



Supporting the Reintegration and Recovery of Former Child Soldiers in the Kurdistan, Iraq

SEED Foundation



seed foundation
Social Educational Economic Development

2020

ABOUT SEED FOUNDATION

SEED Foundation (SEED) is a registered charity organization in Erbil, Kurdistan Region of Iraq (KRI), whose mission is to protect, empower, and support the recovery of survivors of violence and others at risk. SEED takes a comprehensive approach to recovery, integrating case management, mental health, and legal services with a range of psychosocial support services to reduce symptoms of trauma, empower and protect survivors, and improve individual and family well-being. SEED also works to improve the skills of local case managers, psychologists, and other service providers through education, training, and supervision programs to better equip them to help individuals and communities heal. SEED works with local institutions and others to promote laws, policies, and procedures that promote human rights and the protection of the most vulnerable. SEED supports the protection and recovery of survivors of trafficking, including through SEED's shelter for victims of trafficking and those at risk, after care services, and prevention work to reduce the risk of trafficking through public awareness, technical assistance, and advocacy for legal, regulatory, policy, process, and institutional changes. SEED is committed to delivering quality and holistic approaches, combining international and local expertise to achieve results for the people of Iraq and Kurdistan.

ACKNOWLEDGEMENTS

This paper is part of a series that focuses on the conditions and needs of survivors of the ISIS war in Iraq and Syria. SEED works to support survivors of ISIS with services and advocates for a range of interventions to protect their rights and improve their well-being. As part of these efforts, SEED has developed a series of papers seeking to articulate the range of issues impacting survivors and advocating for their needs. We hope these papers will be used as practical tools for policymakers, donors, and other practitioners to stimulate a dialogue about how we can all work together to better meet the needs of these survivors and support their recovery and reintegration.

Supporting the Reintegration and Recovery of Former Child Soldiers in Kurdistan, Iraq, April 2020, was authored by Turin Mustafa, Marriage and Family Therapist, SEED Foundation, with support and extensive input from colleagues at the SEED Foundation, with special thanks to Walat Abdullah, SEED Case Manager, and Araz Adil, SEED Psychologist, who contributed their extensive experience in working directly with former child soldiers.

This report was made possible with the generous support of the United States Government. SEED would also like to thank the Kurdistan Regional Government for their support of SEED's work throughout the Kurdistan Region of Iraq.

Finally, SEED is grateful to our clients, former child soldiers, and their families who have given us the great privilege of journeying alongside them as they reintegrate into their communities and begin the healing process.

GLOSSARY OF TERMS

Armed force refers to the military institute of a State.¹

Armed groups refers to groups distinct from armed forces.²

Child refers to any person below the age of 18 years of age.³

Child associated with an armed force or armed group refers to any person under 18 years of age who is part of any regular or irregular armed force or armed group in any capacity, including but not limited to cooks, porters, messengers, and those accompanying such groups, other than solely as family members.⁴

Disarmament refers to “the collection, documentation, control, and disposal of small arms, ammunition, explosives, and light and heavy weapons of combatants and often also of the civilian population.”⁵

Demobilization refers to “the formal and controlled discharge of active combatants from armed forces or other armed groups.”⁶

Former Child Soldier refers to any child who has been, but is no longer, associated with an armed force or armed group in any capacity.

Radicalization refers to “a process of developing extremist beliefs, emotions, and behaviors. The extremist beliefs are profound convictions opposed to the fundamental values of society, the laws of democracy and the universal human rights, advocating the supremacy of a certain group (racial, religious, political, economic, social, etc.).”⁷

Recruitment refers to “compulsory, forced, and/or voluntary recruitment into any kind of regular or irregular armed force or armed group.”⁸

Reintegration refers to “the process through which children transition into civil society and enter meaningful roles and identities as civilians who are accepted by their families and communities in a context of local and national reconciliation. Sustainable reintegration is achieved when the political, legal, economic, and social conditions needed for children to maintain life, livelihood, and dignity have been secured. This process aims to ensure that children can access their rights, including formal and non-formal education, family unity, dignified livelihoods, and safety from harm.”⁹

ACRONYMS

ISIS:	Islamic State of Iraq and Syria
KRI:	Kurdistan Region of Iraq
UN:	United Nations
CRC:	Convention on the Rights of Children
DDR:	Disarmament, Demobilization, and Reintegration
NGO:	Non-Governmental Organization
INGO:	International Non-Governmental Organization
UNICEF:	United Nations International Children's Emergency Fund
WHO:	World Health Organization
OSRCAC:	The Office of the Special Representative of Children and Armed Conflict
CAUCS:	Coalition Against the Use of Child Soldiers
PTSD:	Post-Traumatic Stress Disorder
TF-CBT:	Trauma-focused Cognitive Behavioral Therapy
PSS:	Psychosocial Support
CBO:	Community-based Organization

CONTENTS

EXECUTIVE SUMMARY	7
Introduction	8
Importance of Services for Former Child Soldiers	9
Global Approaches for the Reintegration and Recovery of Former Child Soldiers	11
Disarmament, Demobilization, and Reintegration Programs	11
Additional Approaches	11
SEED's Experiences	13
Challenges in Working with Former Child Soldiers	13
SEED's Interventions: Promising Practices for Working with Former Child Soldiers	14
Comprehensive Case Management	14
Specialized Mental Health Treatment	15
<i>Rapport Building</i>	15
<i>Art and Play Therapy</i>	15
<i>Storytelling</i>	16
<i>Trauma-Focused Cognitive Behavioral Therapy</i>	16
<i>Body and Mind Oriented Techniques</i>	16
Psychosocial Support Activities	17
Parent/Caregiver Involvement	17
Recommendations	18
Address Urgent Needs of Returnees	18
Provide Integrated and Comprehensive Programs	19
<i>Holistic Treatment Models</i>	19
<i>Family Involvement</i>	20
<i>Coordinated Response</i>	20
<i>Investment in Public Health</i>	20
<i>Peace Building</i>	20
Ensure Beneficiary Participation in Program Design	21
Build Long-term Donor Support and Accountability	21
Conclusion	21
References	22

EXECUTIVE SUMMARY

Globally, children associated with an armed force or armed group, often referred to as “child soldiers,” are recruited to play a number of roles ranging from frontline fighters to cooks, porters, messengers, spies, and domestic workers; others are used for sexual purposes. These children are routinely exposed to violence, forced to commit crimes, exploited, and abused. Tragically, 2018 showed the highest numbers of children killed or maimed due to armed conflict.¹⁰ In Iraq, “children remain highly vulnerable to forcible recruitment and use by multiple armed groups operating in Iraq, including— but not limited to— the Islamic State of Iraq and Syria (ISIS), the People’s Mobilization Forces, tribal forces, the Kurdistan Workers’ Party, and Iran-backed militias,” according to the U.S. government’s 2019 Trafficking in Persons (TIP) Report.¹¹

Former child soldiers face significant challenges in reintegration and recovery. From barriers to reconnecting with their families to stigma within the community, they are often left feeling isolated and angry. One client told SEED staff, “People usually run from us when they know we used to be child soldiers.” Children returning from ISIS captivity are often very different from the children they were upon capture, returning with new languages, new beliefs, new religions. These children and their families can struggle to make sense of these experiences and to know how to live together again. Further, children can suffer complex trauma with significant symptoms from their exposure to violence and extremism, including both physical and mental health needs. Having lost years of education and returning to impoverished, displaced families, desperately needed resources are often non-existent. In most cases, parents and caregivers of children returning from ISIS captivity are not equipped to deal with the challenges faced by these children. One parent of a former child soldier told SEED, “When our kids came back from captivity they had so many issues; we didn’t know where to go for help.” Addressing the needs of these children and their families is crucial for the future security, stability, and prosperity of these individuals, their families and communities, as well as all of Iraq and the Kurdistan Region of Iraq (KRI).

