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RAN ISSUE PAPER
Child returnees from conflict zones

Introduction

This paper looks at ways to respond – from a practitioner's perspective - to the situation of children returning to Europe having either been born or travelled to Daesh held territories in Syria/Iraq as well as non-European children travelling from Daesh territory to Europe as a result of forced displacement.

Estimating the number of children who have travelled from Europe to Iraq and Syria is difficult; estimates for individual countries vary from 24 to 70. Another unknown is the actual number of children born (or yet to be born) in Syria or Iraq to European parents.

According to reports from the UN Security Council, these children are being used by Daesh to carry weapons, guard strategic locations, arrest civilians and serve as suicide bombers. Furthermore, children are particularly vulnerable to indoctrination, turning them into loyal supporters for terrorist organisations. These children suffer, both due to the violence they witness/participate in, but also due to the fact that their normal social, moral, emotional and cognitive development is interrupted and corrupted by the experience of war. In addition, in the aftermath of the conflict these children are at risk of exposure to additional trauma due to the experience of (forced) migration and the resettlement process. Exposure to multiple and repeated traumas represents a significant risk to children's development and overall functioning and increases the risk of physical and mental disorders in the future.

The paper gives an overview of the challenges that prevention practitioners and social services face in terms of dealing with childhood trauma, understanding involvement in violence by child returnees, lessons from other arenas, risk and resilient factors, identifying and working with children at risk, the role of the family and the contagion effect.

Dealing with childhood trauma

Trauma awareness must be a key skill imparted to all individuals working with returnee children. The ability to recognize the signs and symptoms of trauma is essential for correctly interpreting the behavior of the children and to design appropriate interventions.

To mitigate against the impact of trauma on engagement with support services it is essential that a family systems approach (whereby the family is seen as one emotional unit) is taken, a dedicated key worker system is in place and interventions are focused on the key issues of education, employment, psychological coping and identity.

Understanding involvement in violence by child returnees

It is well documented that children who become child soldiers do so predominantly under duress, to escape alternative punishments including sexual violence, to avoid forced marriage, and/or in an effort to evade severe poverty. Regardless of the means or motive for recruitment, psychological evidence demonstrates the inability of children to adequately consent to involvement in violent activity and their lack of capacity to fully understand the consequences of this involvement. Regardless and quite problematically in the case of child soldiers, children are perceived to hold *dual identities as victims and perpetrators* and this can impact the development and delivery of interventions.

Lessons from other arenas

Clearly a key concern for security services and practitioners is the likelihood that given their past, child returnees may continue their involvement in political violence as adults. The potential for violence is unknown and most likely unknowable. Existing best practice, professional codes of ethics, disciplinary decision making protocols and local and national policy should guide the means for dealing with child returnees and any disclosure of past or indications of future violence.

For former child soldiers what is known is that isolation, discrimination and further exposure to trauma in the absence of appropriate therapeutic services could affect any integrative/rehabilitative efforts. Meeting the bio-psychosocial needs of child returnees by maximizing their and their families' wellness and reducing the long term consequences of trauma such as ill health, unemployment, poor educational attainment and involvement with the criminal justice system is the most appropriate means of ensuring a positive outcome.

Risk and resilient factors

As with all threats to child welfare there are common risk and protective factors that exist. Toxic stress as a result of exposure to *ongoing trauma* is cumulative in that it has a dose response effect; the greater the exposure the greater the negative outcomes. However evidence has demonstrated that children are equipped to *recover* from trauma and develop resilient coping strategies when the appropriate environment is created and maintained; building resilience through creating such an environment should be the key focus for any intervention strategy.

Identifying and working with children at risk

The most appropriate policy for identifying child returnees in need of intervention should be that *all* children returning from Syria are presumed to have experienced trauma and need intervention on this basis alone. If we are to consider children who may be indoctrinated or *radicalized* into Daesh's extremism ideology, we again must advise that, given the lengths Daesh go to in order to ensure children are exposed to their worldview, that all children must be assumed to have had some level of engagement with Daesh's extremist ideology. That is not to say that all returnees are potential violent extremists, but it is to recognize that the children will have experienced efforts to indoctrinate them from multiple sources and so may well have incorporated this ideology into their sense of self, their conceptions of community and their perceptions of the west.

The role of the family

There is a need to consider the psycho-social dynamics of the family and how this is relevant for understanding radicalization, and relatedly de-radicalization within family units. In terms of de-radicalization, the potential of the family to positively impact this process depends on the resources available to the family, the social networks of the family and the unique dynamics of the family group. Characteristics such as parental employment, mental health, family stability, access to private accommodation, a sense of self-determination and access to education and support are all necessary to ensure the family has the capacity to engage in intervention programs to assist the child returnees.

It is also important to recognize that there may be instances whereby the family itself is *the* risk factor; as we know there is evidence of children being brought by their parents to Daesh held territories. In these instances, upon their return, it *may* be necessary to consider the removal of a child from a family; this should be the absolute last resort as the impact upon the child will be significant and unpredictable.

The contagion effect

A prominent issue in the literature on radicalization is the potential contagion effect radicalized individuals may have on their peers. In cases where older children have returned from Daesh territory and presumably been witness and party to extreme violence and abuse, there is the concern that these children are less open to intervention and less capable of change given their developmental status. In addition, and supported by the criminological literature that points to the influences of peer groups on offending, there should be significant concern about the *spread* of radical ideas amongst peers. In such instances respected (by the child) community leaders, or mosque leaders who are familiar with the relevant youth culture and capable of communicating on an appropriate level may have a role to play in mentoring the child. In addition education providers can serve as a means to open up alternative interests and social networks for the youth. However, regardless of the child's age, developing interpersonal skills, managing emotions, having a stable family life etc. all still apply. In addition, it is vital that older children are managed in a bespoke service with key services (e.g. psychological, educational, pastoral) tailored to their developmental level. They should not be included in adult services.

Daesh actively recruits children to their cause.[1]According to Leila Zerrougu, Special Representative for

Children and Armed Conflict, in her representation to the UN Security Council, children are being used by Daesh to carry weapons, guard strategic locations, arrest civilians and serve as suicide bombers.[2]Other accounts document children's involvement in beheadings, their use of live ammunition and participation in battles.[3]While a variety of reports have documented the roles that children fill, the number of children indoctrinated by Daesh is difficult to quantify. One estimate of the number of children involved, according to Dr. Shelly Whitman is a *couple* hundred thousand.[4] This number includes all children who have been engaged to further the aims of the militant group, rather than an estimate of the number of children on the front lines for Daesh. Regardless, according to the definitions of child soldiers adopted in the Cape Town Principles, a child soldier is any person under the age of 18 who is part of regular or irregular armed forces acting in any capacity[5] clearly justifying the categorization of children used by Daesh as child soldiers.

