Centre for Research and Evidence on Security Threats

Operation Jusan in Year 4: Understanding and Addressing Present and Future Needs

REPORT

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Study design, data analysis and findings were completed independently by the research team and should not be taken as representative of views held by those who fund CREST.

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SUMMARY

This needs assessment report presents evidence and analysis gathered from women beneficiaries of Operation Jusan and from practitioners who support them and offers recommendations to address their present and anticipated future needs. The data gathered includes a survey of 104 women and two workshops with women beneficiaries and practitioners.

We found that most women reported making excellent progress in their reintegration and rehabilitation, but for some women there were reported weaknesses in terms of housing and financial needs, career opportunities, children being bullied at school, children not at age-appropriate grades, parenting challenges, difficulty with husbands transitioning out of prison, and need for trauma mental health care.

Priority challenges include: Mothers with high burdens and inadequate support; Jusan children becoming teenagers; Husbands' release from prison, and; Children not finding school or job success.

We conclude that for these women and children exiting violent extremist conflict involves changing ideology, but also much more. There is a need for an explicit theory of change with measurable outcomes to guide policymakers and practitioners. Practitioners need to develop a deeper awareness of trauma, triggers, behavioral consequences, avoiding retraumatisation and promoting recovery and resilience.

Priorities for future programming include: Support and treatment for women and children with mental health and behavioral challenges; Comprehensive support for families with disabled or medically ill children; Identify and support children not succeeding in school; Assist in the transition from prison to community for the subset of women convicted of crimes on return.

Following the success of repatriation and initial re-integration, we recommend that government and non-governmental stakeholders in Kazakhstan formulate a "Jusan 3.0" which centers on the formation of a national network of local practitioners in municipalities, including trained peer providers. The aims can include: Providing trauma-informed mental health care and support to mothers and children; Supporting emerging adolescents and young adults; Supporting families experiencing father's prison release. Activities can include:

1. Building a network of multidisciplinary practitioners;
2. Providing training for individual practitioners and service organisations;
3. Producing and sharing practice guides;
4. Producing briefs for policymakers, and;
5. Providing training and support for peer practitioners.

INTRODUCTION

Beginning in 2019 Kazakhstan evacuated more than 600 of its citizens from camps in Syria in Operation Jusan, the overwhelming majority of whom were women and children who had previously been part of the self-declared Islamic State. Additional operations brought back children from Iraq and several families from Afghanistan. Individual returns of people demobilised from the Syrian conflict were facilitated via Turkey for a total of 749 people: 37 men, 190 women, and 522 children as of 2024.

While men were referred immediately to the criminal justice system for their role as foreign fighter combatants, women and children were largely non-combatants and classified as victims of terrorism rather than perpetrators. Children who were taken by their parents in particular had no agency in joining the Islamic State and no opportunity to refuse. Regardless of their degree of agency, during the period in which the women and children were located in Syria and Iraq many of them suffered serious violations of basic human rights. Separated from their wider families, caretakers and other forms of support, many were exposed to multiple forms of physical, emotional, and psychological trauma including sexual violence. Many of the children experienced severe malnourishment and presented with growth and developmental delays. Some of the younger repatriated children were born in the conflict zone and had never set foot on the territory of Kazakhstan; for these children, learning a language for communication was an additional need, even as they met relatives for the first time who began to care for them.

The process of evaluation by security services to identify adults who may have participated in illegal activities while abroad and those women and children who were determined to have been coerced or trafficked began during the preparation for return. Immediately upon arrival, women and children received care for their health needs in parallel to any legal investigation. A relatively small number of women were referred to the criminal justice system.

The majority of returnee women were turned over to specialist staff in pre-established centers for rehabilitation and reintegration of former extremists in each region or district administrative capital, while children were overseen by the Ministry of Education. These parallel efforts for adults and children make up the reintegration and rehabilitation portion of Operation Jusan.

The initial period of rehabilitation was more uniformly structured than the stages that followed. The women initially were kept isolated from their extended families and communities in a specially equipped rehabilitation center on the shore of the Caspian sea on the Western edge of Kazakhstan. Local administration offices then assisted the women to find employment, acquire needed legal documentation and adapt to post-conflict life.

The caretakers and practitioners faced a complex task to evaluate needs and connect families with available resources. The length of the process of rehabilitation and reintegration is determined on an individual basis and has continued over several years for most families. During that period the returnees themselves and the programs to support them have achieved many successes; there are no recorded instances of recidivism among those classed as offenders, and none of the victims of extremism have been re-victimised.

To date, Kazakhstan has repatriated more of its citizens from the Syrian conflict than any other country in the world, and the country's experience with the repatriation and rehabilitation of its citizens has much to offer the international community. Among the most important takeaways is that living in a territory experiencing conflict, in particular areas under the

control of violent extremist groups, had a significantly negative effect on the mental health of the returnee women and children, leading to obstacles to their adaptation and to the development of psychological and behavioral disorders in some cases.

The initial phases of the program have shown remarkable successes. The lessons learned by the dedicated staff of practitioners and program designers in Kazakhstan have much to offer the international community as a model for future re-integration efforts. But the work is not yet done. In the opinion of local national and international experts convened to evaluate the program in 2023, this work has not yet finished. Risks still remain that must be addressed in order to ensure the long-term success of the program and healthy outcomes for all repatriates, especially children who presented with complex needs and may struggle with reintegration especially during adolescence.

Evaluations of the children who survived the conflict conducted by local program staff indicated a significant growth of distress/disorders of psychotic and non-psychotic forms during the most difficult periods and the presence among the majority of the children of symptoms typical of post-traumatic stress. These included depressive reactions, irritability with outbursts of anger, as well as aggression and asthenia disorders for an extended period. Within the program, staff also identified challenges related to integrating into their social environment: hostility or coldness from relatives, absence of or delays in education, rejection by peers. As such, the significant needs remain for successful socialization and reintegration of returnee families with children. Continued support from society and the state are needed to build on success already achieved with reintegration for both adults and children.

Children were initially evaluated for their level of educational achievement and core skills by a commission that included medical, psychological and educational evaluators; individual plans for education and educational psychology were developed for each child. During the adaptation period children participated in a summer camp that included teachers and tutors. As a result of these approaches, many children were able to tackle the material from two grades in a single year, and once they entered the school system many were able to enter their age-appropriate grades.