An integrated and comprehensive approach to services for former child soldiers and their families is critical to provide for physical and mental health needs as well as offer a range of social, economic, housing, and educational support. While there continue to be challenges in meeting the needs of this unique population, Disarmament, Demobilization, and Reintegration (DDR) programs have been used throughout the world in post-conflict settings to support ex-combatants. No such program exists in Iraq.

This paper presents a summary of promising practices and recommendations for service provision based on SEED’s experience working with former child soldiers and findings from the literature regarding global programs targeting this population. The focus of these recommendations is children returning to the KRI from ISIS captivity, though many of the recommendations may be applicable to other contexts as well.

SEED recommends that the Kurdistan Regional Government, Government of Iraq, United Nations agencies, and civil society actors to join forces to:

- 1. Address the urgent and long-term needs of child survivors** by meeting their medical, financial, legal, educational, and social needs. These needs must be met according to a trauma-informed, survivor-centered, child-friendly, and human rights-based approach.
- 2. Provide integrated and comprehensive services** to former child soldiers that include:
 - » Holistic treatment models, including comprehensive case management, specialized mental health treatment, and psychosocial support (PSS) activities.
 - » Parent and caregiver involvement to focus on rebuilding and strengthening familial relationships and provide support and guidance to parents and caregivers.
 - » A coordinated response and clarified roles of national governments, international NGOs, UN agencies, CBOs, and the donor community. Governments must have the primary role of creating sufficiently robust medical, economic, legal, educational, and social frameworks to address all needs and ensure effective enforcement where needed. This includes ensuring that the justice system is effective in addressing the legacies of the conflict.
 - » Investment in public health to fund, recruit, and train the necessary professional workforce and make necessary medication accessible to ensure quality service provision for former child soldiers.
 - » Peacebuilding efforts to ensure the protection of children affected by armed conflict.
- 3. Ensure beneficiary participation in program design to encourage and empower children in the development of programs, increase local leadership and ownership, and ensure lasting impact.**
- 4. Build long-term donor support** and accountability to ensure robust, effective programs supporting reintegration and recovery.

Introduction

Throughout history and around the world, children have been impacted by conflict, both as civilian casualties and as participants in armed action. Children associated with an armed force or armed group, often referred to as “child soldiers,” can play a number of roles in conflict ranging from frontline fighters to cooks, porters, messengers, spies, domestic workers, or be used for sexual purposes. According to Child Soldiers International, cases of children being used in conflict have doubled from 2012 to 2017 with almost 30,000 verified cases worldwide.¹² Tragically, a United Nations (UN) report revealed that 2018 showed the highest numbers of children killed or maimed due to armed conflict since the UN began monitoring the phenomenon.¹³

Tragically, a United Nations report revealed that 2018 showed the highest numbers of children killed or maimed due to armed conflict since it began monitoring the phenomenon.

In Iraq, the 2019 Trafficking in Persons (TIP) Report revealed that “children remain highly vulnerable to forcible recruitment and use by multiple armed groups operating in Iraq, including— but not limited to— ISIS, the People’s Mobilization Forces, tribal forces, the Kurdistan Workers’ Party, and Iran-backed militias.¹⁴ Beginning in 2014, ISIS terrorized minority groups, particularly Yezidis, capturing thousands of children and forcing them into training camps, subjecting them to extreme violence including physical and psychological abuse and indoctrination. The TIP Report further notes that “despite the defeat of the physical caliphate, ISIS continues to abduct and forcibly recruit and use children in combat and support roles, including as human shields, informants, bomb makers, executioners, and suicide bombers; some of these children were as young as 8 years old and some were mentally disabled.¹⁵

Children continue to be targeted and recruited for armed conflict around the world given their unique characteristics and life circumstances. Children are typically easier to intimidate and influence, characteristics which extremist groups exploit to indoctrinate children to violent ideologies.¹⁶ Additionally, they are less likely to demand salaries while still having the capacity and physical strength to train and fight in combat, making them promising recruits for protracted conflicts.¹⁷ During the invasion of Iraq and the KRI in 2014, ISIS

targeted children who were vulnerable, scared, and easier to coerce into military training and indoctrination. ISIS fighters groomed their victims, gaining trust and establishing an emotional connection in order to manipulate them into service.

Children continue to be targeted and recruited for armed conflict around the world given their unique characteristics and life circumstances.

Although many children are forced into armed forces or groups, some participate voluntarily, though the concept of “volunteering” as a child for armed conflict is a subject of debate. Armed actors often take advantage of children living in areas with protracted conflict who have suffered great loss, leaving them orphaned and/or impoverished, offering protection and basic needs which are desperately needed. Children seeking to escape poverty, domestic violence, and a severe absence of opportunities for their futures are extremely vulnerable to recruitment with promises of money, status, belonging, and a better life.¹⁸ Some parents volunteer their children in hopes it will mean they are fed, clothed and sheltered- something the families are unable to provide themselves. Other children join combat to fight for justice and freedom after witnessing grave injustice towards their communities.¹⁹ Of critical importance in the face of ‘voluntary’ participation in armed forces or groups is that it is still a form of child abuse; what perhaps felt to children as a “choice” is often, in reality, extreme manipulation of their basic needs and a desire to feel power in the face of significant feelings of powerlessness.

Of critical importance in the face of ‘voluntary’ participation in armed forces or groups is that it is still a form of child abuse; what perhaps felt to children as a “choice” is often, in reality, extreme manipulation of their basic needs and a desire to feel power in the face of significant feelings of powerlessness.

The international community has rightly sought to curb the use of children in combat for decades. In 2002, the Optional Protocol to the Convention on the Rights of the Child (CRC) on the involvement of children in armed conflict strengthened the legal protection of children against use in armed conflict.²⁰ This protocol raised the minimum age for direct participation in hostilities to 18 years from the previous minimum age of 15 years. It further protects children by 1) prohibiting compulsory recruitment by government forces of anyone under 18 years of age; 2) calls on State Parties to raise the minimum age above 15 for voluntary recruitment; and 3) implements strict safeguards when voluntary recruitment of children under 18 years is permitted. The treaty further prohibits all recruitment by non-State groups of children under age 18. Additionally, the Paris Commitments and Principles of 2007 provides international guidance on children involved with armed groups and commitments of protection from recruitment and use by armed groups.²¹ Sadly, although there has been great effort globally in protecting the rights of children, these laws have not prevented groups from recruiting children for armed conflict, and children continue to suffer as a result.

Addressing the needs of these children who have survived these conflicts and returned to their communities in KRI or other parts of Iraq, or who are in detention by government authorities, is crucial; failure to provide required services places them at heightened risk of further harm towards themselves and others.

