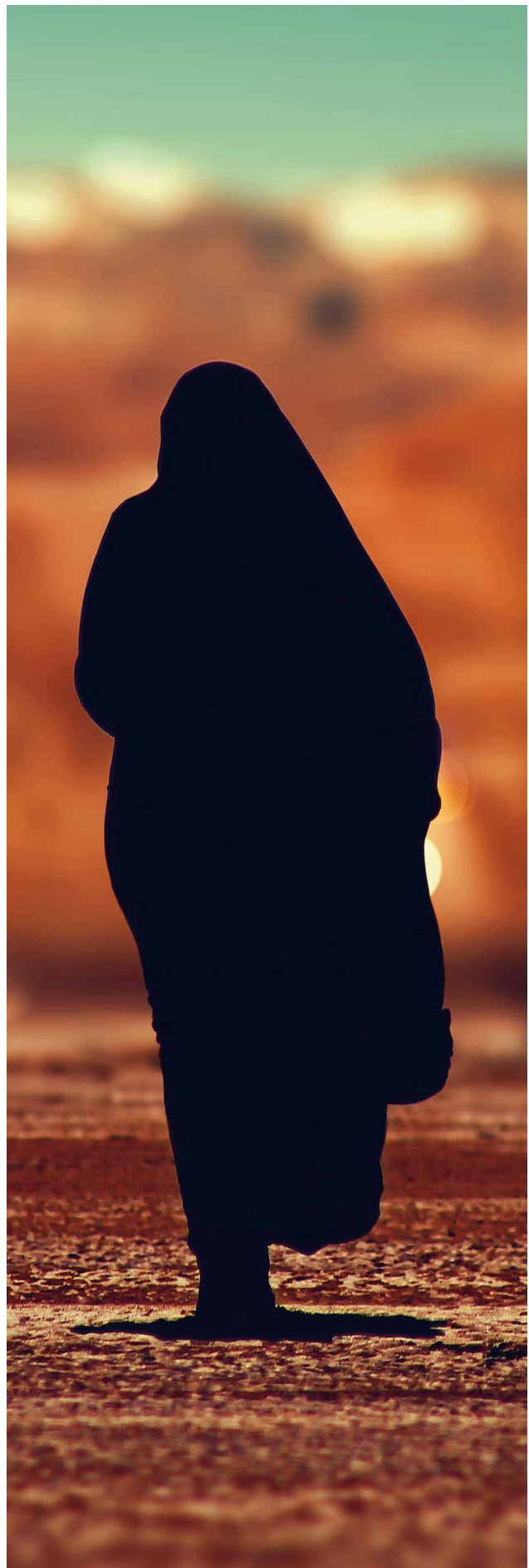
### *Disillusionment*

For most of the women interviewed, the poor treatment of women but also the dire living circumstances were sources of disillusionment. Almost a third reported that the terror attacks outside the "IS" territory also contributed to disillusionment. Some of the young women expressed concern for their family members in Europe. Every fifth woman reported that "IS" treated its members poorly up to imprisoning them and torturing those who tried to leave "IS". Speckhard also writes: "While none of the participants denied knowledge of ISIS's atrocities at the time of the interview, many denied participating. Just over forty percent of the men and 31.6 percent of the women in this study claimed that ISIS had cheated, lied, manipulated, or otherwise tricked them into joining. ... (b)ut they generally blamed ISIS, rather than taking full responsibility for their own actions in supporting a virulent terrorist group." (ibid. p. 118).

### *Ideologisation*

It has been verified that some of the women who left to join "IS" were actively involved in "IS" and had responsibilities and roles (e.g. in the female morality police). These women must be described as perpetrators.

In her interviews with "IS" supporters in the Al-Hol camp, Mironova (2020) discovered that around 20-30 % of the women still sympathised with "IS". However, this group of "IS" supporters is varied and can be divided into four sub-groups: (1) Women who are "true believers" and honestly believe in "IS", (2) women whose husbands are staunch "IS" fighters and who remain loyal to "IS" through their husbands, (3) women who faced a bigger threat in their home countries than in the war zone (e.g. the Uyghurs) and who put their hope in a "caliphate" in Syria because it is the only place where they want to permanently live, (4) women whose motivation is strategic, who hope to earn financial support by being loyal to the "IS" fighters (Mironova 2020).



Furthermore, biographical developments where women continue to support "IS" can in some cases be described from a psychoanalytical perspective as an attempt to "triumph" over the consequences of deeply distressing or traumatic experiences and over their internal psychological effects. In such cases, turning to the jihadi ideology can be used as a defence from intolerable feelings - fear, pain and powerlessness. In psychoanalysis, this is referred to as a mechanism of identifying with the aggressor. Turning to a terror militia, such as "IS", gives status and power, but primarily subjective satisfaction because they can retaliate against trauma and loss. The pain they experience themselves is afflicted onto others who should suffer the same and is related to the belief of being right (Speckhard/Yayla 2017). If these women gave up the ideology, they would feel much more vulnerable and their trauma would potentially lead to a breakdown later on.

### **Traumatisation and ongoing personality change after extreme distress**

Understanding how the ideology connects with the mind is very complex and can only be examined by speaking directly to those affected. It is known from trauma research that prolonged or multiple traumatic experiences can lead to complex post-traumatic stress disorders (Frommberger et al. 2014). These are associated with a variety of symptoms and can also involve a personality change. Using the diagnostic criteria as a basis, the symptoms can be divided up into six main categories:

- *Changes in emotional and impulsive regulation (dealing with anger, self-destructive behaviour, suicidal tendencies, sexual disorders, increase in risky behaviour)*
- *Changes in attention and consciousness (amnesia, temporary dissociative episodes and depersonalisation experiences)*
- *Changes in self-perception (ineffectiveness, stigmatisation, feelings of guilt, shame, isolation and trivialisation, loss of self-worth)*
- *Changes in relationships with others (inability to trust other people, revictimisation, victimisation of other people)*
- *Somatisation (gastrointestinal symptoms, chronic pain, cardio-pulmonary symptoms, conversion disorders, sexual disorders)*
- *Changes to outlook on life (despair and hopelessness, loss of earlier fundamental beliefs)*

To be diagnosed with a "personality change after catastrophic experiences" according to ICD-10, two of the following personality changes must also be present:

- *Hostile or distrustful attitude, social withdrawal*
- *Constant feeling of emptiness and hopelessness*
- *Constant feeling of nervousness or a threat without an external cause*
- *Constant feeling of alienation (being different from the others)*

Extreme trauma that results in a personality change over time and in the symptoms above also has an effect on a mother's bond with her children. Empirical research has shown that children with mentally ill or traumatised parents are at a higher risk of developing mental disorders in addition to attachment disorders.

## **2.3 Childhood between trauma and ideology**

What does it mean for a traumatised or deeply distressed child to grow up with a radicalised mother? What marks might this leave on the child if the mother strongly identifies with the idea of the "caliphate" and transfers her ideological beliefs onto the emotional relationship and upbringing of the child? What must the psychological development be like in a child whose mother was an accomplice to a brutal ideological system? So far, experts have barely discussed this issue in the context of "IS". Therefore, it is important to state two initial considerations at this point:

### ***Ideological influences in the mother-child relationship***

The ideologisation of the mother results in a change to the relationship with her child. This can differ from case to case. From a psychodynamic perspective, it can be assumed that radicalisation or "ideologisation" also had a psychological function in many women that may have changed and developed depending on the sequence of events (leaving home, life in "IS", defeat and capitulation, imprisonment). Then the ideology influences their way of life, i.e.

- *How the parents perceive themselves,*
- *How they perceive their relationship with the child,*
- *How they shape the relationship and communicate with the child,*
- *How they regulate emotions in the relationship with the child and deal with aggression,*
- *How they perceive external reality and overcome difficulties.*

The ideology can have guidelines for all of this. The ideologically influenced upbringing as part of their way of life therefore also impacts the experiences of the child and their mental development. This upbringing can become a “sickening context” for the child, particularly if the child-parent relationship is already strained. But this does not necessarily mean that the child will develop radical beliefs and a religious ideological identity.

#### *Ideological abuse of the child*

In extreme cases, the mother or the parents have dedicated themselves to serve the ideology. Then when conflicts arise, the relationship with the child is no longer sensitive and emotionally open that fosters a secure bond and emotional support for the child; instead the child becomes part of the ideological universe in which the parents live and in which the relationship to the child may be influenced by ideological violence. It is also possible that the mother may put forward the child to specifically serve the ideology (“You will be a fighter!”) and exploit the child to enforce the mother’s destructive beliefs. “Ideological abuse” of the child is a specific form of child endangerment.