Some children remain in a lower grade than their peers by age, but the Ministry of Education and Science has provided additional assistance from teachers and tutors so that children can catch up to peers. Ten children have already completed the two-grade program in a year and continue their education with their peers in their age-appropriate grade. Many of the children already had some educational success: 51% of children are “excellent” or “good” students, meaning their grade-point average is equal to an A or B letter grade in the US system. Thirty percent of children became participants and winners of various inter-school academic Olympiads, as well as creative contests and competitions.

The purpose of this report is to examine: 1) How are Jusan women reporting their progress and that of their children in rehabilitation and reintegration? 2) To what degree were women reporting psychological distress and what life experiences appeared to impact their level of distress? 3) What steps need to be taken to address the priority current and future needs of women and children returnees?

NEEDS ASSESSMENT METHODS

SURVEY

The team conducted an online survey with 104 returnee respondents in May and June of 2022. Respondents were recruited through an existing online network of Jusan women. In addition to women who returned through the official Jusan repatriation program, several self-returnees also included in the program for rehabilitation and reintegration participated in the study as well. The survey was conducted in both Russian and Kazakh according to the language preference chosen by each respondent. Thirty-four chose the Kazakh-language version of the survey, while 70 chose Russian.

The survey consisted of 56 questions hosted on GoogleForms. The survey form specified that participation was voluntary and recorded informed consent before collecting information in four blocks: demographics, mental health, adult rating for rehabilitation and reintegration (R&R) processes and a final block for ratings of children's R&R.

The goal of the survey was to collect women's own perspectives on the success of the reintegration program and the services they received, as well as needs for women and children that remain unmet.

Alpha scores were as follows: 0.90 for the women's scale; 0.88 for the children's scale.

WORKSHOPS

A diverse group of 15 multi-disciplinary practitioners and experts gathered for a workshop in Almaty in April 2022 to begin work on a report on returnees which can inform future policies and programs. Three adult women returnees who have completed the rehabilitation program in different regions of the country were key participants in the workshop. They participated as part of their activity in a volunteer network created by practitioners in the Jusan reintegration program. A second workshop held in December 2022 in Astana included five additional returnee women. It reviewed the results of the survey, a draft of the report and recommendations, and began formal creation of a practitioner-and-peer network for rehabilitation support.

The workshops addressed the following questions: What has been done so far in Jusan? What worked? What didn't work? Did it work the same for everyone? How did change happen? What are the present and future needs for women, children, and families? Team members also developed several intervention concepts. The first group prepared the survey for returnees, the results of which are discussed above. Several important themes emerged, which we review below.

NEEDS ASSESSMENT RESULTS: QUANTITATIVE DATA

AGE AND FAMILY

The average age of the women was 33.6 years, ranging in age from 17 to 58 years old.

84% of the women left for Syria with their husbands, and just over half (53%) of the total sample lost the husbands they traveled with (killed or missing in action, presumed dead). Those who left on their own without a husband make up only 16%, and an equal number of those husbands (or ex-husbands) who survived are currently imprisoned in Kazakhstan.[1]

Regarding how many times you were married, 35% reported twice; 24% reported once, 20% reported three times, and 16% reported four or more times.

Nearly half of the women (49%) do not currently have partners: 30% are widowed and not remarried, 19% are divorced, and just under 3% percent were never married.

Around half of those with partners (25% of respondents) are living in unregistered Islamic marriages or unregistered cohabitation that exclude them from legal benefits and protections; 1 in 5 of these domestic partnerships (just under 6% of all respondents) are polygamous.

Only 23% are living in legally registered marriages that ensure their legal rights to shared property and child support.

Just under 84% have more than one child, with an average of 3.8 children. Two-thirds have three or more children, and 16% have five or more children.

One quarter of the mothers in the sample lost at least one child in Syria, while two women lost five or more children in the conflict.

41% of women lived outside of Kazakhstan for 4 to 6 years, while 25% were less than 4 years, and 24% more than 6 years.

A majority of the women returned to regional capital cities (59.6%). Nearly one-third (28.9%) of returning women live in remote mining/oil-drilling hubs (monogorody), villages and rural areas.

Initially all women moved from support centers to the residence of their parents or close relatives. However, some women have since moved again to more densely populated areas in order to overcome limitations related to poor access to services and high degrees of stigmatization. Other factors that influence movement to larger cities include seeking out centers for resources for children, supplementary tutoring, better qualified medical services, and opportunities for employment.

EDUCATION, HOUSING AND INCOME

Contrary to common expectations, only 7% of the women in the sample failed to finish school, the overwhelming majority had some form of higher education. Just under 20% had a college education or higher (one had completed a master's degree); 69% had some form of higher education (including vocational/technical school and some college); only 24% had finished high school only.

1 Practitioners note that this is likely not fully representative of the proportion of women with husbands in prison; the survey asked only about the fate of first husbands, while some women remarried after their first husband was killed and returned with a subsequent partner who was imprisoned. Several others were pressured by their community to marry a member of the network who was imprisoned while attempting to leave.

The plurality of women (39.4%) currently rent their housing, 32% live with relatives or parents, 23.5% own a home. Only around 4% live in state-funded housing.

A majority of the women (62%) live in households with between 4-6 members with an average of 4.7 people in the total sample. 11.5% live in households with 7 or more people, including four in households with ten or more members.

Only 20% of the women are formally employed full-time, while 31% are employed part time or support themselves providing services like sewing, massage, or *hijam* (cupping). 23% are unemployed related to disability, health conditions or maternity leave. 14.5% rely on government benefits.

For those who work, total incomes (including stipends) are extremely low, especially since half the women are single mothers and the plurality rent their housing: 89% of those who responded make roughly less than $300 a month, with 73% making between only $100-$200 a month. Only 5.5% make more than $250 a month.

Additionally, 40% of the women receive no government income assistance at all. Of those who do receive stipends, nearly all receive no more than $200 a month.