Daesh have a sophisticated approach to indoctrinating children into their ranks, both with a view to providing soldiers for the front line but also creating loyal supporters for the regime. Daesh has taken control of schools to ensure a rigid curriculum is taught, teachers are controlled and pupils are closely monitored. It is also reported that Daesh has set up special education centres for children who were educated in the West. They have also set up specific military training camps for those seen as *loyal* to the organization. Like other instances of armed conflict where children have been used as soldiers, Daesh has also been known to abduct children for the purpose of enlisting them into the organization.[6] Other apparently more benign measures are also commonplace including *paying* families to ensure children attend Daesh schools, public parades enticing children with sweets and toys and the production of storybooks venerating Daesh.[7]

Bloom, Horgan and Winter have documented the multiple roles children play within Daesh as well as the multiple uses Daesh makes of children and have specifically examined the use of child images by Daesh for propaganda purposes. Their study gives a useful analysis of the age and nationality of the children eulogized in Daesh's propaganda.[8] For example in the figure below we see the national origins of the children, depicted as martyrs, who were featured in official Daesh propaganda.

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[1] Bloom, Horgan and Winter, 2016

[2] UN News Centre, 2014.
[3] Syrian Observatory for Human Rights, 2015
[4] Logan, 2014.
[5]Wessells, 2006
[6] Malik, 2016
[7] Malik, 2016
[8] Bloom, Horgan and Winter, 2016

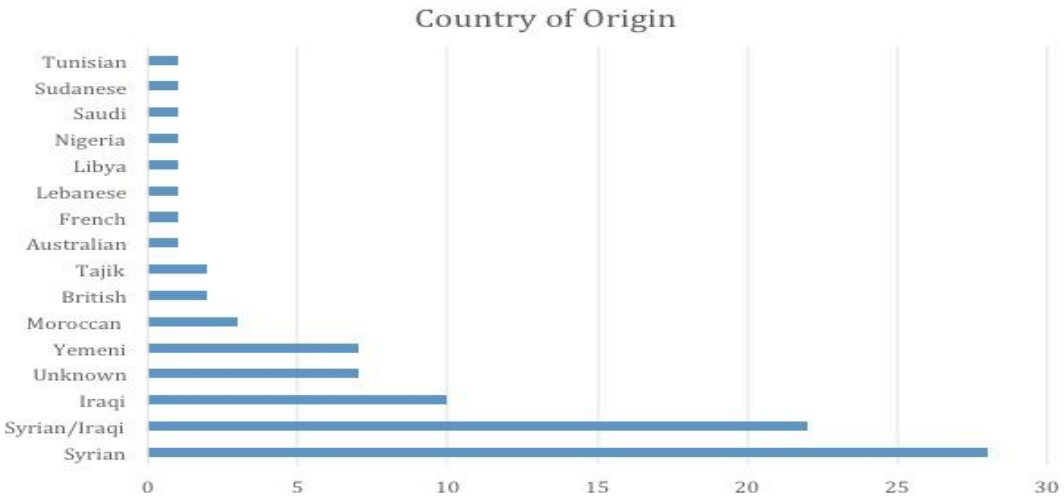


Figure 1 Country of Origin of Children depicted as Martyrs in Daesh Propaganda[9]

While the majority of children are Syrian or Iraqi, we can see from the diagram the range of nationalities represented.The range of nationalities mirrors the demographics of European adults who have travelled to Syria (given that most children are brought there by their parents or other family members), but we have significantly more information about European adults in Daesh territory than children. Peter Neumann of Kings College London reported that 4000 European adults have travelled to Syria to join military organizations[10]; of these it is estimated that 10% are women. The data on European children in Syria/Iraq is more piecemeal. In a report by the Quilliam foundation it is suggested that approximately 50 British children are currently growing up under Daesh[11] similarly French authorities have suggested that approximately 50 children born of French parents have been taken to Daesh territory.[12] In a report by the Netherlands' General Security and Intelligence Services it is suggested that there are seventy children with a Dutch connection in Daesh territory; the majority of whom were brought by their parents but some were born there.[13]In the case of Germany, it is estimated that between 24 and 36 German youths are currently in Daesh territory, however in March 2015 alone, 70 young women, including 9 schoolgirls, left Germany to join Daesh.[14]

While estimating the number of children who have travelled from Europe to Daesh territory is difficult, another unknown is the actual number of children born (or yet to be born) in Syria or Iraq to European parents. Given that reports estimate that there are currently 31000 women pregnant in the region, this may have significant implications for the management of returnees to Europe.[15]

[9] Bloom, Horgan and Winter, 2016
[10] Neuman, 2015.
[11] Malik, 2016
[12] Bisserbe and Meichtry, 2015
[13] General Intelligence and Security Services, 2016
[14] Anderson, 2016
[15] Malik, 2016

This paper is concerned with children returning to Europe having either been born or lived in Daesh held territory in Syria/Iraq. It is also concerned with non-European children travelling to Europe as a result of forced displacement. The issue to contend with when considering how we might manage the return of these children is that Daesh seeks to indoctrinate all children, not just child soldiers, into their violent anti-western ideology; an ideology that is at odds with the social, cultural and legal norms in European countries. Managing this impending crisis is essential if we are to avoid significant psychosocial issues for the children involved, but also significant legal and community issues given the potential for some children to continue the aims of Daesh on their return.

Challenges for prevention practitioners and social services – Dealing with childhood trauma

Vulnerable groups in society are most likely to be exposed to the consequences of war; the powerless, the poor, the young, women, the disabled and the elderly are all significantly impacted by armed conflict.[16] Children are particularly vulnerable both due to the abuses they face in a conflict environment as well as the violence they witness, but also due to the fact that their normal social, moral, emotional and cognitive development is interrupted and corrupted by the experience of war.[17]

In an effort to address this trauma, post-traumatic stress disorder (PTSD) remains the predominant framework applied to understand and address the consequences for children who experience conflict violence.[18]As an intervention, trauma informed Cognitive Behaviour Therapy (CBT) has been shown to be effective for both children and their families in overcoming trauma related difficulties.[19]While a trauma based approach is appropriate, what is missing from this framework is recognition of the fact that living with or being socialized into a society suffering armed conflict is not a one off traumatic event with a distinct end point; living with violent conflict, particularly in unstable political contexts, often co-occurs with exposure to other traumatic events.[20] The comorbidity of interpersonal and psychosocial risks are well documented[21] and as a result scholars have used the term cumulative risk to account for the likelihood that children exposed to armed conflict are highly likely to face multiple and ongoing trauma[22]: interpersonal/interfamilial violence, sexual abuse, hunger, malnutrition, neglect and abandonment. The exposure to multiple and repeat traumas represents a significant risk to children's development and overall functioning.[23] In addition to the repeat victimization experienced during the armed conflict, further traumatization as a result of the resettlement and integration processes is a distinct possibility.[24] This repeat victimization is primarily related to discrimination, instability, parental unemployment and the absence of peer networks of support.

[16]De Jong, Berckmoes, Kohrt et al, 2015
[17]Kohrt, Jordans, Koirala, et al, 2014
[18]Fasfous, Peralta-Ramírez, and Pérez-García, 2013
[19] Steel, M. &Malchiodi, C.A. (2010) Trauma Informed Practice with Children and Adolescence. Routledge, New York.
[20]Catani, Gewirtz, Weiling, Schauer, Elbert, and Neuner, 2010
[21]Catani et a., 2010
[22]Ibid.
[23] Ibid.
[24]Fazel et.al., 2012.