#### *Relationship dynamic between mothers and children*

In order to understand the relationship dynamic between the young women who have joined the radical ideology of “IS” and their children, observation and interview data from various perspectives are required. Compiling experiences from counselling practice and science still allow us to at least approach this topic (Sischka 2019). The main question is how the ideologisation of the mothers could have affected the relationship with the child, specifically in the different phases of radicalisation from leaving home, living in “IS” up to escaping and imprisonment in Camp Al-Hol. Later on, possible effects on the mental and psychosocial development of the children are accentuated.

#### *First aspect: The time before leaving home*

Mothers who decided to leave home to join “IS” and took their children with them denied the importance of the emotional attachment and relationship their children have with the caregivers they leave behind in Germany (parent living elsewhere, grandparents, friends). These connections were often suddenly cut off. There were some cases of the mothers attempting to keep their children away from the grandparents or taking them away from the partner even before leaving Germany. These caregivers are portrayed as “infidels” and the emotional connection to them for the child is “undermined” or even “poisoned”. The children were socialised in a polarised, divided world where there can only be good and bad people, believers and infidels. Particularly for young children, the decisions made by the radicalised parent are forced on them and neither their wants, needs, nor welfare were considered. This can be defined as a form of emotional violence.



***Second aspect: First experiences in "IS", between idealisation and a reality shock***

Many of the young women left Germany with high hopes of the "caliphate". They rejected every critical comment or considered it a (devious) attempt to lead them off their path to please God. Soon after arriving, the horror that many of them experienced gave them a reality check. It was not uncommon for women to be degraded, her freedom in daily life in "IS" to be restricted or even be a victim of violence (bullying) by other women. Since they could not go back home, the only option was often for the young women to integrate in and submit to the social system of "IS".

The children who also faced this extreme situation because of their dependence on their mother will have directly experienced the horror but also fear and anxiety. Many of the young women largely tried to withdraw into a private home that they often idealised. It is assumed that the connection between mother and child often became closer as a result, however fear, distrust of and caution towards the "dangerous outside world" may have played a role.

***Third aspect: Life in "IS", caught between fearing and identifying with the aggressor***

In order to cope better with their shock and to overcome their fears, some of the young women turned more to the ideology over time and actively justified this. Where they witnessed brutal violence such as punishments or executions, it is assumed that the radical ideology became their way of defending themselves against the fears. By doing so, they distanced themselves from the victims of "IS" who were shown no empathy or compassion. The fear-driven, stronger identification with the ideology justified the violence against "traitors" or "infidels": "They are probably bad Muslims who deserve it." At the same time, the women could err on the side of caution and keep their fears of becoming victims themselves in check.

But what does it mean for a child to grow up with a mother who has neutralised her compassion for the suffering of other people and justifies this with the ideologised religion? In particular, what does it mean when the children sense that their mother is frightened and, at the same time, are themselves frightened of brutal treatment, but do not have the space or someone they can trust who takes their fear seriously and helps them to understand and consider the situation?



It is also possible that these children were not only left alone with their fears, but that they may also have developed an inhibition of expressing their feelings at all, particularly their fears and compassion.

Mentalisation (putting themselves in the inner world of other people) is inhibited because it may even be dangerous under certain circumstances. As such, they adjust to the implied messages and the explicit expectations of their mothers.

***Fourth aspect: Life in "IS", erosion of morality and involvement***

Many of the young women will be more or less aware of the fact that they benefit from the war crimes committed by "IS" and the crimes against humanity as a way of securing their livelihood. But they have denied this potential knowledge and forced themselves not to think about it or question it. As a result, they could not develop moral feelings such as guilt, shame or regret. But what is it like for a child to grow up with a mother who sugarcoats the situation and denies her involvement and her benefit and aggressively pushes away her doubts towards herself and others? Even when the identification with the aggressor is based on fear, the message to the child is: "Thinking and asking questions is dangerous! Listening and obeying is the only way to protect ourselves!" It is assumed that children who grow up under such circumstances develop a fear of asking questions and find it difficult to find their own "moral compass". They are always dependent on following what the ideology tells them to do and grow up with an ideologically perverted group morality that is difficult or dangerous to escape.



***Fifth aspect: Life in "IS", contempt for weakness and idealising the fight, but also the difficult search for a way out***

Some women have actively dedicated themselves to serve "IS" (morality police, recruitment, propaganda, translations). By pursuing "doubters", "turncoats" or "traitors" themselves, they have gone against the psychological situation that they feared the most and have fought this in others. Therefore, it was likely a way for them to gain control or even triumph over their own fears and powerlessness (which would be interpreted as weakness and wavering in belief). Now doubt and betrayal in others could be labelled a "sin".

Below are various questions in order to determine the psychological situation of the child:

How is it for a child to love a mother who lives in her ideological beliefs and at the same time to have to be extremely scared of her radical and possibly cruel side? What does it mean for a child to grow up with a mother who sees doubt as a threat and may punish this sadistically? Will the child not become scared of his or her own mother and see doubt or criticism as a wavering in the steadiness of their faith and be terrified (of going to hell) and succumb to the mother's expectations? How is such a mother supposed to be emotionally available for her child in times of doubt and despair?

The issue of the fathers also seems to be important here: What is the relationship like between father and child? Do the children grow up in a militarised environment of a "war against the infidels"? Do they potentially have frequent contact with jihadi fighters because the father is also a fighter? Do they start idealising the fighters and seeing them as role models? Does a boy grow up in a world imaging to walk in the steps of the jihadists or will he possibly be given this role by the mother?

It is also important to ask: What is the effect on a child who grows up with parents who have internally distanced themselves from "IS" and are only adapting to the outside influences but are actually looking for a way out? Does the child grow up in an atmosphere of chronic fear, in which everyone outside the family has to be distrusted because they could betray the family at any time? Or have they already been betrayed? Has the family been caught planning an escape or actually escaping, which was life-threatening for them?

Some of the children lost their father and even their mother as a result. Can they even grieve under such acutely dangerous circumstances? Or was the ideology possibly passed on to the children by other women: Your father is now in paradise, he is fine, you shouldn't be sad otherwise "God will be angry"? Or are they told that their father is now "in hell" because he was a "turncoat"? What effect does this have on the emotional development of the children if their image of their (dead) parents is shaped by ideology? How do they experience and even articulate their emotions? Are they alone with their fear, their grief and their pain or could they reach out to people who could give them comfort and protection? Or were they maybe told "You must be strong, Allah is watching us!"?

***Sixth aspect: Military defeat of "IS" and capitulation***

For some of the older children, the narrative of capitulation they hear from their mother will also have an influence. Can they accept that after the military defeat the "caliphate" no longer exists and that "IS" has failed? Or will they identify with a narrative that was widespread among many of the "IS" supporters during the capitulation in Baghouz: that the caliph gave the order to surrender for their own safety and then to rebuild the "caliphate" at another time? Such a trauma narrative to rebuild the good and glorious "caliphate" and to get revenge for their fallen fathers would also correspond to the concept of "chosen trauma" by Vamik Volkan (2001). In this case, the identification with a "selected trauma" develops to avoid having to accept and process the defeat because it would be admitting complete failure.

***Seventh aspect: Life in Al-Hol camp, in the "mini caliphate"***

The final questions are: How has life in Al-Hol camp affected the children? Were they always taught by the mothers and other women to fear the Kurdish armed forces? Do they see the Kurds as infidels whose help they cannot accept, otherwise they would break the oath of allegiance and go to hell? Is it possible that the "IS" supporters have not just stirred up extreme fear among the children but also hostility and the desire for revenge? Or have the women let go of these beliefs, told their children this and now give them the feeling that the Kurds are also people whose help we can accept and who have tried for a long time to the best of their ability to make the awful situation bearable?



***Potential consequences for mental development - risk of complex trauma***

We have to expect that some of these children will suffer from multiple or complex traumas. Some children will have experienced ongoing interpersonal violence. In the ideological context of "IS", it is likely that the children were frequently traumatised by external events, but then were given "ideology" by their main caregiver instead of emotional support to process what they had experienced. Instead of processing the trauma with an empathetic adult, their experiences were put in an ideological framework: Instead of emotional support, they were given ideologised interpretations.

And so it can also be that these children tend to be anxious in relationships and show a "hypermentalization" ("What is expected of me so that I do not get in danger?") or refuse to empathize with other victims not to get near the victims themselves. They grew up in a world in which subordination and adaptation to the group were required and in which nothing subjective and no critical thinking was allowed to develop.

