ICCT Research paper
May 2019
DOI: 10.19165/2019.1.05
ISSN: 2468-0486

Providing Psychosocial Care to Child Soldiers Living in Post-IS Iraq

Authors: Jan Ilhan Kizilhan

When troops of the self-proclaimed "Islamic State" conquered areas of northern Iraq in August 2014, they turned against the religious minorities in the region, particularly against the Yazidis, with extreme brutality. Many men were executed; women and children were kidnapped and often systematically raped. IS specifically targeted children and adolescents, who were torn away from their families to be trained as child soldiers. This involved religious indoctrination on a daily basis and intimidation combined with weapons training. By means of force their personality and identity were changed until they were made compliant. Following the liberation from IS terror, former child soldiers are especially vulnerable to developing post-traumatic stress disorder symptoms. They need long-term psychosocial support to cope with their trauma and mitigate any potential threat they may pose. This policy brief focuses on the situation of children and adolescents living in post-IS Iraq and underlines the need for better psychosocial care for these people in order to allow them to cope with the mid and long-term consequences of the violence they were exposed to. Further, the psychological stress of child soldiers, possible dangers that can be caused by them, and recommendations for psychosocial care are shown.

Keywords: Child soldiers, Islamic State, post-traumatic stress disorder, integration, violence

ICCT International Centre for Counter-Terrorism - The Hague

Introduction

When troops of the self-proclaimed "Islamic State" (IS) conquered areas of northern Iraq in August 2014, they turned against the religious minorities in the region, particularly against Yazidis[1], with extreme brutality. Many men were executed; women and children were kidnapped and systematically raped.[2] The medical and psychological problems occurring as a result of the combination of individual perception of traumatic experiences, collective and cultural traumatisation and the subsequent migration and refugee crisis are therefore quite extraordinary. They require new and well-thought-out concepts of integrated medical care.[3]

From the very beginning, boys aged between 8 and 14 were targeted, torn away from their families and trained as child soldiers[4] by means of daily religious indoctrination, combat training, and resistance to pain and brutality.[5] These children took on a great variety of roles, as spies, carriers, and front-line soldiers. They were often involved in using violence on others and were repeatedly exposed to physical, sexual, and emotional force. After IS was defeated as a territorial entity, many of the child soldiers and youths returned to Iraq. They are now particularly vulnerable to developing post-traumatic stress disorder (PTSD) symptoms.[6]

In Iraq, the PTSD rate in the population is well documented.[7] However, there are hardly any investigations regarding the progression of symptoms in male and female child soldiers.[8] There are relatively few epidemiological studies on the psychological impact of the effects of traumata in children living in the refugee camps that have sprung up as a result of IS activities. Çeri and colleagues questioned children and adolescents in a refugee camp in Turkey about 2 years after IS declared its 'caliphate' in 2014.[9] They concluded that 43% of the survivors displayed moderate to severe post-traumatic stress reactions.[10] Post-traumatic stress reactions in children and adolescents were linked to the loss of their parents, the use of violence and, above all, with the feeling that their life was in constant danger. More women than men suffered from PTSD, and more women than men, who had experienced or witnessed the death of a partner or child, suffered from PTSD or depression.[11]

[1] Valeria Cetorelli et al., "Mortality and Kidnapping Estimates for the Yazidi Population in the Area of Mount Sinjar, Iraq in August 2014: A Retrospective Householf Survey." *PLoS Med* 14 (2017): 1-15.
[2] Jan Ilhan Kizilhan, "PTSD of Rape after IS ('Islamic State') Captivity," *Archives of Women's Mental Health* 21, issue 5 (October 2018): 517-524.
[3] Serhat Nasıroğlu and Veysi Çeri, "Posttraumatic Stress and Depression in Yazidi Refugees," *Neuropsychiatric Disesase and Treatment* 12 (2016): 2941-8.
[4] Jan Ilhan Kizilhan and Michael Noll-Hussong, "Post-traumatic Stress Dissorder among Former Islamic States Child Soldiers in Northern Iraq," *The British Journal of Psychiatry* 213, issue 1 (July 2018): 425-9.
[5] Ibid.
[6] Kizilhan and Noll-Hussong, "Post-traumatic Stress Disorders among Yazidi Children and Adolescents Immediately after Forced Migration Following ISIS Attacks," 452-9.; Veysi Çeri et al., "Psychiatric Symptoms and Disorders among Yazidi Children and Adolescents Immediately after Forced Migration Following ISIS Attacks," *Neuropsychiatrie* 30, no. 3 (September 2016):145-150.
[7] Dara Mohammadi, "Help for Yazidi Survivors of Sexual Violence," *The Lancet Psychiatry* 3, issue 5 (May 2016): 409-410.; Fuaad Mohammed Freh, "PTSD, Depression, and Anxiety among Young People in Iraq One Decade after the American Invasion," *Traumatology* 22, no. 1 (2016): 56-62.
[8] Kizilhan and Noll-Hussong,"Post-traumatic Stress Disorders among Yazidi Children and Adolescents Immediately after Forced Migration Following ISIS Attacks," 452-9.
[9] Çeri et al., "Psychiatric Symptoms and Disorders among Yazidi Children and Adolescents Immediately after Forced Migration Following ISIS Attacks," 145-150.
[10] Ibid.
[11] Atilla Tekin et al., "Prevalence and Gender Differences in Symptomatology of Post-traumatic Stress Disorder and Depression among Iraqi Yazidis Displaced into Turkey," *European Journal of Psychotraumatology* 7 (February 2016).