Trauma awareness should be a key skill imparted to all individuals working with returnee children. The ability to recognize the signs and symptoms of trauma is essential in correctly interpreting the behavior of the children. For example individuals who have experienced complex, on-going trauma are at risk of excessive cortisol arousal, causing cell death in the hippocampus.[25] The associated consequences include difficulty reading facial and social cues, heightened startle responses, avoidance, memory problems, poor decision making skills and aggression. The aforementioned responses must be understood as 'normal' trauma responses but importantly these are factors that prevent a child from appropriately engaging with mainstream services. Practitioners and clinicians should restructure views such as 'reluctance to engage' to 'struggling to engage' using trauma informed practice. In addition to the issues of engagement, some research argues that no meaningful therapeutic intervention should be attempted for at least 6 months given the need for the child to physically and psychologically readjust to their new settings. That is not to say support should not be offered, but children who have experienced severe trauma demonstrate particular issues with trust and this may further hinder engagement in therapy. Given this, a key recommendation is to have one identified key worker who links with the other wrap around services needed by the child and their family and multiple keyworkers should be avoided at all costs.

Trauma awareness training should occur at all levels of the organization from administration to practitioner, any individual who is likely to be in contact with the child or family needs to be aware that trauma generates extreme sensitivity to sensory overload, manifested in behavioral and emotional responses and disengagement.[26] Trauma responses are involuntary, the body reacts before thinking occurs, and a multitude of triggers can activate this response. It is impossible to create a checklist of possible triggers, this is entirely personalized to each child's individual lived experience and the list of possible triggers is endless. The importance of awareness amongst every staff member in the organization cannot be underestimated, for example experiences at a reception desk or in a waiting room can trigger a trauma response and consequently impact on further engagement with the service.[27]

Importantly, given their past experience, child returnees and their families require a sense of empowerment to enable them to succeed in managing their trauma. The physiological responses to trauma create a sense of loss of control, but also most likely given their engagement with security services, immigration services etc, their recent experiences may also have been under the control of others. In this respect the children and the families should be educated on their trauma symptoms and this should be delivered using strengths based language. Physical and psychological responses to trauma are normal, they can affect all aspects of life, they can be managed and healing can occur. Individuals should feel they have a say in all decisions relating to their current circumstances, goals should be collaborative and where a service views decisions made by the child/family as poor decisions, they should be understood from the survivor's perspective.[28] Practitioners should be aware of the fact that a normal trauma response is an inability to personally engage and this is a slow gradual process that can take months to overcome. Factors that increase the likelihood of engagement are trust and choice, furthermore the children and those around them become at risk when they are isolated.

[25] Van Der Kolk, 2006
[26] Van Der Kolk, 2006.
[27] Elliott et. al, 2005.
[28] Elliott et al., 2005

Challenges for prevention practitioners and social services – Understanding involvement in violence by child returnees

It is well documented that children who become child soldiers do so predominantly under duress, to escape alternative punishments including sexual violence, to avoid forced marriage, and/or in an effort to evade severe poverty.[29] In many instances families are complicit in the recruitment process albeit as a result of coercion: economic, violent, or social.[30] Regardless of the means or motive for recruitment, psychological evidence demonstrates the inability of children to adequately consent to involvement in violent activity and their lack of capacity to fully understand the consequences of this involvement. Existing evidence suggests that *consent* requires a cognitive skill referred to as *formal operational thinking*, an ability that usually develops between the ages of 11-15, although exposure to trauma can delay its emergence.[31] Formal operational thinking allows children to engage in logical (as opposed to emotional or reactive) thinking. Their ability to understand or attend to the consequences of their involvement relies on the development of the pre frontal cortex, the area of the brain responsible for higher order functions (i.e. planning ahead, consequences, impulse control). This brain structure does not begin its complex development until adolescence and we now know that it is not fully developed until the early 20's.[32]Despite this, child soldiers are often vilified for their decision to *join* a paramilitary organization.[33] However, in certain jurisdictions in Europe, a developmental framework is employed within the criminal justice system in order to account for the cognitive abilities of youth engaged in criminality. In Denmark, for example, the age of criminal responsibility is 15, and where children are involved in crime the response is dictated by the individual child's situation rather than the seriousness/nature of the offence.[34] However, regardless of the evidence on child development, this is a contentious social and political issue that is not easily resolved. Ex-child soldiers victimize others, both within and without their own communities, therefore to equate these children with the victims *they* have created can be seen as an effort to justify their *choice* to participate in violence in the first place. In effect, these children hold *dual identities as victims and perpetrators* and this is reflective of the multiple roles children occupy in the context of war.[35]

Challenges for prevention practitioners and social services – Lessons from other arenas

Of course a key concern for security services and practitioners is the likelihood that these children will continue their involvement in political violence as adults. This is absolutely unknown and mostly likely unknowable, but if we draw on findings from criminology related to non-political crime, it is known that children who offend before the age of 12 are more likely to be persistent offenders.[36] This is not necessarily

[29]Lamberg, 2004; Human Rights Watch, 2005
[30]Lakhani, 2010
[31]Santrock, 2001
[32] Steinberg et al., 2010
[33]Joyce et al, 2015
[34]Kyvsgaard, 2004
[35]Ibid
[36]Loeber, Farrington and Petechuk, 2003

related to violent crime, but may be linked to drug offences, addiction-related behavior and general maladaptation. How and whether this is relevant in the case of child soldiers is again unknown, but it should act as a warning regarding the need for early intervention at the very least. Given that Daesh routinely targets pre-teen children for recruitment and indoctrination,[37] the issue of early intervention becomes all the more urgent.

The available data on the role of children within Daesh points to both sophistication and diversity in the use of children by the organization and the evidence we do have points to the similarities between the situation in Iraq and Syria and other campaigns where children were used as soldiers by paramilitary organizations.[38] A number of authors have documented the use of child soldiers by Daesh examining the abuses suffered by the children as well as the role of families in recruitment and radicalization. One study focused particularly on process of socialization *into* violence[39] and described a six-step process including contact with charismatic leaders, emersion in a community of practice, reinforcement of key elements of identity and participation in communal rituals[40]. This evidence should be used to understand how Daesh recruited children not as soldiers but as members of a well-defined community with a distinct identity and a clearly identifiable out-group. Importantly, it must be recognized that the support structures, identity and group dynamics offered by Daesh created resilience in the children that must be carefully deconstructed and replaced as part of any intervention.