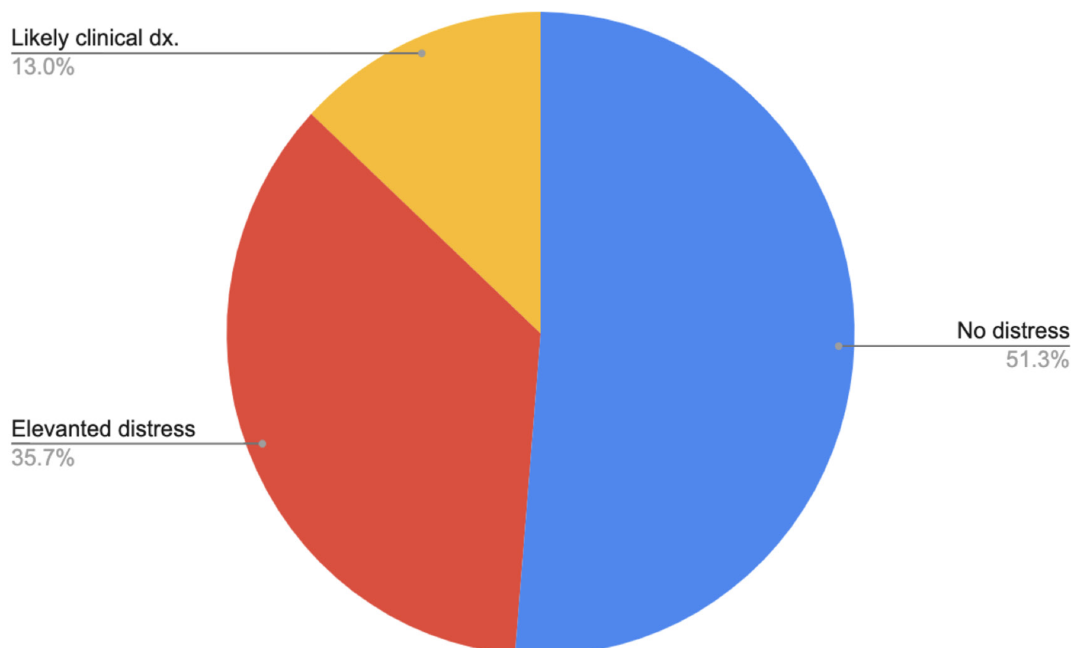
PSYCHOLOGICAL DISTRESS

WERE WOMEN REPORTING PSYCHOLOGICAL DISTRESS AND WHAT LIFE EXPERIENCES APPEARED TO IMPACT THEIR DISTRESS?

In response to a standardised screener, 61 (51%) indicated no psychological distress. 43 (36%) of women reported elevated psychological distress, with 16 (13%) indicating a likely clinical diagnosis.

The mean GHQ was 1.2 (SD = 1.8; range 0 to 9).

On regression analysis, higher psychological distress was predicted by being unmarried and having a higher education. It was also predicted by lower women's R&R outcome.



HOW WERE WOMEN REPORTING THEIR PROGRESS IN INDICATORS OF SUCCESSFUL REHABILITATION?

95% of women said the Jusan Program met their needs and 100% said they would recommend women are better off in Kazakhstan than in camps in Syria.

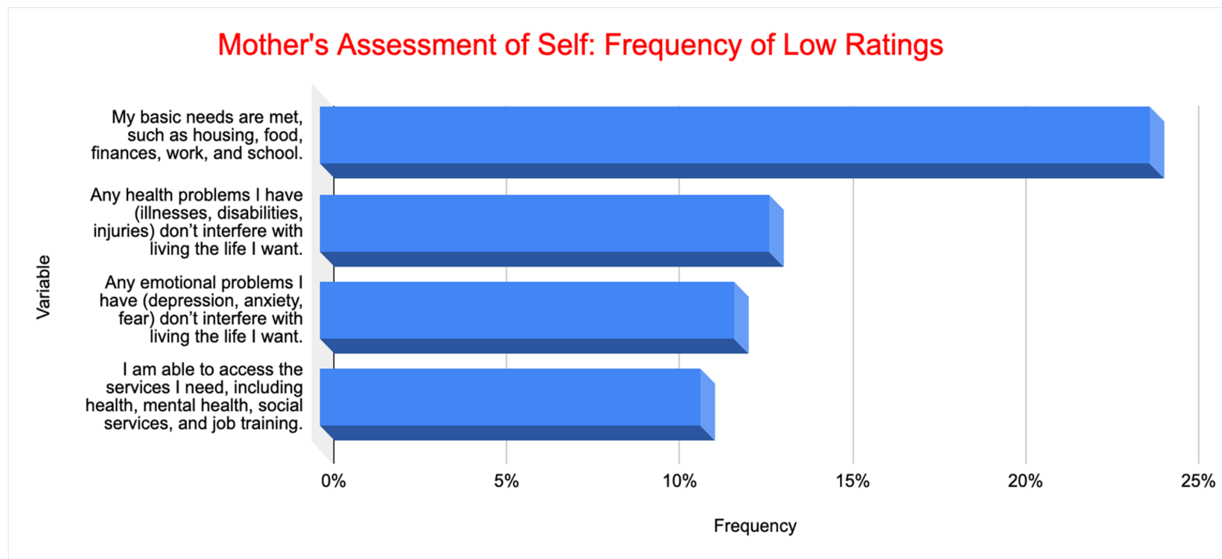
Invited to choose up to five of the biggest challenges they faced on return, 62% of the women identified finding appropriate housing, 45% cited finding employment, 38% cited obtaining death certificates for their husbands, 35% documents and registration for their children. Nearly one-third (31%) cited their own health and wellbeing as one of their biggest challenges, 27% said raising or providing for their children.

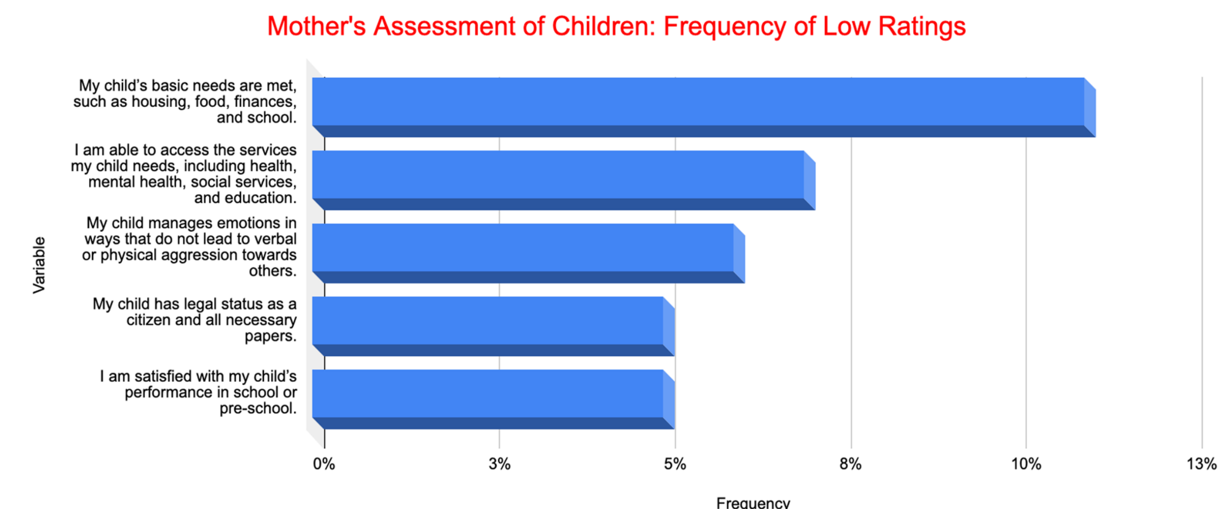
While women ranked most program outcomes very highly, those ranked relatively lowest (from worst to better) included:

- “My basic needs are met, such as housing, food, finances, work and school”;
- “Health problems I have (illness disabilities, injuries) don’t interfere with living the life I want”;
- “I am able to access the services I need, including health, mental health, social services, and job training,”; and
- “Emotional problems I have (depression, anxiety, fear) don’t interfere with living the life that I want.”

There were significant correlations between the women’s scale and the children’s scale, but not the GHQ.

On regression analysis, women’s higher rating of progress in their R&R was predicted by their higher rating of their children’s progress and lower psychological distress.





NEEDS ASSESSMENT RESULTS: WORKSHOPS AND QUALITATIVE DATA

In parallel to the survey, the project also convened two workshops with practitioners, children's education staff and returnee women who have completed the rehabilitation program to make a qualitative assessment of the program's success and identify ongoing needs.

PRELIMINARY FINDINGS:

Multiple needs were identified that are not being adequately addressed: 1) Trauma and mental health needs; 2) Anticipated challenges of adolescents and the need for help with parenting; 3) Lack of data about learning difficulties of children; 4) Additional employment assistance for some mothers 5) Need for practitioners network to share experiences; 6) Need to find ways to engage peers as providers; 7) Need for support/self-care for workers; 8) Address the disconnect between services for children and for parents.

Overall, in the session evaluating further needs during the workshop conclusions were broken into three categories by the organisers.

REINTEGRATION

- Many returnees still need to find work (about 60% in Uralsk remain unemployed or underemployed, for example)
- Former prisoners and women exiting prison need mentorship programs to help them to re-integrate
- Women still need help getting documentation for husbands who are missing or killed (Particularly in Shymkent region)
- Boys and girls may need different programs according to their needs
- City/rural divide in resources available for children remains wide
- Returnees need better information on what opportunities are available, issues on different levels of availability in different regions
- Lack of platform for sharing best practices among practitioners as they are discovered
- Lack of trust between some returnees and potential sources of help
- Inconsistent media coverage/continued stigma
- Bias of teachers against mothers and children - exposing their status in schools
- Women coming out of prison have delayed resocialization, and their children are traumatised from separation.
- Teachers and school staff expressing stigma and other negative attitudes towards returnee students.
- Mothers with disabled or medically ill children face extra burdens

REHABILITATION

- Individual therapy for women and also for children, participants stated children have not received individual therapy with a qualified psychologist
- Need qualified therapists to work with children in the regions
- Lack of access to Islamic literature in Russian
- Lack of platform for sharing best practices among practitioners as they are discovered

RESILIENCE

- Mentorship between women is promising, but the formers need training in mentorship: returnees themselves expressed a desire for support in self-realization, developing businesses, opening to broader society/tolerance, how to follow their dreams
- Some returnee women want help learning to communicate with others, especially for deradicalisation volunteers
- Help for mothers to understand what problems their children might have, help them to identify problems early and seek appropriate help
- Mothers who have problems with aggression with their children.
- Life coaching for children and teens, especially involving families so they support the process
- Many don't know when and how trauma will surface for children as they get older
- Mental health diagnosis and screening is lacking – including for men (husbands and fathers of returnee families) who are currently in prison
- Supervision for specialists, especially psychologists
- Screening should continue longer term, 5-10 years
- Lack of data on mental health and development needs for children, unsure if parents will give permission
- Adolescents and their needs and challenges
- Lack of unified diagnosis of learning disabilities or delays
- No data or work done on sexual violence experienced by children, lack of qualified specialists or skills for MHPSS support on this theme, strong taboos

Support networks outside the formal program were a key to success

Qualitative interviews and workshop discussion indicated that successful reintegration has involved multiple overlapping networks of support: first, local Islamic charities and congregations that offer critical financial and practical support. Second, other local returnees – each region has its own self-organised networks and a national network headed by Gulnaz Razdykova under the Zoom Zhushan project (85 people as of July 2022). Third is relatives and family. Fourth are new people they begin to meet once they work or study. Returnees say this final network makes a big difference for them, especially since it includes new people who don't know about their past, allowing them to form a new identity outside their former networks and traumatic experiences.

The potential for peer networks to play a key role in long-term success was a theme that emerged in the workshops, which included active and invaluable participation from peer-formers who offered their perspectives on the factors and resources that helped them re-integrate.

As one of them stated, "radicals need conversation and they trust the 'formers' more. We have all been in one situation, one case. We all studied one book. It should be a conversation with the same information. They will trust more those who have been with them. They will be more open to the formers. I know it from my own experience."

Another put it this way in building trust and effective communication between peers: "are we speaking the same language? People who have gone through the same experience with you will understand you better."

As practitioners participating noted, volunteerism "is very therapeutic for the client themselves." Of the 160 women who passed through rehabilitation, 10 of them wanted to be volunteers in the network created by the workshop series. But balancing travel, work, childcare and their own health created serious obstacles.

NEW STRATEGIES

During the workshop, several ideas were put forth regarding new strategies:

1. Increase mental health and psychosocial work with children and adolescents;
2. Develop a school of mentoring;
3. Help formers learn to do self-work, not just about religion;
4. Expand support network beyond religion and security;
5. Address stigma such as through training of media;
6. Provide more support for those leaving prison;
7. Use the 5R model to better organise services.

Following the workshop, the team collaboratively drafted this report which elaborates on the above and other relevant issues and proposed recommendations. A follow-up meeting planned was also to help develop a regional platform, that will connect the national government, local government, and civil society stakeholders, and provide leadership, best practices, training, and research on R&R.

