

From Syria to Home:

A Comprehensive Analysis of Repatriation, Resettlement, Reintegration, Rehabilitation, Resilience and Mental Health of Kosovo's Returned Citizens

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Kosovo's Returned Citizens**

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Glossary

MIA Ministry of Internal Affairs

DPRRP Division for Prevention and Reintegration of Radicalized Persons

MoH Ministry of Health

RFTF Returned Foreign Terrorist Fighters

EU European Union

US United States

PTSD Post Traumatic Stress Disorder

UNHCR United Nations High Commissioner for Refugees

MED Municipal Education Directorate

MESTI Ministry of Education Science Technology and Innovation

CSO Civil Society Organization

SDQ Strength and Difficulty Questionnaire

PHQ Patient Health Questionnaire

ISIS Islamic State of Iraq and Syria

Executive Summary

This report outlines the analysis and findings from the data on returned foreign fighters and their families, detailing the process, challenges at both institutional and individual levels, lessons learned, limitations, and future recommendations.

Kosovo had the world's highest per capita number of citizens joining ISIS in Syria. It stands out for organizing the return of these individuals, legally addressing the crimes of adults, and providing comprehensive support through public institutions, local NGOs, and international aid. This support aims to facilitate their reintegration and rehabilitation into Kosovo society. This situation presents a unique chance to examine the challenges, opportunities, and impacts of this experience and consider future directions.

The Institute of Psychology at the University of Prishtina conducted a comprehensive study on the reintegration and mental health of returnees from conflicting zones (RFCZ) and their families in Kosovo. Employing a mixed methods approach, the team gathered quantitative data from 69 children and 33 adults and qualitative insights through interviews with 26 service providers— including politicians, religious leaders, and frontline workers—and 12 returnees. This research, guided by the 5R framework (repatriation, resettlement, reintegration, rehabilitation, resilience), aimed to document the process and experiences since 2019, focusing on descriptive rather than effective outcomes.

Findings show that returnees benefited from significant state support, such as housing, essentials, mental health care, job training, and children's education. Participants valued this assistance and the freedom to practice religion without judgment, eager to leave their past in Syria behind. Kosovo's policy approach prioritizes disengagement over deradicalization.

Key mental health findings indicate that one-third of adults showed mild depression, while nearly 88% experienced moderate to extreme PTSD symptoms. Children exhibited issues with peers, conduct, emotions, and hyperactivity, reflecting a link between parental mental health and children's behavior. We also found that instrumental support in the form of professional training, grants, employment, and the presence of a spouse or partner and biological father for children act as protective factors for mental health-related issues.

Our findings reveal that accommodating RFCZs' and/or of their family member needs was a novel, complex, and uncertain process. Service providers and frontline workers from diverse fields faced challenges due to their lack of specific expertise and experience. Additionally, insufficient coordination among key stakeholders, including social work centers, policy makers, and healthcare institutions, presented significant obstacles.

We conclude that the returnees' immediate needs were successfully addressed and that the main components of reintegration have been set in motion. Yet, there is more to be done to maintain the reintegration process and the process of rehabilitation and resilience.

Future interventions should focus on providing ongoing support and monitoring for vulnerable groups, such as single mothers and those with mental health challenges. It's crucial to develop psychoeducation programs that address the interconnectedness of parental and children's mental health and to increase awareness of mental health issues among service providers. Integrating reintegration support with mental health services will offer a more holistic approach. There's a need for long-term monitoring of social, economic, legal, and health-related issues among returnees, building on existing studies. Establishing stable multidisciplinary teams to assess and address the health and mental health needs of radicalized individuals and those in rehabilitation is also essential. Finally, there is a need to enhance the capacity of municipality structures to systematically address future cases of radicalization and plan holistic interventions that would help their reintegration and rehabilitation.



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Introduction

The war in Syria and Iraq mobilized around 53,000 foreigners, men, women, and minors between 2013 and 2019 who traveled to Syria and Iraq to join the Islamic State (ISIS). When, in 2019, the last pockets of lands controlled by ISIS recovered, the issue of foreign fighters who wanted to return to their countries of origin became an issue for many countries. Many countries that have been called to deal with the issue of returning foreign fighters have been either unable or unwilling to respond to this challenge. The return of foreign fighters presents significant challenges, including security risks to the returning country, legal obstacles such as accessing evidence of crimes committed abroad or documentation issues for children born in conflict zones, political challenges influenced by public opinion against their return, and social hurdles in reintegrating them into mainstream society. Many European nations still refuse to repatriate their citizens, contrasting with Kosovo's proactive approach in supporting the return of its citizens.

The number of Kosovo citizens who joined ISIS ranged from 256 to 403, posing significant challenges for the country, given its limited resources. While high when analyzed per population number, Kosovo's proportion of citizens with an Islamic confession lowers its ranking in comparison to other countries. Despite these challenges, a report from the Combating Terrorism Center at Westpoint shows that between 2012 and 2019, 242 out of 355 travelers returned home, with 85 facing prosecution. Majority of the returnees were men aged

18 to 27 from families with average to above-average income and high school or college education. Additionally, 99 were killed in Syria, and 76 children were born to at least one parent originally from Kosovo in conflict zones. By 2018, 132 Kosovars (37%) returned, including 120 men, six women, and six children, with 71% of men charged, convicted, and imprisoned for participating in foreign wars.

Legislation and policies

Kosovo actively participated in the Global Coalition to Defeat Daesh at the international level. Domestically, it demonstrated proactive legislative actions by enacting Law No. 05/L-002 in 2015, making it the first country in the region to ban its citizens' involvement in foreign conflicts. This law outlines offenses, penalties, jurisdiction, and enforcement mechanisms, emphasizing collaboration with other nations and organizations. Moreover, Kosovo adopted the National Strategy Against Terrorism and Action for 2018-2023 and the Strategy on Prevention of Violent Extremism and Radicalization Leading to Terrorism 2015-2020. Legislative amendments were made to the Criminal Code, prohibiting terrorism financing and identity fraud. Structurally, Kosovo established the Division for the Prevention and Reintegration of Radicalized Persons (DPRRP) within the Ministry of Internal Affairs (MIA) to coordinate inter-sectorial efforts and facilitate rein-

tegration processes for returned foreign fighters and their families from Syria and Iraq. Through the DPRRP, Kosovo implemented a centralized national program for the rehabilitation of born citizens. This multifaceted approach combines security measures with a humanitarian focus, reflecting Kosovo's commitment to both national security and humanitarian principles.

Literature review on the Kosovo approach to returning foreign fighters and women and children from Syria and Iraq

Ingram and colleagues' paper comparing approaches taken by the United States, Netherlands, Kosovo, and Iraq highlights Kosovo's distinct strategies in several aspects. Firstly, Kosovo demonstrates a proactive approach to repatriating women and children, with a limited number of men. Secondly, it shows political will by establishing the Division for Prevention and Reintegration of Radicalized Persons (DPRRP). Additionally, female returnees in Kosovo received suspended sentences, contrasting with other countries where they faced guilty pleas and 2-3 years of suspended sentences. Kosovo also emphasizes rehabilitation and reintegration efforts, involving various organizations and targeting prisons, communities, and schools. Its proactive approach enhances institution-building and international positioning, emphasizing adherence to international standards and sovereignty. Kosovo strategically incorporates the return of foreign fighters into national strategies against terrorism and violent extremism, driven by a sense of national community and a more homogenous population structure. Furthermore, Kosovo ensures more effective administration of justice through coordinated repatriation. It exhibits differences in sentencing trends compared to other EU countries, with male returnees receiving an average sentence of 3.5 years, which is lower than in EU countries. In a comprehen-

sive review, about 250 individuals who left Kosovo have returned since 2011, with Kosovo repatriating 110 citizens in April 2019, including men, women, and children born in conflict zones with at least one Kosovar parent. Seventy-six children were born in conflict zones with at least one Kosovar parent.