In this respect, such children tend to join strong group identities out of fear. The violence in socialization contributed to the fact that a burgeoning individual identity had to be hidden or given up. They also saw that aggression was legitimized, but should only be used against "enemies". It is therefore possible that these children develop inner object images that are punitive and unyielding or neglectful and repellent - an inner world that is in any case not characterized by sensitive relationships. So there can also be the danger that the hopelessness of living in such a world will be transformed into a striving for a "better afterlife", that is, depressive feelings flow into the idea of martyrdom because there is no relation to this world that is worth living in (*Sischka 2018*)

### Diagnostic aspects

From a diagnostic perspective, various development disorders can be expected in some of the children as a result of the trauma:

- *Self-perception: Ability to perceive and critically look at oneself as an individual; to look inside and be able to identify various feelings*
- *Self-control: Ability to control the influence on one's own needs, feelings, feeling of self-worth*
- *Defence: Ability to remain emotionally stable in conflicts using one's own protection and defence mechanisms*
- *Object perception: Ability to reliably perceive inner and outer reality; empathy to perceive other people in a holistic way and with their own rights*
- *Communication: Ability to approach others, to understand them, to express oneself and understand feeling-related signals*
- *Attachment: Ability to maintain internal representations of important others and generate adequate meaning toward important others, detaching from relationships and the ability to tolerate attachments that do not run smoothly*

## 3. Rehabilitation

### 3.1 Humanitarian and legal positions

There have long been calls internationally to improve the humanitarian situation in Al-Hol camp for all of the women and children who live there. The Parliamentary Assembly of the European Council declared a resolution in January 2020 to actively rehabilitate children whose parents joined the so-called Islamic State (Schennach 2020). According to the United Nations Convention on the Rights of the Child (UNCRC), children are independent rights holders.<sup>7</sup> They are not responsible for

<sup>7</sup> The UN Convention of the Rights of Children commits states in all matters relating to children to prioritise the welfare of the child and guarantee the protection and care for the child. It guarantees every child the right to live a healthy life and to develop. The child also has the right to an identity, including citizenship, and should not be separated from their parents unless this is in the child's best interest. Furthermore, the contract also guarantees the child's right to freedom of expression, freedom of thought, conscience and religion. The child also has the right to privacy and the right to access information from mass media. The most important may be Article 39 of the Convention of the Rights of Children that demands physical and psychological recovery and social reintegration of a child victim of armed conflicts and that such recovery shall take place in an environment which fosters the health, self-respect and dignity of the child.

the actions of their parents, but need to be seen primarily as victims. Most children are far too young to be able to actively and consciously identify with "IS". This is also emphasised by Speckhard: "When it comes to the very youngest among ISIS children, none of them can be considered dangerous in any way. They are infants, toddlers and preschoolers who are innocent and should not be held as prisoners on the basis of the crimes and guilt of their ISIS parents. Leaving the children of ISIS to languish in camps throughout northeast Syria in dangerous situations facing disease, harsh conditions, Turkish incursions and bombardments, and ISIS enforcers [...] is to risk them becoming a future generation of ideologically indoctrinated militants.

To fail to put the health and welfare of these children first is also against international norms and laws of Western democracies which claim to follow standards of human rights." (Speckhard 2020).

It is essential to avoid making children stateless. Minors who were forcefully involved in crimes, e.g. as child soldiers, should legally be treated and rehabilitated according to the applicable contracts and conventions. The best way to sustainably improve the situation of these children and adolescents is immediately bringing them back to their home country "together with their mothers or caregivers, unless this is not in the best interest of the child" (Schennach 2020). There are also calls in this context to integrate children's rights perspectives into the efforts to tackle terrorism in order to ensure children's rights are adequately protected. All necessary measures should be taken in the respective home country. Weine et al. (2020) developed a useful framework for this, the Rehabilitation and Reintegration Intervention Framework (RRIF). This sets out aims on 5 levels:

- *Promoting individual mental health*
- *Promoting family support*
- *Promoting educational participation and success*
- *Promoting community support*
- *Improving structural conditions and protecting public safety (see Weine et al. 2020)*

### **Guidelines for a holistic approach to returnees**

An important step has already been taken in this direction in Germany with the guidelines for dealing with returnees from Iraq and Syria developed by the Federal Ministry of the Interior, Building and Community (BMI).<sup>8</sup> The guidelines state that measures for deradicalisation, psychosocial stabilisation and reintegration should be used in line with an holistic approach for dealing with the returnees and their children. This requires coordinated, interdisciplinary cooperation between all players in the security and justice sector, the regulatory structures at state level and municipal level and the state and non-state programmes of distancing and reintegration support at the federal and state level and specialised advice centres.

In order to ensure structured return management, the Advice Centre on Radicalisation of the Federal Office for Migration and Refugees (BAMF) has been supporting the so-called “return coordinators” in the federal states particularly affected by the phenomenon since 2019 with BMI funding from the National Prevention Programme against Islamist Extremism (NPP) (Endres 2020). They serve as the interface to civil society players, security authorities, state coordination centres, regulatory structures of the states, municipalities, as well as to the federal state: “The aim is to further develop the coordination channels between all relevant players in return constellations and to strengthen the deradicalisation and reintegration work as well as stabilisation measures, particularly for children and adolescents with regard to the returnees as well as monitor this in the federal states within their responsibility” (guidelines, abstract, Dec. 2019).

<sup>8</sup> An outline can be found under: [https://www.innenministerkonferenz.de/IMK/DE/termine/to-beschluesse/2019-12-04\\_06/anlage-zu-top-9.pdf;jsession-id=4D0474318898A927BD17452EF216C963.1\\_cid339?\\_\\_blob=publicationFile&v=4](https://www.innenministerkonferenz.de/IMK/DE/termine/to-beschluesse/2019-12-04_06/anlage-zu-top-9.pdf;jsession-id=4D0474318898A927BD17452EF216C963.1_cid339?__blob=publicationFile&v=4)

### **3.2 Key players in rehabilitation**

Key players for repatriating, rehabilitating and reintegrating Syrian returnees with children include the local youth welfare offices and the civil society advice centres in the federal states.

#### **Youth welfare offices**

The youth welfare offices are particularly important “especially in view of a lingering risk to child welfare that has to be investigated (see guidelines, abstract 2019). Specialist advice centres also recommend that the returnees become an automatic case to be examined for the responsible youth welfare office because the parents have already endangered the welfare of their children by leaving and living in “IS”. It must also be checked whether the duty of care and upbringing according to Sec. 171 StGB has been violated. If there are indications of this, requirements could be set out and in cases of hardship, the mothers could be persuaded to cooperate in order to establish the necessary support measures for their children.

However, youth welfare offices face particular challenges in return cases as there are strongly polarised opinions in the population with regard to these children and their caregivers returning. The returning children run the risk of becoming recognised due to irresponsible media coverage and becoming stigmatised. Populist media exploitation of the topic in public and therefore the violation of the personal rights of the children and their relatives should absolutely be avoided by all parties involved.

The youth welfare offices can make an important contribution to rehabilitation by providing help for the child and the family that could support their development. This includes identifying the help that the child needs, coordinating help processes and monitoring the progress of the measures. The help should be tailored to the child’s medical history and development diagnostics. It can be useful to involve the specialist skills of different professions, particularly paediatricians and psychotherapists. If there are any indications of problems or crises in the help process, case conferences should be convened to adequately deal with these. A child should not be separated from the primary caregiver against his or her will unless this separation is necessary for the well-being of the child.

### *Civil society advice centres*

A second relevant player for rehabilitation is specialist civil society advice centres. Their role is both collaborating with the families of origin as well as working directly with the returnees, focusing more on social education and systemic family approaches (see Sischka/Berczyk 2017). A particular benefit of the advice centres is their potential to work closely with the families of origin. In each case, the support is long-term and ongoing in order to assist with individual and family changes, enables deradicalisation and disengagement processes and avoids a relapse or reradicalisation (see Handle et al 2019).

### 3.3 Overview of the rehabilitation process

In specialist debate, rehabilitation is described as the process of planned intervention that aims to change the factors that are assumed to be the cause for the radicalisation and criminal behaviour of a person (OSCE 2020). These factors vary from person to person, so there is a consensus that rehabilitation must consider the heterogeneous nature of the target group. For returnees with children, there are two main paths: the custodial path of rehabilitation in which some of the women are convicted and imprisoned, and the non-custodial path of rehabilitation in which the women are (initially) free (particularly if there is not enough evidence for a conviction). However, it is possible that the investigation authorities will gather evidence over time to open criminal proceedings later on and potentially pursue convictions.

