BEST PRACTICES FOR SUPPORTING THE REINTEGRATION AND REHABILITATION OF CHILDREN FROM FORMERLY ISIS-CONTROLLED TERRITORIES

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THE PURPOSE

This brief provides an overview of how past theory and intervention work in child trauma can offer a possible blueprint for approaches to successful R&R of children from formerly ISIS-controlled territories. International frameworks (e.g., Brookings,[1] the UN,[2] CSS in Zurich,[3] NHS in the UK,[4] EU RAN,[5,6] OSCE,[7,8] GCTF[9]) and scholarly work (e.g., *Small Arms* by Mia Bloom[10]) have started to identify some good or best practices for R&R programs. Generally, what is common across all is a comprehensive, multi-actor approach that includes principles such as engaging whole-of-society in providing gender- and age-sensitive individualized supports. A recently published Rehabilitation and Reintegration Framework (RRIF) draws on empirical research in child adversity to identify levers of change across multiple levels of the social ecology that will be central to supporting child returnees.[11] This brief contributes to this growing body of work by providing a specialized psychosocial approach based in child trauma theory and intervention research that directly addresses the multilevel needs of children returning from formerly ISIS-controlled territories.

THE PROBLEM

Although we do not have reliable numbers, it is assumed that approximately 12,000 women and children from formerly ISIS-controlled territories remain in camps in Northern Syria.[12] These children have experienced widespread trauma, including violence exposure, food deprivation, unsanitary and dangerous living conditions, and traumatic loss. As Bloom has noted, children may have witnessed, experienced or participated in violence, all of which may profoundly affect development. The longer they remain in camps, the more they are exposed to trauma and deprivation, compounding the problem of their eventual adjustment. Many countries have refused to repatriate these children out of concern that their needs and potential risk for eventual extremist violence pose insurmountable barriers. Since February 2020, the coronavirus has added further challenges to repatriation. Some countries, including Kazakhstan and Kosovo, have begun to repatriate groups of women and children; however, there has been no standardized approach to reintegration and rehabilitation (R&R). **Emotional Security Theory (EST)** is a well-established, empirically supported theory explaining how trauma impacts child development. The central idea behind EST is that children's adjustment and development is influenced by their feelings of security and safety. The theory suggests that children exposed to prolonged conflict, discord, or violence respond to ongoing threats (actual or perceived) in the following ways:

(1) They become **emotionally reactive** in an attempt to manage the perceived danger

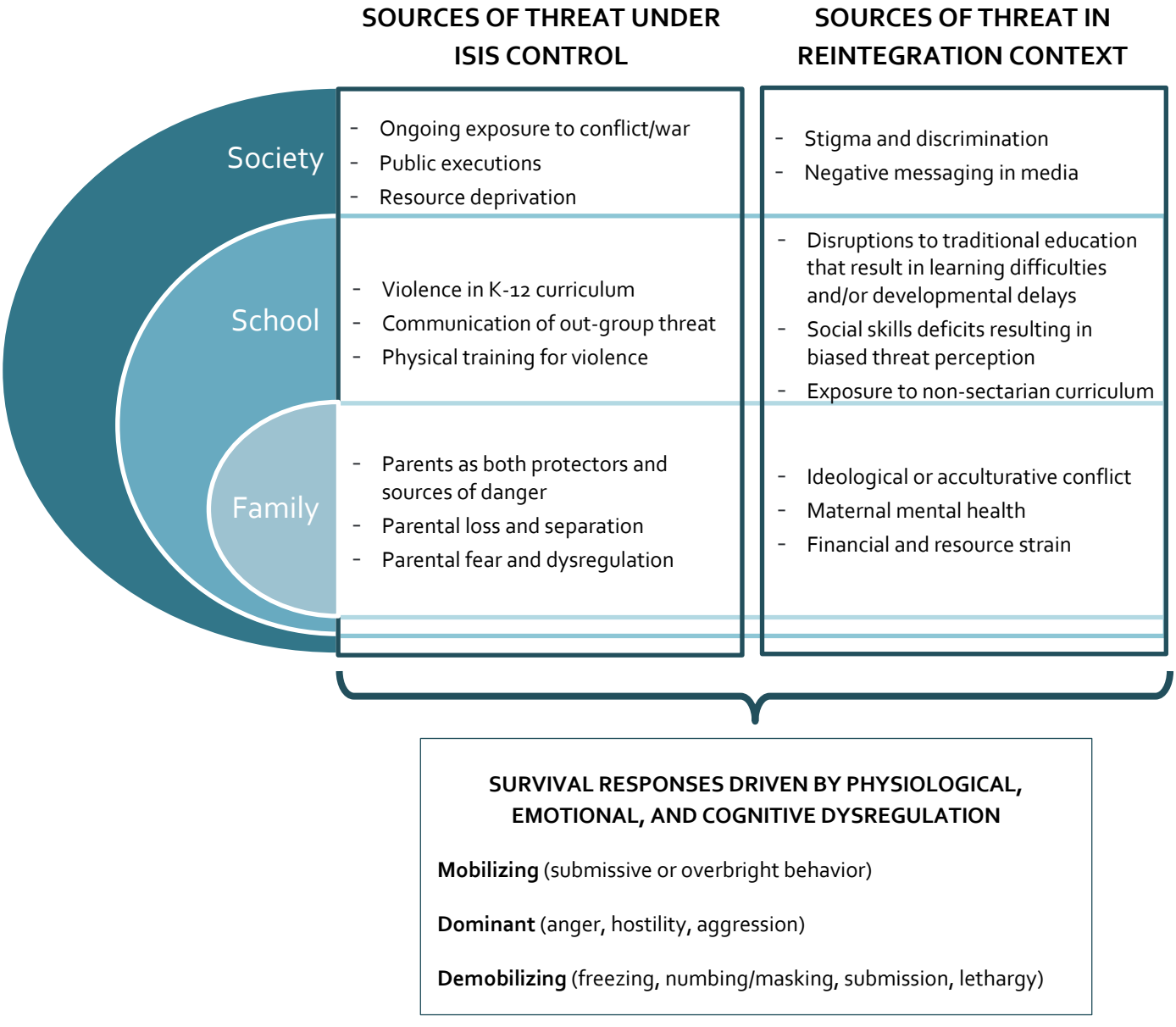
(2) They try to **regulate their exposure to danger** in order to protect themselves