Kosovo's approach diverges from that of other nations by acknowledging and assuming responsibility for individuals affiliated with ISIS. Unlike many countries that primarily view them as security threats, Kosovo's acceptance of repatriation underscores the necessity of aiding their societal reintegration and renewal of citizenship. This strategy addresses security apprehensions and emphasizes long-term social reintegration and rehabilitation measures. This distinctive approach to reintegration offers a valuable opportunity for post-2019 analysis, encompassing impacts on primary beneficiaries, service providers, policy efficacy, and multi-perspective service delivery evaluation. To facilitate this assessment, the Institute of Psychology at the University of Prishtina, supported by the Ministry of Internal Affairs of the Republic of Kosovo, the Community Development Fund, and GSERF, conducted comprehensive research guided by the 5R model, delineating repatriation, resettlement, reintegration, rehabilitation, and resilience domains.

Significance of potential mental health and psychosocial issues with RFCZ, woman and children returned from conflict zones

Returnees from conflict zones often exhibit higher rates of mental health issues compared to the general population. Research from EU countries suggests that up to 20% of Returnees from Conflict Zones (RFCZ) experience mental health problems, with rates ranging from 15-20% in Switzerland and up to 60% in the Netherlands, according to research analyzing police

records and medical files conducted by Dutch mental health experts. These problems include personality disorders like antisocial or borderline personality disorder, relationship, and parental issues, as well as behavioral, emotional, and developmental disorders such as autism.

Mental health and psychosocial issues can increase the risk of engagement in radicalization and violent activities for some individuals. Mental health professionals play a crucial role in facilitating deradicalization and reintegration efforts for Returnees from Conflict Zones (RFCZ), moving beyond the confines of the security and criminal justice system. However, a significant challenge in this process is the lack of functional social and health services. Deradicalization strategies must incorporate public and behavioral concepts to influence the reintegration and resocialization of RFCZ effectively. Addressing mental health problems and psychosocial issues, including family dynamics, socio-economic factors, community support, and resources, is vital for successful reintegration and resocialization.

Women who have followed their husbands to conflict zones like Syria and Iraq often endure a myriad of traumatic experiences, including combat, imprisonment, abuse, and loss. Upon their return, it is recommended to assess if they have suffered losses, trauma, or mental health issues, and whether they pose a continued risk of radicalization or recruitment. These challenges are unique and include facing stigmatization, coping with trauma, and breaking free from constraints. Children accompanying these women may also have been exposed to radicalization, adding complexity to their reintegration. Therefore, it is essential to provide support and rehabilitation and address their well-being, social reintegration, and specific challenges arising from their experiences. Additionally, these women often hold beliefs in the so-called 'caliphate' and Daesh, facing pressure from support groups upon their return. They must navigate stigmatization, cope with their experiences, and struggle to break free from imposed constraints, while concerns also arise regarding the radicalization

of accompanying children. This underscores the importance of adopting an approach that offers comprehensive support and rehabilitation for these returnees, addressing their well-being, facilitating social reintegration, and addressing the specific challenges arising from their experiences.

Children returning from conflict zones often face severe trauma from exposure to violence, loss of parents, forced participation in violence, early marriage, and sexual abuse, leading to radicalization. In countries like Germany, Sweden, Norway, and potentially Kosovo, challenges include proving parentage through DNA testing and dealing with psychological issues such as PTSD, characterized by speech loss and aggression. Their reintegration is complicated by their past involvement in violence, experiences of forced marriage, sexual abuse, and estrangement from parents due to extremist indoctrination. Additionally, they struggle with stigmatization as "terrorists," broken family connections, conflicting loyalties, and adapting to the norms of their home countries.

Families of the RFCZ and previous findings in Kosovo

In a 2018 baseline assessment of the needs of families of foreign fighters (RFCZ) in Kosovo by IOM, several key findings emerged. **RFCZ families face worse financial conditions than the surrounding community**, with nearly half lacking sufficient income and many requiring social assistance but lacking information on eligibility and application procedures. A pervasive **lack of trust in state institutions compounds this financial strain. Healthcare needs often go unaddressed** due to competing priorities, resulting in psychological stress and common mental disorder symptoms among family members. While families report stable emotional states, they also experience feelings of sadness, trauma, and concern over the return of RFCZ, particularly during holidays. Coping mechanisms primarily rely on **family support**, although **women returnees may exhibit reluc-**

tance to discuss past experiences and losses. Despite respondents' openness to discussing their emotional state, there is a reluctance to seek or accept mental health support, especially among women returnees. **Children of RFCZ exhibit emotional outbursts and school-related problems**, yet families lack information on addressing these issues and often ignore or refuse to discuss children's mental health. Despite these challenges, RFCZ is willing to participate in programs supporting their rehabilitation and reintegration.

The 5R framework

The theory's developers reviewed the literature on women and children returning from violent extremism and related programs, analyzing 51 documents. They suggested the 5R framework—repatriation, resettlement, reintegration, rehabilitation, resilience—to enhance support for returnees from ISIS-held areas, as detailed in Figure 1. This framework connects program components with both short-term goals and long-term outcomes, facilitating program development, monitoring, and evaluation. However, they didn't specify activities or recommendations, acknowledging the variation in resources and structures across countries.

The model primarily targeted returned mothers and children but remains adaptable for diverse populations, leaving violent extremist movements. While utilized as a framework for current research in Kosovo, it was not employed in the design and implementation of return processes by Kosovo Institutions. Thus, its effectiveness still needs to be measured, serving instead to organize and categorize processes and components in the research.

REPATRIATION AND RESETTLEMENT, concepts originated by the UNHCR for aiding refugees in post-conflict regions, are central to our study. While repatriation involves refugees returning voluntarily to their home country, resettlement refers to transferring them to a third country. Despite our subjects' departure from stable to unstable environments, the principles of repatriation and resettlement remain applicable. The UNHCR emphasizes ensuring safety, reconciliation, and meeting basic needs during this process. Key objectives include addressing structural outcomes like citizenship and personal well-being. The involvement of multidisciplinary teams and organizations is crucial for effective management and building trust in government.

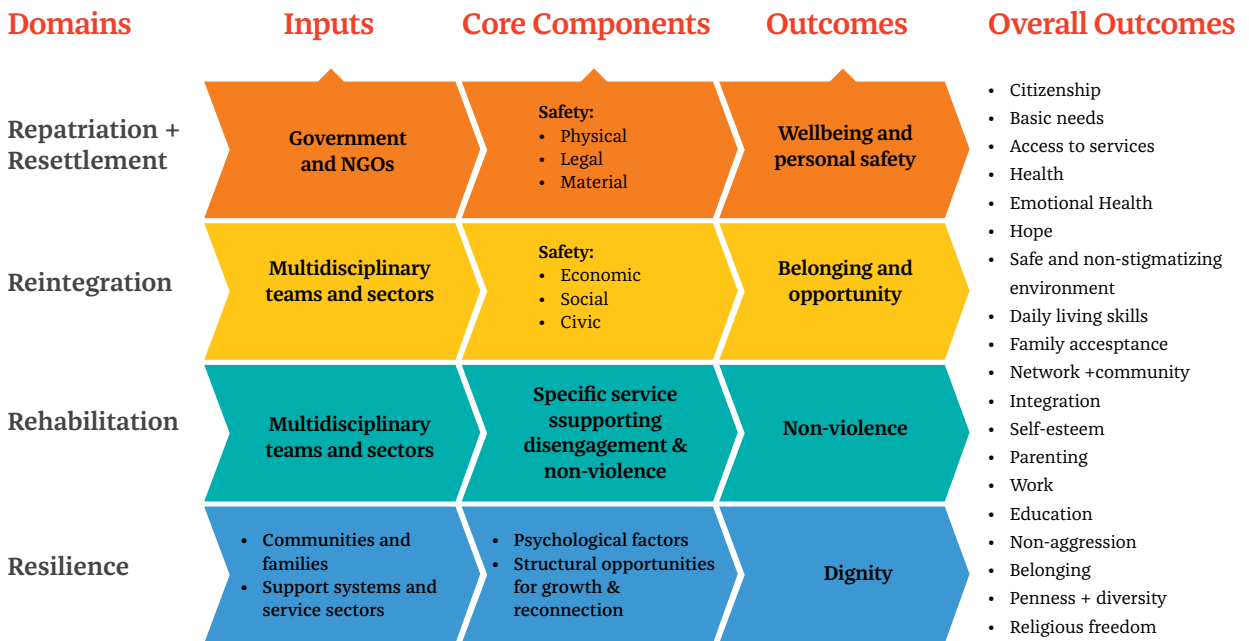
As defined by the UNHCR, **Reintegration** aims for sustainable return by ensuring refugees integrate into secure political, economic, and social conditions. Activities should address immediate needs and promote long-term sustainability in social, health, and financial aspects. Components include socialization activities, mental health support, vocational services, academic and cultural assistance, and community outreach. Impact assessment should focus on emotional health, hope, daily living skills, and self-esteem, surpassing structural outcomes. Transition to NGO or community support is crucial.