The following aims to particularly address the (initially) non-custodial path. It is reasonable to divide the return process into phases (see Ruf/Jansen 2019 and Avdimetaj/Coleman 2020 for the Kosovo example):

- *Preparing for the return*
- *Repatriation*
- *Basic security and help planning*
- *Rehabilitation and reintegration*

### *Preparation*

The security authorities essentially prepare for a return by conducting investigations and preparing criminal measures as well as making risk assessments of the returnees and, if necessary, initiating measures for risk prevention. Specialists who are involved in the repatriation and rehabilitation should also be able to prepare properly for return processes.

At the state level, this may be, for example, setting up initial contacts in the social, health and education sectors and collaborating with the specialist advice centres in good time. The official first contact partners in these sectors can organise a professional exchange of information with the advice centres and address the topic of leaving to join "IS" and the challenges this brings in advance. In this process, it would be ideal to appoint specialists at the youth welfare office or health sector at the municipal and district–city level who can be involved in the rehabilitation if necessary. These experts should also be able to gain an insight in advance of what they can expect. This generally includes information about the specific situation of women and children and the details relating to their radicalisation and trauma.

As soon as it is clear that they are to be involved in the specific case, they should be given basic information about the case to consider scenarios and coordinate a joint effort to handle the specific return situation: Who is arriving in Germany? What do we already know? What is our first impression? How can we act professionally in hypothetical scenarios? What tools could be helpful? What are the potential difficulties? It is important for the specialists at the youth welfare office, in the health sector and at the responsible advice centre or the disengagement help programme get to know each other: How do we want to work together? What are the roles and responsibilities of each player?

What basic professional understanding will shape the work? It should be possible for the professionals involved to be able to deal with their own uncertainties, fears and even prejudices. Because how biased or prejudice can e.g. a psychosocial expert be when coming face to face with a person who, as a mother, has taken her children to a war zone and given them over to "IS"? Addressing such questions and prejudices serves to avoid making mistakes as a result of resentment or impulsive emotions, which can lead to conflicts and cutting off contact, which could, in turn, damage the rehabilitation.

This is why key contact persons in the control structures should know as early as possible about return planning in order to “adequately prepare networked work” (Handle et al. 2019).

### **Arrival**

The arrival phase is psychologically important in many aspects. It begins when the returnee and her child are received at the airport by the security authorities. This is the first encounter these women have had with the German authorities in a long time. An arrival that is transparent and in accordance with legal principles with the option of calling in a lawyer as well as treatment that is humane and sensitive to the situation of the children may encourage the mothers to cooperate with the authorities. Particularly for children, it is a very stressful situation that can frighten or retraumatise them. Humanitarian considerations, such as the returnee’s request to see her own mother, should not be ruled out. The mother and child should be able to stay together unless the mother is taken into custody. Guaranteeing humanitarian aspects also includes ensuring basic needs, determining whether acute medical or psychiatric care is needed and clarifying where they will live for the next few days.

During any kind of questioning of the children, van der Heide/Alexander (2020) point out: “In addition to children’s repeated exposure to hardship and traumatizing events in Iraq and Syria, which could already affect their development, the process of returning to their country of origin may also herald adverse

effects. For example, procedures like questioning, psychological evaluation, and medical treatment might stoke emotions like fear and anxiety.” (van der Heide/Alexander 2020:20). They go on to say: “Generally speaking, practical guidelines emphasize the importance of interviewing in a safe environment, building rapport with the child, avoiding suggestive questions, and accounting for context-based considerations. Whether discussing a child’s experiences or worldview, practitioners should maintain a non-confrontational manner.” (ibid. p.25).

The example of Kosovo (see Ruf/Jansen 2019) is interesting in this regard: Upon arrival, the three-day emergency plan began, which was coordinated and conducted by a specialist inter-agency working group involving psychiatrists, police, the public prosecutor’s office, health and social authorities (Haxhijaj 2019). Some women and children had to be immediately admitted to hospital for intensive medical care. Furthermore, psychiatrists and psychologists tried to talk and use child-friendly methods to gain an initial impression of the mental state of the children and of the condition in which they lived over the past months and years during the first days after arrival.

In each case, the priority of the arrival phase should be finding safe accommodation for the children that makes them feel safe and secure. One option is for mother and child to stay with German relatives. However, it is important to determine beforehand what the family constellation is and whether the family of origin is willing and able to take them in.

### **Basic security**

In the first weeks after arrival, a permanent residence should be determined, and their livelihoods and basic needs secured. Each case will come with various challenges that have to be solved together, including with the involvement of the youth welfare offices. For example, a birth certificate has to be issued for every child born in Syria so that the child can be registered at the resident registration office. This is the responsibility of the registry offices, which may require a DNA test and a notarised statement about the circumstances of the birth, potentially with witness statements. A birth certificate is also a requirement to be included in the statutory health insurance scheme. Many problems can occur here, for example, questions about the biological father have to be clarified: What happens, for example, if the father has died but there is no death certificate?



## **Rehabilitation**

At the same time, a rehabilitation plan should be developed in the first few weeks after arrival. This should be based on a preliminary case analysis and tailored to the needs of the mother and children. A rehabilitation plan should include individual support in the areas that are important for the returnee and her child and should be expanded or modified over time. In particular, social workers and psychologists who were in contact with the returnee and her child after arrival and may have conducted the initial interviews should contribute to the rehabilitation plan. The returnee and, if necessary, persons of trust should be able to make a statement and express any interests. The returnee should be informed of all recommendations and suggestions by the lead case management agency. The rehabilitation plan should be supported by all relevant players and developed in close cooperation with the client. If the returnees develop a feeling of “ownership” (OSCE 2020), the chances of them being actively involved in the process increase. “Ownership” is therefore an important condition for the plan to be successful because it is unlikely that any of the measures that are recommended or suggested at this time will be a court requirement or an instruction. In fact, the “effectiveness” of the rehabilitation programme can be negatively impacted if people are forced to accept intervention. This may intensify extreme or extremist views (OSCE 2020).

Experts agree that a rehabilitation plan should contain elements of psychosocial support: “Needs and challenges to be addressed will vary depending on the individual, but they are likely to include post-traumatic stress and trauma, anxiety, loss of meaning in life, disillusionment, aggression, potential feelings of guilt or shame, lack of job opportunities, stigma from community and/or society, difficulties in resolving conflict peacefully, and contextual learning about religion and/or politics. R&R programmes for returnees should seek to include relevant family or other community members, including for the purpose of building a support structure for the individual that can act as a safety net in case of future crisis” (OSCE 2020).

In each case, the leading authority that coordinates the rehabilitation plan should present a first written draft within around six weeks and is encouraged to take into account the recommendations of the professional groups based on expert indications.

The rehabilitation plan should include an element of analysing their biography and criminal events for distancing and disengagement assistance if the returnee is ready for this. It is to be

expected that the women may have played different roles in “IS” and provided different support services at various times in their radicalisation: Some of them may have recruited other women, distributed propaganda, done translations, mobilised funds or supported their husbands emotionally and ideologically in the fight. Since many of them are both accomplices as well as witnesses and victims of traumatic violence, the social education offers of distancing and disengagement assistance should be based on trauma psychology, which can also include experts to supervise the assistance. Dantschke also recommended: “If the mother or both parents reject this or continue to hold onto their radical ideology, alternative caregivers for the children, such as the grandparents, should be more closely involved in the counselling process” (Dantschke et al 2018:42).

The help for the children should be suitable for boosting their overall psychosocial development, catching up on underdevelopment and restoring their health. It is important to offer support that is close to home and suitable for their age with a high degree of consistency in their relationships, i.e. help that ensures normality and stability. This also includes integration in organisations for children or starting school so that they can take part in social life and education. Involvement of the family system is essential for this. If the child is taken into the custody of the youth welfare office after arrival, the youth welfare office is responsible for identifying a caregiver for the child and determining which help and security measures are required.

## **Social integration**

In the longer term, social integration is an essential part of a successful rehabilitation process. In addition to supporting family relationships, social contexts, such as the living environment and neighbourhood, work and training, friendships and contacts in their free time should also be considered. It is important to guarantee very basic needs: Affiliation, recognition, independence. Local cooperation partners who have access to the appropriate regulatory structures are necessary for social integration in every case. A risk assessment is of great importance in order to ensure the safety of the social environment as well as the returnee and their children (von Berg et al. 2020). The assessment should be updated regularly during the process. A multidisciplinary approach should be selected for this. Handle (2019) also emphasises: “Working with returnees must not end in a “turf war” between the authorities and organisations; it must be seen as a joint effort that accepts the challenge of reintegrating returnees” (Handle et al 2019:9).