Within a cohort of 81 Yazidi boys who had been IS child soldiers, there was a significantly higher prevalence of PTSD (48.3%), depressive disorders (45.6%), anxiety disorders (45.8%), and somatic disorders (50.6%) than in the case of boys who had not been child soldiers. The self-esteem of the children who had been child soldiers was significantly reduced.[12] Most of them experienced a chronic burden of violence and repeated victimisation, but these varied in frequency, duration, and severity of their war-induced burden of violence compared to those who had not been child soldiers.[13]

Post-traumatic stress disorder in children

Before proceeding, it is useful to consider the ways in which post-traumatic stress disorders may impact children. Like adults, children can become seriously ill due to such disorders if they have experienced traumatic incidents such as abuse, war, natural disasters, or the loss of persons to whom they closely relate. These experiences and their traumatic aftermath can severely impair a child's development. Although children affected by PTSD have similar symptoms to adults in principle, it is assumed that the signs of illness in children manifest themselves differently than in adults.[14] Because of their age, they perhaps cannot express themselves as well as adults and they may reveal their symptoms in different ways. For instance, children often process the traumata they have experienced in the form of games, for example, when they reenact their horrific experiences. Some children become withdrawn, lose all interest in playing and in other activities, are hyperactive, tend to severe mood swings (fits of rage and aggression) or no longer display any signs of pleasure or fun. Older children may have problems at school, lose interest in meeting friends, or in leisure activities in general.

The post-conflict environment is also important in determining the course of a psychopathological disorder. War-traumatised children, especially former child soldiers, are susceptible to economic uncertainty and interpersonal stress.[15] Previous investigations show that, following liberation or escape, former child soldiers in the community are often confronted with stigmatisation[16] domestic violence[17] and numerous daily stress factors or burdens.[18] However, former child soldiers may differ in the post-conflict possibilities they encounter, in particular in terms of access to school, family and community support and economic circumstances.[19]

Following their escape or liberation from the so-called Islamic State, most child soldiers and adolescents live in refugee camps near Duhok and Zakho in northern Iraq. Preferable

[12] Kizilhan and Noll-Hussong,"Post-traumatic Stress Disorders among Yazidi Children and Adolescents Immediately after Forced Migration Following ISIS Attacks," 452-9.
[13] Ibid.
[14] Çeri et al., "Psychiatric Symptoms and Disorders among Yazidi Children and Adolescents Immediately after Forced Migration Following ISIS Attacks," 145-150.
[15] Theresa S. Betancourt et al., "Sierra Leone's Former Child Soldiers: A Longitudinal Study of Risk, Protective Factors and Mental Health." Journal of the American Academy of Child & Adolescent Psychiatry 49, issue 6 (June 2010):606-15.
[16] Jocelyn TD Kelly, Lindsay Branham, and Michele R. Decker, "Abducted Children and Youth in Lord's Resistance Army in Northeastern Democratic Republic of the Congo (DRC): Mechanisms of Indoctrination and Control," *Conflict and Health* 10, no. 11 (2016): 1-11.
[17] Inga Gerdau, Jan Ilhan Kizilhan, and Michael Noll-Hussong, "Posttraumatic Stress Disorder and Related Disorders among Female Yazidi Refugees following Islamic State of Iraq – and Syria Attacks-A Case Series and Mini-Review," *Frontiers in Psychiatry* 8, no. 282 (December 2017): 1-7.
[18] Betancourt et al., "Sierra Leone's Former Child Soldiers: A Longitudinal Study of Risk, Protective Factors and Mental Health," 606-15; Kelly, Branham, and Decker, "Abducted Children and Youth in Lord's Resistance Army in Northeastern Democratic Republic of the Congo (DRC): Mechanisms of Indoctrination and Control," 1-11.
[19] Atle Dyregov et al.,"Trauma Exposure and Psychological Reactions to Genocide among Rwandan Children," International Society for Traumatic Stress Studies 13, no. 1 (2000): 3-21.

as this is to continued life under IS, the treatment options within these camps are severely limited or simply not available.[20]

The needs of the children

Children's needs are diverse and need to be adapted to the trauma loads they experience and their age in the mid and long-term. Attending school is only one of many important factors, but above all, they must be reintegrated into their society. Comprehensive psychosocial rehabilitation, including psychological therapy, should therefore form the basis of any resettlement or reintegration and the return of the children from IS captivity to normalcy.

For adequate support and treatment, it is important to know beforehand whether the children still have parents or a caregiver who can be involved in the treatment and care. It is also important to know whether there is sufficient socio-educational care and close supervision for the next 12 to 24 months so that the therapy can be planned adequately. If the children do not find themselves in a safe and stable place, then psychotherapy (e.g. working on the processing of traumatic experiences) is difficult to recommend. Stability and a safe place are the basis of successful treatment. If possible, care should be taken to ensure that the children have enough space to sleep, enough food, and can move around and develop social contacts. In addition to the therapy, it must be clarified whether there are other contacts in everyday life (parents, siblings, relatives, host families or institutes) who can be included in the therapy if necessary. The local caregivers (therapists, social workers, teachers, carers, etc.) should have basic knowledge of transcultural treatment and care and be familiar with working with child soldiers and adolescents.

Only after these and other questions have been answered can the decision be taken as to whether assistance and care are indicated, and/or if psychotherapeutical treatment can actually be implemented. Supportive measures and psychotherapeutical treatment are not mutually exclusive and can, if feasible, be carried out at the same time. For example, a social worker could help provide former child soldiers with a daily structure to their lives, such as sports activities, homework, making handicrafts with other children, etc., while a psychotherapist could discuss the traumatic experiences with the child on a regular basis. Frequent exchanges between the social workers and therapists is important in order to improve and, if necessary, adapt the support provided. Teachers and other professionals working with the children in question should also be involved in order to maximize the chance of rehabilitative success.

However, should these children suffer from particularly severe mental illnesses such as schizophrenia or acute suicidal tendencies, or if they form a danger to themselves or others, it could be that, at least initially, the emphasis will be on support from a social worker and may medical support by a psychiatrist. At the same time, the danger to children and adolescents from people who still actively embrace radical ideology, and who could potentially harm them if inadvertently given treatment custody over them, must be investigated more thoroughly.[21] This threat exists both in Iraq and in the countries where the children have fled, which we will discuss in more detail below.