Lessons can also be drawn from the experience of working with child soldiers in other conflict zones. Similarities exist between what we are currently witnessing in Syria and the recruitment behavior of the Liberation Tigers of Tamil Eelam in Sri Lanka, the role of children as suicide bombers for Boko Haram and the intelligence-gathering role of the Fianna in Northern Ireland[41] – the youth wing of the Provisional Irish Republican Army (PIRA). Lessons from these areas have much to offer practitioners dealing with returnees in Europe. One assumption of the many interventions designed for implementation with child soldiers is that they remain in a conflict zone or they are in a transitional post conflict society. However in the case of returnees in Europe, given the trauma associated with forced relocation, entering the foster case system and/or parental imprisonment, the assumption that these children will *exist* in a transitional environment is not unreasonable. In addition practitioners advocate that existing evidence-based mental health interventions should be employed with child soldiers in order to impart psycho-education strategies to assist in the management of emotions and the development of interpersonal skills. The ultimate goal is to build connections between families and communities thereby offering resilience and stability for the child. The restoration of civilian roles such as employment, schooling etc, is essential in building confidence amongst traumatized children[42] but also because it serves as a normalizing process.

Challenges for prevention practitioners and social services – Risk and resilient factors

[37] Malik, 2016
[38] Malik, 2016; Horgan, Taylor et al, 2016
[39] Horgan, Taylor et al, 2016
[40] Horgan, Taylor et al, 2016
[41] Gill and Horgan, 2013
[42] Drexler, 2011.

Global crisis, be it war, famine or natural disasters all severely impact children and other vulnerable groups. Not only do disasters decrease the physical safety of children but also their long-term well-being is in jeopardy given the impact on their social, emotional, moral and cognitive development.[43] As with all threats to child welfare whether exposure to household dysfunction, involvement in substance abuse or indeed exposure to and/or involvement in terrorist violence, there are common risk and protective factors that exist.[44]

The biological risks are probably laid down firstly during the pre-natal period, i.e. the brain and body developing in the womb. These may be external such as substances; poor diet etc., however and particularly relevant in this case, is the impact on the developing child of periods of stress.[45] If the mother is regularly in the physiological stress response this has a damaging impact on the developing fetus. At birth the brain is not yet developed and by about 6 years old the brain is approx. 90% developed. Threats to this development in the first 1000 days are considered to have a huge impact on the child's ability to engage with the world around them.[46] If the child is exposed to toxic stress or trauma whereby their bodies are regularly activating fight or flight responses, the impact is that neural network development in the brain is compromised. Toxic stress may come from a vast range of sources; the conflict to which they are exposed but also other Adverse Childhood Experiences (ACE), such as household dysfunction abuse and neglect. This cumulative stress has a dose response effect where the greater the exposure the greater the negative outcomes[47] while ACEs have been found to cause structural changes to the developing brain.[48] However, there is hope in terms of the resilient capacity of children; research suggests that the brain can 're-enter plastic states' under the right circumstances and thereby mitigate these negative consequences. Indeed recent experimental research has challenged what was previously known about brain circuits, which were previously considered to be resistant to re-mapping or re-wiring. Numerous lab-based studies have suggested that the brain can in fact adapt to challenges in its environment, which Karatsoreos& McEwen[49]define as resilience. These findings are encouraging, and make the case for attempting to target those who may have experienced trauma in an effort to mitigate their negative consequences. This will require creating the right environment within existing services informed by what we already know in relation to children who have resettled from areas of conflict and trauma informed practice.

Identifying and working with children at risk

The issue of identifying child returnees in need of intervention on their return from Syria is both exceptionally complex but also incredibly simple. The most appropriate policy should be that *all* children returning from Syria have experienced trauma and so need intervention on this basis alone. If we are to consider children who may be indoctrinated or *radicalized* into Daesh's extremism ideology, we again must advise that, given the lengths Daesh go to in order to ensure children are exposed to their worldview, that

[43] Ager et al, 2010
[44] Fazel et al., 2012; Vakalahi, 2001
[45] Mulder et al., 2002
[46] Hair et al, 2012
[47] Felliti et al. 1998
[48] Mulder et al., 2002; Hair et al., 2012
[49] Karatsoreos & McEwen, 2013

all children must be assumed to have had some level of engagement with Daesh's extremist ideology. That is not to say that all returnees are potential violent extremists, far from it, but it is to recognize that the children will have experienced efforts to indoctrinate them from multiple sources and so may well have incorporated this ideology into their sense of self, their conceptions of community and their perceptions of the west.

Given this, a key consideration in attempting to intervene with child returnees is the role of identity management and transition, both individual and social. In a study by Lynch and Argomaniz[50] that examined the role of perpetrators in de-radicalization initiatives, Pemberton spoke of the need to understand involvement in terrorism not in terms of what people do, but in terms of the identity choices it offers them. In effect, Pemberton constructed terrorism as being more about 'I am' than 'I do'. In the case of children this is particularly relevant given that their identity development is in flux and heavily reliant on their experience of culture and community.[51]

In addition to the issue of identity for child returnees, individual resilience (and relatedly ideology) is an often neglected but vital factor in the process of radicalization and subsequently de-radicalization. Resilience refers to a child's ability to cope and their ability to respond to both the normal and exceptional challenges that arise during their development. There is a rather ironic issue to consider when we attempt to understand children's participation in political violence and that is the finding that a child is more likely to be able to deal with traumatic situations if they have a strong religious or ideological belief system that explains *why* they are experiencing hardship.[52]

The role of ideological commitment while under-researched in the case of children and war, is psychologically important because an ideology provides meaning in the case of ongoing trauma and allows individuals to incorporate the events into their life narrative in a coherent way.[53] This ideological framework extends to one's perception of one's enemy and a monochrome construction of the enemy enables the clear differentiation between us and them, good and evil; this has implications for one's willingness to engage in action against the enemy.[54] Thus an ideology may be psychologically protective for a child and therefore de-radicalization strategies that attempt to deconstruct the indoctrination carried out by Daesh must be mindful of the psychological vulnerabilities that may be exposed during the process. Identity transition is a complex long term process[55] and more so given the sensitive developmental needs of children and can only be managed by professionals with a deep understanding of the origins and structures that sustained the child during their time in Daesh territory. Importantly, in attempting to encourage identity transition, a replacement role model/s, a suitable community and an active peer group are all essential elements in the process. As mentioned, the role of (extreme) ideology, and the relationship between this ideology and the child's identity must be considered as a psychologically protective factor for children emerging from a conflict zone but also a socially expected response to hardship. This cannot be

[50] Lynch &Argomaniz, 2016
[51] Phinney and Baldelomar, 2011
[52] Punamaki, 1996
[53] Ibid.
[54] Ibid.
[55] See for example a paper on the transition of individuals from paramilitary group members to community activists: Joyce and Lynch, 2016

deconstructed without the provision of a safe, non-threatening, supportive environment where alternative means of self-protection can emerge and identity can be reinterpreted in response to the new setting in which they find themselves.