Addressing the needs of these children who have survived these conflicts and returned to their communities in KRI or other parts of Iraq, or who are in detention by government authorities, is crucial; failure to provide required services places them at heightened risk of further harm towards themselves and others. Ensuring quality services and access to basic rights for these children are imperative for the future security, stability, and prosperity of these individuals, their families and communities, as well as Iraq and the KRI. This paper highlights the importance of providing an integrated and comprehensive approach to children who were recruited and trained as child soldiers, providing for physical and mental health as well as a range of social, economic, housing, and educational support to children

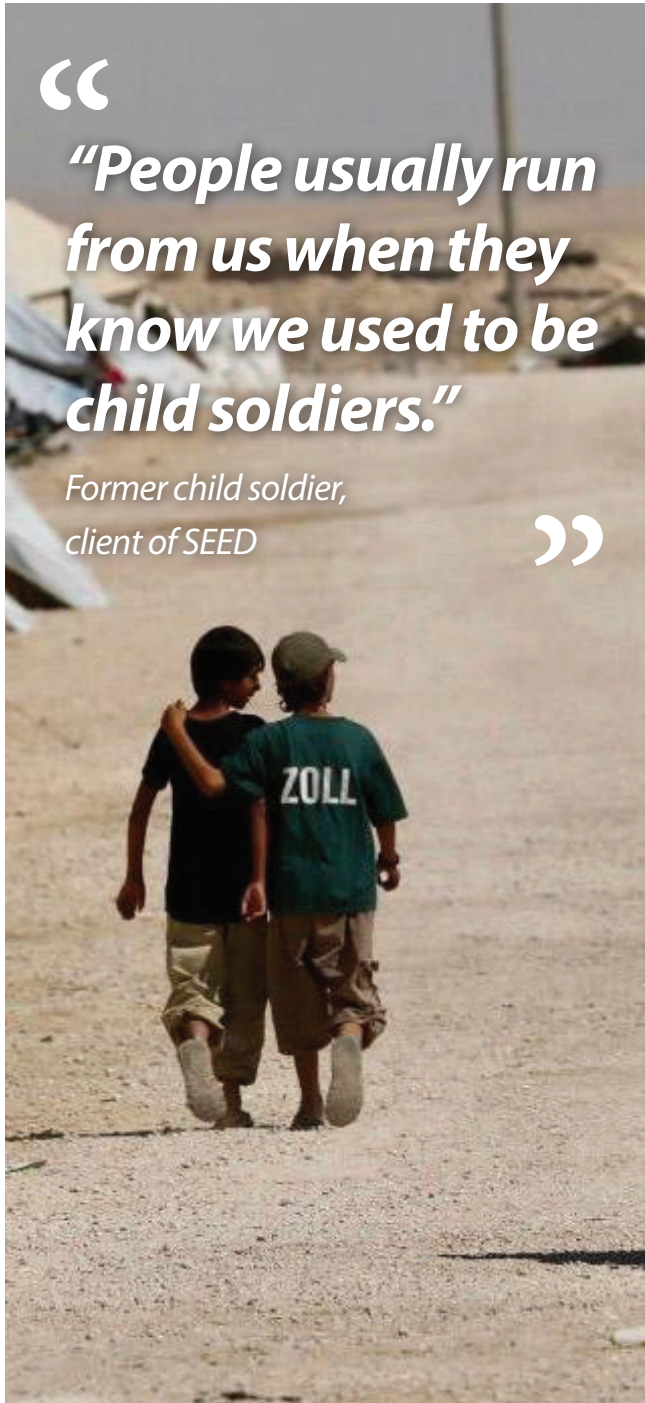
and their families or caretakers. Information presented here includes a brief review of global approaches and a summary of SEED's experience in working with former child soldiers. Given SEED's experience working with children returning from ISIS captivity in the KRI, this paper focuses on children recruited and utilized in conflict by ISIS; however, the findings and recommendations presented here regarding the needs of the victims and promising practices for reintegration and recovery may apply to children victimized by other armed forces and groups as well.



Importance of Services for Former Child Soldiers

Most children returning from armed conflict have been exposed to violence and extremist ideology at critical stages of their development which can lead to a range of negative behaviors and risks as they reintegrate into their communities. Specifically in post-conflict Iraq, children returning from ISIS captivity face extreme challenges when reintegrating including accessing treatment for war-related injuries, malnutrition, externalizing behaviors, and challenges playing with and relating to other children. Additionally, former child soldiers commonly struggle in their relationships with family members, friends, and community members upon reintegration and face barriers in accessing their rights as they are often reintegrating into highly vulnerable, displaced, and often impoverished family units and communities, including transitioning into the care of extended family members. One client told SEED staff, "People usually run from us when they know we used to be child soldiers."

Most children returning from armed conflict have been exposed to violence and extremist ideology at critical stages of their development which can lead to a range of negative behaviors and risks as they reintegrate into their communities.



“

“People usually run from us when they know we used to be child soldiers.”

Former child soldier,
client of SEED

”

Across studies on psychosocial adjustment and mental health among child soldiers, exposure to violence was associated with increased internalizing and externalizing mental health problems.²² An important study conducted by Kizilhan and Noll-Hussong in 2018 showed that 81 Yazidi former child soldiers in Iraq showed a significantly higher prevalence of post-traumatic stress disorder (PTSD) (48.3%), depressive disorders (45.6%), anxiety disorders (45.8%), and somatic disturbances (50.6%) compared to boys who had not been child soldiers.²³ Additionally, self-esteem was lower for those who had served as child soldiers with ISIS.²⁴ While mental health symptoms vary, SEED’s clients

81

Yazidi former child soldiers experienced significantly higher rates of the following mental health disorders:



Post-traumatic stress disorder (48.3%)

Depressive disorders (45.6%)

Anxiety disorders (45.8%)

Somatic disturbances (50.6%)

Post-traumatic stress disorder among former Islamic State child soldiers in northern Iraq, 2018, The British Journal of Psychiatry

have identified heightened irritability, nightmares, flashbacks, lack of sleep, poor appetite, inability to focus, anger outbursts, aggression, confusion, loss of interest in activities, low self-esteem, feelings of disconnectedness, and hyperactivity as common struggles upon reintegration. Certainly, the severity of these symptoms and problems vary; factors impacting outcomes include 1) the length of time spent in captivity; 2) exposure to violence and radicalization; 3) severity of abuse experienced; 4) access to services after being released; and 5) the willingness of their communities to accept them back and support them. One child described his internal experiences to SEED staff, stating, “Sometimes I wonder ‘who am I?’ and ‘what is the right or wrong way to live and be?’”



“

When our kids came back from captivity they had so many issues; we didn’t know where to go for help.

Parents of a former child soldier,
clients of SEED

”

In most cases, parents and caregivers of children returning from ISIS captivity are not equipped to deal with the challenges faced by these children, and the stigma of their past can create additional barriers in accessing necessary services for physical and mental health as well as basic rights. As one parent of a former child soldier with whom SEED has worked told SEED, “When our kids came back from captivity they had so many issues; we didn’t know where to go for help.” Often experiencing displacement themselves, caregivers are faced with their own challenges and mental health issues either pre-existing or resulting from the conflict that are further strained by the pressures of caring for returning former child soldiers. Moreover, many of these families are managing significant grief and loss with having experienced loved ones killed, unaccounted for, or who remain in captivity.



“
**Sometimes I wonder
'who am I?' and 'what is
the right or wrong way
to live and be?**

*Former child soldier,
client of SEED*

”

DDR aims to support former combatants to become part of the peace process in these settings by providing them with opportunities for sustainable recovery and reintegration.

Global Approaches for the Reintegration and Recovery of Former Child Soldiers

Disarmament, Demobilization, and Reintegration Programs

Disarmament, Demobilization, and Reintegration (DDR) programs have been used for a number of years around the world by the UN and other agencies in order to “contribute to security and stability in post-conflict environments so that recovery and development can begin.”²⁵ DDR aims to support former combatants to become part of the peace process in these settings by providing them with opportunities for sustainable recovery and reintegration.²⁶ Programs typically engage men, women, and children returning from combat in a variety of roles - from fighters to cooks, porters, etc. DDR intervention programs provide educational opportunities, vocational training, livelihood options, mental health and psychosocial care, and community empowerment activities which focus on helping individuals learn more about the experiences of former combatants. DDR programs are a political process requiring significant investment of both formal and informal armed forces; in order to be effective, all parties within a conflict must be willing to demilitarize following a conflict.²⁷

Additional Approaches

In addition to DDR programs, a number of agencies provide services to children and families associated with armed forces. UNICEF provides support to children and families who were associated with armed forces and who have been victims of violence by providing a wide variety of services including mental health treatment, reintegration into communities, and educational opportunities. War Child also provides support to former child soldiers by reuniting them with their families and communities, providing safe spaces for them to learn and play, equipping them with livelihood skills, assisting them to process their trauma and build positive coping skills, and providing legal assistance. Additionally, War

How One Boy Found Hope for His Future

Khalat was just seven years old when he was taken into captivity by ISIS fighters and forced into a life of domestic servitude. Having come from the Yezidi community, Khalat's culture was slowly stolen from him as his captors forced him to learn verses of the Qur'an and forbid him to speak his mother tongue. Khalat endured great suffering at the hands of his captors, working long hours and experiencing physical abuse.