DISCUSSION

The survey and qualitative interviews revealed several new issues or challenges that had previously seemed to be confined to a few individual cases. One of the first to emerge in analyzing the data is the complications many of the returnees face in their family status, particularly those living in unregistered Islamic marriages, and raising children from multiple partners, and children whose fathers are imprisoned. Rehabilitation support staff reported that during the three years since their return women who entered unregistered Islamic marriages – including within extremist networks they previously belonged to – have frequently been abandoned by these partners. Since the relationships were not legally registered, in several cases this has left returnee women with additional children to care for with no rights to alimony. These issues are additionally complicated because so many of the women are raising children from several different marriages (a previous survey by a local NGO providing support for returnee women found that 70.9% of their sample had been married two or more times): while still in Syria or Iraq, all were pressured by ISIS to remarry after a husband was killed in the conflict.

Around 50 of the total returnee families have a father – current or former partner of the returnee women – currently imprisoned, while 14 of the women themselves were also sentenced. Practitioners reported that travel to visit imprisoned family members has created an additional financial and logistical challenge for those families, particularly since they have to provide some basics like food, clothing or medicine for imprisoned family members and often have to travel long distances to prisons scattered across Kazakhstan's vast territory. The men are facing long sentences with no opportunities for parole; many have serious health problems and disabilities that require special medication they depend on their wives to pay for and deliver. Practitioners reported that far fewer of the men have been receptive to ideological change, and may pressure the women to remain radical and stay embedded within radical networks in their home communities. However, the opposite is sometimes also true: two of the returnee women were reportedly able to facilitate de-radicalisation of their husbands in prison through their visits, highlighting the positive role they can play as peer counselors.

The overwhelming majority of the women are currently raising children, nearly all of whom are separated from their fathers by death or imprisonment. In interviews with women returnees across multiple cities and in the workshop with formers and practitioners, it became clear that mothers find talking to their children about their fathers one of the steepest challenges. It is also a challenge that will soon become increasingly complex for mothers because more than half of the children are on the threshold of adolescence or in early adolescence already, when their questions will become more complicated and their own identity formation in the absence of their fathers will reach a critical phase.

As children reach the transition of adolescence, delayed presentation of symptoms of post traumatic distress is also an increased possibility. The lack of standardised evidence-based evaluation of children on their return and trauma-informed tools within the school system similarly raise the possibility that post traumatic syndromes among children are more widely spread than current evaluations have captured. This raises the risk that children will engage in maladaptive coping mechanisms since they are not receiving therapy that would teach them positive skills, and training for teachers and parents to help identify risks early on has been uneven. Teachers and school psychologists interviewed during project evaluations frequently described somatic symptoms of trauma among their students they described as behavioral puzzles without linking them to the children's experiences in conflict and internment.

Mental health support remains a key need for many of the women, as confirmed in self-assessment on the GHQ scale. Local practitioners reported that during focus groups, individual counseling sessions or consultations with a psychologist or psychiatrist several of the women identified issues with their mental health. The most common of these included: disrupted sleep, lack of appetite, anxiety, excessive fatigue, unwanted or intrusive memories, sweating, hypervigilance. Many of the women also expressed concerns about the psychological and emotional health of their children. All of the women witnessed military operations in Syria and Iraq, many lived through hunger and malnutrition, emaciation, experienced or witnessed the death of children and husbands, physical or sexual abuse or torture, and were also held as prisoners in Kurdish camps. These extreme experiences have caused prolonged psychological trauma for some. Many of the women were deeply affected by their experiences, and some lived in these conditions for as long as five years. Practitioners stressed it is also worth noting that many of the women were quite young when they left, and lacked life experience and resilience needed to adapt to constantly changing circumstances and surroundings.

Extremely low incomes the data showed most women were currently living on also present a challenge not previously measured. These economic challenges were exacerbated by the fact that most (71%) live in regional or district centers where more services are available but costs are higher. Even in a relatively affordable regional capital like Karagranda, a very modest apartment costs around $200 a month to rent – more than or equal to the total monthly income for the majority (73%) of respondents. These gaps have been filled primarily by local Islamic civil society: formal and informal charities and congregations from Kazakhstan's mainstream Islamic population have played a key role in supporting the women and their families. Local Islamic communities in each region pool money together to support members in need, buying apartments and houses for single mothers (see the 23.5% of respondents who own their homes), supporting transportation and living expenses, and donating food and clothes during Islamic holidays. These supports and peer networks among the women have been critical in providing support for one another that is as much economic as it is moral.

However, while this support from Islamic civil society is crucial in helping the women make ends meet for themselves and their children, extremely low levels of income also take away from their ability to spend energy and time on their own health and emotional distress according to those who support their rehabilitation.

CONCLUSIONS

Thus far, the vast majority of Jusan women and children have done very well in their return and re-entry to Kazakh society. Some children and women face more difficulties and need additional support. All will face future challenges which they need help to prepare for.

Overall, the survey indicated women report that they and their children have made significant progress in their "rehabilitation" across all dimensions.

However, several areas were identified where they have lower satisfaction including:

- *My basic needs are met, such as housing, food, finances, work, and school;*
- *I am able to access the services I need, including health, mental health, social services, and job training;*
- *Any health problems I have (illnesses, disabilities, injuries) don't interfere with living the life I want.*

Areas of children's needs which are lower ranked include:

- *My child's basic needs are met, such as housing, food, finances, and school;*
- *I am able to access the services my child needs, including health, mental health, social services, and education.*

These areas are of some concern because persons with such dissatisfactions could be more vulnerable to re-engaging in violent extremism or other negative behaviors.

4/10 women reported some psychological distress, with ~1/6 in the clinical range. Psychological distress was more likely associated with being unmarried and higher education. More could be done to address these through services and support. We have concerns about persons downplaying their distress because of concerns about perception.

Many children are approaching adolescence. This will present many new challenges for the children, mothers and other caregivers: how to talk with the children about their fathers; possible behavioral challenges presented by children, especially those not doing well in school; increased risks for children's involvement in risky behaviors.

Regarding the women's outcome measures, there were high levels of reliability for both measures. The overall measure score was significantly related to psychological distress as measured by the GHQ.

Exiting violent extremist conflict involves changing ideology and much, much more.

Every country needs a theory of change with measurable outcomes to guide policymakers and practitioners. Each should develop a deeper awareness of trauma, triggers, behavioral consequences, avoiding retraumatisation, promoting recovery and resilience.