[20] Kizilhan and Noll-Hussong,"Post-traumatic Stress Disorders among Yazidi Children and Adolescents Immediately after Forced Migration Following ISIS Attacks," 452-9.
[21] Ibid.

Risk assessment

It is not easy to assess the risks that former child soldiers and adolescents freed from IS rule pose to themselves or others, especially when considering the mid to long-term. There are no 100 percent reliable risk assessment tools that can be used to determine this.[22] However, some indication of this risk must be collated in order to both maximize the success of rehabilitative efforts and minimize dangers to society. However, an assessment of the potential dangers, such as uncontrolled aggression impulses and motivations for behavioural changes, can be deduced on the basis of previous studies.[23] In the area of research on international terrorism, there has been a series of studies and recommendations and a series of risk assessments completed.[24] In this respect I refer, for example, to the EU-funded project SAFIRE which has developed guidelines on radicalisation.[25] In addition, the British system "Identifying Vulnerable People" (IVP) lists some indicators which can help recognise those people at risk of being subject to violence.[26]

From a critical point of view, these instruments are suitable for groups that are similar in their core demographic profiles and can be used to analyse a hazard on the basis of these variables. But, what about countries such as Iraq and Syria, where different cultures, religions and ethnic groups live and differ in their behaviour, thinking and emotions? How can we use such an instrument to calculate the likelihood that a fundamental Yezidi believer from Iraq will not become a terrorist, but a Sunni fundamentalist might? In other words, the instruments must be culturally sensitive and adjusted to the respective populations with their different ethnic, religious and social backgrounds.[27] In Iraq, there are still numerous ethnic and religious groups, various tribal structures, and various social structures that are hardly known to us in detail and for which the instruments are probably unsuitable.[28]

On the basis of previous research on risk analysis, from our experience at the University of Duhok in Iraq, and with providing psychotherapeutical care to child soldiers and adolescents from Iraq and Syria, the variables illustrated in Table 1 can be useful in a risk assessment context. When speaking to child soldiers and adolescents, the researcher, in addition to eliciting any possible traumatic experiences, should try to identify the type of "brainwashing" that the subject has experienced, that is, any possible dysfunctional cognition, emotions, or behaviour. The predictors inherent in existing individual and collective religious patterns, that is, the socio-cultural, political and economic situation prior to the forced recruitment as child soldiers must be established. It is also important

[22] Kiran M. Sarma, "Risk Assessment and the Prevention of Radicalisation from Nonviolence into Terrorism," *American Psychologist* 72, no. 3 (2017): 278-288.
[23] Leslie-Maaike Helmus and David Thornton, "Stability and Predictive and Incremental Accuracy of the Individual Items of Static-99r and Static-2002r in Predicting Sexual Recidivism: A Meta-Analysis," *Criminal Justice and Behaviour* 42, issue 9 (February 2015): 917-937.; Min Yang, Stephen C. P. Wong, and Jeremy Coid, "The efficacy of Violence Prediction: A Meta-Analytic Comparison of Nine Risk Assessment Tools," *Psychological Bulletin* 136, no. 5 (2010): 740-767.
[24] Victoria Herrington and Karl Roberts, "Risk Assessment in Counterterrorism," in *Countering Terrorism: Psychosocial Strategies*, eds. Updesh Kumar and Manas K. Mandal (New Delhi and Thousand Oaks: SAGE Publications, 2012), 282-304.
[25] J. Pilner, *Observable Indicators of Possible Radicalisation* (Safire Project, 2012), https://www.rand.org/randeurope/research/projects/safire-radicalisation.html.
[26] Jon Cole and Benjamin Cole, *Martyrdom: Radicalisation and Terrorist Violence among British Muslims* (London: Pennant Books, 2009).
[27] Jay P. Singh, Martin Grann, and Seena Fazel, "A Comparative Study of Violence Risk Assessment Tools: A Systematic Review and Metagression Analysis of 68 Studies Involving 25,980 Participants," *Clinical Psychology Review* 31, issue. 3 (April 2011): 499-513.
[28] Kizilhan, "PTSD of Rape after IS ('Islamic State') Captivity"," 517-524.; Gerdau, Kizilhan, and Noll-Hussong, "Posttraumatic Stress Disorder and Related Disorders among Female Yazidi Refugees following Islamic State of Iraq – and Syria Attacks-A Case Series and Mini-Review," 1-7.

to find out how the children cope with conflicts and stress, and their tendency to exhibit dangerous behaviour. Furthermore, in order to carry out the initial assessment, it is important to collect information on the children's and adolescents' peer group.

Variables	Yes 1	No 0	Points
Bad relationship/attachment to mother			
Bad relationship to father			
Bad relationship to siblings, if there are any			
Traditional patriarchal socialisation			
Violence in the family			
The family is a member of a tribe, political or religious organisation*			
Family structure: hierarchical-traditional, extended-family thinking			
Culture/religion: strict/determines daily life			
Discrimination as a member of a group (ethnic, religious, etc.)			
Psychological abnormalities			
Experience of fleeing and migration			
Member of a non-violent but radical group*			
Contact to known extremists*			
Previous experience with weapons (training and use of these)*			
Experience of violence as victim or perpetrator*			
Observation of real acts of violence			
Loss of family members (parents, siblings) due to violence			
Felling of discrimination due to the person's own religion, ethnicity or other allegiance			
Experience of violence (individual or collective) due to person's own allegiance (ethnicity, religion, etc.)			
Severe conflicts in the family, school or in a different group			
Feeling of low self-esteem induced by others			
Interest in risky behaviour*			
Interest in political activities			
Prison term			
Contact via social media to radical groups/persons*			
Observation of acts of violence via social media			

Table 1: Risk analyses in child soldiers and adolescents (the instrument is in the pilot phase and is currently being tested for its validity and reliability with different groups).