### 3.4 Trauma-sensitive development support for children

The children of returnees were born and/or socialised in a life-threatening and traumatising environment in "IS". Living in the adverse conditions of the imprisonment camps for "IS" supporters also impacted their normal social-moral and emotional development. When they return, some of them will show signs of delayed development and trauma consequences in addition to somatic illnesses and chronic health conditions. The children will first need time to get used to the new environment and to recover from the extremely harsh living conditions. In order for a child to overcome this transition from their previous normality to the new environment, it is essential that all people in contact with the child endeavour to build a good, trusting relationship. A safe and secure environment is paramount for this.

In order to assess the child's state of health and development, it should first be attempted to make a diagnosis involving the physical, social, emotional and cognitive aspects as well as the context of the child's prior development. If the child begins to withdraw, is mistrustful or frightened, there will be good reasons for this. The child should never be put under pressure, an "understanding approach" that looks at the emotional experience of the child is recommended. It can be assumed that life in "IS" and in prison will have influenced how the children see themselves and other people, who they belong to and who they should see as a potential friend or even as an enemy.

Particularly for older children, it is conceivable that the experiences they had under the harsh conditions in prison may seem to be a paradox for outsiders. Despite their situation with no prospects, they may have felt a particularly close connection in the group of children of "IS" supporters and their identity may have been more or less closely interwoven with the lost "caliphate" which they had hoped would be rebuilt.

Some children may find it difficult to get used to a new life away from the previous reference group. Van der Heide/Alexander (2020) also point out that children of foreign origin who identified with their reference group in "IS" may resist the return: "After officials separate individuals from their situation in Islamic State-controlled territory or detention facilities, some minors may continue to embrace their identity and affiliation with the Islamic State. In contrast, others may reject, question, or struggle to comprehend their connection with the group. During their time in or after the Islamic State, some minors assumed responsibilities beyond their years, or developed a degree of status and power that life after these periods cannot naturally substitute." (van der Heide / Alexander 2020:17).

Being taken out of the camp and back to Germany can often cause initial feelings of confusions. They arrive in a country they do not know and to which most of them have no emotional attachment.

They may feel a loss of familiarity, even if this familiarity was





a prison camp with dire conditions, but where a type of “emergency community” had formed. Van der Heide/Alexander (2020) also assume: “The transition away from one’s environment can be intimidating, confusing, and isolating. Some grapple with an identity crisis when they separate from familiar circumstances and networks.” (ibid. p. 27). The conflicting feelings of the children should be taken seriously. In the long term, they need to be able to integrate their fragmented experiences into a narrative that allows them to understand what has happened and makes them feel that their situation is meaningful and can be overcome.

### ***Goals and elements of a rehabilitation plan for children***

A rehabilitation plan for the children who come back from the conflict zone should be tailored to their specific requirements and needs. There are four overlapping challenges that particularly have to be addressed during repatriation and rehabilitation:

- *The children’s physical and mental well-being*
- *The challenge posed by the “IS” ideology and indoctrination*
- *Identity development*
- *The vulnerability to stigmatisation and discrimination*  
(see van der Heide/Alexander 2020)

If one of these problems is not addressed, this can negatively impact the development of the child. Van der Heide/Alexander (2020) also emphasise that “the main risk is not so much that returning children from the “caliphate” are ‘ticking time bombs’ destined for a life in terrorism. Instead, the point here is that neglecting a minor’s struggles with trauma, identity issues, and stigmatization can make the individual more unhealthy, vulnerable, and isolated.” (van der Heide / Alexander 2020:19).

A rehabilitation plan can include the following elements as needed:

- *Participation in nursery or school*
- *Family help*
- *Individual help*

The main priority here is strengthening the resilience to radicalising influences. To do so, it is important to encourage positive and stable relationships, social orientation in the new environment and the ability to make new experiences. Special emphasis must be placed on encouraging self-efficacy: Practitioners should “encourage returning Islamic State children to have a say in developing daily routines, selecting recreational activi-

ties, and identifying needs. Over time, a minor’s participation in such decision-making may help improve their sense of personal control and self-worth.” (van der Heide/Alexander 2020:27).

### ***Nursery or school***

The children should be included in children’s facilities or school as soon as possible after their return. This allows not only their daily life to return to normal, but they also have contact with other children and access to education as well as cultural and religious diversity outside the home. It is important that they can tell themselves that they are being heard and noticed. It is particularly important to counter exclusion and stigmatisation because this can negatively impact their development. An unfavourable scenario would be other parents prohibiting their children from playing or becoming friends with the “returnee children” and if older children have problems being accepted by their peers or looking for or establishing new social networks.

The information about the background of the children that is passed on to nurseries and schools (e.g. to the school principal) should be carefully selected and limited. Since it will become known over time that a child of a Syrian returnee is in the class or children’s group, it is important to handle this actively and thoughtfully. This also includes making the educators or teachers aware of this by offering specific counselling and training. Experts who are in contact with these children should have fundamental knowledge and skills in dealing with the effects of deprivation and traumatisation. There should be an understanding among childcare providers on how to deal with signs of worrying developments. Particularly school social workers who work with groups of children have an important role because positive group experiences help prevent bullying or exclusion and can improve the social skills, self-worth and the self-confidence of the children. Skills for critical thinking and solving conflicts without violence are equally important.

### ***Family help***

In each case, efforts should be made to ensure a good and trusting relationship with the mother or even the grandparents. If the family relatives can be persuaded to constructively participate in the help process for the child, this is very positive for the child’s prospects. The new situation - starting nursery or school - can initially be very unsettling for the returnee.

This could be seen, for example, in mothers from Kosovo, who were often very anxious at first about “handing over” their children. This was caused by traumatic experiences and losses in the conflict zone. They were also worried that their children could be stigmatised. This is why intensive family psychology work with the mothers and their children started with sessions with the children and mothers individually and then together later on. “Their treatment focused on the mental consequences and trauma of the extreme conditions under which they had lived and on the possible negative impacts on the physical and emotional development of the children” (Ruf/Jansen 2019:6). It will be beneficial for the mothers to be given expert assistance (see the chapter on psychotherapeutic contributions) and learn to get help if they notice signs of worrying developments.

#### *Dealing with difficulties in cooperating with the mothers*

Many mothers will be ready to accept help for their child. But there are also constellations where this is not the case. It is important not to quickly jump to the conclusion that solely ideological reasons are the deciding factor for this; psychological problems may cause or exacerbate ideological patterns of perception (“We cannot accept anything from non-Muslims.” or “We cannot trust the infidels.”). Therefore, it should be asked what their worries and fears are and whether the mother is withdrawing due to her own trauma. Since the emotional availability of the mother for her child plays a key role in the child’s mental development, experts should also keep an eye on how the mother deals with stressful situations and offer support where necessary. However, if it transpires that fixed ideological beliefs and radical narratives are playing a role and undermining the help process in such a way that is having a negative effect on the child, an expert from the youth welfare office should be consulted. If the mother is still ideologised, this does not have to be damaging to the child’s development in itself, however, it is critical to avoid putting the child’s welfare at risk: The youth welfare office should be involved in the case to ensure the children are protected and to look at the mother’s parenting skills.

#### *Dealing with the imprisonment of the mother*

If the mother is in prison for terrorist offences and the child lives with the grandparents, collaboration with the grandparents or foster families should be sought. However, this does not mean that the child is not allowed contact with the mother. The separation of mother and child as a result of imprisonment can have a negative impact on the child’s psychosocial well-being.

Many children whose parents are in prison develop psychological problems and are therefore more at risk than other children. Therefore, structured options for the child and imprisoned parent to communicate are required in order to reduce the effects of the imprisonment on the psychosocial well-being of the child. However, it is important to monitor any pathogenic, destructive or radical influences during contacts. Clearly harmful contact or destructive relationships should be terminated.



#### *Mentoring*

It can be helpful to introduce the child or adolescent to a mentor. It should be a person who has experience with traumatised children or has completed further training in trauma-sensitive children and youth welfare. A mentor can be an important emotional reference person and a positive role model as well as provide help with school integration and overcoming barriers and transitions. The mentor should particularly assist with the child’s identity development. This can also include being aware of risks and dangers whereby the mentor, for example, supports the skills of the child in the use of social media.