PRIORITIES:

Some of the women and children need continued assistance addressing basic needs, such as housing, employment, and income. Practitioners are needed to provide ongoing support for a range of practical challenges women face, including for example legal and registration issues for them and their children.

The results from the screening indicate that some of the women need more support and services for psychological distress. As far as we are able to determine, not one woman has received an evaluation for medication treatment for depression, anxiety or

PTSD and no women are receiving evidenced-based psychotherapy. Practitioners should be trained to use a screening instrument and then to link women to appropriate services. Women with low psychological distress could benefit from peer support, and women with clinical range of symptoms could benefit from evaluation and clinical treatment.

To address the coming wave of adolescents among the returnees, families and adolescents themselves are going to need more support and guidance for talking about their fathers and for managing possible behavioral and school problems. Priorities should include: 1) Develop and disseminate trainings on how to talk with pre-teens and teens about their past, fathers, families, identities, futures; 2) Develop capacity to screen and identify early pre-teens and teens who are having more difficulty; 3) Use multidisciplinary team approach to work with teens in pre-crisis/crisis; 4) Provide trauma-informed services and help develop alternative educational or vocational paths success.

Some children likely need additional individual mental health and psychosocial support. For example, some children are not yet in age appropriate grades. Little is known about the learning difficulties of children who are not succeeding in school. 53% have done well, but what about the other 47%? Others may be experiencing bullying. Some of the returned children have disabilities. They should be screened for mental health, developmental, and educational needs, either in schools or through the rehabilitation centers. Then appropriate services should be arranged.

Practitioners would benefit from being part of a practitioner's network to share best practices and experiences. Practitioners also need more support/ self-care to prevent burnout and leaving jobs.

Peer providers (women returnees) should be trained and supported as providers of support to other women.

Families with persons in prison or soon to leave prison need more support and guidance from community-based practitioners to facilitate positive reintegration into society.

Families with disabled children need more support, as well as children who are orphaned and in the care of relatives or foster families.

Families with children who have special needs, medical or developmental, need additional help including financial support, case management, accessing health services, educational needs, and effective parenting.

Overall, there needs to be greater clarity around which agencies, organisations, practitioners are responsible for providing services and support to the returned children.

Stigma remains a problem.

The next five years are going to be critical. There should be a re-investment for the next five years. Outcomes of successful programming over the next five years would include: a cohort of peer leaders; adolescents supported entering adulthood and able to thrive on their own; fathers out of prison with support for reintegration; and younger children on a trajectory for educational success.

IMPLICATIONS FOR OTHER COUNTRIES WITH RETURNEES:

Finally, the workshop and survey suggest there are some key lessons learned from Kazakhstan's pioneering experience that could be useful takeaways for other countries considering returning their citizens. These include:

- Put **early, consistent emphasis on the *primary needs*** of adults and children, including ensuring legal status/documentation and basic physical needs are met;
- Do **initial screening and evaluation of health, mental health and education needs** and **ensure those are *widely shared among all who need it***,

and use **standardised evaluations** that can be used to track progress;

- **Support peer networks** and place an **emphasis on *family and community* integration** -- family and close community are participants in the program too;
- Ensure ***broader community support* especially from Islamic or other existing civil society resources** -- no other governments have the appetite or resources to fully meet the material needs, and connecting them with Islamic civil society helps create positive new networks and facilitate re-integration;
- **Theological input or counseling is consistently rated the least important**, and seems to be best done by peer formers; it is important in new identity formation, but ***should come last in line after other needs have been met*** (which also likely helps build trust).

RATIONALE AND AIMS FOR A CENTRAL ASIAN PRACTITIONER NETWORK

In Kazakhstan, following the success of repatriation and initial re-integration, we recommended that governmental and non-governmental stakeholders formulate a "Jusan 3.0" which centers on the formation of a national network of local practitioners based in municipalities, including trained peer practitioners. Through our U.S. State Department funded initiative, we have formed that network and provided ongoing training and mentorship, which has resulted in positive outcomes such as production of practitioner briefs, monthly virtual case conference meetings, translated and adapted screening instruments, practitioners trained in the use of such instruments, and increased practitioner capacity to manage challenging cases.

Additionally, we have been closely involved with practitioners in three other Central Asian countries and over the past year brought them together in Astana and Almaty for training and planning workshops, and convened with them virtually. Importantly, these are practitioners who have long-term involvement in both the governmental and non-governmental sectors and work directly to support women and children returnees. They recognise that many aspects of the returnee's experiences are overseen by federal agencies, including security agencies, but that service provision to assist children and families is largely done on the local level by municipal or regional service practitioners, in local schools and social service and health service organisations. These practitioners tell us that additional training and support for these locally driven and non-security services is necessary to facilitate successful outcomes for these women and children.

Our local partners tell us that while overwhelmingly security-focused approaches have been successful in the short term, failure to support a broader spectrum of needs has led to some adult women returning to radical communities that offer them support, puts children at risk of radicalisation and other negative outcomes during adolescence, and have failed to make inroads into extremist communities that remain in Kazakhstan and Kyrgyzstan in particular or to address underlying causes on the community level that contributed to mobilisation throughout the region. Our cooperation with local practitioners supporting returnees and research conducted by members of the project team have identified both individual and collective trauma within these hotspot communities as a key contributing factor to mobilisation to violent extremist groups in the first place and a significant challenge to successful reintegration following return.

Although each country faces distinct challenges, they clearly articulated common barriers which they face and a strong desire to work together in a network to support one another in addressing these challenges. Barriers related to ongoing needs of returning mothers and children include: 1) Trauma and mental health need and a lack of prior training to address them; 2) Anticipated evolving challenges related to risk behavior and identity development as children

reach adolescence; 3) Lack of understanding about identifying and addressing learning difficulties among children that jeopardises their ability to stay in school and successfully reintegrate; 4) A need for additional employment assistance for some mothers; 5) support for families as fathers transition out of prison; 6) support for more severely traumatised children who have been held longer in Al-Hol, including the newest waves of repatriated children to Kyrgyzstan, who spent up to five years longer in the camps than their peers from Kazakhstan or Uzbekistan

In addition, practitioners articulated additional programmatic and training needs to support them: 1) Need for a practitioners network to share experiences and support one another; 2) Need to find ways to engage and train peers as practitioners (Note: we are referring to peers who have completed the returnee program and have full rights as citizens); 3) Need for support/self-care for workers; 4) Address the disconnect between services for children and for parents; 5) A lack of trained practitioners to support violence prevention across all four countries; 6) A lack of use of evidence-based tools and interventions; 7) A stark lack of frontline practitioners and other human resources appropriately trained in the regions where many returnees live. From our work with these practitioners, it was clear that both within and between countries, most of these practitioners have basic training in educational not clinical psychology, and they lack shared knowledge of terminology, models, case management, team building and information exchange, communications strategies, supervision, and assessment tools for positive change and integration.