REHABILITATION for individuals returning from conflict zones involves aiding their recovery and preventing their engagement in violent extremist activities. In the case of adults and children returning from Syria and Iraq, rehabilitation efforts are primarily conducted through the criminal justice system to reduce recidivism by enhancing behavior, mental health, social skills, and employability. While specific activities for rehabilitation are not outlined in the literature, potential interventions include mental health treatments for trauma-related issues, addressing adjustment difficulties in children, and interventions targeting rigid and radicalized ideologies associated with participation in conflict zones.

RESILIENCE FOCUSES on individuals' capacities to adapt in the face of adversities including trauma, loss and stress which potentially many of those that

traveled to Syria and returned have experienced. This can include maternal resilience and activities which promote resilience.

Figure 1 - 5R Framework used in reviewing Kosovo approach in reintegration and rehabilitation of returned foreign fighters, including women and children.



Specifically, through this research, we aim to:

- Explore qualitatively through direct interviews the experience of service providers and policy-makers (n=26), and returnees (n=12), including return foreign fighters and women from Kosovo who spent time in Syria, regarding the process of return, services provided, and overall return process based on the 5R framework in Kosovo.
- Explore quantitatively and qualitatively the mental health of the returnees (n=33), including returning foreign fighters, women from Kosovo who spent time in Syria, and their children (n=69).
- Identify the strength of interventions implemented in Kosovo for the returned population from Syria and propose based on the findings future interventions to be considered.

Methodology

The study employs an exploratory sequential mixed method design, beginning with qualitative data collection and analysis, followed by a quantitative phase. Quantitative data categories and themes are informed by qualitative interviews with returnees and service providers and the authors' domain expertise.

Qualitative methods

Informed by the 5R framework, we conducted interviews with 24 service providers. These included psychiatrists (2), psychologists (1), social workers (4), teachers (4), school directors (3), policymakers, and professionals from the Ministry of Internal Affairs (3), director of the Division for the Investigation of Crimes in the Kosovo Police (1), representative from the Ministry of Education, Science, Technology and Information (1), senior officials from the Kosovo Probation Service (1), Kosovo Correctional Service (1), representatives of the Islamic Community of Kosovo (2), and representatives of CSOs (3). The interviews were held in the interviewees' offices and lasted 35 to 60 minutes. All service provider interviews were recorded and transcribed.

Due to respondent sensitivity, interviews with returned citizens from Syria and Iraq were not recorded. Instead, interviewers took detailed notes and

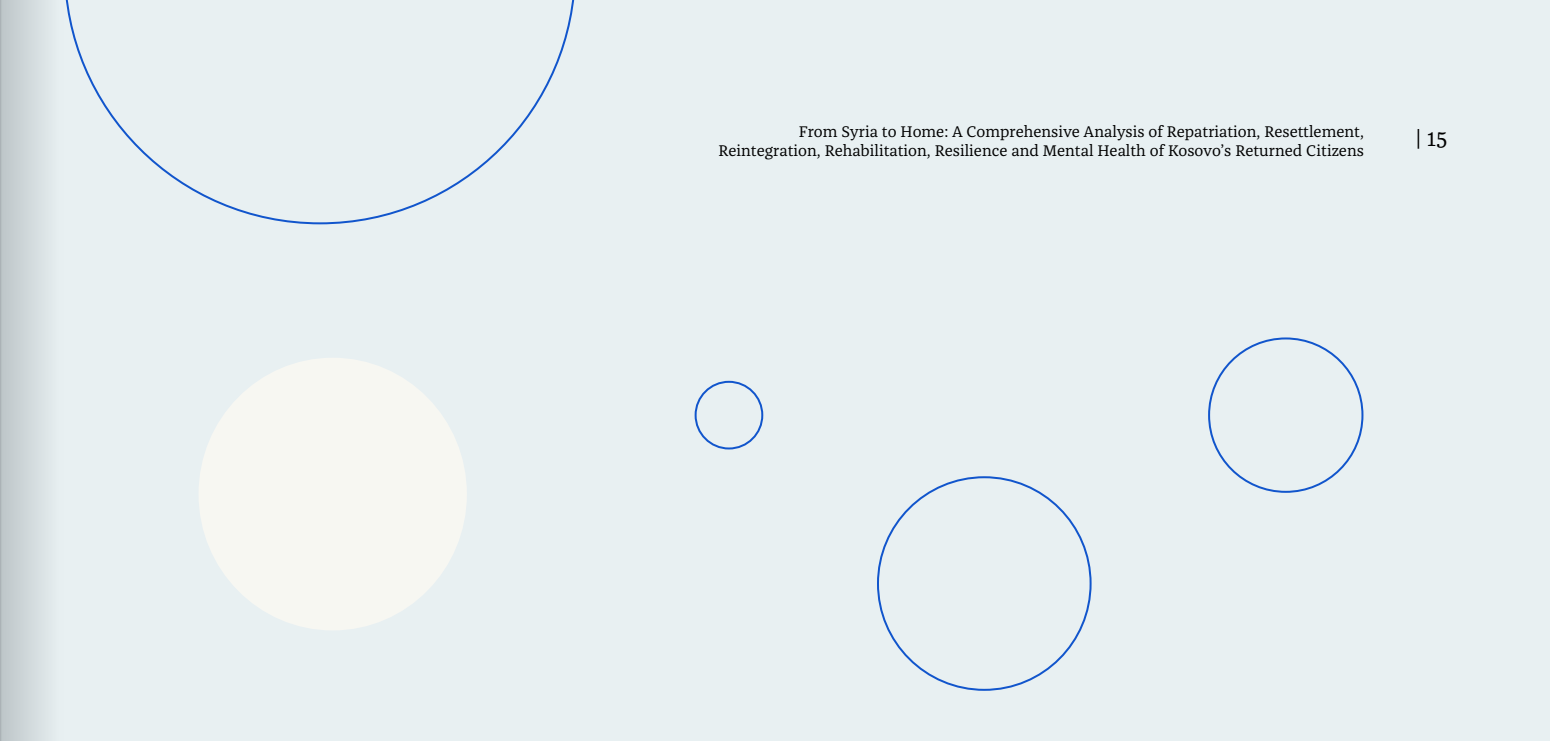
made audio recordings that were later transcribed for analysis. Transcriptions were entered into ATLAS/ti in Albanian.

Thematic analysis, guided by the 5R Model, involved axial coding to organize themes into comprehensive categories. Line-by-line coding scrutinized each textual line to identify nuanced thematic connections. A code list with 343 codes for service providers and 113 codes for returned adults was created, informed by the framework. Memos were added for passages of interest, and pattern coding condensed themes using ATLAS/ti's query tool, examining regularities and variations. Interviews with service providers covered diverse topics and angles, focusing on returnees' needs, behaviors, and progress within the 5R framework and the providers' work, resources, recommendations, limitations, and needs.

Quantitative methods Measures used

In total, 33 adults returned from Syria participated in a quantitative study where they were administered a set of questionnaires related to:

Demographics, education, employment, various types of support received, children's school registration etc.



The PHQ-9 is a depression screening tool with nine statements, asking respondents to rate the frequency of symptoms on a scale from 0 to 3. Scores range from 0-4 for non-minimal, 5-9 for mild, 10-14 for moderate, and 15 and above for severe depression.

Primary Care PTSD Screen (PC-PTSD-5) is a screening tool with five questions aimed at identifying PTSD in primary care settings. The first question determines if the individual has experienced a traumatic event in their lifetime. If the answer is yes, they answer five yes/no questions about how these experiences have affected them in the past month. A cut-point of 3 on the PC-PTSD-5 is suggested for optimal sensitivity to probable PTSD, indicating a positive result if the respondent answers “yes” to any 3 of the five questions.