What this also demonstrates is that children who espouse radical ideologies and as a result draw the attention of social and security services may do so for reasons unrelated to violence or terrorism. Having learned a means of survival in a conflict zone and having incorporated this into one's identity and value system such an ideology should be considered to be related not to what 'I do' (or may do) but what 'I am'.[56]

In addition to the specific issues of identity and ideology, the psychological impact of displacement on children[57]must be considered in planning for interventions with returnee children. Existing models of psychological services for children are well equipped to deal with children who have experienced trauma and as such child returnees do not differ in their fundamental requirements. However, services should be mindful of the possibility of further traumatization of children due to their refugee status and resettlement experience. For example, being an unaccompanied minor in a host country increases the risk of psychopathology[58] and children who are separated from their families following resettlement are also at increased risk of harm.[59]

Intervention with child returnees and the role of the family

While the family is central to interventions with children across a range of settings, in the case of de-radicalization research, the focus is predominantly on the role of the individual. Some work, such as that carried out by Malik and Russell[60] highlights the need to consider the psycho-social dynamics of the family and how this is relevant for understanding radicalization, and relatedly de-radicalization within family units. In terms of de-radicalization, the potential of the family to positively impact this process depends on the resources available to the family, the social networks of the family and the unique dynamics of the family group. Characteristics such as parental employment, family stability, having access to private accommodation, a sense of self-determination and access to education and support are all necessary to ensure the family has the capacity to engage in intervention programs to assist the child returnees.

In consideration of the role of the family when working with child returnees, the mental health status of parents has been demonstrated to have an adverse effect on children's emotional and behavioral presentations.[61] Given that in the case of child returnees, the entire family is likely to have experienced conflict trauma this is a considerable risk to the child's wellbeing. In addition, having a father unemployed following return or resettlement increases the risk of negative outcomes.[62] Furthermore, children and families suffer negative psychological effects when housed with groups in shelters or detention centers

[56] Pemberton, 2016
[57] Bronstein & Montgomery, 2011; Hart, 2009
[58] Bean et al., 2007
[59] Hjern et al., 1998
[60] Malik and Russell 2016
[61] Ajduković, & Ajduković,1993; Tousignant et al., 1999
[62] Tousignant et al., 1999

when compared with those hosted by families.[63] These findings from previous research with displaced families, points to the need to focus on the family unit rather that any one individual when attempting to intervene with those returning from Daesh held territory. In the majority of cases, with support and the correct intervention, the family will act as a protective factor against problematic behavior in whatever form it emerges.

It is also important to recognize that there may be instances whereby the family itself is *the* risk factor[64]; as we know there is evidence of children being brought by their parents to Daesh held territories. In these instances, upon their return, it *may* be necessary to consider the removal of a child from a family; this should be the absolute last resort as the impact upon the child will be significant and unpredictable. If this measure is necessary, consideration of the aforementioned research is required, i.e. impact of detention centers and living in groups. Appropriate responses in these cases is the placement of children in foster homes with families of the same ethnic origin[65] providing a sense of stability[66] accompanied with auxiliary supports, particularly with regard to mental health and education.[67]

In addition to the role of the broader family in interventions with child returnees, the organization Women without Borders emphasizes the role of mothers in recognizing and counteracting the process of radicalization.[68] Their work has predominantly focused on adult foreign fighters and so it is unknown how women, particularly mothers, may fit into any intervention with child returnees, particularly given that the mothers likely brought the children to Daesh territory in the first place. However, preparing mothers to recognize problem behaviors and equipping them with the knowledge on how to react to such behaviors, may serve as an early warning system against violent extremism or other problematic behavior. Criminological literature has the potential to contribute to this debate given the significant research conducted around the interfamilial transmission of criminality,[69] the importance of peer groups in maintaining deviance[70] and the findings around *aging* out of crime.[71] Like non-political crime, involvement in political violence is predominantly a social process[72] and it is sustained by the relationships and community values associated with it. This would appear to suggest that countering Daesh indoctrination and violent extremism must address the social nature of the involvement, from the family, to the community, to the peer group.

The contagion effect – the transmission of extremist ideology

In cases where older children have returned from Daesh territory and presumably been witness and party to extreme violence and abuse, there is the concern that these children are less open to intervention and

[63] Ajduković, & Ajduković, 1993
[64] Fazel et al., 2012
[65] Porte & Tourney-Purta, 1987
[66] Nielsen et al., 2008
[67] Kia-Keating & Ellis, 2007
[68] http://www.women-without-borders.org
[69] Farrington, Jolliffe, Loeber et al, 2001
[70] Fergusson, Swain-Cambell and Horwood 2001
[71] Farringdon, 1986
[72] Lynch and Joyce, 2017

less capable of change given their developmental change. In addition, and supported by the criminological literature that points to the influences of peer groups on offending[73] there should be significant concern about the *spread* of radical ideas amongst peers. In such instances respected (by the child) community leaders, or mosque leaders who are familiar with the relevant youth culture and capable of communicating on an appropriate level may have a role to play in mentoring the child. In addition education providers can serve as a means to open up alternative interests and social networks for the youth. However, regardless of the child's age, developing interpersonal skills, managing emotions, having a stable family life etc. all still apply. In addition, it is vital that older children are managed in a bespoke service with key services (e.g. psychological, educational, pastoral) tailored to their developmental level. They should not be included in adult services.

In conclusion

Given then what we know about toxic stress, cumulative risk, resilience and plasticity, when we consider the child population who has experienced life in Daesh territory, we should not attempt to identify those who are at risk of carrying out extremism in Europe, but identify those individuals at risk of personal and social harm. In effect, if we address the trauma of the individual children and their families, we will be simultaneously undermining the foundations for future problem behavior - be that criminality, violence or terrorism. The trauma experienced by children while living in a war zone, regardless of whether or not they have been a part of the conflict, has lifelong implications for that individual and their family. Intervention must follow the well established methods outlined above, identified for dealing with childhood trauma at an individual and a family level. That is not to say that child returnees do not have circumstances that are unique to their own personal experience, naturally each case is distinct. There are some considerations that should be deliberated upon in the planning for intervention with child returnees, in particular the role of identity and ideology in sustaining an extremist ideology.

In responding to the current crisis, the established *knowns* about normal development should not be overlooked. For example positive peer interaction is of importance and can predict adjustment in other areas of psychological and social adjustment. Indeed, the literature on child refugees and returnees indicates that peer social support is correlated with good mental health and adjustment.[74]

Additionally, participation in education is a significant protective factor and failure to engage and remain in education significantly impacts on a child's psychosocial wellbeing.[75] Where education is collaborative, it instills a sense of safety and demonstrates openness to cultural diversity and increases wellness.[76] Other factors particularly where children have been placed in state care, concern a reduction in the numbers of relocations that a child makes, providing individual foster care, avoiding detention and supporting religious and cultural factors, all of which are documented as promoting better adjustment.[77]

[73] Fergusson, Swain-Cambell and Horwood 2001
[74] Almqvist & Broberg, 1999; Ekblad, 1993
[75] Fazel et al., 2012
[76] Kia Keating & Ellis 2007; Hart, 2009
[77] Fazel et al., 2012

While there is no doubt that children returning from Daesh held territories have been exposed to traumas that will negatively impact on their wellbeing, it must be borne in mind that children also have huge capacity for healing and resilience. Research on coping in children stresses that all have the capacity to build resilience[78] and this is dependent on environmental factors that are within the sphere of influence of European states. Bernard[79]states that the ability to form positive relationships with peers and adults, problem solving skills and autonomy builds resilience and existing services have the potential to provide children with the requisite skills. It is imperative that emerging policies and procedures take a humanitarian based approach to managing these returnees and consideration of developmental frameworks can and should reduce the possibility of causing further victimization, stress and trauma consequently negating the risk that children may pose to others in the future.