Beyond the violence experienced in the home, Khalat was living in a war zone. At the age of 11, Khalat was severely injured when a bomb hit the home where he lived. Bomb fragments entered his leg and caused bones to shatter- pieces found their way into his kidney and back, lodging themselves as painful reminders of the trauma he experienced. He was taken to a hospital to assess the injuries, but the ISIS fighter who "owned" him was unwilling to invest in his little life; treatment was too expensive, and it was just as easy to purchase another servant. Tragically, Khalat was left wrapped in a blanket on the road to die.

Mercifully, someone took pity on him and took Khalat to a nearby camp where he was eventually reunited with one of his brothers. His parents and another older brother remain missing. Left to care for Khalat alone, Khalat's brother advocated for him to receive the medical care he needed wherever they went. Having received a variety of unsuccessful medical treatments, Khalat remained in severe pain, diagnosed with epilepsy in addition to his war-related injuries.

SEED staff met Khalat when he was referred to SEED for assistance. He was living in very poor conditions in an ad hoc shelter with his brother and his brother's wife. Upon referral, a SEED case manager conducted an assessment to better understand his needs. In addition to his severe medical needs, Khalat needed legal, educational, and mental health services. SEED staff got to work. Khalat was initially provided with some basic necessities: clothes; school supplies; Kurdish language books to help him re-learn his native tongue; and cash assistance, critical for him to access the medication and transportation needed to heal. Khalat was without any form of identity documentation, so SEED coordinated with another NGO to help renew his identification

papers- critical to him being able to access public school one day. Khalat's medical needs were extensive, and his family was unable to afford the care he needed, so SEED coordinated with the KRG's Department of Health and NGOs to get Khalat the proper treatment and follow-up care he needed.

In addition, one of SEED's psychologists began working with Khalat and his brother. The psychologist completed an assessment before formulating a cohesive treatment plan with Khalat and his brother. Khalat suffered from depression, post-traumatic stress disorder (PTSD), and anxiety - all of which impeded his ability to function and form trusting relationships with others. Developing trust with Khalat was difficult, however utilizing play therapy, the psychologist was able to build rapport with him and eventually engage in conversations with him about his trauma. The psychologist further employed trauma focused cognitive behavior therapy (TF-CBT), a therapeutic approach to help Khalat gain understanding about trauma and its impact, normalizing his reactions through psychoeducation. Further, together, they were able to identify Khalat's triggers and learn positive coping skills such as relaxation, deep breathing, and meditation, versus acting out with aggression and self isolation. Family therapy also helped Khalat and his brother to build their relationship through improved communication and understanding. Finally, peer play groups were utilized to help Khalat build friendships and support in his community.

Each of these steps took an enormous amount of hard work, from Khalat as well as his family and the service providers working alongside him. Today, Khalat is functioning well and has the support of his brother; he's been able to make friends and has relearned Kurdish. His symptoms of depression and PTSD are reduced, and he has been able to utilize positive coping skills to manage difficult feelings. Perhaps most importantly, Khalat's hope has been restored; upon Khalat completing his treatment plans with his case manager and psychologist, he told SEED staff, "I have a little hope for my future - and that is thanks to you." Restored hope is a huge success in any trauma story, providing further evidence of promising practices for supporting former child soldiers in their recovery and reintegration.

Child is continuously working on preventative measures in the recruitment of children through awareness raising.

International Organization for Migration (IOM) has also implemented DDR in more than 30 countries, with the majority of activities taking place in Colombia and sub-Saharan Africa. IOM has supported the different levels of DDR and has implemented different strategies with disengagement and demobilization with ex-combatants while also focusing on rebuilding relationships within their communities once they are reintegrated.²⁸ IOM's approach is supported by its Information Counselling and Referral Service mechanism which is used to identify gaps, needs, and expectations within a DDR framework and connects individuals and communities to providers including counselling, legal support, education, and housing.²⁹

Limitations and Challenges of Existing Programs

Over the last few decades, DDR programs have evolved to changing contexts and needs. For example, what began as programming focused on individuals has since been expanded to work with communities, recognizing that successful reintegration relies on whole systems, not just individuals. However, even with the evolution of programs, a number of challenges in implementing DDR and other programs remain including: 1) lack of evidence for implementation of DDR programs in settings with active conflict or wherein violent extremism is present, such as Iraq; 2) lack of information on the effectiveness of programs for girls who often face additional stigma when seeking services; 3) inability to provide participants with the skills needed to maintain sustainable livelihoods resulting in them remaining vulnerable to reliance on illegal activities or re-recruitment in conflict;³⁰ 4) lack of support for families and caregivers receiving former combatants back to their homes and communities; 5) lack of evaluation of program outcomes measuring the effectiveness of programs; and 6) challenges in obtaining long-term funding for robust implementation.

In 2019, War Child conducted a study on programs for child soldiers, stressing that there are significant gaps in service provision and support to this population through DDR and other approaches. Specifically, they found that with regard to programming for children affected by conflict 1) funding is insufficient; 2) the quality of programming is limited; 3) there is a lack of community-based and community-led interventions; 4) institutional capacity is poor; and 5) legal and political classifications often deny children access to reintegration support.³¹



SEED aims to reduce violence and increase stability in the KRI through the support of children who have been or currently are exposed to high levels of violence and radical ideology either as child soldiers, in ISIS captivity, or other exposure in their communities.

SEED's Experiences

From 2014 to 2019, SEED has provided services to 43 former child soldiers and their families. SEED aims to reduce violence and increase stability in the KRI through the support of children who have been or currently are exposed to high levels of violence and radical ideology either as child soldiers, in ISIS captivity, or other exposure in their communities. In addition to working directly with children, SEED focuses heavily on providing support to parents, caregivers, and other community members through a community center-based approach in order to fully support reintegration of former child soldiers.

Challenges in Working with Former Child Soldiers

Although they are often happy to be reunited after spending years apart, children returning from ISIS captivity and their caregivers face tremendous challenges navigating reintegration. First, children have often experienced substantial trauma and exposure to extremist ideology in direct opposition to their own culture and community. Children who have been exposed to such extreme violence and terror may have developed complex trauma, requiring comprehensive mental health treatment to help them heal and build sustainable solutions for their safe reintegration. Children can lose years of their childhood to armed

conflict; the child that was taken can be quite different than the one who returns - new ideas and beliefs, more independence, connection with a different culture, even a different language. Several of SEED's clients have expressed a loss of or confusion in self-identity.³² Separated from their families and often forced to convert to a new religion and speak a different language, these children have reported feeling confused in terms of who they are as a person and how they fit into their communities. SEED has worked with a number of boys returning from captivity who no longer identify as "Yezidi," often creating significant strife for the family within a very insular culture.

Children returning from ISIS captivity and their caregivers face tremendous challenges navigating reintegration.