1. Build and sustain a Central Asian practitioner network based in local communities and municipal governments and focused on improving the standard of accessible mental health care and psychosocial support for women and children returnees in Central Asia and for those facing similar challenges within the broader population in their countries.

2. Provide training, mentorship, and consultation for individual practitioners and service organisations, as well as peer practitioners in evidence-based models of mental health assessment and care and psychosocial support, utilising a train-the-trainer model that builds the capacities of local expert trainers in each country to improve mental health care psychosocial support delivery for the practitioners working with returnees and with the broader population.

3. Collaboratively develop and disseminate practice guides, evidence-based tools and intervention models, briefs for governmental and NGO policymakers, and educational materials for returnees and community members.

APPENDIX

Статистика по организованной и неорганизованной репатриации в Казахстан.

Operation Jusan, which returned citizens from camps in Syria, took place over five phases. In addition, individual returns organised outside these operations were coordinated primarily from Turkey, while an additional operation brough children from Iraq.

Phase	Men	Woman	Children
Jusan 1	6	11	30
Jusan 2	16	59	156 (18 orphans)
Jusan 3	8	67	171 (9 orphans)
Jusan 4	3	19	49 (5 orphans)
Jusan 5	4	1	7 (2 orphans)
Individual returns	0	33	95
Rusafa (Iraq)	0	0	14
Total: 749	**37**	**190**	**522**

From the survey data (n=104)	
Mother's Age (mean)	33.4
Marital status	
Never married	3 (2.88)
Divorced	20 (19.23)
Widowed	31 (29.81)
Islamic marriage (mono)	10 (9.62)
Islamic marriage (poly)	6 (5.77)
Legally registered marriage	24 (23.08)
Civil union (cohabitation)	10 (9.62)
Number of children	3.8
Number of children killed in Syria	
One	21 (20.59)
Two	3 (2.94)
Five or more	2 (1.96)
None	76 (74.51)
No response	2

Status of husband who accompanied to Syria	
Deceased	47 (45.19)
Missing in action	8 (7.69)
Unknown to me	5 (4.81)
Imprisoned (other country)	1 (0.96)
Imprisoned (Kazakhstan)	17 (16.35)
I left without a husband	17 (16.35)
Other	9 (8.65)
Current situation	
Education level	
Never finished secondary	7 (6.73)
Graduated secondary	25 (24.04)
Voc/tech college	39 (37.50)
Incomplete higher	13 (12.50)
Graduated higher	19 (18.27)
Master's	1 (0.96)
Residency on return	
Regional capital	62 (59.62)
District center	12 (11.54)

Monogorod (Extraction)	14 (13.46)
Small town	8 (7.69)
Rural	8 (7.69)
Housing situation	
Own an apartment or house	22 (21.5)
Rent	41 (39.42)
Mortgage	2 (1.92)
With relatives or parents	33 (31.73)
State housing	4 (3.85)
Other	2 (1.92
# living in household	4.7
Employment	
Full-time	21 (20.19)
Part-time	11 (10.58)
Self-employed (sewing, massage, hijam)	21 (20.19)
Temp unemployed (disability, sickness)	24 (23.08)
Receive social benefits	15 (14.42)
Other	12 (11.54
If working: monthly income	
50-100,000 KZT ($104-208)	40 (72.73)
100-150,000 ($208-312)	9 (16.36)
150-250,000 ($312-521)	3 (5.45)
250-400,000 ($521-833)	2 (3.64)
More than 400k ($833)	1 (1.82)
No response	49
If stipend: monthly amount	
50-100,000 KZT ($104-208)	55 (52.88)
100-150,000 ($208-312)	7 (6.73)
No stipend	42 (40.38)

Children (age)	
3	2 (1.04)
4	2 (1.04)
5	11 (5.70)
6	18 (9.33)
7	32 (16.58)
8	19 (9.84)
9	22 (11.40)
10	20 (10.36)
11	23 (11.92)
12	9 (4.6)
13	11 (5.70)
14	6 (3.11)
15	7 (3.63)
16	4 (2.07)
17	2 (1.04)
18	2 (1.04)
21	3 (1.55)

Biggest problems faced	
Housing	64 (16.16)
Finding employment	47 (11.87)
Documentation demonstrating husband's death	39 (9.85)
Documents and registration of children	36 (9.09)
Own health and well-being	32 (8.08)
Raising/providing for children	28 (7.07)
Health and psychological development of children	22 (5.56)
Own psychological problems	22 (5.56)
Cost of children's education	22 (5.56)
Receiving adequate /appropriate social support (gov)	22 (5.56)
Covid-19 pandemic	21 (5.30)
Access to medical services	8 (2.02)
Problems with prevalent stereotypes	7 (1.77)
Misunderstandings in the family	7 (1.77)
Other	5 (1.26)
Religious discrimination	4 (1.01)
Disability	4 (1.01)
Language barrier	2 (0.51)
Bullying at school	2 (0.51)
Meeting basic needs for food and hygiene	1 (0.25)
Ecological/Environmental	1 (0.25)

Changes that most improved my life	
I have legal status as a citizen and all necessary documents	79
I believe in my future	77
My basic needs (housing, food, finances, work, and school) are met	70
My family accepts me as I am	66
I can keep my children safe and help them grow up	60
I feel safe and I am accepted by the community I live in	58
I have friends I like to spend time with	56
I feel like I have a place in this country	56
I can freely practice my religion	55
I like the person I am right now	52
I have access to the services I need, including health and psychological health	49
I have people outside my family whose support I can depend on	47
I am satisfied with my home and professional work	45
Emotional problems that I have (depression, anxiety, fear, insecurity) don't keep me from living the life that I want	43
I can get along with others who have different opinions, backgrounds and beliefs	42
Health problems that I have (sickness, disability, trauma) do not keep me from living the life I want	40
I know how to resolve the needs and problems that I have in my life	39
I can regulate my emotions so that I do not use verbal or physical aggression toward others	39
I need further psychological support	14
I need additional support from a theologian	13