***Talk to the child about their story?!***

Van der Heide und Alexander (2020) emphasise that the process of identity development should be the main focus, because “given the Islamic State’s efforts to shape the character of its younger members, tasking them with carrying the fight into the next generation, the process of developing returning minors’ identity away from the group is an integral part of rehabilitation and re-integration.” (van der Heide/Alexander 2020:27 ). Experts should “develop nuanced approaches to support a child’s transition to avoid fuelling a crisis of identity that overpowers the natural process to question one’s identity during periods of development from childhood to adolescence or adolescence to adulthood. Instead of trying to discuss the Islamic State’s ideology, it is essential to rebuild with the child an alternative or new worldview based on positive values, healthy interactions with others, and age-appropriate activities.” (ibid. p. 25 )

The children lost their homeland by leaving with their mother to go to the "caliphate". The defeat of the "caliphate" resulted in being displaced several times, fleeing and imprisonment as well as repeated disruptions of important social relationships or experiences of loss. When these children return to Germany, they will start asking questions sooner or later: “Who am I?”, “Why am I from Syria?”, “Where is my family?” They are also bound to ask questions about the father: “Where is my father?” or “Who is my father?” Many children do not know their father at all because they only fathered the children, died fighting and the mother was forced to remarry. Emotionally, all of this will raise questions, and complex trauma and experiences of loss have a negative effect on the ability to process them.

If, for example, the father has died or is missing, many children will develop inner fantasies and emotions about this lost or unknown father: “Is my father still alive? Why is he in prison? What did he do? Was he a bad person? Why can’t he come and live with us? Does he not love me?” Is the father a hero in the child’s fantasies or do feelings of shame emerge? What does it mean for a child to have a father who is considered a terrorist? How can all of this be discussed with the child? And who should talk to the child about their story? When is the right time? This should be carefully considered. It is generally advisable to share information with the child about their background, particularly about the father and the context in which the child lived, in due time after establishing a secure relationship. It is unlikely that a child will ask for more information that he or she can handle but the child must have the feeling that they can ask questions that are

answered honestly. It is then easier for the children to develop an understanding of themselves and future perspectives. Creating an autobiographical life story and integrating this knowledge into who they will become is a key aspect of their mental development.

**3.5 Family help after returning**

The families of the returnees are varied. They can be partners in rehabilitation but there are certainly families who were so overwhelmed with their conflicts before leaving Germany that it is not clear how they can constructively contribute to a coordinated return. It is also the responsibility of the advisory centres to clarify this with the families and, where necessary, work on more favourable conditions.

A comprehensive description and analysis of the family constellations of young women who left to join the "caliphate" or joined "IS" and would like to return cannot be provided here. The following describes some aspects in order to raise awareness for their situation.

***How did the family experience the daughter leaving and her time in "IS"?***

Some parents had premonitions or even tried to dissuade their daughter from the idea of leaving. Often, the young women leaving to join "IS" hit the families like a “bomb”. It was a shock, followed by a long period of uncertainty and extreme distress that was exacerbated by media coverage, social stigmatisation and police investigations. Parents often felt treated like potential accomplices and some families broke apart in this time.

Accusing each other led to separations or alienation. While some parents became mentally ill, others began to deal with the feeling of powerlessness by going after their children as far as Turkey, some of them being manipulated by “fake helpers” or putting themselves in danger. It was not uncommon for the family tragedy to be treated as a taboo in their social environment - including for fear of further negative consequences.

Often, the daughters contacted their families after they had left. But for the parents, it was extremely difficult to maintain this contact. Safety concerns played a role, but also the initially extreme idealisation of the “caliphate” that their children showed. Some of the young people fiercely defended any doubt about their way for a long time and many parents experienced their daughters only as preaching about sins and pleasing God, hell and paradise. If the parents tried to sow seeds of doubt and wanted to make their children aware of the media coverage about the atrocities of “IS”, they would say: “Don’t believe the lying press!” Some parents found it very difficult to accept when their daughter wrote: “Mum, I am married now. You now have a nice son-in-law, he is a Mujahid (fighter).” How should parents feel when they find out that their sons-in-law are jihadists? It is a big demand of the grandparents to accept a small child and deal with their fear: “Will my grandson be brought up to be a jihadist with hostility to the West?”

Some of the young radicals justified the “IS” attacks, including in Europe, and confronted their parents with revenge and hostility: “There will many, many more attacks, including in Europe!” Many parents asked themselves with deep concern: “What is my child capable of? Is my child a terrorist?” And think: “I don’t recognise my child any more, will that ever change?” Some parents did not want to know any details and tried to tell themselves that their children only went to Syria with humanitarian intentions, “to help and not to fight.” Other parents developed feelings of guilt for their sons and daughters: “Whenever an attack happens, I just want the ground to swallow me up.” Sometimes the parents felt a great sense of anger that the children far away had gained so much power over their feelings and their lives. They asked themselves: “Do I even want to see my child again who has gone down this terrible path?” and then felt guilty for condemning their children in such a way.

Between 2017 and 2019, “IS” in Syria and Iraq was pushed back by military intervention. Then a period of trepidation and waiting started for many of the family members in Germany because they had no contact with their daughters or grandchildren for weeks or even months and were fearful that they could die in the fighting. Many of the young women did find ways to get in touch with their parents every now and again. Some parents received panicked cries for help and were powerless to react.

Ever since the foreign “IS” supporters and their children were housed in separate areas of Al-Hol camp, most young women voiced their desire to return to their home countries. The family members of the young women were not only worried about the atrocious living conditions but also the risk to their daughters in the camp until their return to Germany. Since there has been no active return management to date, the trust of many families in the state is damaged.

### *The current situation of the families*

Many families are still willing to support their daughter and grandchild(ren) when they return. But the prospect of returning also stirs up mixed feelings. While they are relieved that their daughter and grandchildren survived and have an (unrealistic) hope that “everything will be fine”, fears and many pressing questions are raised in the families: Will we recognise our daughter again or has she become a complete stranger? Will it maybe continue like before with massive arguments, lies and betrayal? How can we (re)build the relationship and how can we talk about all of this? What will the neighbours and friends or colleagues say when our daughter returns? Will they support us or are we on our own?

### *Cooperation between families and expert advice centres*

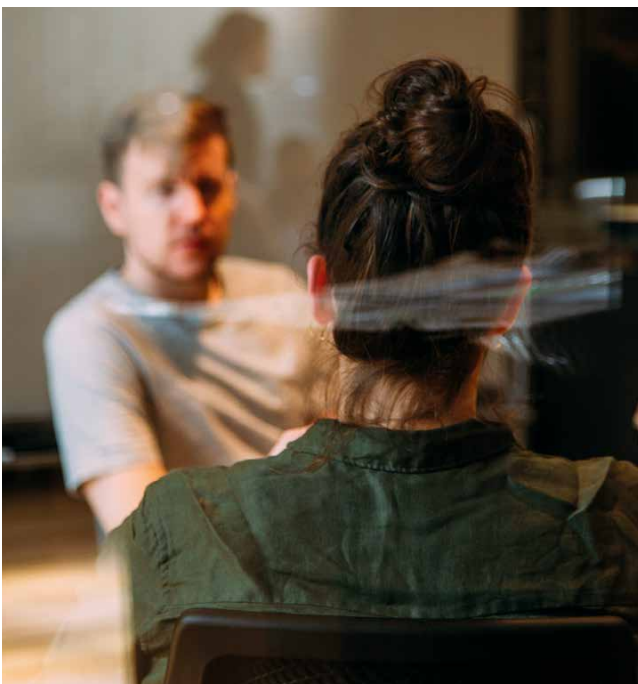
Experience has shown that it is useful if the family members cooperate with a specialist advice centre to discuss everything. In addition to very practical aspects, the emotional side must also be adequately considered: What are the feelings and thoughts about the prospect of returning? What uncertainties, worries or fears are there? What support do they need or want? What are they ready for or able to do themselves?

In some families, it is important to find a way to work on the denial of their fears and their own traumatic experiences. They harbour illusions that “everything will be fine” as soon as their “child finally comes home” and even say they are ready to “forgive and forget everything”. It is difficult for them to imagine meeting a son or daughter again who may have killed people or been involved in so much destruction. (“What has my child done to other people?”). If they hold onto the belief that their own son or daughter has “probably done nothing bad” in “IS” and localise the atrocities and war crimes of “IS” “elsewhere”, they deny everything they have suffered in the last few years as well as their fear about the return. They do not give themselves the opportunity to perceive their own fears about this destructiveness and take these feelings seriously.

Interviews with relatives show that they are scared about their son or daughter returning, even if this is what they want. They are not only worried about being overwhelmed with the changed situation and that family conflicts could flare up again, but also sense their own part in the alienation and the radicalisation dynamic back then and feel great anger and disappointment in their children and themselves. There was often nowhere for them to talk about it. Therefore, family counselling focuses on supporting and assisting the capacity of psychological integration of the parents in order to improve their ability to be ambivalent and overcome divisions in perception and thought, to the extent that this is possible.