Further, caregivers are often unsure how to reconnect with their child, and children can struggle to connect with their families. Oftentimes, parents have been killed or remain in captivity and children return to extended family. In many cases, children returning developed strong connections with their ISIS families as they were kidnapped at a young age and feel they no longer belong with their biological families. Caregivers are often unequipped to manage the negative behaviors that come with prolonged traumatic exposure and any identification with the child's captors is seen as betrayal; families struggle to understand how children may wrestle with their identity after time in captivity. Parents can experience shame as a result of their child being used by ISIS; one parent working with SEED noted she felt her child's difficult behaviors was a reflection on her parenting and the community looked down on her for this. These challenges create significant turmoil for the family, disrupting an already fragile family system, stressed as a result of displacement, poverty, and a lack of appropriate support services and opportunities.

Children returning also experience social challenges as many lack the ability to connect with people in socially acceptable ways. Living in unstable environments and unhealthy relationships from a very young age can result in severe attachment problems making it difficult to form meaningful relationships. These children often struggle with emotional regulation, impulsive behaviors, difficulties in forming relationships, issues in trusting others, building friendships, and connecting with their community. This, in addition to the stigma these children can face upon return, can make accessing

support and services within the community impossible, if the services exist at all.

The stigma these children can face upon return, can make accessing support and services within the community impossible, if the services exist at all.

SEED's Interventions: Promising Practices for Working with Former Child Soldiers

In SEED's work with former child soldiers, a number of promising practices have emerged in support of successful recovery and reintegration of children back to their families and communities. SEED's psychologists and case managers utilize a range of activities and therapeutic approaches in working with former child soldiers. The following provides a brief summary of approaches that SEED staff have found effective with this population including 1) comprehensive case management, 2) specialized mental health treatment, 3) psychosocial support (PSS) activities, and 4) involvement of family/caregivers.

Comprehensive Case Management

SEED's case managers engage with children and their families to 1) identify needs in a range of areas such as physical and mental health, educational and economic needs, building a support network, housing, and protection - including access to their legal rights; 2) collaboratively develop goals to work towards together; and 3) assist clients and their families in achieving goals. Case management is provided over a period of six months to one year - or even longer if the needs of the client warrant continued support. Services include a variety of activities such as psychoeducation sessions to build coping skills, obtaining legal identification, enrolling in school, accessing medical care, supporting positive parenting, connecting with community resources, referring to mental health care providers, and a variety of other actions. SEED will provide language training to children who have lost their mother tongue so that children can again communicate with their families. Of key importance for this population is increasing children's access to education and work opportunities, where appropriate, and linking children back to their community through deeper social connections.

SEED psychologists have found that the following mental health techniques are effective with former child soldiers and their families: 1) rapport building, 2) art and play therapy, 3) story telling, 4) Trauma-focused Cognitive Behavioral Therapy (TF-CBT), and 5) body and mind oriented techniques.

Specialized Mental Health Treatment

SEED's psychologists provide individual and family therapy to children and their caregivers, helping children and their families heal from trauma and build positive coping and emotional regulation skills. Psychologists support all members of the family as often parents, siblings, and extended family struggle with understanding the effects of captivity, exposure to violence and trauma, and mental health symptoms that children develop. In addition to individual therapy, SEED utilizes family therapy to provide psychoeducation on mental health, explore family dynamics to address conflicts, coach parents in positive approaches, and strengthen the family system through rebuilding relationships and trust. SEED psychologists have found that the following mental health techniques are effective with former child soldiers and their families: 1) rapport building, 2) art and play therapy, 3) story telling, 4) Trauma-focused Cognitive Behavioral Therapy (TF-CBT), and 5) body and mind oriented techniques.

Rapport Building

Building rapport is an initial step in the recovery process to allow for a healthy, safe, and trusting relationship to be developed between the client and the psychologist. This process allows for the child to feel safe, respected, and supported. Former child soldiers have been victims of abuse and experienced very unhealthy relationships, causing challenges in attachment. As such, they struggle in connecting and trusting individuals and are resistant in allowing others into their life. The psychologist's initial aim is to get to know the child and connect with him or her through engaging in the child's preferred activities, hearing the child's story without judgement, and providing empathy through active listening and unconditional positive regard. These initial steps have

proven to be extremely effective with clients prior to working on treatment goals.



Through art and play therapy techniques, children are given a safe and natural environment to express their thoughts, feelings, and experiences as they may lack the cognitive and verbal skills to do so.

Art and Play Therapy

Children who have experienced trauma often struggle to express their needs, articulate their emotions, understand their behaviors, and manage them appropriately. Through art and play therapy techniques, children are given a safe and natural environment to express their thoughts, feelings, and experiences as they may lack the cognitive and verbal skills to do so. This is especially true when children have been through a traumatic experience, are victims of abuse, or have been exposed to violence. In the context of working with former child soldiers these methods are specifically appropriate for those who are lacking their mother tongue after captivity.

SEED's psychologists have found both these techniques to be useful and effective in treating former child soldiers as they struggle in articulating their thoughts and feelings and expressing themselves appropriately. These techniques allow for a positive relationship to be built between the child and the psychologist during sessions and creates a safe place for emotional healing. Additionally, it allows the psychologist to observe the child and obtain information, understand the child's emotions, and gain insight about the child's struggles. Skill building activities are also incorporated in play

to help address undesirable behaviors and increase impulse control, frustration tolerance, and self-esteem. Other skills that can be taught in play activities include self control, anger management, conflict resolution, and perspective taking - all important in successful reintegration. Psychologists model these skills during sessions and encourage children to practice them both in and outside of the sessions.

Storytelling

Storytelling is a child-friendly approach and alternative communication strategy in therapy sessions which SEED staff have further found effective in engaging with former child soldiers. Psychologists select a story that is generally related to the individual and the presenting problem and share the story with the client. The objective is to help the client build insight into his or her own problems indirectly and learn how to solve them. Throughout the story there are problems that arise, and the psychologist pauses and asks the client for his or her opinion and solutions to the problems; the child can even change the narrative of the story for a better outcome. At the end of the story the psychologist will often ask the child for the “moral of the story” or ask “What do you think of this story?” allowing for an open discussion. The goal of this intervention is to raise awareness and build insight of the situation the child is in, connect the child with reality, provide a sense of control, and make it easier for a child to remember potential solutions.

TF-CBT helps children to alter and challenge negative thinking patterns, understand the connection between how thoughts and feelings impact behaviors, and gain more insight into their traumatic experiences.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

While play therapy techniques are generally utilized with younger children, older children who have more insight and awareness into their symptoms or trauma are provided with TF-CBT, an evidenced-based treatment to help address behavioral and mental health issues. TF-CBT is often utilized to help treat symptoms of PTSD, depression, anxiety, behavioral problems, cognitive distortions, and relationship problems; the approach

has a heavy focus on parent or caregiver involvement in treatment.³³ Inviting parents into therapy sessions- once the child and caregivers are ready and with the child’s consent- allows them to hear the child’s trauma, provide emotional support, and practice skills in sessions that will help the child cope with triggers and challenging behaviors. TF-CBT helps children to alter and challenge negative thinking patterns, understand the connection between how thoughts and feelings impact behaviors, and gain more insight into their traumatic experiences. TF-CBT interventions include teaching positive coping and problem solving skills, increasing distress tolerance skills when faced with conflict, challenging negative distortions related to low self-esteem, teaching healthier eating and sleeping patterns, and practicing grounding and deep breathing exercises. Skills are practiced in sessions through role playing and homework for both children and their parents/caregivers.