(3) They develop **new, negative ways of thinking about themselves and the world around them** as a result of the conflict

These responses, though maladaptive, allow children to maintain a sense of safety and emotional security in the face of conflict or significant adversity. Multidisciplinary psychosocial interventions, such as Trauma Systems Therapy (TST), successfully intervene to promote safety and security in new, adaptive ways.

WHAT THIS MEANS FOR R & R

For a child transitioning to a new country after prolonged conflict exposure, the idea that society can be a place of safety may be novel; helicopters overhead or public gatherings may inadvertently signal potential danger. In response, children returning from ISIS may show survival behaviors at all levels of the social ecology: home, school, and within the broader community.



THE APPROACH: WHAT CAN BE DONE TO HELP?

EST provides a particularly helpful framework for intervention, as it points to the transactions between the social environment and the child as a nexus of change. It suggests that the foci of intervention must be two-fold; specifically, effective intervention requires dual attention to (1) minimizing signals of threat (actual and perceived); and (2) reducing problematic emotional and behavioral response that limit opportunities for healthy development, including exploration and prosocial affiliation.

Trauma Systems Therapy (TST) is a treatment model that was developed to **explicitly address signals of threat** in the social environment and the problematic response patterns they bring about. TST was designed around the needs of children who have experienced (or are experiencing) significant, multi-level traumas and who contend with considerable environmental stressors (e.g., war, displacement, community violence, domestic violence, resource hardships, and family conflict).

TST provides a framework for addressing core needs critical to decreasing risk for psychopathology among children who have experienced significant and prolonged trauma in their communities. Specifically, it provides a framework for 1) developing a **multidisciplinary approach** to address interrelated needs across multiple domains of development, 2) **reducing environmental stressors** and signals of threat; and 3) **addressing a child's dysregulation** and distorted cognitions related to the self, others, and the world around him/her. TST is both an organizational model that provides a framework for bringing together a multidisciplinary team of providers as well as a clinical model that describes a specific, phase-based treatment approach for children and adolescents who struggle with traumatic stress. The phase of treatment is determined by an assessment of the threats in the child's environment (actual and perceived) and an assessment of the child's capacity to regulate emotions and behaviors in response to these threats; the intensity of intervention, in addition to the specific treatment goals and approach, shifts in accordance with each phase.

PHASE 1

GOAL: Identify and mitigate actual risk to child from either social environment or dangerous behavior (e.g., self-injury or aggression)

INTERVENTION TARGET: Actual signals of threat, including harsh physical discipline, family conflict, domestic or community violence, bullying or community-level targeting, and resource scarcity; survival states characterized by aggressive, risky, and or self-injurious behaviors

INTERVENTION APPROACHES: Partnership with child protection services, establishment of caregiving networks to provide respite care, crisis intervention, in-home parenting support/behavior management, linkages with benefits/resources, community-facing interventions to reduce stigma (e.g., coordination with local media around reporting approaches), psychoeducation for school staff related to child needs/bullying prevention

PHASE 2

INTERVENTION GOAL: Identify patterns of threat signals and survival states; reduce incidences of perceived threat while building emotion regulation skills; begin to increase cognitive flexibility

INTERVENTION TARGET: perceived signals of threat associated with war-time violence and/or extremist ideology; *survival states* precipitated by these signals

INTERVENTION APPROACHES: building and spreading awareness of threat signals to child, caregivers, and other key practitioners; teaching emotion identification and emotion coping skills; leveraging strengths; titrated exposure to competing belief systems and alternative ways of being (e.g., allow child passive observation of conflicting ideological practices without requiring involvement); parenting support to address continued survival states and acculturative tension within the family system

PHASE 3

INTERVENTION GOAL: Re-assess needs across a variety of domains; process traumatic and/or confusing events; broaden rigid ideological perspectives; increase self-efficacy; plan for the future

INTERVENTION TARGET: lagging skills and/or developmental delays; rigid and/or distorted thinking about the self, world, and others; low self-esteem; lack of future oriented thinking; limited approach behaviors

INTERVENTION APPROACH: trauma processing; cognitive restructuring and defusion; self-esteem building; social skills training; care coordination with multidisciplinary team to institute needed academic and/or developmental supports and to expose youth to mainstream interpretations of Islam; future planning

CONCLUSION

Children from formerly ISIS-controlled territories may show physiological, emotional, behavioral and cognitive changes as a result of sustained exposure to violence. Past research and intervention work in child trauma suggest that these changes, though negative, can be understood as adaptations designed to promote safety and security in the midst of conflict and adversity. By providing multi-level, multidisciplinary interventions that promote socio-environmental stability and regulation, maladaptive responses can be addressed. Trauma Systems Therapy provides a concrete approach to implementing a multidisciplinary psychosocial intervention consistent with best practice guidance.

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ADDITIONAL INFORMATION

Ellis BH, Cardeli E, Bloom M, Brahmbhatt Z, Weine S. Understanding the Needs of Children Returning from Formerly ISIS-Controlled Territories Through an Emotional Security Theory Lens: Implications for Practice. Under review.

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