If a question is answered with "yes", then it is awarded 1 point. Finally, all points are added to give the total number of points. In the case of a score of > 13, it is advisable to assist this person more closely and, at regular intervals, to assess his or her risk factor. Exceptions are the questions marked with an asterisk. These children and adolescents must definitely be investigated and monitored more closely.

This information can also be used to obtain an initial impression as to whether former child soldiers and adolescents are still severely affected as a result of their time as child soldiers, if they still share the ideology of their perpetrators, or if they have turned their back on this and, on account of these experiences, if they are possibly suffering physically and mentally. In order to assess a possible mental disorder, for example PTSD, an anxiety disorder, or depression, a psychiatrist or psychotherapist should be called upon to carry

out diagnostics. There are plenty of validated investigative instruments for this purpose.[29]

Reintegration of Muslim and non-Muslim child soldiers

An important factor seems to be how long the children fought as soldiers for IS, how long they used violence themselves or experienced violence, and how long they took part in training courses.[30] On their return from IS influence or captivity, it is important to assess whether they return, as Muslims, into a more liberal, a more fundamentalist, or even a radical Islamic environment, and how this may influence their chances of successfully reintegrating. The social environment plays a major part in any de-radicalisation and integration effort. Simply because IS has lost territorial control does not mean that this radical ideology no longer exists within various ethnic groups or is no longer being spread via underground networks. It can be assumed that, in Iraq, this radical ideology, together with the discrimination of the Sunnis, political and economic crises, and the use of violence in the community and via the state, is a fertile breeding ground, helping to uphold radicalisation and preventing integration into a peaceful society.

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. Given insufficient attention and consideration from mental health professionals, and in the absence of de-radicalisation measures, the probability is high that a significant number of these children and adolescents will not get over their traumatisation and will become chronically mentally ill and/or maintain the radical ideology, either openly or secretly. In such a setting, it seems a given that many will, at some stage, join another radical or even violent extremist group.

Non-Sunni child soldiers and adolescents

The majority of child soldiers with a Yazidi, Christian, Shiite, or other religious background were kidnapped, torn from their parents, and forced to become child soldiers.[31] In the first phase of their captivity, these children had a Sunni religious education as seen through the extremist interpretation of the faith that IS adheres to. As a rule, this phase did not last very long with Sunni children and adolescents. They became child soldiers more quickly or were given various other tasks to fulfil within the organization. The non-Muslim children, however, were often trained for longer in martial arts, weapons training, and especially daily religious indoctrination. They were beaten; they had to beat other children and endure the pain. IS trainers conditioned these children through fear and violence as well as with praise, affection and food to make them internalize the IS education.[32]

[29] Jan Ilhan Kizilhan, "PTSD, Pain Medication and Addiction of Refugees in Iraq," *Journal of Trauma and Stress Disorder and Treatment* 7, issue 2 (2018).
[30] Elisabeth Schauer and Thomas Elbert, "The Psychological Impact of Child Soldiering," in *Trauma Rehabilitation after War and Conflict,* ed, Erin Martz (Berlin: Springer Science +Business, 2010), 311-360.
[31] Çeri et al., "Psychiatric Symptoms and Disorders among Yazidi Children and Adolescents Immediately after Forced Migration Following ISIS Attacks," 145-150.
[32] Asaad Almohammad, "ISIS Child Soldiers in Syria: The Structural and Predatory Recruitment, Enlistment, Pre-Training Indoctrination, Training and Deployment," *The International Centre for Counter-Terrorism – The Hague* 8, no. 14 (2018).

In cities like Tel Afar, Mosul, or Rakka, for example, children would be forced to watch IS fighters stoning citizens, whipping and beheading them, or amputating body parts in public places. Everything the children have learned from their parents had to become meaningless. They were to be reinvented as reliable new IS warriors.[33] Once they had broken the children's will, the IS trainers selected the children according to their radicalization for certain tasks such as suicide bombers, active combat at the front, assistance in IS military stations, espionage in cities, propaganda, support in training more child soldiers, etc.[34] After liberation from IS hostage detention, the life of such children in the camps was marked by distrust, fear, and frequent aggressive behaviour towards other children, as well as sleep disturbances, constant vigilance, nightmares, and insecurity in contact with other people.[35]

Given sufficient psychosocial support, non-Sunni child soldiers, such as the Yazidis, who return to their former environment, have the best chances of distancing themselves from the radical ideology and reintegrating into their community. For example, generally speaking, Yazidi culture is wary of Muslims and therefore children are brought up with a marked degree of cultural distance from Islam.[36] This has to do with the fact that, for centuries, Yazidis have been the victims of radical Muslim groups and have had to, and are still having to, experience numerous massacres and discrimination.[37] Yazidis have distanced themselves from Islam and have never, neither in the past nor nowadays, founded any radical organisations which use violence. A small number of former adolescents who had been IS soldiers and young women who had been victims of IS sexual violence have joined combat units fighting with the Kurdish PKK. Here, revenge, a feeling of humiliation, and a sense of deep insult play a part and they want to compensate by taking up arms against their persecutors. However, they run the risk of being killed and of changing from the role of the victim to perpetrator.

In general, therefore, the reintegration into society of the majority of child soldiers with a non-Muslim background is expected to be easier to implement. It should be noted that this observation cannot simply be expanded to encompass female children who were indoctrinated by IS. The scarcity of information on the treatment meted out to female children stems in part from the fact that IS mostly focused on males as potential child soldiers. Female children and adolescents were engaged in the “Islamic State” in a different way according to the IS idea of patriarchy, with many being subjected to various forms of sexual abuse and slavery.