The 5R framework assesses repatriation, resettlement, reintegration, rehabilitation, and resilience with an 18-item measure. Returnees from ISIS-controlled areas face challenges like disrupted relationships, family conflicts, societal judgment, and cultural adaptation difficulties upon returning home. Without support, they risk vulnerability to rejoining extremist groups. Outcomes are crucial as they reflect program achievements, encompassing short and long-term goals.

The Strengths and Difficulties Questionnaire (SDQ) was used to evaluate children’s emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship issues, and prosocial behavior, as reported by parents.

Assessments and quantitative data analysis

Assessments took place in participants’ homes, lasting 15 to 30 minutes each. Adults completed questionnaires for themselves, and children aged six and above (n=69), with data coded in SPSS for analysis.

Results

The results section presents the results in the following fashion: 1) quantitative and qualitative findings from beneficiaries' perspective and qualitative findings from the service providers perspective analyzed from 5R perspective in terms of services provided, challenges faced, and developments observed; 2) mixed quantitative and qualitative findings on mental health related issues, including risk and protective factors related to adult and children returnees.

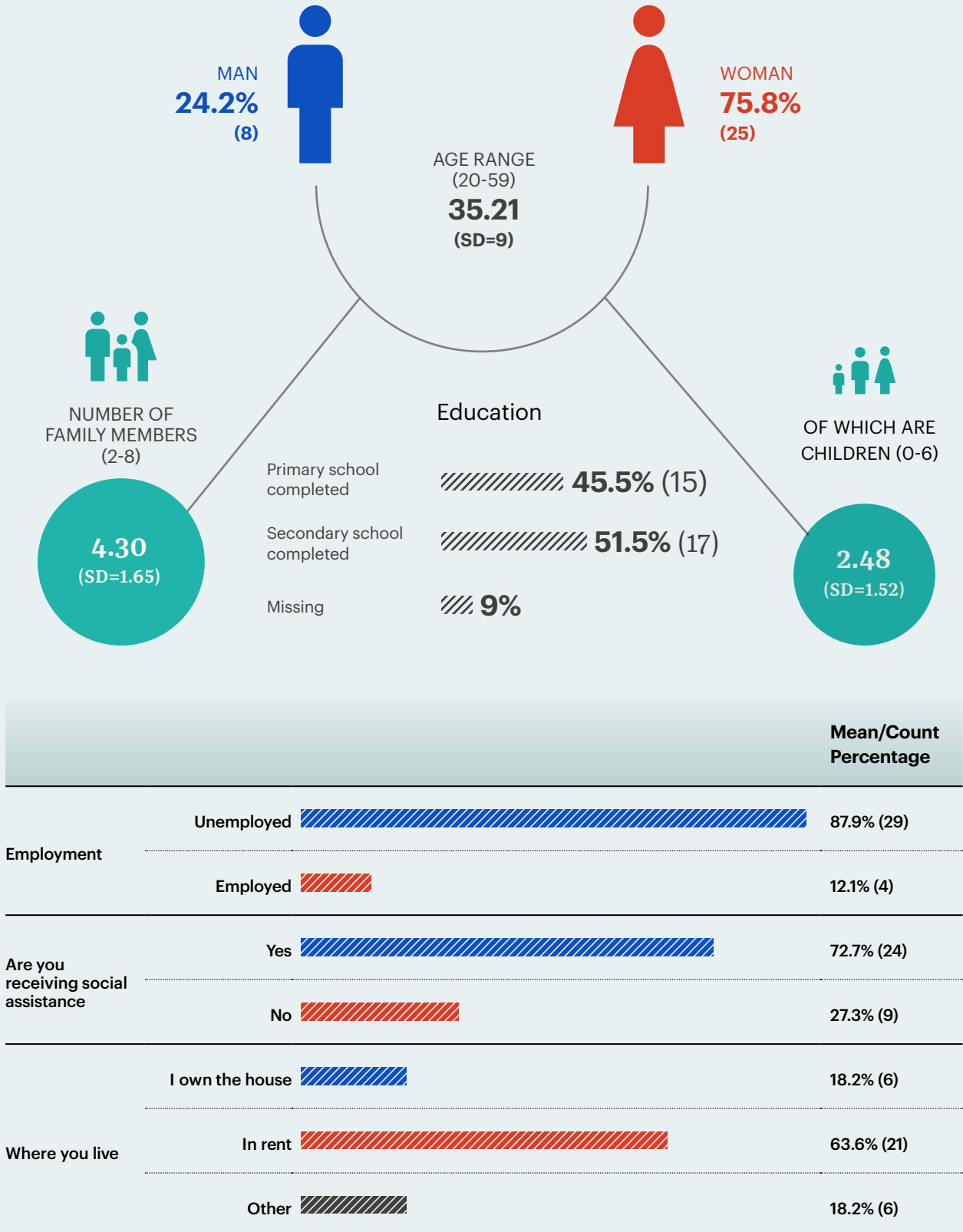
Section 1 - 5R Framework Analysis: Beneficiary and Service Provider Perspectives



















Quantitative findings from the 5R questionnaire administered to adult returnees are presented first, followed by qualitative insights from their interviews. The final section explores service providers' perspectives on services, challenges, and developments within the 5R framework.

Demographics of adult returnees

The table illustrates demographic data for adult returnees in the study. Respondents had an average age of 35.21 (SD=9), ranging from 20 to 59 years. Most participants were women (75.8%), with the majority having completed secondary school (51.5%). Only 12.1% were employed, all men ($\chi^2(1, N = 33) = 14.4, p = .002$). Nearly three-quarters received social assistance, predominantly women (87.5%) ($\chi^2(1, N = 33) = 19.3, p = .001$). The majority lived in rented accommodations (63.6%), with women comprising the majority (68%) ($\chi^2(1, N = 33) = 2.64, p = .264$).

Table 1 - Demographics and other information



		Mean/Count Percentage
You live with	Nuclear family 	18.2% (6)
	Extended family 	63.6% (21)
Do you live with your spouse in the same house?	Yes 	45.5% (15)
	No 	54.5% (18)
Have you returned with your spouse from Syria?	Yes 	6.1% (2)
	No 	93.9% (31)
Do you have any children not registered to school?	Yes 	12.1% (4)
	No 	78.8% (26)
	Missing 	3%
Have you received any training after returning to Kosovo?	Yes 	69.7% (23)
	No 	24.2% (8)
	Missing 	6.1% (1)
Did the children receive any courses after returning to Kosovo?	Yes 	45.5% (15)
	No 	42.5% (14)
	Missing 	12.1% (4)
Have you received any grant for you or your family member after returning to Kosovo?	Yes 	75.8% (25)
	No 	21.2% (7)
	Missing 	3% (1)

More than half of the respondents (54.5%) reported not cohabiting with a partner or spouse, with the majority being women (68%) ($\chi^2(1, N = 33) = 7.53, p = .009$). Only 6.1% indicated returning with a spouse from Syria. Most children (78.8%) were registered in school, with reasons for non-registration including child's reluctance (1), age below 6 (5), and health issues (1). Around 70% reported receiving post-return training, primarily

women (83.3%) ($\chi^2(1, N = 33) = 4.63, p = .053$). Training included professional, tailoring, parenting, and online marketing. Approximately half of the parents (45.5%) stated their children received post-return courses, including soccer, English, Albanian, math, tailoring, and art. Two-thirds of participants reported receiving grants for themselves or family members.