Recommendations

Intervention planning

1. All interventions must be evidence based; for example practitioners must intervene where a legitimate concern exists (poor school attendance, the existence of violence in the home). Member States can utilize existing child protection legislation to gain access to the child and family, this should be a trauma informed practitioner.
2. Considering intervention based on a child growing up in a *radical* family is problematic. In such cases intervention may be seen as discriminatory and political and may act to isolate the child as well as the family. In such cases encouraging engagement at a community level or through peer mentoring may be appropriate.
3. Where child returnees have been involved in violence, a criminal justice solution has the potential to further traumatize the child, ensure future recidivism, and limit opportunities for rehabilitation and reintegration. If a rehabilitative frame is prioritized then the needs and vulnerabilities of the child are paramount, irrespective of the nature of the crime.
4. Early intervention is vital for children under the age of twelve to maximize the possibility of rehabilitation. This should be delivered by qualified and culturally competent individuals, supported by both community and statutory networks of professionals.
5. Meeting the needs of child returnees must be informed by existing child protection best practice and conducted within national established child services networks. NGO's or charity groups often do not have the capacity or the integration with all necessary services to conduct interventions alone and so should be supported by existing statutory services.
6. Where statutory services have intervened and a care plan has been developed for an individual child, area experts (such as religious leaders, community leaders, and those with experience of conflict trauma) should contribute to the ongoing revisions of this plan given their unique nuanced knowledge of key issues.
7. Expert psychologists should contribute to the management of identity and ideology issues in conjunction with area experts (e.g. cultural experts, regional experts, community leaders etc.) This should involve an in-depth knowledge of the process of indoctrination experienced by the child

[78]Bernad, 1995
[79] Ibid

(family consultation prior to meeting that child can assist in gathering this information – security services may also be able to provide information here)

   a. The availability of an *alternative community* of support will be vital to the construction of a new social identity. Enabling relationship building by the child will assist this.
   b. There may be a role, especially for older children, for former foreign fighters to engage with the child returnee, both to serve as a positive role model, but also to assist in identity transition. This must be carefully managed and monitored and it should be a slow gradual process.
   c. Working with the family unit on issues of identity will assist the process of transition for the child.

8. Resilience should be recognized and fostered to support the child through a stage of transition regardless of what this resilience might look like; denial, minimizing, forgetting and glorifying their experiences are all coping strategies we would expect to see in child returnees. It is essential that front line workers understand these processes as normal rather than pathological and so continue engagement on this basis.
9. One must differentiate between the monitoring of returnees from conflict zones and intervening with returnees. In the former, basic information regarding child returnees including their existence, wellbeing, location, etc is often absent from official sources and in cases where it does exist, better processes for information sharing is required between statutory services and across borders.

Trauma informed practice

1. Given the inherent likelihood of child returnees having experienced and witnessed and in some cases participated in extreme violence (including sexual violence) all interventions should be developed around trauma informed practice. Consideration should be given to social care responses as opposed to justice responses.
2. Support services that already exist in education, social care and psychological services should adopt trauma informed practices. There is a need to equip social /key workers and their organizations with trauma informed organizational frameworks to support interventions.

The role of the family in developing interventions

1. Refugee/returnee families should be approached with an assumption of trauma even when the symptoms may not be immediately obvious.
2. Children should be supported in the context of the family where the family has the potential to be a protective factor, this requires supporting parents' positive mental health, stability and employability. This is particularly the case where children travel alone to conflict zones – and then return. In these instances positive engagement with the family is a priority for the rehabilitation and reintegration of the child.
3. Where the family is a risk factor and statutory care is deemed appropriate, children should be placed with a family of the same ethnic origin; group homes and detention should be avoided, a single key worker should maintain a relationship with the child and multiple placements must be avoided.
4. Child returnees and their family should be actively engaged in any decision-making that impacts their future. A sense of control over one's life is important for individual and group well being.

5. Continuous education/employment should be ensured to mitigate known personal and psychosocial risks to well-being. This applies to both adults and children.
6. Stability (family, education, home environment, key worker and support services) is vital to enable relationship building which is essential to ensuring engagement and thus rehabilitation.

References

Ager, A., Stark, L., Akesson, B. & Boothby, N. (2010) Defining Best Practice in Care and Protection of Children in Crisis- Affected Settings: A Delphi Study. *Child Development*, Volume 8 (4), pp. 1271-1286.

Ajduković, M., &Ajduković, D. (1993). Psychological well being of refugee children. *Child abuse & neglect*, vol. *17*(6), pp. 843-854.

Almqvist, K., &Broberg, A. G. (1999). Mental Health and Social Adjustment in Young Refugee Children y 3½ Years After Their Arrival in Sweden. *Journal of the American Academy of Child & Adolescent Psychiatry*, vol. *38*(6), pp. 723-730.

Anderson, K. (2016) Cubs of the Caliphate. The Systematic Recruitment, Training, and Use of Children in the Islamic State. IDC Paper. Available online at https://www.ict.org.il/UserFiles/ICT-Cubs-of-the-Caliphate-Anderson.pdf Accessed September 2016.

Bean, T., Derluyn, I., Eurelings-Bontekoe, E., Broekaert, E., &Spinhoven, P. (2007). Comparing psychological distress, traumatic stress reactions, and experiences of unaccompanied refugee minors with experiences of adolescents accompanied by parents. *The Journal of nervous and mental disease*, vol. *195*(4), pp. 288-297.

Bernard, B. (1995). Fostering resilience in children (Report No. EDO-PS-95-9). *Washington, DC: Department of Education. (ERIC Document Reproduction Service No. 386327)*.

Berthold, S. M. (1999). The effects of exposure to community violence on Khmer refugee adolescents. *Journal of Traumatic Stress*, vol. *12*(3), pp. 455-471.

Bisserbe, N. and Meichtry, S. (2015). French Children Add to ISIS Ranks. T*he Wall Street Journal* Available online at http://www.wsj.com/articles/french-children-add-to-isis-ranks-1451085058 Accessed Septemer 11th 2016.

Bloom, M., Horgan, J.G. and Winter, C (2016) Depictions of Children and youth in the Islamic State's Martyrdom propaganda, 2015-2016. *CTCSentinal,* vol. 9(2), pp 29-32.

Bronstein, I., & Montgomery, P. (2011). Psychological distress in refugee children: a systematic review. *Clinical child and family psychology review*, vol. *14*(1), pp. 44-56.