Regardless of their particular experiences, two key factors affecting the potential provision of care to the victims of IS rule needs to be kept in mind. First, any attempts at the reintegration of former child soldiers are made difficult because of their having to live in refugee camps, where the provision of psychosocial or psychiatric care is absent or lacking entirely. Second, the uncertain future in Iraq and the prospect of continued instability and sectarian violence not only makes the provision of adequate care complex,

[33] Jan Ilhan Kizilhan and Salman Ramazan, “Die Psychologie des Islamistischen Terrors,” *Trauma Gewalt* 9, no. 4 (2015): 328-342.
[34] Personal interview with former child soldiers in the refugee camp Khaparto in northern Iraq, 14 March 2016.
[35] Kizilhan, “PTSD of Rape after IS (‘Islamic State’) Captivity”,” 517-524.; Kizilhan and Noll-Hussong,”Post-traumatic Stress Disorders among Yazidi Children and Adolescents Immediately after Forced Migration Following ISIS Attacks,” 452-9.
[36] Khanna Omarkhali, *The Yezidi Religious Textual Tradition from Oral to Written. Categories, Transmission, Scriptualisation and Canonisation of the Yezidi Oral Religious Texts* (Wiesbaden: Harrossowitz Verlag, 2017).
[37] Gerdau, Kizilhan, and Noll-Hussong, “Posttraumatic Stress Disorder and Related Disorders among Female Yazidi Refugees following Islamic State of Iraq – and Syria Attacks-A Case Series and Mini-Review,” 1-7.; Jan Ilhan Kizilhan and Michael Noll-Hussong, “*Individual, Collective and Transgenerational Traumatization in the Yazidi,*” *BMC Medicine* 15, no. 198 (2017): 1-4.

but paints a pessimistic picture in terms of a likely enduring exposure to violence and traumatizing experiences.

Rehabilitation and care of child soldiers

The mental health of children and adolescents, especially in traditional societies such as in Iraq or Syria, is closely connected to both the family and the broader non-family social environment. The most significant factors from the point of view of risk and protection can be found in the domain of the core family. These include factors of direct relevance, such as parenting styles, cultural and religious influences on child-rearing, parent-child interaction, the role of the extended family, relations between the parents, and whether harsh corporal punishment is used. There are also a number of relevant but indirect factors, such as the presence of war, hunger, loss of family members, whether the parents' have any psychopathological disorders themselves and their level of education.[38] At the same time, a reciprocal aspect must also be acknowledged in that the problematic behaviour displayed by children or adolescents can have a profound and negative effect on the well-being of the family and on interactions in other social settings such as school.

As mentioned before, a basic requirement for the rehabilitation of former child soldiers and other young victims of IS, is a secure environment in which these children do not feel the threat of persecution or any other danger. Only this sense of security will allow open dialogue regarding their experiences and acceptance of the treatment and therapists. Even the recognition of cognitions, emotions, the definition of self, individual and collective identity, and the way in which disorders manifest themselves (for example, girls increasingly complain of headaches, boys shows more impulsive behaviours), makes conventional treatment difficult since there is often no concordance with known diagnostic criteria[39].

Beyond the multitude of psychological problems that former child soldiers might be struggling with, there are other hindrances that can adversely affect the successful reintegration. Child soldiers carry a special burden of simultaneously being the recipient and perpetrator of violence.[40] They are, therefore, a distinct group among children and adolescents in war regions. They are victimized twofold because they first, are exposed to traumatic experiences and later, are blamed and stigmatized for the atrocities they have committed. [41] This fact alone challenges their integration and reacceptance. Alongside this, there are other significant elements such as biological, individual psychological factors (e.g. having experienced trauma and violence), as well as the loss of confidence and trust in other people and perhaps even in humanity.[42]

[38] Breanna V. Kingsley, "The Effects that War has on Children and Child Soldiers," *Senior Honors Theses 527* (2017), https://commons.emich.edu/honors/527.; Almohammad, "ISIS Child Soldiers in Syria: The Structural and Predatory Recruitment, Enlistment, Pre-Training Indoctrination, Training and Deployment."

[39] Derek Summerfield, "The Invention of Post-Traumatic Stress Disorder and the Social Usefulness of a Psychiatric Category," *BMJ 322* (2001): 95

[40] Neil Boothby and C. M. Knudsen, "Waging a New Kind of War. Children of the Gun," *Scientific American* 282, no. 6 (July 2000): 60-65.

[41] Patrick Bayer, Fernando Ferreira, and Robert McMillan, "A Unified Framework for Measuring Preferences for Schools and Neighborhoods," *Journal of Political Economy* 115, no.4 (February 2007): 588-638.

[42] Luciana Lorens Braga, Marcelo Feijo Mello, and Jose Paulo Fiks, "Transgenerational Transmission of Trauma and Resilience: A Qualitative Study with Brazilian Offspring of Holocaust Survivors," *BMC Psychiatry* 12, no. 134 (2012): 1-11.; Retzlaff,et al., "The Efficacy of Systemic Therapy for Internalizing and Other Disorders of Childhood and Adolescence: A Systematic Review of 38 Randomised Trials." *Family Process* 52, no. 4 (2013): 619-652.

However, after such traumas, not just the formerly abducted child, but also the community has changed. On the communal level, the reintegration of child soldiers is a reciprocal process that happens within the host communities where the former child soldiers are settled. The attitudes of the host communities towards the child soldiers are therefore of particular importance for psychosocial support and reintegration success.[43]

Therapy and care

It is not the therapeutic techniques which are most important during the first phase of treatment and care, but rather the type of relationship which is built up between the children and care providers.[44] Above all, therapists and carers must do relationship work so that the children regain their trust in people and are then willing to accept and go along with the care and therapeutic process. Therapists and carers must be prepared for rejection, distance, suspicion, aggression, and low motivation, and be ready to confront these in a professional way. The therapeutic stance should be orientated towards an unconditional recognition of the stress which the children and adolescents have experienced and which they have survived, appreciating them without any condemnation, regardless of what they have done as child soldiers.[45]