Summary of demographics and other variables:

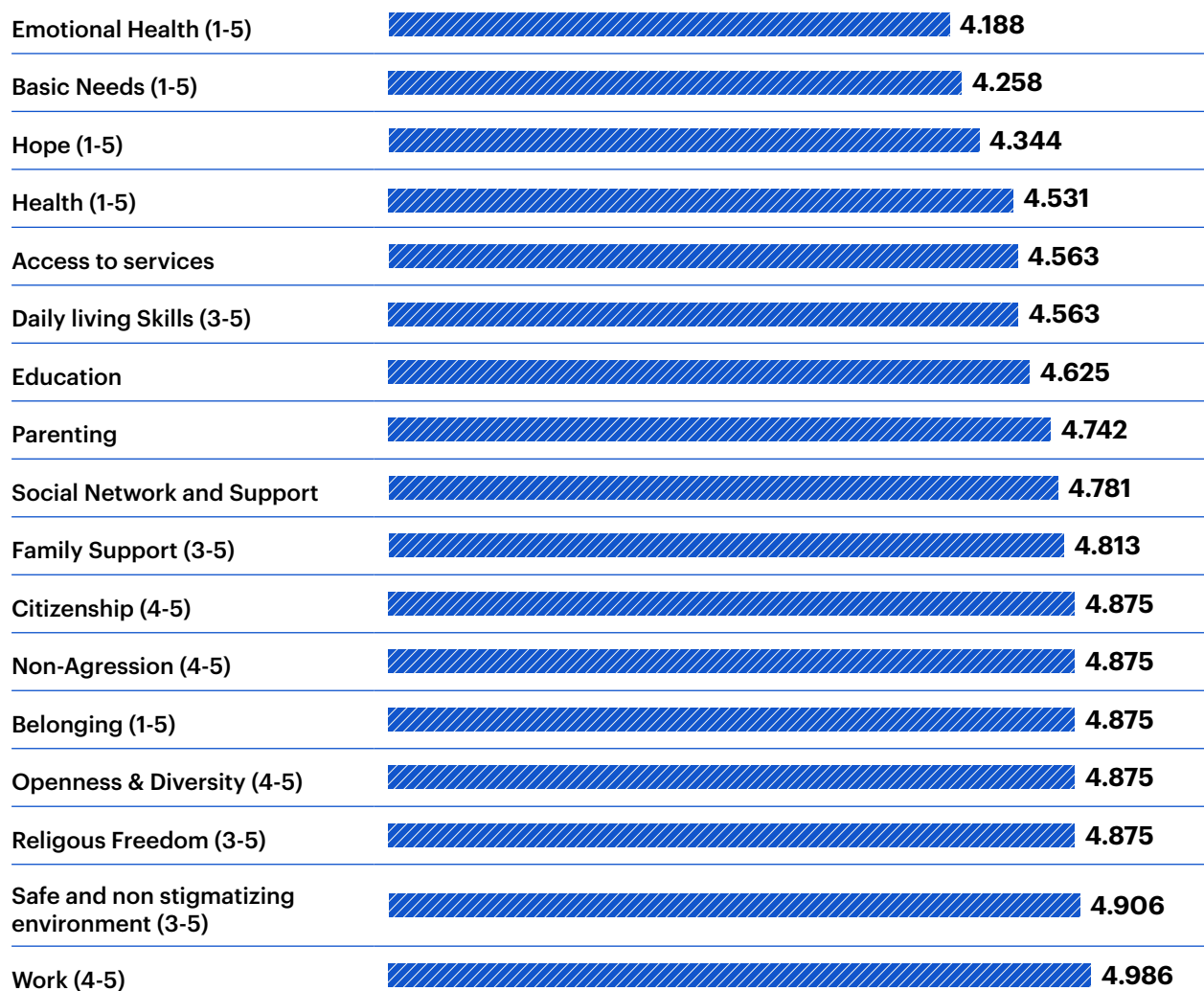
Average Age: 35.21 years, Range 20-59; **Gender:** 75.8% Women, 24.2% Men; **Education:** 51.5% Secondary, 45.5% Primary; **Employment:** 12.1% Employed (All Men); **Social Assistance:** 72.7% Receiving; **Housing:** 63.6% Renting, 18.2% Own House; **Living with Spouse:** 45.5% Yes; **Returned with Spouse from Syria:** 93.9% No; **Children Schooling:** 78.8% Registered (other not registered because younger than 6 or 7); **Training Post-Return:** 69.7% Received (Mostly Women); **Children's Courses:** 45.5% Received; **Grants Received:** 75.8%; **Sentencing Post-Return:** 30.3%.

Quantitative findings from the 5R measure

Figure 1 displays the average scores of all 33 respondents across 18 items, ranging from lowest to highest. Emotional health, basic needs, and hope received the

lowest average scores, while safe environments and work received the highest. Scores range from 1 (absolutely disagree) to 5 (absolutely agree).

Figure 1. Average scores for items included in the 5R questionnaire



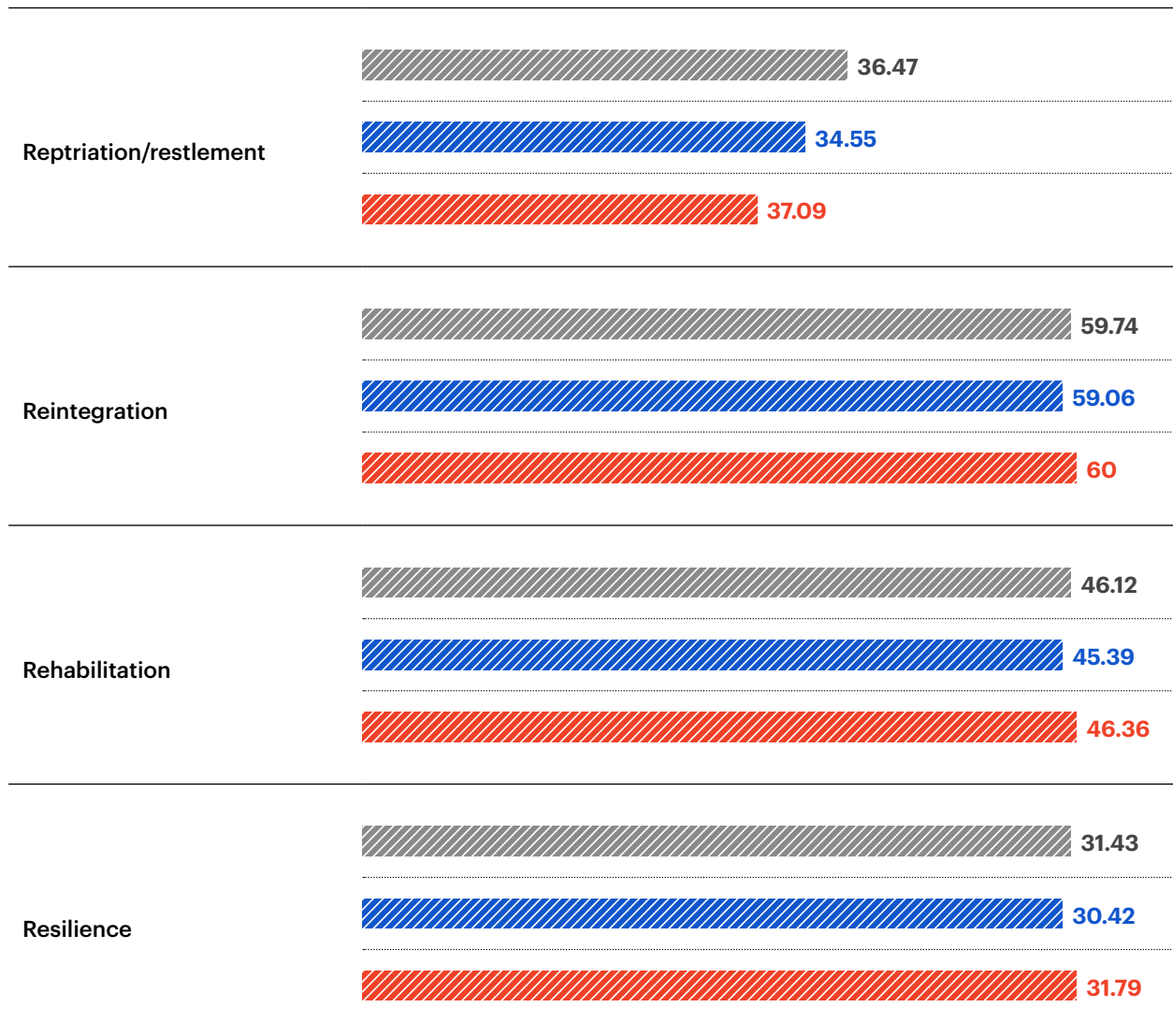
Based on the analysis of scores, there were no differences in mean scores between men ($M = 82.78$, $SD = 4.43$) and women ($M = 83.73$, $SD = 7.5$). This was indicated by a t value of 0.337 and a p value of 0.738. Figure 2 compares with the recommendation of the authors and their previous research, we created four separate scores attempting to get dimensions of repatriation/resettlement (ranging from 8 to 40), reintegration (ranging from 13 to 65), rehabilitation (ranging from 8 to 40) and resilience as outcomes (ranging from 7 to 35). Women tend to have slightly higher average scores with no significant differences.