Body and Mind Oriented Techniques

Body and mind oriented techniques such as Traumatic Stress Relief (TSR), mindfulness, guided imagery, grounding, meditation, bilateral stimulation, and progressive muscle relaxation are utilized with former child soldiers to help reduce stress and anger by helping them to calm their nervous system. The sympathetic nervous system is usually flooded in those who have experienced stress over a long period of time such as child soldiers, thus by focusing on their emotions, feelings, and sensations in the present moment through deep breathing, awareness of the mind, and muscle and body relaxation, the child can activate

the parasympathetic nervous system to ultimately calm down the mind and body. TSR is an intervention developed by trauma and EMDR³⁴ specialists that uses bilateral stimulation as a way of restoring emotional information.³⁵ TSR interventions and techniques help children to distance trauma memories, increase resilience, and lower traumatic stress without talking about their actual trauma.³⁶ Instead, children use drawing and symbols to represent their memories, while they apply bilateral techniques to process their memories. Bilateral stimulation helps the brain to move heavily loaded memories from the emotional brain to the long-term memory. As it is a non-verbal approach, it ensures privacy and confidentiality and does not require the child nor the service provider to speak about traumatizing memories. These techniques are taught in sessions with parents and caregivers for their benefit, as well.



PSS activities are provided to former child soldiers to help them reconnect with others in their community, cope with challenging situations, reduce symptoms, and improve their well-being.

Psychosocial Support Activities

PSS activities are provided to former child soldiers to help them reconnect with others in their community, cope with challenging situations, reduce symptoms, and improve their well-being. Sessions are generally skill-building activities and psychoeducation about topics such as mental health, managing stress, recognizing and regulating emotions, problem-solving, and gender-based violence, depending on the age and needs of the participants. Furthermore, PSS activities are an opportunity for the participants to connect with peers, be in a safe and respected place for emotional healing, learn positive coping mechanisms, and build meaningful relationships.

Additionally, PSS activities create opportunities for former child soldiers to learn to socialize appropriately with peers. Social interactions are important to the child's development as it enables them to connect with people while developing strong communication skills, creativity, empathy, self-esteem, and self confidence. SEED's psychologists and case managers have created play/peer groups to invite other children to participate in sessions to facilitate positive social interactions and model appropriate behaviors. These interventions allow children to feel "normal" and relate to other peers as they often have disclosed feeling disconnected from other children their age.

Parent/Caregiver Involvement

Central to SEED's approach in service provision for former child soldiers is working closely with parents and/or other caregivers to equip them with the skills and knowledge necessary to support their children. This includes teaching them positive parenting skills such as how to appropriately and positively respond to challenging behaviors, gaining insight into challenging behaviors and mental health symptoms, effectively communicating, learning to provide a nurturing and caring environment, and utilizing positive coping mechanisms when faced with conflict and frustration. When appropriate to do so and with the consent of the

Central to SEED's approach in service provision for former child soldiers is working closely with parents and/or other caregivers to equip them with the skills and knowledge necessary to support their children.

client, SEED's psychologists and case managers invite parents and/or caregivers to participate in sessions with their children to facilitate conversations, provide psychoeducation, and model for members of the family appropriate communication and behaviors.

Of course, some parents/caregivers may be reluctant to participate, but SEED has found that communicating clearly to parents/caregivers their important role in the child's treatment, empathizing with the difficult behaviors they are dealing with, and expressing the positive effects their involvement as an intervention may provide are all useful in encouraging their participation. Furthermore, parents and caregivers may require their own treatment due to mental health symptoms. As such, SEED strives to support all members of the family including ensuring each individual is provided with the care and support needed. This may include case management or mental health services, linkage to community services, housing, education, or economical support.

Parents and caregivers may require their own treatment due to mental health symptoms.

Recommendations

The following recommendations are based on lessons learned from SEED's work with former child soldiers and their families in addition to findings in the literature regarding global programs targeting this population. The focus of these recommendations is for children returning to the KRI from ISIS captivity, given this is where SEED has core experience, though many of the recommendations may be applicable to other contexts as well. SEED recommends that the international community collaborate to 1) address the urgent needs of returnees; 2) provide integrated and comprehensive services to former child soldiers; 3) ensure beneficiary

participation in program design; and 4) build long-term donor support and accountability to ensure robust, effective programs supporting their reintegration and recovery.

SEED recommends that the international community collaborate to 1) address the urgent needs of returnees; 2) provide integrated and comprehensive services to former child soldiers; 3) ensure beneficiary participation in program design; and 4) build long-term donor support and accountability to ensure robust, effective programs supporting their reintegration and recovery.

Address Urgent Needs of Returnees

When children returning from armed groups are reunited with their families, there are many urgent needs that require immediate attention. SEED's work has shown that medical and financial support is required at the outset, even before more comprehensive services are provided. Former child soldiers and their families will struggle to participate in mental health treatment or PSS activities if they are sick or hungry; these basic needs must be addressed first.

Currently in the KRI, there are significant gaps in services due to a shortage of resources and programs focused on these urgent needs. Some children require extensive medical treatment that is not available in the KRI, requiring the child and his/her family to be resettled. In other cases, when treatment is available, cash assistance programs have been lacking. Children returning to families that have been displaced often find themselves with no source of income, a significant barrier to accessing the care they need. Addressing these urgent, basic needs with children and their families both builds trust with the service provider and frees the clients to focus on other needs critical to successful reintegration and recovery, such as mental health.

Former child soldiers and their families will struggle to participate in mental health treatment or PSS activities if they are sick or hungry; these basic needs must be addressed first.

Provide Integrated and Comprehensive Programs

The severity, complexity, and varied nature of each child's experience means that children affected by conflict need individualized and tailored support to reintegrate into society and recover. Previous and current experiences that attempt to reintegrate former child soldiers globally demonstrate that successful reintegration requires an integrated, comprehensive, evidence-based, and multi-layered approach. This includes a range of services to meet their medical, financial, legal, educational, and social needs. Integrated and comprehensive programs for former child soldiers should include: 1) holistic treatment models; 2) family involvement; 3) a coordinated response; 4) investment in public health; and 5) peace building efforts.



The severity, complexity, and varied nature of each child's experience means that children affected by conflict need individualized and tailored support to reintegrate into society and recover.

This includes a range of services to meet their medical, financial, legal, educational, and social needs. Integrated and comprehensive programs for former child soldiers should include: 1) holistic treatment models; 2) family involvement; 3) a coordinated response; 4) investment in public health; 5) peace building efforts.

Holistic Treatment Models

Holistic treatment for former child soldiers requires comprehensive case management as well as specialized mental health treatment. Case management should include an initial evaluation of the child's needs including medical, housing, economic, education, mental health, and support system needs. In order to be effective, case managers must work with children and their families to collaboratively set goals and monitor progress, adapting goals and strategies for achieving goals together as necessary. Case managers are "resource navigators" helping clients and their families access available services while advocating for their needs.

In a holistic treatment approach, a psychologist would also be assigned to assess a child's mental health, explore treatment options, and develop a cohesive treatment plan with the child and family, if warranted. Of course, not all children and families will require specialized mental health treatment, but those who do typically benefit significantly from treatment. As learned from SEED's experiences working with former child soldiers, a variety of techniques should be utilized to meet the unique needs of children including: art and play therapy, storytelling, TF-CBT, and body and mind oriented techniques. To ensure a high quality of care, case managers and psychologists must work closely together. This includes facilitating sessions together with the family; dividing the best form of treatment through ongoing consultation with professionally seasoned, qualified supervisors; linking the family with resources to meet any additional needs; and advocating for the child in schools, the community, and any other relevant environment.



Family Involvement

Fostering the relationship between the caregiver and the child has been overlooked in past reintegration programs; however, this relationship is the main relationship that enables well-being for a child, and thus is critical to successful and sustained reintegration and recovery. Though resource intensive, support and guidance must be provided to parents and caregivers, helping them understand what the child has been through and equipping them with positive parenting skills. If the needs of the parents and caregivers are overlooked, the good work done by children and their service providers in therapy will simply be undone at home.