Catani, C., Gewirtz, A., Weiling, E., Schauer, E., Elbert, T. & Neuner, F. (2010) Tsunami, War, and Cumulative Risk in the Lives of Sri Lankan Schoolchildren. *Child Development*, vol. 81 (4), pp. 1176-1191

Dearden, L. (2016) Isis training children of foreign fighters to become 'next generation' of terrorists. *The Independent*, 29th July. Available online at http://www.independent.co.uk/news/world/middle-east/isis-training-children-of-foreign-fighters-to-become-next-generation-of-terrorists-a7162911.html Accessed September 02, 2016.

De Jong, JTVM., Berckmoes LH., Kohrt, BA, Song, S.J., Wietse, A.T. & Reis, R. (2015). A Public Health Approach to Address the Mental Health Burden of Youth in situations of Political Violence and Humanitarian Emergencies. Current Psychiatry Reports, vol. 17, pp. 60 – 70.

De Roy van Zuijdewijn, J. & Bakker, E. (2014) Returning Western foreign fighters: The case of Afghanistan,

Bosnia and Somalia. *ICCT Background Note*. Available online at https://www.icct.nl/download/file/ICCT-De-Roy-van-Zuijdewijn-Bakker-Returning-Western-Foreign-Fighters-June-2014.pdf Accessed September 2nd, 2016.

Drexler, M. (2011) Life after death: Helping former child soldiers become whole again. Harvard Public Health, Available online at https://www.hsph.harvard.edu/news/magazine/fall-2011/ Accessed September 11th, 2016.

Eichstaedt, P. (2009) First Kill Your Family: Child Soldiers of Uganda and the Lord's Resistance Army. Laurence Hill; Chicago.

Ekblad, S. (1993). Psychosocial adaptation of children while housed in a Swedish refugee camp: Aftermath of the collapse of Yugoslavia. *Stress Medicine*, vol. *9*(3), pp. 159-166.

Farringdon, D. (1986) Age and Crime. *Crime and Justice*, vol. 7, pp. 189-250

Farrington, D., Jolliffe, D., Loeber, R. Stouthamer-Loeber, M. and Kalb, M. (2001) The concentration of offenders in families, and family criminality in the prediction of boys' delinquency. *Journal of Adolescence,*vol. 24, (5), pp. 579–596.

Fasfous, A.F., Peralta-Ramírez, I. & Pérez-García, M. (2013) Symptoms of PTSD among Children Living in War Zones in Same Cultural Context and Different Situations. Journal of Muslim Mental Health, vol. 7 (2) http://hdl.handle.net/2027/spo.10381607.0007.203

Fazel, M., Reed, R. V., Panter-Brick, C., & Stein, A. (2012). Mental health of displaced and refugee children resettled in high-income countries: risk and protective factors. *The Lancet*, vol. *379*(9812), pp. 266-282.

Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, et al. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. *American Journal of Preventative Medicine,* vol. 14(4), pp. 245–58.

Fergusson, D.M., Swain-Cambell, N.R. and Horwood, J. (2001) Deviant Peer Affiliations, Crime and Substance Use: A Fixed Effects Regression Analysis. *Journal of Abnormal Child Psychology,* vol.30 (4) pp. 419–430

Geltman, P. L., Grant-Knight, W., Mehta, S. D., Lloyd-Travaglini, C., Lustig, S., Landgraf, J. M., & Wise, P. H. (2005). The “lost boys of Sudan”: Functional and behavioral health of unaccompanied refugee minors resettled in the United States. *Archives of Pediatrics & Adolescent Medicine*, vol. *159*(6), pp. 585-591.

General Intelligence and Security Services (2016) Life With ISIS the Myth Unravelled. Available online at https://english.aivd.nl/binaries/aivd-en/.../2016/...**isis-the-myth**.../life-with-**isis**.pdf Accessed September 11th 2016.

Gill, P. and Horgan, J. (2013) Who were the volunteers? The Shifting Sociological and Operational Profile of 1240 Provisional Irish Republican Army Members. *Terrorism and Political Violence*, vol. 25 (3), pp. 435 -456.

Hair, N. L., Hanson, J. L., Wolfe, B. L., &Pollak, S. D. (2015). Association of child poverty, brain development, and academic achievement. *JAMA pediatrics*, vol. *169*(9), pp. 822-829.

Hart, R. (2009). Child refugees, trauma and education: interactionist considerations on social and emotional needs and development. *Educational Psychology in Practice*, vol. *25*(4), pp. 351-368.

Hegghammer, T. (2011) The Rise of Muslim Foreign Fighters: Islam and the Globalization of Jihad. *International Security*, Vol. 35 (3) pp. 53-94

Hjern, A., Angel, B., &Höjer, B. (1991). Persecution and behavior: a report of refugee children from Chile. *Child abuse & neglect*, vol. *15*(3), pp. 239-248.

Hjern, A., Angel, B., &Jeppson, O. (1998). Political violence, family stress and mental health of refugee children in exile. *Scandinavian Journal of Public Health*, vol. *26*(1), pp. 18-25.

Horgan, J.G. (2014) Psychology of Terrorism. Routledge, London.

Horgan, J.G., Taylor, M., Bloom, M. &Winter, C. (2016) John G. Horgan, Max Taylor, Mia Bloom, and Charlie Winter. *Studies In Conflict & Terrorism* Accepted Author Version http://dx.doi.org/10.1080/1057610X.2016.1221252

Human Rights Watch (2005) *Sri Lanka: Child Tsunami Victims Recruited by Tamil Tigers*. Retrieved 6th of September 2016, from http://www.hrw.org/news/2005/01/13/sri-lanka-child-tsunami-victims-recruited-tamil-tigers

Karatsoreos IN, & McEwen BS. (2013) Annual Research Review: The neurobiology and physiology of resilience and adaptation across the life course. *Journal of Child Psychology and Psychiatry,* vol. 54(4), pp. 337–47.

Jonson, B. (2016) Islamic State Securing Bloody Future With Army of 'Cubs'. The *Observer,* 8th August. Available online at http://observer.com/2016/08/islamic-state-securing-bloody-future-with-army-of-cubs/ Accessed September 8th 2016.

Joyce, C, Lynch, O. and Veale, A (2015) Victims and perpetrators: A clinician's account of ex-child soldiers and the child development process in Sri Lanka. In Argomaniz, J & Lynch, O. (Eds) International Perspectives on Terrorist Victimization: An Interdisciplinary Perspective. Palgrave McMillian, London.

Kia-Keating, M., & Ellis, B. H. (2007). Belonging and connection to school in resettlement: Young refugees, school belonging, and psychosocial adjustment. *Clinical Child Psychology and Psychiatry*, vol. *12*(1), pp. 29-43.

Koehler, D. (2015) Family Counseling, De-radicalization and Counter-Terrorism: The Danish and German programs in context in Aeiger, S. and Aly, A. **Countering Violent Extremism:**Developing an Evidence-base for Policy and Practice. Curtin University Press, Western Australia. pp. 129-143

Kohrt, BA., Jordans, MJD., Koirala, S. et al (2014). Designing Mental Health Interventions Informed by Child Development and Human Biology Theory: A Social Ecology Intervention for Child Soldiers in Nepal. *American Journal of Human Biology,* vol. 27, pp. 27-40.