Treatment and care should always be solution-oriented and cognizant of available resources, with psychosocial or psychiatric problems and disorders clearly diagnosed to enable effective treatment delivery. On the basis of a development-psychological and life-cycle orientated perspective, the stress experienced and resulting complaints and conflicts should be normalised and a constructive solution to conflicts worked out and nurtured. From birth to adulthood, children go through various cognitive, emotional, and physiological developments that must be considered in therapy. It makes little sense, for instance, to ask complicated questions related to the sources of their trauma to younger children, as those may go beyond their ability to comprehend. Moreover, for many adolescents the violation of social values and norms can be seen as a "normal" part of developmental psychology. Not all deviant behaviour is therefore necessarily related to past trauma or mental illness.[46] For longer-term reintegration, social support should be implemented in the extended environment (school, therapy, family, friends, spare time, etc.) and as far as possible the children and adolescents should be closely accompanied and supported within this network for between two and three years.[47]

If the children no longer have any parents, it is important to involve other adults with whom they have a close relationship. These could be adult siblings, relatives, or other close persons who are able to be present in their lives on a regular basis. With regard to former child soldiers, we are also talking about processing the traumatisation they have experienced, identifying the extremist worldviews they may have been socialized into, and talking about their dysfunctionality, all geared towards developing a perspective for the future with the children on a cognitive and emotional level.[48]

[43] Esther Deblinger, Elisabeth Pollio, and Shannon Dorsey, "Applying Trauma-Focused Cognitive-Behavioral Therapy in Group Format," *Child Maltreatment* 21, no. 1 (2016): 59-73.
[44] Schauer and Elbert, "The Psychological Impact of Child Soldiering," 311-360.
[45] Retzlaff, et al., "The Efficacy of Systemic Therapy for Internalizing and Other Disorders of Childhood and Adolescence: A Systematic Review of 38 Randomised Trials," 619-652.
[46] Ibid.
[47] Schauer and Elbert, "The Psychological Impact of Child Soldiering," 311-360.
[48] Retzlaff, et al., "The Efficacy of Systemic Therapy for Internalizing and Other Disorders of Childhood and Adolescence: A Systematic Review of 38 Randomised Trials," 619-652.

When engaged in such work it is necessary to decide on small, concrete steps and to fix a manageable number of treatment-related sessions with the option of further phases of treatment, without putting the children under too much pressure or stress. If necessary, other people from their social environment can be considered for involvement in the therapy, such as teachers or social workers. Therapy planning should be arranged with the active participation of those with whom the young person has a close relationship. Treating each former child soldier alone in a "closed therapy room" is not likely to be sufficient. Group therapy with 10 to 12 child soldiers comprising psychoeducation, interaction, relaxation procedures and skills training are also an integral part of such a treatment concept. Group therapy can be highly effective and has the potential to reach larger numbers of children. Moreover, group therapy delivery may be particularly valuable in reducing the feelings of shame, isolation, and stigma experienced by youth and their therapists in the aftermath of traumatic experiences. Bonding with others who have had similar experiences in a supportive environment can be a critical step toward regaining trust.[49]

Additionally, the chances of achieving positive change with former child soldiers and other young victims of IS rule are more likely if the child's life story, social, cultural and religious context as well as family are treated respectfully.[50] Systemic approaches with an investigation of the symptomatology and its interaction with the contextual conditions (family relationship, social structures, etc.) can elicit important indications for any cognitive behavioural changes. As regards the contextual conditions (e.g. family interactions, significant non-family social contexts such as school or friends), multigenerational contexts are also of interest and should be investigated, as these are of great importance for treatment in family-oriented societies, especially when dealing with societies that have had to endure the burdens of dictators and wars for several generations.[51]

With the help of various techniques (e.g. skills in dealing with stress, stabilization techniques, competence training, relaxation techniques, psycho-education, etc.), both the children and the people with whom they have a close relationship should be encouraged to change their perspective and to remember their skills and competences. Family stories involving dealing with adverse living conditions or the possibility of being "different" without facing negative consequences (e.g. belonging to a particular minority group, religion or ethnicity) should be introduced, and a life away from the stress caused by the problems should be made imaginable.[52] Where and when possible, involving well-respected or admired individuals in the treatment and care can sometimes be helpful. For Yazidi children, for instance, it might be beneficial to visit the temple at Lalish, near Duhok in northern Iraq and receive the attention and support of respected religious authorities. The visit of a priest to the children in their place of residence can also be helpful in certain cases, provided he has been briefed beforehand by the carers or therapists on the particulars of the situation being dealt with.

[49] Cetorelli et al., "Mortality and Kidnapping Estimates for the Yazidi Population in the Area of Mount Sinjar, Iraq in August 2014: A Retrospective Household Survey," 1-15.; Kizilhan, "PTSD of Rape after IS ('Islamic State') Captivity," 517-524.; Deblinger, Pollio, and Dorsey, "Applying Trauma-Focused Cognitive-Behavioral Therapy in Group Format," 59-73.
[50] Jana K. Denkinger et al., "Secondary Traumatization in Caregivers Working with Women and Children Who Suffered Extreme Violence by the 'Islamic State'." *Front Psychiatry* (2018): 9-234.
[51] Omarkhali, *The Yezidi Religious Textual Tradition from Oral to Written. Categories, Transmission, Scriptualisation and Canonisation of the Yezidi Oral Religious Texts*.
[52] Ibid.

Conclusion

It is possible to reintegrate child soldiers and adolescents into their communities and to alleviate the hold that radical or extremist ideologies had on them. Although the treatment meted out to them by IS and the violence that some of these children have participated in is particularly chilling, it is key to understand that former child soldiers and adolescents are not necessarily "monsters" who cannot be worked with or who stand no chance of a future without violence. In many cases, their personality has not been completely destroyed. Many do have a chance to make a new start and to develop a different perspective on life untainted by extremism. Many children and adolescents have enormous resilience and strength which can be used as resources for their treatment and care. It must not be forgotten that the children and adolescents of Iraq and other war-torn locales have gone through hell and experienced unimaginable atrocities as victims, witnesses, and perpetrators and yet have still fought to survive. This aspect must never be forgotten during any treatment and care.