The comparisons were made considering social characteristics, and none showed any noteworthy variations in the outcomes of the 5R questionnaire. Interestingly, there was a tendency for individuals who received training, had enrolled children in courses, or received grants (either personally or within their family) to have average scores. However, these differences did not reach significance. The significant differences were observed only for those living without spouses for a higher 5R total outcome indicating better adaptation.

Summary of the 5R quantitative findings:

Quantitative analysis of the 5R questionnaire showed no significant gender differences in mean scores. While certain trends were noted among individuals who received training or grants, these variances were not statistically significant. Separate scores for repatriation/resettlement, reintegration, rehabilitation, and resilience were developed, with women exhibiting slightly higher averages in these areas. Notably, individuals living without spouses showed better adaptation based on the total 5R outcome. Overall, high averages were observed across all four subscales, with the lowest scores recorded for emotional health, basic needs, and hope.

Figure 2. Gender differences in subscales of 5R outcomes



Qualitative findings from the interviews with the beneficiaries or returnees from Syria

The following section presents the findings with the interview with the beneficiaries or adults returnees from Syria and Iraq. The themes identified in the interviews are organized in the 5R theoretical framework. Annex 3 contains detailed information on the themes including the quotes from the interviews.

1 Repatriation and Resettlement:

- Citizenship-related processes for them and their children are completed quickly.
- Civil registration of children as the start of the process of reintegration.
- Establishing catch-up classes was beneficial for enrollment in schools and mainstream education.
- Anonymity offered to children in schools was seen as crucial.

2 Reintegration:

- Support from the Ministry of Internal Affairs (MIA) and other organizations is crucial in reintegration.
- Access to various health, legal, social, educational, and other services.
- Enrollment to schools of school children is crucial for reintegration.
- Extracurricular classes and courses for schoolchildren are seen as beneficial.
- Interviewees and beneficiaries reported relatively easy adjustment to 'new' social and cultural circumstances.
- Children and adults indicate both cultural and social reintegration to the Kosovar context.
- Support for rent in terms of accommodation was seen as very helpful.

- Receiving grants increased efforts aiming to start businesses for economic reintegration.
- Frequent talks with security representatives of MIA once arrived were seen as very burdensome.

3 Rehabilitation:

- Dealing with the legal process perceived as lengthy and sometimes unjust, especially for men who went through trial and imprisonment.
- Receiving mental health and health services for some was beneficial.
- Emphasis on religious education and practices by mothers, including the strong impact of mothers in the education process of the children.
- Some school children need supplementary classes.
- Stigmatization was reported among the beneficiaries on multiple occasions.
- Many express regrets for leaving Kosovo to Syria and some not.
- Many reports being disillusioned by social media before leaving.
- Religious values and practices are potential barriers to employment, especially for women.

4 Resilience:

- Prioritizing a welcoming school environment for children.
- Family support and acceptance are recurring themes.
- Feeling grateful for the support provided by institutions and organizations.

5 Common Mental Health Symptoms and Concerns

(Crosscutting across all 5Rs):

- Anxiety, stress, problems with sleep, worry, temper issues, irritability, doubts about daily living skills, trauma, and fear.
- Sense of resentment and disappointment toward public institutions for long sentences delivered by courts.
- Some interviewees reported unpleasant experiences in interaction with social services.
- Death/Absence of husband and other losses during the stay in Syria.

Qualitative findings from the interviews with the service providers and policy makers working directly with adults and children returned from Syria

Summary of findings from 26 interviews with service providers and policymakers who worked directly with individuals returned from Syria, organized within the 5R framework for clarity. Additional categories include dynamics prior to return influencing the decision for organized return and cross-cutting themes across different 5R categories.

1 Pre return dynamics

- The risk of moving to other conflict zones was recognized before the organized return and was a factor impacting Kosovo's approach to returning individuals from Syria.
- The risk of returning illegally to Kosovo was another factor impacting Kosovo's approach to returning individuals from Syria.

- International collaboration and the responsibility of Kosovo in counteracting DAESH were a factor impacting Kosovo's approach to returning individuals from Syria.
- Kosovo is considered as a humanitarian obligation to return its citizens from unfavorable situations and provide them a second chance.

Summary of the pre return dynamics:

Kosovo's organized return of citizens from Syria was guided by security and humanitarian considerations and a commitment to international security responsibilities, with substantial support from international partners, notably the United States.

2 Repatriation and Resettlement:

- Public opinion has softened from being against return to being more understanding towards the returnees.
- Kosovo's experience with returned foreign fighters and family members was an experiment and bold movement.
- Kosovo was an exemption in taking back its citizens from Syria.
- Coordination improved with the establishment of DPR.
- All activities with the returned families were conducted in solid coordination with DPR.
- There were expectations from the security authorities that some of the citizens who left for Syria would return.
- Enabling quick civil registrations, which generally take years.
- Organization of the enrollment of returned children to schools was a priority.

- The emergency phase was successfully completed due to multidisciplinary efforts.
- Providing basic packages of food and hygienic materials was seen as helpful.
- Acceptance from returnees' families greatly helped the process of repatriation and resettlement.
- The provision of grants was helpful to the returnees.
- Addressing radicalization in the prison system was a challenge.
- Returned women with children were a more vulnerable subgroup.
- The deradicalization dimension is complex, and there is a need for more collaboration with religious institutions.
- Community and family support for the returnees were crucial.
- Resistance and stigma from the school parents' council were present.
- Service providers reported positive changes in behavior and adaptation of returned children.
- The school psychologists needed to prepare to work with returned children.
- Some of the educational gaps were bridged with extracurricular courses.

Summary of the repatriation and resettlement themes:

Public opinion shifted in favor of the return, unique to Kosovo's approach. Establishing the DPR aided overall coordination, facilitating expedited registration, effective school enrollment, and provision of necessities and financial grants.

3 Reintegration:

- The approach in which the government transparently informed the returnees about its policies and procedures significantly enhanced the position and effectiveness of governmental institutions.
- The future policy approach is to decentralize municipalities' capacities to address cases with radicalization risk and plan rehabilitation. One of the options is adapting the UK Exit program for rehabilitation of radicalized individuals.
- Psychiatrists and other professionals observed multiple mental health, emotional, and learning challenges.
- Parental integration and deradicalization is key to schoolchildren integration.
- Children initially resisted school activities (national holidays, specific themes such as singing, birthday celebrations, New Year, etc.).
- Lack of opportunity to conduct clinical assessment of children by mental health professionals.
- A dedicated psychiatrist from MoH visited almost all families and their members and was very engaged with them which was confirmed by beneficiaries.
- Overall, the children are well integrated in school settings.
- There is a need for continuous work with returned children.
- Constant contact with families is an essential strategy of MIA in maintaining good relationships with returnees.
- Parental integration and deradicalization are critical to schoolchildren's integration.
- Training provided to teachers by NGOs and MIA was helpful in their work with returned children.
- The teacher hired for the catch-up class gained the children's and parents' trust.
- Variability of attending classes among children is a risk factor for dropout and low school engagement.
- Some women had no interest in getting employed or working; on the contrary, men were interested in work.

- Establishment of catch-up or providing extra support with classes for children with school difficulties.
- Permanent housing remains a challenge for many returnees.

Summary of the reintegration themes:

Returnees had clear expectations regarding the return process. Future efforts should prioritize enhancing municipal/local authority capacities for deradicalization and rehabilitation. Challenges included schoolchildren's occasional resistance to education, ongoing engagement with children's needs, addressing religious influences on behavior, and addressing the stigma faced by returnees from Syria.