### ***Responsibilities of an advice centre***

It is important for the advice centres to gain an understanding of what the position of the family of the returnee is and how they see themselves in this process. If possible, family conflict dynamics that contributed to their daughter leaving should be reconstructed and processed. On a practical level, it is also important for the relatives in Germany to obtain information on what the repatriation and rehabilitation process could look like. Who helps and what role do the security authorities play? It is also important to go through scenarios with them to find out what areas could be difficult for them. This includes the question of where the returnee will live with her child(ren) when they return. Not every family is a place where a returnee can find a connection or shelter. This should be discussed and clarified in detail, with all advantages and disadvantages.



### ***Particularly important: Keep an eye on the (grand)children***

A family advice centre should keep an eye on the parents of the returnees and therefore the grandparents of the children. A new or returning grandchild may have a big impact on the entire family's daily life. It is ideal if the advice centre is able to anticipate what the grandparents are experiencing: How do they feel about having a grandchild or grandchildren in the family? It will be an ambivalent situation now having children in the family who have one or several fathers who were "IS" fighters, may have killed people or are dead or are in prison.

The grandparents tend to subconsciously try to make up for their own "guilt", their own "failure" - as they experienced with their own child - by looking after their grandchild. They may try to care for their grandchild in an attempt to "start again". While this is understandable, it can result in negative dynamics in daily life because the grandparents are now putting their hopes and expectations in the new family situation, which makes it difficult to be impartial. Experts in family counselling should recognise such dynamics and "mentalise" the situation in the family since the unmentalised stresses and emotions also have an effect on the social reality in the family.

## **3.6 Psychotherapeutic contributions**

The rehabilitation of the returnees and their children depends on the successful cooperation of state and civil society players as well as different professional groups from the youth, school and health sector. The psychotherapeutic professional groups can also make a contribution by, for example, offering supervision and advisory case help or conducting psychotherapeutic treatments. The direct psychotherapeutic work is addressed in more detail here (Sisicka 2019b).

### ***Arrival phase***

As part of structured return management, doctors, psychologists and psychotherapists could be involved within the first hours and days after arrival. The first interviews with the women and children provide an initial assessment of the acute need for medical and therapeutic care. In Kosovo, for example, it was necessary for some returnees and children to be admitted to hospital immediately after their arrival (for war injuries, diseases, malnutrition). Particularly the involvement of psychotherapists can help to initiate longer help processes that address the needs of the

women and children or can help them to process their trauma over time. It was also determined in the large-scale return programme in Kosovo that most returnees displayed signs of severe PTSD, such as stress, anxiety and depression (Ruf/Jansen 2019:6). If a protected setting is offered early on for stress-free, stabilising and clarifying conversations, the traumatic stress symptoms can initially be alleviated and trust can be established.

### ***The first months after arrival***

Later on, a psychotherapeutic consultation and liaison offer could also keep consultation times available that are customary during normal treatment. These serve to make diagnostic assessments and treatment recommendations. They could be conducted with the adult returnees by themselves or with the children in the presence of their mothers and using methods that are suitable for their age. If contact has not been made in the first few days after arrival, the returnees should be given the contact information for a psychotherapeutic consultation offer. The contact information for the consultation practice and appointments can be given to the returnee by the return coordinators or the advisory centre. Any recommendations should be included in the help plan in consultation with the returnee.

### ***Low-threshold psychotherapeutic sessions to accompany rehabilitation***

For particularly distressed returnees, it would generally be worth considering offering psychotherapy in the first few months after arrival. This can initially begin with a smaller number of sessions to stabilise the situation and to avoid making the psychological strain chronic. An initial acute and short-term therapy offer could also involve the mothers talking about themselves and their child if they wish to do so or bringing their child or relevant family members to the treatment (involvement of caregivers). The experiences in Kosovo show that this has proven successful as there was great tension in the families, particularly at the start (Ruf/Jansen 2019) and unresolved family conflicts were brought up again. Therefore, psychiatric-therapeutic support was offered to the families, women and children to deal with this new emotional and stressful situation. The conversations can also have a favourable effect on the relationship to the child, their own family and their social environment. After some time, it could be considered whether this should be extended (if necessary, change to long-term therapy).

This could also be a model for structured return management in Germany. Therefore, it would be ideal if the returnees with their children - as soon as they have arrived at their future residence - are given access to a local psychotherapeutic contact office, an outpatient clinic or practice. In addition to the mental state of the children and possible trauma symptoms, attention should also be given to supporting the mother-child relationship. Because if the mother is mentally stable, this will be beneficial for the child's development. But if the mother continues to suffer greatly (e.g. from depression, anxiety or post-traumatic symptoms), this can result in them being less emotionally available for their child and transferring their burdens (e.g. stress, anxiety, frustration) onto the child.

### ***Longer-term psychotherapeutic treatment of adults***

Particularly with returnees who have developed subsequent disorders - e.g. anxiety, depression, personality changes, psychosomatic symptoms - as a result of multiple traumas, the offer of a longer term psychotherapeutic treatment may be indicated. Returnees can use the options of statutory health insurance (GKV) for long-term therapy (up to 100 or 300 hours), and the guidelines (behavioural therapy, systemic, analytical and deep psychological psychotherapy) may be used, adjusted to trauma psychotherapy where necessary. Sometimes, post-traumatic stress symptoms (e.g. emotional numbness, sleep disorders, aggressiveness, problems with concentration) become more pronounced over time once the person has calmed down. They may be tormented by memories and unprocessed experiences can emerge. Psychotherapeutic treatment for returnees who are traumatised but also for returnees who were ideologised or became perpetrators can play an important role in processing their experiences. Particularly in cases of complex mental stress and disorders, it is possible that the returnees are no longer able to cope in daily life. This makes successful rehabilitation and reintegration in society very difficult.

### Case vignette

Rehabilitation with psychotherapy is an emotionally complex process. Psychoanalyst Patrick Meurs outlined an impressive case vignette of how difficult it can be e.g. for "IS" returnees to deal with their decisions and actions and to process these mentally. In his text, "Der steinige Weg zurück aus dem Kalifat" [The rocky path out of the "caliphate"], he describes a young returnee (he calls her Sunia, 24 years of age) who travelled to "IS" and lived there for five years (see Meurs et al 2019). She married a jihadist and has four children with him. Meurs reports anonymously from his work with the young woman who came to a therapy consultation as part of her reintegration process:

"She had asked to be allowed to return to Belgium with her children and has been closely monitored by the Belgian authorities since. Her children are being looked after by her parents. From the distance, in the migrant camp in Kurdistan, she wanted to return to Belgian society, but here in Europe, her attitude changes every session between distanced friendliness and enormous rage. She feels very confused, makes accusations (about herself, others) that she could go home, scolds and shouts. [...] In these accusations, I hear something that I have often heard from adolescents who were arrested in the "caliphate" just before leaving - sheer immense rage. It often becomes clear that Sunia has strong feelings of hopelessness when she is completely exhausted after these outbursts of rage. [...] Not face to face in the therapy session but in a letter she wrote: "I need to let out my frustration and anger somewhere. [...] I only know one person I can do that to and it's you. I am sorry that I am pushing you away, but please still be there for me because I do not know anyone who could put up with this side of me. Sunia [...] It is hopeful to see that the patient rejects the opportunity to take her own life, and to see messages such as: "My children cannot see me like this; hopefully I can be a mother again soon" (ibid. p. 84f).

The case vignette shows something that is key for the psychotherapeutic work in the context of rehabilitation and deradicalisation: The client going between different polarised mental states. Meurs also states: "For mothers like Sunia, returning is a very difficult inner battle against [...] feelings of destruction, with every small step towards ambivalence and integration being impeded by shame, self-reproach and anger. It is these cases that illustrate just how difficult the path to reintegration can be" (ibid., p. 85).

Returning is mentally challenging. The case vignette makes it clear how difficult it can be to deal with the feelings of shame, guilt and fear as well as the shaken self-image as a result. Is their own guilt unbearable and must be repelled? Or can it be accepted, endured and used to draw conclusions for their own life and how they deal with themselves and other people in future? It is a process that can only be successful if the returnees can trust someone with their experiences but also their doubts and actions in a protected setting. This also includes the question of whether they can understand and process that they have brought pain and suffering on their own children (who were born in "IS" or grew up there with no say in the matter) and their family members in Germany.

Previous experience shows that some of the returnees go into a deeply depressive state after this realisation, which is much more appropriate for what has happened to them than the manic triumph that they may have felt when they left to join "IS".