It is important to involve family and other individuals to whom the children and adolescents have a close relationship, as well as the broader community, in their treatment and care. Treatment and care must be planned and carried out long-term. In doing so, the program and staff must be sensitive to cultural aspects, must be professionally trained, and must be focused on the children's needs. Trauma treatment is necessary when children and adolescents cannot cope with their traumatic experiences and the symptoms of this significantly impair their life.

Although the provision of care should take centre stage, a risk analysis component should feature in treatment programs. Unfortunately, these children's socialization to extreme ideological convictions, as well as their exposure to and potential involvement in violence, do mean that some will pose a potential threat to themselves or others. Providing effective treatment and care to the children and adolescents victimized by IS, not to mention the wider communities to which they belong, will require substantial efforts that, given the ongoing instability in the region, the international community may be best placed to provide. Hopefully, the overview of both the challenges and opportunities for providing such care outlined in these pages will be able to contribute to such an undertaking.

Bibliography

Almohammad, Asaad. "ISIS Child Soldiers in Syria: The Structural and Predatory Recruitment, Enlistment, Pre-Training Indoctrination, Training and Deployment." *The International Centre for Counter-Terrorism – The Hague* 8, no. 14 (2018).

Bayer, Patrick, Fernando Ferreira, and Robert McMillan. "A Unified Framework for Measuring Preferences for Schools and Neighborhoods." *Journal of Political Economy* 115, no.4 (February 2007): 588-638.

Betancourt, Theresa S., Robert T. Brennan, Julia Rubin-Smith, Garett M. Fitzmaurice, Stephen E. Gilman. "Sierra Leone's Former Child Soldiers: A Longitudinal Study of Risk, Protective Factors and Mental Health." *Journal of the American Academy of Child & Adolescent Psychiatry* 49, issue 6 (June 2010): 606-15.

Boothby, Neil, and C. M. Knudsen. "Waging a New Kind of War. Children of the Gun." *Scientific American* 282, no. 6 (July 2000): 60-65.

Braga, Luciana Lorens Marcelo, Feijo Mello, and Jose Paulo Fiks. "Transgenerational Transmission of Trauma and Resilience: A Qualitative Study with Brazilian Offspring of Holocaust Survivors." *BMC Psychiatry* 12, no. 134 (2012): 1-11.

Çeri, Veysi, Zeliha Özlü_Erkilic, Ürün Özer, Murat Yalcin, Christian Popow, and Türkan Akkaya-Kalayci. "Psychiatric Symptoms and Disorders among Yazidi Children and Adolescents Immidiately after Forced Migration Following ISIS Attacks." *Neuropsychiatrie* 30, no. 3 (September 2016): 145-150.

Cetorelli, Valeria, Isaac Sasson, Nazaar Shabila, and Glibert Burnham, "Mortality and Kidnapping Estimates for the Yazidi Population in the Area of Mount Sinjar, Iraq in August 2014: A Retrospective Householf Survey," *PLoS Med* 14 (2017): 1-15.

Cole, Jon, and Benjamin Cole. *Martyrdom: Radicalisation and Terrorist Violence among British Muslims.* London: Pennant Books, 2009.

Deblinger, Esther, Elisabeth Pollio, and Shannon Dorsey. "Applying Trauma-Focused Cognitive-Behavioral Therapy in Group Format." *Child Maltreatment* 21, no. 1 (2016): 59-73.

Deblinger, Esther, Elisabeth Pollio, and Shannon Dorsey. "Applying Trauma-Focused Cognitive-Behavioral Therapy in Group Format." *Child Maltreatment* 21, no. 1 (December 2015): 59-73.

Denkinger, Jana K., Petra Windhorst, Caroline Rometsch-Ogiun El Sount, Michael Blume, Hes Sedik, Jan Ilhan Kizilhan, Niamh Gibbons, Phuong Pham, Jennifer Hillebrecht, Nora Ateia, Christoph Nikendei, Stephan Zipfel, and Florian Junne. "Secondary Traumatization in Caregivers Working with Women and Children Who Suffered Extreme Violence by the 'Islamic State'." *Front Psychiatry* (2018): 9-234.

Dyregov, Atle, Leila Gupta, Rolf Gjestad, and Eugenie Mukanoheli. "Trauma Exposure and Psychological Reactions to Genocide among Rwandan Children." *International Society for Traumatic Stress Studies* 13, no. 1 (2000): 3-21.

Freh, Fuaad Mohammed. "PTSD, Depression, and Anxiety among Young People in Iraq One Decade after the American Invasion." *Traumatology* 22, no. 1 (2016): 56-62.

Gerdau, Inga, Jan Ilhan Kizilhan, and Michael Noll-Hussong. "Posttraumatic Stress Disorder and Related Disorders among Female Yazidi Refugees following Islamic State of Iraq – and Syria Attacks-A Case Series and Mini-Review." *Frontiers in Psychiatry* 8, no. 282 (December 2017): 1-7.

Helmus, Leslie-Maaike, and David Thornton. "Stability and Predictive and Incremental Accuracy of the Individual Items of Static-99r and Static-2002r in Predicting Sexual Recidivism: A Meta-Analysis." *Criminal Justice and Behaviour* 42, issue 9 (February 2015): 917-937.

Herrington, Victoria, and Karl Roberts. "Risk Assessment in Counterterrorism." In *Countering Terrorism: Psychosocial Strategies*, edited by Updesh Kumar and Manas K. Mandal, 282-304. New Delhi and Thousand Oaks: SAGE Publications, 2012.

Kelly, Jocelyn TD, Lindsay Branham, and Michele R. Decker. "Abducted Children and Youth in Lord's Resistance Army in Northeastern Democratic Republic of the Congo (DRC): Mechanisms of Indoctrination and Control." *Conflict and Health* 10, no. 11 (2016): 1-11.

Kingma, Kees, ed. *Demobilisation in Sub-Saharan Africa: The Development and Security Impacts.* London: Palgrave Macmillan, 2000.

Kingsley, Breanna V. "The Effects that War has on Children and Child Soldiers." *Senior Honors Theses 527* (2017). https://commons.emich.edu/honors/527.