4 Rehabilitation:

- Kosovo's policy approach focuses on disengagement rather than deradicalization.
- Mental health issues among returned male from Syria were present in prison system.
- The delicate position of mental health professionals in the prison system.
- Women were not imprisoned upon return due to a lack of institutional capacities to take care of the children and, therefore, positively discriminated against men.
- Treatment of mental health issues applying primarily cognitive behavioral therapy in prison system, whereas in community no specific structured approach.
- There is a strong maternal influence on religious convictions.
- Challenges in a low level of knowledge on religion and radicalization-related matters among professionals and service providers.
- The deradicalization dimension is complex, and there is a need for more collaboration with religious institutions.
- Initially, parents resisted training such as on parenting and other skills.
- Religious influence and convictions impacted some behavioral issues among schoolchildren.
- Grouping radicalized inmates in a single unit in prison was seen as challenging and an approach to prevent further their influence.
- Lack of flow of information from health services within the prison system to probation services.
- Mental health professionals mainly visited children and adolescents once or twice and this is assessed as a barrier in treating them properly.
- Challenges among teachers and school administrators in working with indoctrinated schoolchildren due to lack of training.
- Managing evolving challenges of the returnees and future uncertainties need to be addressed through future interventions.
- Returned children and adolescents are seen as vulnerable, thus there is a great need to work on prevention rather than only on R&R
- Mothers strongly impact overall educational adjustment and integration of schoolchildren in schools.
- No criminal charges against the returnees are considered as an indicator of success of their reintegration and rehabilitation.

Summary of the rehabilitation themes:

The policy approach with returnees prioritized disengagement over ideological deradicalization. Rehabilitation efforts focused on addressing mental health, including support within and outside of prison. Service providers expressed a lack of expertise in religion and radicalization, highlighting the need for improved collaboration with religious institutions. Better coordination among stakeholders in the field was also deemed necessary. Teachers and school administrators faced challenges with radicalized students, not limited to those returning from Syria. Future interventions should adapt to the evolving needs and challenges of returning children in Kosovo.

Summary of the Resilience themes:

Partners' achievements, interventions at various levels, and nurturing school environments contributed significantly to fostering resilience. Community and family support also played vital roles in these efforts.

5 Resilience:

- Sense of pride with the outcomes of the endeavors from multiple partners and service providers.
- The organizations provided multilevel interventions to returned individuals and family members.
- Prioritizing a welcoming school environment for children.
- Need for specialized support and engagement with parents in the future.
- Safe, (non)stigmatizing environment as an enabling element in the reintegration process of the returnees.

6 General Themes Spanning Multiple Rs:

Initial Challenges Faced by Returnees:

- Presence of mental health issues among the returnees.
- Concerns over neglectful parenting among trauma-affected mothers.
- Challenging mother and child relationships among single mothers reported.
- Some mothers indicated a lack of emotional empathy upon return.
- The practice of multiple marriages by women was continued from Syria in Kosovo.
- Communication difficulties with some individual mothers of returned children in the beginning.

Policy Approaches and System Responses:

- Another policy approach was working with individuals, their families, and host communities.
- Treatment of mental health issues applying primarily cognitive behavioral therapy (CBT) approach.
- Kosovo's prison system has solid experience in dealing with extremist prisoners.
- Prioritization of the needs of the returned citizens by the relevant authorities was seen as helpful.

Support and Learning from Experience:

- The support from the international community and donors was essential to success.
- MIA needs to be more open from now on in accessing these families.
- Kosovo's experience in addressing the returnee's needs from Syria is "duke parë duke bërë," which is "learning by doing" or "learning through practice."
- Child paternity and family dynamics among returnees might be a source of issues and problems in the future.
- Lack of documentation of the work done as a weakness.

Summary of the themes spanning across 5R's:

Themes encompassed initial challenges such as mental health issues and specific maternal challenges, particularly in communicating with children, especially among single mothers. The second category focused on systemic approaches, emphasizing working with families and communities rather than solely with individuals returning. It concluded that Kosovo's experience with radicalized individuals in prisons offers valuable insights. The third category highlighted lessons learned, suggesting that documentation could have been improved, with Kosovo's approach being characterized as "learning by doing." Looking ahead, two main themes emerged: the need for less restrictive access by organizations to families by the MIA and considerations regarding potential paternity issues concerning children.

Depression related outcomes

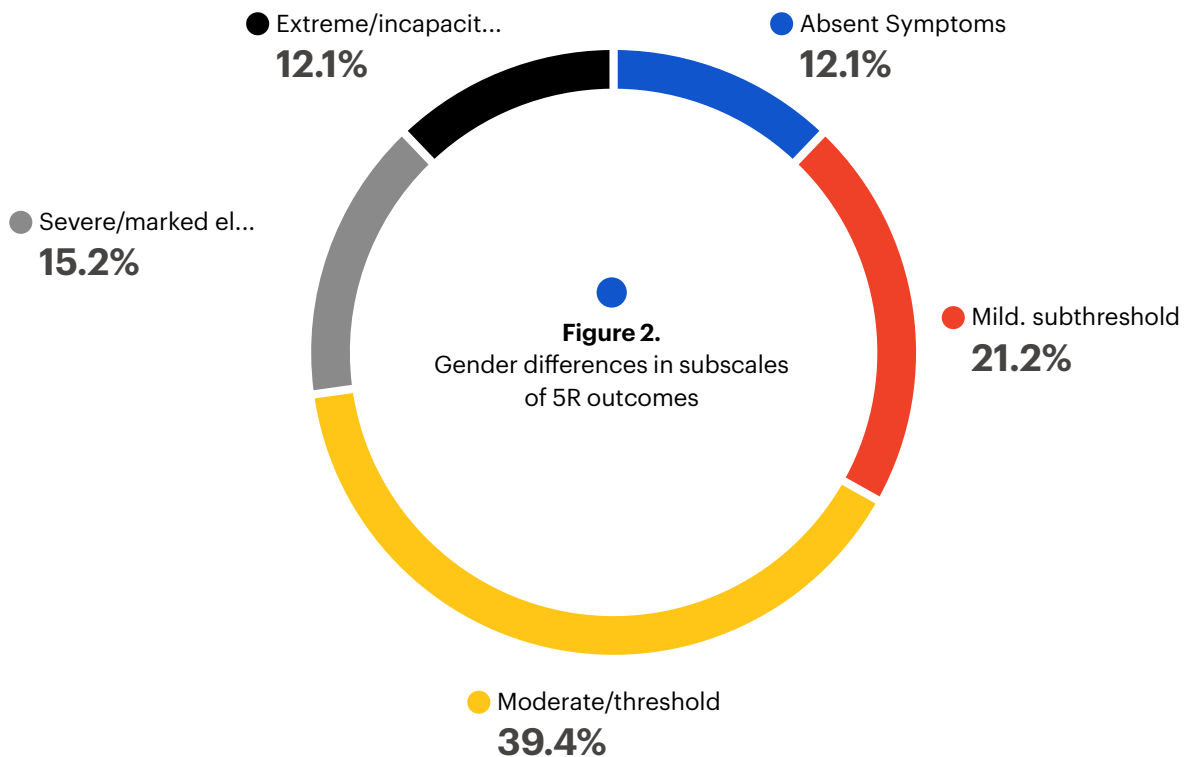
Our study's analysis of the Patient Health Questionnaire-9 (PHQ-9) scores reveals valuable insights into the prevalence and severity of depressive symptoms among participants. Notably, 60.6% (20 individuals) exhibited none to minimal symptoms (scores 0-4), while 33.3% (11 individuals) showed mild symptoms (scores 5-9), with no instances of moderate or severe depression recorded. The overall scores ranged from 0 to 14, with an average of $M=3.43$ and $SD=3.54$, indicating generally low severity of depressive symptoms. Women ($n=24$) scored slightly higher on average ($M = 4.2$, $SD = 3.48$) compared to men ($M = 1.12$, $SD = 2.80$), with a statistically significant difference ($t=-2.26$, $p=.031$). Various socioeconomic factors, such as employment status, receipt of social services, and marital status, were explored for their impact on PHQ-9 scores. While trends indicated lower scores among those receiving support, only employment status showed a significant difference. Additionally, living with a spouse or partner was found to be a protective factor, associated with lower depression scores compared to living without a spouse or partner. These findings highlight the complex interplay between individual characteristics and socioeconomic factors in determining mental health outcomes measured by the PHQ-9.