Coordinated Response

Reintegration requires extra support for families and communities in contexts where there is still active conflict, extreme poverty, and lack of state infrastructure.³⁷ One of the essential first steps in addressing the many challenges is clarifying the roles and responsibilities of the national governments, parties to the conflict, international NGOs, UN agencies, CBOs, and the donor community. Each of these stakeholders has a role that must be fulfilled in order to achieve sustainable results at scale. At the outset, governments must have the primary role of creating sufficiently robust medical, economic, legal, educational, and social frameworks to address all needs and ensure effective enforcement where needed. While in the post-conflict phase, the government has a responsibility to ensure that the justice system is effective in addressing the legacies of the conflict. Platforms for coordination must be established to allow for consistent sharing of lessons learned, avoidance of duplication of services, and promotion of best practices between government, non-government, UN actors, and beneficiaries.

Investment in Public Health

During and following conflicts, countries' public health systems often suffer and fail to provide for the

substantial needs of their population. The KRI has been deeply impacted by a financial crisis leading to lack of medications, services, and specialists to treat mental health. There is a severe lack of highly-skilled, trauma-informed mental health professionals to help provide extensive care and treatment to former child soldiers in Iraq (WHO, 2017).

In the KRI, one of the most pressing issues in meeting the needs of these children is the struggle to find a qualified psychiatrist to provide a proper psychological evaluation. Psychiatrists have an outstanding caseload and are not always able to treat every client or spend an appropriate amount of time to properly assess and treat. Further, psychotropic medications are not always available due to the shortage in supplies or exorbitant prices. An investment in funding, recruiting, and training the necessary professional workforce and making necessary medication accessible is a critical step in ensuring quality service provision for former child soldiers.

There is a severe lack of highly-skilled, trauma-informed mental health professionals to help provide extensive care and treatment to former child soldiers in Iraq (WHO, 2017).

Peace Building

Lastly, these comprehensive programs for former child soldiers should ideally take place in the context of an ongoing peace process. Children who leave armed groups remain vulnerable to re-recruitment as they return to communities where poverty, insecurity, and violence remain present.³⁸ As stated by the UN Secretary-General Antonio Guterres in his statement concerning the 2018 Annual Report of the Secretary General on Children and Armed Conflict, "peace remains the best protection for children affected by armed conflict."³⁹

As stated by the UN Secretary-General Antonio Guterres in his statement concerning the 2018 Annual Report of the Secretary General on Children and Armed Conflict, “peace remains the best protection for children affected by armed conflict.”

Ensure Beneficiary Participation in Program Design

Community participation, or involving members of the community to solve their own problems, should be embedded in any effort to reintegrate former child soldiers. Community-based organizations (CBOs) are often particularly well positioned to raise awareness in regards to the various social narratives around the conflict and the children affected and bring community members together to brainstorm solutions for successful reintegration and recovery programs. Ultimately, people are more invested when they have assisted in the development of a program, and local leadership, ownership, and accountability of these interventions ensure lasting impact.

Further, the voices of the children for whom these programs are designed and implemented must be heard. Former child soldiers must be empowered to participate in program design, implementation, and evaluation, allowing them to help craft a culturally and developmentally appropriate program. For example, inviting children and youth for rapid assessments and focus group discussions to identify their needs and preferences in the types of programs or activities to be implemented is advisable.

Local leadership, ownership, and accountability of these interventions ensure lasting impact.

Build Long-term Donor Support and Accountability

Donors must hold all actors to account for designing appropriate, evidence-based, and context-sensitive interventions that support the reintegration and recovery of former child soldiers. As these processes may take long periods of time, it is essential that the donor community provides long-term support to international NGOs and local partners in order to create a lasting impact.

Further, investment in robust monitoring and evaluation of programs must be conducted in order to build the evidence base and equip providers to adapt promising practices to various contexts globally serving the needs of former child soldiers and their families.

It is essential that the donor community provides long-term support to international NGOs and local partners in order to create a lasting impact.

Conclusion

While there is no protocol or manual that is commonly utilized to support former child soldiers as they recover and reintegrate in the KRI or Iraq, there are promising practices for service delivery as global DDR programs are adapted to the local context and new mental health treatment models are implemented with positive outcomes. Recommendations presented here present hope for a brighter future for former child soldiers if government, NGO, donors, and civil society work together to address the significant gaps that exist, share lessons learned, and commit to the long-term investments required to equip these children, families, and communities to heal and thrive.

References

- Betancourt, T. S., Borisova, I., Williams, T. P., Meyers-Ohki, S. E., Rubin-Smith, J. E., Annan, J., Khort, B. A. (2012). Research review: Psychosocial adjustment and mental health in former child soldiers – a systematic review of the literature and recommendations for future research. Wiley Online Library. <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1469-7610.2012.02620.x>
- Benotman, N., & Malik, N. (2016). The children of Islamic State. <https://f.hypotheses.org/wp-content/blogs.dir/2725/files/2016/04/the-children-of-islamic-state.pdf>
- Brownell, G. (2013). The reintegration experiences of ex-child soldiers in Liberia. University of Texas. https://rc.library.uta.edu/uta-ir/bitstream/handle/10106/24071/Brownell_uta_2502D_12501.pdf?sequence=1
- Child Soldiers International. (2019). Child soldier levels doubled since 2012 and girls' exploitation is rising. Relief Web. <https://reliefweb.int/report/world/child-soldier-levels-doubled-2012-and-girls-exploitation-rising>
- Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2010). Trauma-focused cognitive-behavioral therapy for traumatized children. Evidence-based psychotherapies for children and adolescents, 2, 295-311. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4476061/>
- GIST-T. (2019). Traumatic Stress Relief (TSR), Materials for training frontline, non-therapist personnel – field test version. Geneva, Switzerland: GIST-T
- Horowitz, M. J. (2012). Self-identity theory and research methods. Journal of Research Practice, 8(2), Article M14. <http://jrp.icaap.org/index.php/jrp/article/view/296/261>
- International Organization for Migration. (2019). Disarmament, demobilization, and reintegration. IOM. https://publications.iom.int/system/files/pdf/ddr_compendium.pdf
- Kizilhan, J. I. & Noll-Hussong, M. (2018). Post-traumatic stress disorder among former Islamic State child soldiers in northern Iraq. The British Journal of Psychiatry.
- Lee, A. J. (2009). Understanding and addressing the phenomenon of "child soldiers": The gap between the global humanitarian discourse and the local understandings and experiences of young people's military recruitment. Refugee Studies Center. <https://www.rsc.ox.ac.uk/files/files-1/wp52-understanding-addressing-child-soldiers-2009.pdf>
- Rivard, L. (2010). Child soldiers and disarmament, demobilization, and reintegration programs: The universalism of children's rights vs. cultural relativism debate. The Journal of Humanitarian Assistance, 2. <https://sites.tufts.edu/jha/archives/772>
- Trip, S., Hortensia Bora, C., Marian, M., Halmajan, A. & Loan Drugas, M. (2019). Psychological mechanisms involved in radicalization and extremism. Frontiers in Psychology. <https://www.frontiersin.org/articles/10.3389/fpsyg.2019.00437/full>
- United Nations. (2014). Operational guide to the integrated disarmament, demobilization, and reintegration Standards. UN. <https://www.unndr.org/uploads/documents/Operational%20Guide.pdf>
- United Nations. (2019). Report of the Secretary-General on children and armed conflict. UN. https://www.un.org/sg/sites/www.un.org.sg/files/atoms/files/26-07-2019_SG_CAAC_report_advance_copy_0.pdf
- United Nations General Assembly. (1989). Convention on the rights of the child. UNICEF. <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>
- United Nations General Assembly. (2007). Paris principles - Principles and guidelines on children associated with armed forces and armed groups. UNICEF. <https://www.unicef.org/mali/media/1561/file/ParisPrinciples.pdf>
- United Nations Children's Fund. (2011). Child recruitment by armed forces or armed groups. UNICEF. https://www.unicef.org/protection/57929_58007.html
- United States Department of State. (2019). Trafficking in persons report. United States Department of State. <https://www.state.gov/wp-content/uploads/2019/06/2019-Trafficking-in-Persons-Report.pdf>
- War Child. (2019). Rethink child soldiers: A new approach to the reintegration of all children associated with armed forces and groups. War Child. https://www.warchild.org.uk/sites/default/files/link-files/War_Child%20UK_Rethink_Child_Soldiers_Report_Final_0.pdf