Mother's Priorities for children	
My child has legal status as a citizen and all necessary documents	154 (14.6%)
My child's basic needs (housing, food, finances, work, and school) are met	140 (13.2%)
My child is safe and accepted in our neighborhood and in school	137 (13%)
My child has access to the services I need, including health and psychological health	125 (12.8%)
I am satisfied with my child's educational progress in school or preschool	111 (10.5%)
My child can get along with others who have different opinions, backgrounds and beliefs	96 (9.1%)
Emotional problems (depression, anxiety, fear, insecurity) don't keep my child from living the life that he/she wants	86 (8.1%)
Health problems (sickness, disability, trauma) do not keep my child from living the life he/she wants	86 (8.1%)
My child needs consultation with a child psychologist	23 (2/2%)
My child needs consultation with a theologian	16 (1.5%)

Mother's Outcome Scale	
I have legal status as a citizen and all necessary papers.	4.4
My basic needs are met, such as housing, food, finances, work, and school.	3.8
I am able to access the services I need, including health, mental health, social services, and job training.	4.2
Any health problems I have (illnesses, disabilities, injuries) don't interfere with living the life I want.	4.1
Any emotional problems I have (depression, anxiety, fear) don't interfere with living the life I want.	4.2
I believe in my future.	4.7
I feel safe and accepted in the neighborhood and community where I live.	4.7
I know how to manage the current demands and challenges in my life.	4.5
My family accepts me as I am.	4.7
I have friends I enjoy spending time with.	4.5
I have people outside of my family I can count on for support.	4.4
I like who I have become.	4.5
I keep my children safe and well and help them to grow.	4.6
I am satisfied with the work I do, either in or outside the home.	4.4
I am managing my emotions in ways that do not lead to verbal or physical aggression towards others.	4.5
I feel like I have a place in this country.	4.6
I get along with people with different views, beliefs, and backgrounds.	4.5
I can freely practice my religion.	4.5

Mother's Rating of Child Outcomes	
My child has legal status as a citizen and all necessary papers.	3.4
My child's basic needs are met, such as housing, food, finances, and school.	3.2
I am able to access the services my child needs, including health, mental health, social services, and education.	3.3
Any health problems my child has (illnesses, disabilities, injuries) don't interfere in living the life they want. their life.	3.3
Any emotional problems my child has (depression, anxiety, fear) don't interfere in living the life they want.	3.4
My child is safe and accepted in the neighborhood and school.	3.5
I am satisfied with my child's performance in school or pre-school.	3.4
My child manages emotions in ways that do not lead to verbal or physical aggression towards others.	3.4
My child gets along with people with different views, beliefs, and backgrounds.	3.4

Mother's Rating of Child Outcomes (2)	
My child has legal status as a citizen and all necessary papers.	3.4
My child's basic needs are met, such as housing, food, finances, and school.	3.2
I am able to access the services my child needs, including health, mental health, social services, and education.	3.3
Any health problems my child has (illnesses, disabilities, injuries) don't interfere in living the life they want. their life.	3.3
Any emotional problems my child has (depression, anxiety, fear) don't interfere in living the life they want.	3.3
My child is safe and accepted in the neighborhood and school.	3.4
I am satisfied with my child's performance in school or pre-school.	3.4
My child manages emotions in ways that do not lead to verbal or physical aggression towards others.	3.4
My child gets along with people with different views, beliefs, and backgrounds	3.4

who were women and children. Repatriation on an individual basis continued through 2021.

No.	Region	Number of children	Girls	Boys	0-3 yo	3-6 yo	6-10 yo	10-15 yo	15-18 yo
1	Nur-Sultan	24	11	13	2	10	5	7	0
2	Almaty	37	23	14	3	10	15	8	1
3	Shymkent	49	29	20	5	10	19	8	7
4	Akmola region	19	11	8	0	4	5	7	3
5	Aktobe region	31	12	19	1	11	15	4	0
6	Almaty region	41	19	22	2	12	16	9	2
7	Atyrau region	78	35	43	4	20	27	19	8
8	East Kazakhstan region	7	2	5	0	2	0	4	1
9	Zhambyl region	21	10	11	0	5	8	7	1
10	West Kazakhstan region	82	29	53	1	29	31	13	8
11	Kostanay region	2	0	2	0	1	1	0	0
12	Улытауская область Zhezkazgan region (separated from Karaganda region in June 2022)	58	25	33	2	16	27	12	1
13	Kyryzorda region	8	3	5	0	4	2	2	0
14	Mangistau region	23	13	10	0	9	9	4	1
15	Pavlodar region	10	3	7	0	4	6	0	0
16	Turkestan region	32	14	18	1	8	10	13	0
Total		**522**	**239**	**283**	**21**	**155**	**196**	**117**	**33**

Table 1: Geographic distribution, gender and age of all returnee children (2022)

	1	2	3	4	5
My basic needs are met, such as housing, food, finances, work, and school.	7%	17%	0%	41%	35%
I am able to access the services I need, including health, mental health, social services, and job training.	2%	9%	0%	50%	40%
Any health problems I have (illnesses, disabilities, injuries) don't interfere with living the life I want.	4%	9%	0%	47%	40%
Any emotional problems I have (depression, anxiety, fear) don't interfere with living the life I want.	2%	10%	0%	44%	45%
My child has legal status as a citizen and all necessary papers.	1%	4%	0%	42%	49%
My child's basic needs are met, such as housing, food, finances, and school.	2%	9%	0%	56%	32%
I am able to access the services my child needs, including health, mental health, social services, and education.	2%	5%	0%	58%	34%
I am satisfied with my child's performance in school or pre-school.	0%	5%	0%	46%	49%
My child manages emotions in ways that do not lead to verbal or physical aggression towards others.	0%	6%	0%	45%	48%

	LOW
My basic needs are met, such as housing, food, finances, work, and school.	24%
Any health problems I have (illnesses, disabilities, injuries) don't interfere with living the life I want.	13%
Any emotional problems I have (depression, anxiety, fear) don't interfere with living the life I want.	12%
I am able to access the services I need, including health, mental health, social services, and job training.	11%

	LOW
My child's basic needs are met, such as housing, food, finances, and school.	11%
I am able to access the services my child needs, including health, mental health, social services, and education.	7%
My child manages emotions in ways that do not lead to verbal or physical aggression towards others.	6%
My child has legal status as a citizen and all necessary papers.	5%
I am satisfied with my child's performance in school or pre-school.	5%

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