Kohrt, B.A., Jordans, M.J.D., Tol, W.A., Speckman, R.A., Maharjan, S.M., Worthman, C.A., Komproe, I.H. (2008) Comparison of Mental Health Between Former Child Soldiers and Children Never Conscripted by Armed Groups in Nepal. *JAMA.* Vol. 300(6), pp. 691-702

Kyvsgaard, B. (2004). Youth justice in Denmark in Tonry, M. and Doob, A.N. (Eds.) Youth Crime and Youth Justice: Comparative and Cross-National Perspectives, pp. 349-390.

Leavitt, L.A., and Fox, N.A. (2014) The psychological effects of war and violence on children. Hillsdale, NJ

Lakhani, K. (2010) Pakistan's child soldiers. *Foreign Policy*, March 29th. Available online at http://foreignpolicy.com/2010/03/29/pakistans-child-soldiers/ Accessed 5th September 2016.

Lamberg, L (2004) Reclaiming Child Soldiers' Lost Lives JAMA, vol. 292(5), pp. 553-554

Loeber, R., Farrington, D.P. and Petechuk, D. (2003) Child Delinquency: Early Intervention and Prevention. *Child Delinquency, Bulletin Series* (May). Available online at http://www.forensiccounselor.org/images/file/Child%20Delinquency%20Early%20Intervention%20and%20Prevention.pdf Accessed September 4th 2016.

Logan, N. (2014). Is the world ready to deal with a generation of ISIS child soldiers? Global News, available online at http://globalnews.ca/news/1643057/is-the-world-ready-to-deal-with-a-generation-of-isis-child-soldiers/ Accessed September 11th 2016.

Lynch, O. (2013) British Muslim youth: radicalization, terrorism and the construction of the "other". *Critical Studies in Terrorism*, vol. 6(2), pp. 241-261

Lynch, O. and Argomaniz, J. (2016) The Victimization Experience and the Radicalization Process – Understanding of the Perpetrator Victim Complex in the Case of Terrorism and Political Violence. Funded by the European Commission through the Specific Programme 'Prevention of and Fight against crime' HOME/2012/ISEC/AG/RAD

Lynch, O. and Joyce C.M. (2017) The Group Processes of Terrorist Groups. Blackwell Wiley, London.

McMullen, J., O Callaghan, P., Shannon, C. & Black, A. (2013) Group trauma-focused cognitive-behavioral therapy with former child soldiers and other war-affected boys in the DR Congo: a randomized controlled trial. *The Journal of Child Psychology and Psychiatry,*vol. 54 (11), pp. 1231–1241

Mulder, E. J., De Medina, P. R., Huizink, A. C., Van den Bergh, B. R., Buitelaar, J. K., &Visser, G. H. (2002). Prenatal maternal stress: effects on pregnancy and the (unborn) child. *Early human development*, vol. *70*(1), pp. 3-14.

Malik, N. (2016). The Children of Islamic State. *Quilliam Foundation*. Available online at https://www.quilliamfoundation.org/wp/wp-content/uploads/publications/free/the-children-of-islamic-state.pdf Accessed September 5th 2016.

Malik, N. & Russell, J. (2016) Countering Islamic Extremism; Challenges and Opportunities for Families. FATE and Quilliam. Available online www.quilliamfoundation.org (Forthcoming)

ORG, (2013) Stolen Futures. The Hidden Toll of Child Casualties in Syria. Available online at http://www.oxfordresearchgroup.org.uk/sites/default/files/Stolen%20Futures_0.pdf Accessed September 6th, 2016.

Roberts, A. (2010) Lives and Statistics: Are 90% of War Victims Civilians?

Survival Vol. 52 (3), pp. 115- 136

Rousseau, C. (1995). The mental health of refugee children. *Transcultural Psychiatry*, vol. *32*(3), pp. 299-331.

Palosaari, E., Punamäki, R. L., Diab, M., &Qouta, S. (2013). Posttraumatic cognitions and posttraumatic stress symptoms among war-affected children: A cross-lagged analysis. *Journal of abnormal psychology*, vol. *122*(3), pp. 656.

Pannell, I. (2015) Syria civilians still under chemical attack. BBC News, 10 September 2015. Available online at http://www.bbc.com/news/world-middle-east-34212324 Accessed September 8th, 2016

Pearn, J. (2003) Children and War. *Journal of Pediatrics and Child health*, vol. 39, (3), pp. 166–172

Phinney, J.S. &Baldelomar, O.A. (2011). Identity Development in Multiple Cultural Contexts in Jensen (Ed) Bridging Cultural and Developmental Approaches to Psychology. Oxford University Press, Oxford. Pp. 161-186

Porte, Z., &Torney-Purta, J. (1987). Depression and academic achievement among Indochinese refugee unaccompanied minors in ethnic and non-ethnic placements. *American Journal of Orthopsychiatry*, vol. *57*(4), pp. 536.

PunamAki, R.A. (1996) Can Ideological Commitment Protect Children's Psychosocial Well-Being in Situations of Political Violence? *Child Development,* Vol. 67 (1), pp. 55-69

Santa Barbara, J. (2006) Impact of War on Children and Imperative to End War. *Croat Medical Journal* vol. 47(6), pp. 891–894.

Santrock, J. (2001). Child Development. New York: McGraw-Hill

Somasundaram, D. (2002) Child soldiers: Understanding the context. *British Medical Journal, International edition* vol. 324 (7348) pp. 1268-71.

Spalek, B. (2016) Radicalization, de-radicalization and counter-radicalization in relation to families: Key challenges for research, policy and practice

Security Journal, vol. 29, (1) pp. 39–52

Steinberg, L. (2010). Commentary: A behavioral scientist looks at the science of adolescent brain development. *Brain and cognition*, vol. *72*(1), pp. 160 – 172.

Syrian Observatory for Human Rights (2015). 52 Isis Child Soldiers Died Fighting in 2015; 19 Under-16 Jihadists Used as Suicide Bombers. Available online at http://www.syriahr.com/en/?p=25985 Accessed September 11th 2016.

UN News Centre (2014) Security Council told of indiscriminate, brutal killings children face in conflict. Available online at accessed September 8th, 2016. http://www.un.org/apps/news/story.asp?NewsID=48659&Kw1=isil&Kw2=child+soldiers&Kw3=#.V9UXnldaHFJ

Vakalahi, H. (2001). Adolescent Substance Use and Family-Based Risk and Protective Factors: A Literature Review. *Journal of Drug Education*. vol. 31(1), pp. 29-46

Wessells, M. (2006) Child Soldiers. From violence to protection. Harvard University Press, MA.

Yuhas, A. (2016). NATO commander: Isis 'spreading like cancer' among refugees. The Guardian Online, Tuesday 1 March 2016 Available online at https://www.theguardian.com/world/2016/mar/01/refugees-isis-nato-commander-terroristsAccessed September 2nd 2016