Endnotes

- 1 United Nations General Assembly. (2007). "Paris principles - Principles and guidelines on children associated with armed forces and armed groups." <https://www.unicef.org/mali/media/1561/file/ParisPrinciples.pdf>.
- 2 UN (2007). "Paris principles." <https://www.unicef.org/mali/media/1561/file/ParisPrinciples.pdf>.
- 3 United Nations General Assembly. (1989). "Convention on the rights of the child." <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>.
- 4 UN (2007). "Paris principles." <https://www.unicef.org/mali/media/1561/file/ParisPrinciples.pdf>.
- 5 United Nations. (2014). "Operational guide to the integrated disarmament, demobilization, and reintegration Standards." <https://www.unddr.org/uploads/documents/Operational%20Guide.pdf>
- 6 UN. (2014). "Operational guide." <https://www.unddr.org/uploads/documents/Operational%20Guide.pdf>
- 7 Trip, S., Hortensia Bora, C., Marian, M., Halmajan, A. & Loan Drugas, M. (2019). "Psychological mechanisms involved in radicalization and extremism." <https://www.frontiersin.org/articles/10.3389/fpsyg.2019.00437/full>.
- 8 UN (2007). "Paris principles." <https://www.unicef.org/mali/media/1561/file/ParisPrinciples.pdf>.
- 9 UN (2007). "Paris principles." <https://www.unicef.org/mali/media/1561/file/ParisPrinciples.pdf>.
- 10 United Nations. (2019). "Report of the Secretary-General on children and armed conflict." https://www.un.org/sg/sites/www.un.org.sg/files/atoms/files/26-07-2019_SG_CAAC_report_advance_copy_0.pdf
- 11 United States Department of State. (2019). "Trafficking in persons report." <https://www.state.gov/wp-content/uploads/2019/06/2019-Trafficking-in-Persons-Report.pdf>
- 12 Child Soldiers International. (2019). "Child soldier levels doubled since 2012 and girls' exploitation is rising." <https://reliefweb.int/report/world/child-soldier-levels-doubled-2012-and-girls-exploitation-rising>
- 13 UN. (2019). "Report on children and armed conflict." https://www.un.org/sg/sites/www.un.org.sg/files/atoms/files/26-07-2019_SG_CAAC_report_advance_copy_0.pdf
- 14 US State Dept. (2019). "TIP report." <https://www.state.gov/wp-content/uploads/2019/06/2019-Trafficking-in-Persons-Report.pdf>
- 15 US State Dept. (2019). "TIP report." <https://www.state.gov/wp-content/uploads/2019/06/2019-Trafficking-in-Persons-Report.pdf>
- 16 Benotman, N. & Malik, N. (2016). "The children of Islamic State." <https://f.hypotheses.org/wp-content/blogs.dir/2725/files/2016/04/the-children-of-islamic-state.pdf>.
- 17 Benotman & Malik. (2016). "The children of Islamic State." <https://f.hypotheses.org/wp-content/blogs.dir/2725/files/2016/04/the-children-of-islamic-state.pdf>.
- 18 Benotman & Malik. (2016). "The children of Islamic State" <https://f.hypotheses.org/wp-content/blogs.dir/2725/files/2016/04/the-children-of-islamic-state.pdf>.
- 19 Lee, A-J. (2009). "Understanding and addressing the phenomenon of 'child soldiers': The gap between the global humanitarian discourse and the local understandings and experiences of young people's military recruitment." <https://www.rsc.ox.ac.uk/files/files-1/wp52-understanding-addressing-child-soldiers-2009.pdf>.
- 20 UNICEF. (2003). "Guide to the optional protocol on the involvement of children in armed conflict." https://www.unicef.org/publications/files/option_protocol_conflict.pdf
- 21 Benotman & Malik. (2016). "The Children of Islamic State." <https://f.hypotheses.org/wp-content/blogs.dir/2725/files/2016/04/the-children-of-islamic-state.pdf>.
- 22 Betancourt, T. S., et. al. (2012). "Research review: Psychosocial adjustment and mental health in former child soldiers – a systematic review of the literature and recommendations for future research." <https://onlinelibrary.wiley.com/doi/full/10.1111/j.1469-7610.2012.02620.x>
- 23 Kizilhan, N. I. & Noll-Hussong, M. (2018). "Post-traumatic stress disorder among former Islamic State child soldiers in northern Iraq." *The British Journal of Psychiatry*.
- 24 Kizilhan & Noll-Hussong. (2018). "PTSD among IS child soldiers..."
- 25 UN. (2014). "Operational guide." <https://www.unddr.org/uploads/documents/Operational%20Guide.pdf>
- 26 UN. (2014). "Operational guide." <https://www.unddr.org/uploads/documents/Operational%20Guide.pdf>
- 27 UN. (2014). "Operational guide." <https://www.unddr.org/uploads/documents/Operational%20Guide.pdf>
- 28 IOM. (2019). "Disarmament, demobilization, and reintegration." https://publications.iom.int/system/files/pdf/ddr_compendium.pdf
- 29 IOM. (2019). "Disarmament, demobilization, and reintegration." https://publications.iom.int/system/files/pdf/ddr_compendium.pdf
- 30 Brownell, G. (2013). "The reintegration experiences of ex-child soldiers in Liberia." https://rc.library.uta.edu/uta-ir/bitstream/handle/10106/24071/Brownell_uta_2502D_12501.pdf?sequence=1
- 31 War Child. (2019). Rethink child soldiers: A new approach to the reintegration of all children associated with armed forces and groups. War Child. https://www.warchild.org.uk/sites/default/files/link-files/War_Child%20UK_Rethink_Child_Soldiers_Report_Final_0.pdf
- 32 Horowitz, M. J. (2012). "Self-identity theory and research methods." *Journal of Research Practice*, 8(2), Article M14. <http://jrp.icaap.org/index.php/jrp/article/view/296/261>
- 33 Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2010). "Trauma-focused cognitive-behavioral therapy for traumatized children." <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4476061/>
- 34 Eye movement desensitization and reprocessing (EMDR) is a form of psychotherapy
- 35 GIST-T. (2019). "Traumatic Stress Relief (TSR), Materials for training frontline, non-therapist personnel – field test version." Geneva, Switzerland: GIST-T.
- 36 GIST-T. (2019). "Traumatic Stress Relief"
- 37 Warchild. (2019). "Rethink child soldiers..." https://www.warchild.org.uk/sites/default/files/link-files/War_Child%20UK_Rethink_Child_Soldiers_Report_Final_0.pdf
- 38 Warchild. (2019). "Rethink child soldiers..." https://www.warchild.org.uk/sites/default/files/link-files/War_Child%20UK_Rethink_Child_Soldiers_Report_Final_0.pdf
- 39 UN. (2019). "Report on children and armed conflict." https://www.un.org/sg/sites/www.un.org.sg/files/atoms/files/26-07-2019_SG_CAAC_report_advance_copy_0.pdf



www.seedkurdistan.org



contact@seedkurdistan.org



facebook.com/SEEDKurdistan



twitter.com/SEEDKurdistan