Integrating decisions and actions into their own biography and taking responsibility requires mental capacities of self-understanding and self-reflection. The returnees will not always be motivated for psychotherapeutic sessions. The case counsellors should also stay in contact with women who continue to be ideologised and may be particularly withdrawn and distrusting, and potentially give motivational impulses in the transition to psychotherapy. It is therefore useful for a psychotherapeutic cooperation network to be part of the rehabilitation process in which clients can be referred - even if this is at a later time.

### ***Psychotherapeutic work with younger children***

The inclusion of psychotherapists in rehabilitation can also support younger children to deal with the consequences and effects of what they have experienced on their development. The example of Kosovo shows that it is possible for the mothers to be convinced to cooperate and that this is beneficial for their children. In the first few days after returning, the mothers received a consultation option (24 hours/day) and could contact the supporting psychologists and psychiatrists. They often discussed small events that triggered significant post-traumatic symptoms e.g. if airplanes or fireworks could be heard and the children developed fears. In the following weeks and months, the consultation offer was still available because the mothers sometimes felt helpless when dealing with their children.

Some of them had a trauma-based fear of separation and loss and psychotherapy proved helpful, which was initially conducted in the form of individual sessions with the children, then with the mothers and then together.

### ***Psychotherapeutic work with older children and juveniles***

Older children and juveniles can also experience different traumatising circumstances, as van der Heide and Alexander write: "Minors associated with the Islamic State might experience or witness a variety of traumatizing circumstances during and after living in the "caliphate", including murder, abduction, torture, sexual assault, domestic violence, coercion, neglect, abandonment, and separation from or loss of a loved one. The dynamics associated with each event, like the duration, proximity, and identity of the actors involved, may affect a child in different ways." (van der Heide / Alexander 2020: 16 ).

Even if the children and adolescents who come back with their mothers (or alone) are not initially particularly stressed and seem to be "completely normal", consequences of the trauma having an effect on their development later on cannot be ruled out. Traumatic memories and their accompanying symptoms are often "enclosed" for self-protection, which leads to outsiders not noticing the trauma and wrongly assuming that the adolescent is resilient. Psychotherapy can also be an important protected setting for older children and adolescents.

Particularly if the contact between mother and child/adolescent is strained with ideological, destructive conflict dynamics and the help of the youth welfare office has been included, psychotherapy can give the child some protection, development and distance to the radical influences. Kizilhan writes, however with relation to former "child soldiers in "IS", that: "Former child soldiers and adolescents returning to a social setting in which radical views are still prevalent will hardly have the chance to extricate themselves from this ideology and will be unable to adequately process their experiences and stress" (Kizilhan 2019: 7).

We know that the group of former child soldiers suffer significantly more from post-traumatic symptoms and often also develop depressive disorders, anxiety and somatic illnesses. Their feeling of self-worth is often very low, and feelings of guilt and shame can strain the children, however apparent absence of these feelings should be reason to understand the psychological meaning of this. Do their feelings not exist or is the child incapable of expressing them or relating the feelings to themselves?

A prerequisite for any psychotherapeutic work is a safe environment that is not threatening or retraumatising. This is the only way for a young person to open up about their experiences. A stable and secure relationship to the psychotherapist is beneficial for the adolescent to be able to develop trust in other people.





However, the consequences of the trauma will not be immediately shown in the psychotherapeutic relationship. That is part of the treatment and first requires a deeper understanding: "Therapists and carers must be prepared for rejection, distance, suspicion, aggression, and low motivation, and be ready to confront these in a professional way" (Kizilhan 2019: 10) The therapeutic attitude should unconditionally acknowledge the traumatic situations that the children have experienced without them being judged for what they may have done as child soldiers. Working on the extreme beliefs of "IS" is a direct part of the therapeutic work. In addition to processing the traumatic experiences, the extremist belief in which they have been socialised and that has now become dysfunctional should be part of the treatment so that the children can emotionally and cognitively develop a future perspective. An open, curious and non-judgemental attitude is important for this.

The psychotherapeutic work must not overwhelm the child or put the child under too much pressure, so small steps and manageable specific objectives are recommended. Over time, the goal is to use the therapy relationship to encourage the regulation of emotions and support the development of talking about the trauma. It is also important to recognise potentially stressful, re-traumatising situations so that these can be better understood and tackled, the perception and reliance on physical feelings, the difference between re-experiencing and remembering the trauma, the recovery of safe relationships and achieving age-specific development goals.

Important topics are also processing losses and grief. Speckhard emphasises: "Moreover, the children may also suffer from complicated grief following the death of one or both parents and or siblings. If the children are separated from their mothers or siblings as a requirement for being repatriated, they will also be likely to suffer grief similar to losing a close family member." (Speckhard 2020 ). Unprocessed losses can have different effects on the further development by leading to anxiety and depression but also anti-social and delinquent behaviour.

Speckhard (2020) also points out the absence of the fathers: "Many ISIS children do not have living fathers and those that do will likely not have them present in their lives as their fathers will likely be imprisoned for a long time. Thus, the risk of boys acting out after being repatriated is not insignificant, especially if such externalizing symptoms are combined with prior ideological indoctrination that provides them with a target for their anger that is acceptable within their worldview." (ibid. )

In any psychotherapeutic work, it is important to be able to properly assess any ideological beliefs and their meaning. Van der Heide/Alexander (2020) emphasise that ideological beliefs can also offer temporary protection from traumatising emotions such as anxiety, depression, uncertainty and feelings of failure: "While related to a minor's well-being, a minor's ideological belief system can help or hurt their ability to cope with traumatizing experiences. [...] For example, a small but growing body of research suggests that children with stronger ideological and religious convictions process difficult circumstances differently, and perhaps more effectively than their less ideologically committed counterparts. [...] At the same time, it should be noted there is a chance that those Islamic State-affiliated minors that seem most ideologically committed suppress feelings of guilt and shame through a mechanism of psychologically distancing—both from the reality as well as the morality of their past actions.

Those cases underline the importance of the earlier-mentioned psychological coping mechanism of coming to terms with past deeds. In practice, the role of ideology in intervention programs for minors returning from Islamic State-controlled territory and detention centres should vary." (ibid. p. 25).

The psychotherapeutic work should also attempt to process the feelings of shame, isolation and stigmatisation that the children and adolescents have experienced. Coping mechanisms, such as acknowledging their own experiences and actions, letting go of once belonging to the group and accepting the new life situation as an opportunity and perspective should be strengthened.

Children and adolescents that had to take part in the actions of "IS" are first and foremost victims. Despite this, it is key to look at processes of deradicalisation and support these in the psychotherapeutic work. Furthermore, the resilience with regard to a new risk of radicalisation should be supported. Speckhard (2020) states: "Like gang members, ISIS children have been taught a strict set of rules based on a twisted moral code and that their only protection lies within ISIS. They have been desensitized to violence and are at great risk for being rejected by their communities when they try to reintegrate. [...] Psychosocial interventions for former child soldiers are likely to be more effective if they account for post-conflict factors such as stigma and community acceptance as well as war exposures, as a child that is actively rejected from society will fail to reintegrate well." (Speckhard 2020 )

Success at school, which is key for rehabilitation, greatly depends on the treatment of mental stresses and trauma. The treatment should be planned with the active involvement of the people with whom the adolescents have a close relationship. For longer-term reintegration, the social support should be given in a wider environment (school, therapy, family, friends, leisure time etc.) and children and adolescents should be supported within this network.



#### 4. Final remarks

This document aims to provide a basic understanding of the challenges of rehabilitation using the example of women and children who leave to join the so-called Islamic State. In the last few months, some children and their mothers were able to return to their home countries. Countries like Kosovo and Kazakhstan have developed an active return policy and have had good experiences with it so far. There are also encouraging examples in Western European countries, particularly if civil society advice centres closely collaborate with the social and health sector. However, the time frame for successful repatriation and rehabilitation is not unlimited: The local conditions are getting worse and over time, other difficult factors occur, including the Turkish invasion in Syria and the spread of the coronavirus. The Kurdish-Arabic security forces will not keep the European women and children in North Syria indefinitely. If these people are not repatriated and rehabilitated, this will have a variety of negative effects. The immediate danger is that many of the children will become ill and die. In the long run, there is the risk that some women may return to "IS" and then their children would be exposed to even stronger radicalisation than they may have experienced in the time of the "caliphate". From a legal perspective, the states have so far shirked their responsibility by leaving the children exposed to the constant risk of violence, radicalism and disease. And from a moral and humanitarian perspective, not bring these children back is a violation of their basic rights. In order to ensure structured return management, many players from several sectors must work together. It requires cooperation from state and civil society and the basis of multidisciplinary cooperation. This should include development and family psychological knowledge and psychotherapeutic skills.

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