Kizilhan, Jan Ilhan, and Michael Noll-Hussong. "*Individual, Collective and Transgenerational Traumatization in the Yazidi.*" *BMC Medicine* 15, no. 198 (2017): 1-4.

Kizilhan, Jan Ilhan, and Michael Noll-Hussong. "Post-traumatic Stress Dissorder among Former Islamic States Child Soldiers in Northern Iraq." *The British Journal of Psychiatry* 213, issue 1 (July 2018): 425-9.

Kizilhan, Jan Ilhan, and Salman Ramazan. "Die Psychologie des Islamistischen Terrors." *Trauma Gewalt* 9, no. 4 (2015): 328-342.

Kizilhan, Jan Ilhan. "PTSD of Rape after IS ('Islamic State') Captivity." *Archives of Women's Mental Health* 21, issue 5 (October 2018): 517-524.

Kizilhan, Jan Ilhan. "PTSD, Pain Medication and Addiction of refugees in Iraq." *Journal of Trauma and Stress Disorder and Treatment* 7, issue 2 (2018).

Mohammadi, Dara. "Help for Yazidi Survivors of Sexual Violence." *The Lancet Psychiatry* 3, issue 5 (May 2016): 409-410.

Nasıroğlu, Serhat, and Veysi Çeri. "Posttraumatic Stress and Depression in Yazidi Refugees." *Neuropsychiatric Disesase and Treatment* 12 (2016): 2941-8.

Omarkhali, Khanna. *The Yezidi Religious Textual Tradition from Oral to Written. Categories, Transmission, Scriptualisation and Canonisation of the Yezidi Oral Religious Texts.* Wiesbaden: Harrossowitz Verlag, 2017.

Pilner, J. *Observable Indicators of Possible Radicalisation*. Safire Project, 2012. https://www.rand.org/randeurope/research/projects/safire-radicalisation.html.

Ruediger Retzlaff, Kirsten von Sydow, Stefan Beher, Markus W. Haun, and Jochen Schweitzer. "The Efficacy of Systemic Therapy for Internalizing and Other Disorders of Childhood and Adolesence: A Systematic Review of 38 Randomised Trials," *Family Process* 52, no. 4 (2013): 619-652.

Sarma, Kiran M. "Risk Assessment and the Prevention of Radicalisation from Nonviolence into Terrorism." *American Psychologist* 72, no. 3 (2017): 278-288.

Schauer, Elisabeth, and Thomas Elbert. "The Psychological Impact of Child Soldiering." In *Trauma Rehabilitation after War and Conflict.* Edited by Erin Martz, 311-360. Berlin: Springer Science +Business, 2010.

Singh, Jay P., Martin Grann, and Seena Fazel. "A Comparative Study of Violence Risk Assessment Tools: A Systematic Review and Metagression Analysis of 68 Studies Involving 25,980 Participants." *Clinical Psychology Review* 31, issue. 3 (April 2011): 499-513.

Summerfield, Derek. "The Invention of Post-Traumatic Stress Disorder and the Social Usefulness of a Psychiatric Category." *BMJ 322* (2001): 95.

Tekin, Atilla, Hekim Karadağ, Metin Süleymanoğlu, Merve Tekin, Yusuf Kayran, Gökay Alpak, and Vedat Şar. "Prevalence and Gender Differences in Symptomatology of Post-traumatic Stress Disorder and Depression among Iraqi Yazidis Displaced into Turkey." *European Journal of Psychotraumatology* 7 (February 2016).

Yang, Min, Stephen C. P. Wong, and Jeremy Coid. "The efficacy of Violence Prediction: A Meta-Analytic Comparison of Nine Risk Assessment Tools." *Psychological Bulletin* 136, no. 5 (2010): 740-767.

About the Authors

Jan Ilhan Kizilhan

Prof. Dr. Dr. Jan Ilhan Kizilhan is a psychologist, psychotherapist, trauma expert, orientalist, author and publisher. He is also the Director of the Institute for Health Science the State University in Baden-Württemberg, Germany and the chief psychologist of the Special-Quota Project, a programme funded by the State Government of Baden-Württemberg. The project brought 1,100 women and children who were in IS captivity to Germany for medical treatment. He is the Founding Dean of the Institute for Psychotherapy and Psychotraumatology at the University of Duhok/Northern Iraq.

His research interests are psychotraumatology, sexual violation, trauma, terror and war, transcultural psychiatry, psychotherapy, clinical psychology and psychotherapy, migration research and socialization-war research. He has published more than 24 books and more than 120 articles in international journals, and has been awarded many times nationally and internationally for his work.

Providing Psychosocial Care to Child Soldiers Living in Post-IS Iraq

Jan Ilhan Kizilhan
May 2019

How to cite: Kizilhan, Jan Ilhan. "Providing Psychosocial Care to Child Soldiers Living in Post-IS Iraq." The International Centre for Counter-Terrorism – The Hague 10 (2019).

About ICCT

ICCT The International Centre for Counter-Terrorism – The Hague (ICCT) is an independent think and do tank providing multidisciplinary policy advice and practical, solution-oriented implementation support on prevention and the rule of law, two vital pillars of effective counterterrorism.

ICCT's work focuses on themes at the intersection of countering violent extremism and criminal justice sector responses, as well as human rights-related aspects of counterterrorism. The major project areas concern countering violent extremism, rule of law, foreign fighters, country and regional analysis, rehabilitation, civil society engagement and victims' voices.

Functioning as a nucleus within the international counter-terrorism network, ICCT connects experts, policymakers, civil society actors and practitioners from different fields by providing a platform for productive collaboration, practical analysis, and exchange of experiences and expertise, with the ultimate aim of identifying innovative and comprehensive approaches to preventing and countering terrorism.

Contact ICCT

T: +31 (0)70 763 0050
E: info@icct.nl

ICCT International Centre for Counter-Terrorism - The Hague