Depression related outcomes summary:

Our analysis of PHQ-9 scores shows varying levels of depressive symptoms, with 60.6% reporting minimal symptoms and 33.3% showing mild symptoms. Women scored higher than men on average, indicating significant gender differences. Socioeconomic factors like employment and marital status influenced depression levels, with supportive measures such as training and grants linked to lower scores.

PTSD outcomes

In our PTSD analysis, 31 of 32 respondents reported experiencing trauma, with symptoms ranging from moderate (39.4%) to extreme (12.1%), and 12.1% showing no symptoms. No significant gender differences in PTSD scores were found. A total of 87.9% exhibited symptoms from moderate to extreme, underlining the urgent need for psychiatric and psychological support, as supported by earlier qualitative findings. The study also explored the relationship between PTSD and socio-economic factors like employment, access to services, and living arrangements. Living with a partner was linked to higher PTSD scores, but other factors showed no consistent correlation.



However, individuals who underwent training, had children participate in courses, or received grants tended to report lower PTSD levels, although these differences were not significant. This suggests a more nuanced relationship between socio-economic factors and PTSD symptoms compared to depression scores, emphasizing the need for a comprehensive understanding of how support systems impact health outcomes, particularly concerning PTSD.

PTSD related outcomes summary:

PTSD Symptom Prevalence: A vast majority (87.9%) exhibited PTSD symptoms ranging from moderate to extreme, with 15% experiencing severe symptoms and 12% having extreme symptoms. **Gender Disparity:** No notable differences were observed in average PTSD scores between men and women. **Living Arrangements:** Cohabitation with a spouse or partner does not seem to mitigate PTSD symptoms. **Socioeconomic Factors:** While there's a trend suggesting a decrease in PTSD symptoms with factors like employment, housing, and training, these differences are not statistically significant, indicating complex relationships. **Influence of Support Measures:** Although socioeconomic factors may influence PTSD symptoms, their effects vary across individuals and are not statistically significant.

Qualitative findings on mental health related issues as described by the adult returnees

Common Mental Health Symptoms. The interviewed adults highlighted several common mental health concerns, including anxiety, stress, sleep problems, worry, temper issues, irritability, doubts about daily living skills, trauma, and fear. These findings, summarized from the interviewers' notes due to the lack of recorded interviews, offer insights into returnees' emotional and behavioral challenges.

Anxiety, stress and insomnia were reported as symptoms: *"It shows that there are additional problems, and she has had additional issues with anxiety, stress, and insomnia."*

*"She reported **sleep disturbances** that also led to bodily problems. She prepared herself mentally for any outcome in Syria, indicating a **strong religious belief impacting her mental resilience.**"*

Anger was reported especially due to the long period that court trials took: *"The interviewee exhibited significant anger stemming from a perceived sense of injustice, particularly with the actions of Kosovo's courts and institutions."*

Resentment: *"Expresses a sense of injustice and resentment when talking about public institutions, especially the courts. And as he refers to the past regime, possibly distinguishing it from what he calls the current regime, he uses the term 'regimes.'"*

Mental fatigue, mourning, and doubt about daily living skills: *“Experienced psychological fatigue. Doubt about cognitive abilities. Intrusive thoughts, such as ‘can I manage alone,’ ‘can I take care of the girls.’ After returning, she stayed closed in the room for a while and cried for her husband.”*

Impulsivity: *“The individual recounts enduring psychological stress and aggression during his time in Syria and in prison, describing an encounter with an aggressive person who caused him serious injury. This experience left him with lasting physical damage and unaddressed trauma.”*

Trauma and avoidance to speak about traumatic experiences: *“He finds discussing his past in the conflict zone challenging, yet revisits these memories, describing the period as extremely traumatic and stating he still feels its impacts.”*

“He expressed a deep-seated reluctance to discuss the harrowing massacres he witnessed in Syria, indicative of traumatic experiences impacting his mental health.”

Fear of something bad might happen: *“He mentions very often that he had a lot of fear in Syria. The fear continued even when he came to Kosovo, so when it was necessary, it was very difficult for him to register his son in school because he was afraid that something might happen.”*

Disappointment: *“In general, the person characterizes the interview with a sense of dissatisfaction, with anger, in relation to what he calls the past disappointments.”*

Mental health strain related to income and financial struggles: *“As the sole provider, juggling work while dealing with personal and family health issues is a significant source of stress and mental strain for him.”*

“Now expecting a child and married, faces financial challenges and has to close his business due to lack of circulation, indicating ongoing stressors in his life.”

Death/Absence of husband was mentioned by returned women as a determinant factor for their family dynamics, raising children with difficulties and stress and overall challenging reintegration process: *“In the conflict zone, she lived with his husband for two and a half years, and for the same period without him, as he is deceased. Life without a husband is very difficult. Initially, for a while, she could not move from the husband’s house due to the memories he had.”*

Potential complicated grief as result of other losses during the stay in Syria: *“A woman reported losing a son in Syria which was devastating for her.”*

Quantitative findings of adult returnee mental health outcomes in relation to assessment of 5R framework questionnaire

The analysis revealed a significant negative correlation ($-.41^*$) between depression symptoms and the overall 5R score, indicating fewer depressive symptoms are associated with better health perception across reintegration domains. Depression symptoms specifically showed negative correlations with Reintegration ($-.371^*$), Resilience ($-.343^*$), and Rehabilitation ($-.408^*$), underlining the link between lower depression and progress in these areas. PTSD scores, however, did not show a correlation with 5R components. Positive correlations between each 5R element and the total score (coefficients ranging from $.870^{**}$ to $.989^{**}$) and high intercorrelations among 5R components (ranging from $.851^{**}$ to $.989^{**}$) emphasize the cohesive and interconnected nature of reintegration, highlighting the complex relationship between well-being and reintegration into society.

Table 2. Correlations between mental health outcomes of depression and PTSD and subscales of 5R measure

	PHQ	PTSD	5R Total	Repatriation & resettlement	Reintegration	Rehabilitation	Resilience
PHQ		.119	-.41*	-.169	-.371*	-.408*	-.343*
PTSD			-.184	-.098	-.135	-.206	-.145
5R Total				.870**	.984**	.958**	.941**
Repatriation & resettlement					.876**	.851**	.876**
Reintegration						.963**	.962**
Rehabilitation							.989**

**Correlation is significant at the 0.01 level (2-tailed).

* Correlation is significant at the 0.05 level (2-tailed).

The highest correlation results between mental health scales and the 4R scale are observed for Rehabilitation and PHQ (-.408*) and Rehabilitation

and PTSD (-.206*). These findings indicate the crucial role of the reintegration process in influencing mental health outcomes.

Summary of interaction of 5R with adult returnee mental health outcomes:

Negative Correlation with PHQ: A significant negative correlation (-.41*) is found between the 5R total score and PHQ outcomes, suggesting that better reintegration, rehabilitation, and resilience are associated with lower depressive symptoms. Although PTSD scores did not show significant correlations with the 5R components, the Rehabilitation domain exhibited the strongest correlations with both PHQ (-.408*) and PTSD (-.206), highlighting its pivotal role in the reintegration process.

Quantitative findings related to children and adolescent mental health of the returnee children.

Table 3 presents the sample of children between the ages of 5 and 17, with an age of 9.04 years and a standard deviation of 3.14 years. Regarding gender distribution, there is a skew towards girls in the sample, accounting for 56.5% (39), while boys make up 43.5% (30). A significant majority of the children in the sam-

ple, amounting to 89.9% (62), do not live with their fathers. Only a small fraction, 8.7% (6), resides with their fathers. The reasons for not living with their fathers vary; the passing away of the father accounts for 55.1% (38), while being in prison is the reason for another 31.9% (22). Other factors include not living together as parents at a rate of 2.9% (2) remarriage by the mother at a rate of 1.4% (1) and divorce at another rate of 1.4%. Additionally, there are cases where information about why they don't live with their father is either not provided or missing altogether, accounting for 7.2% (5).

Table 3 - Demographic characteristics of children

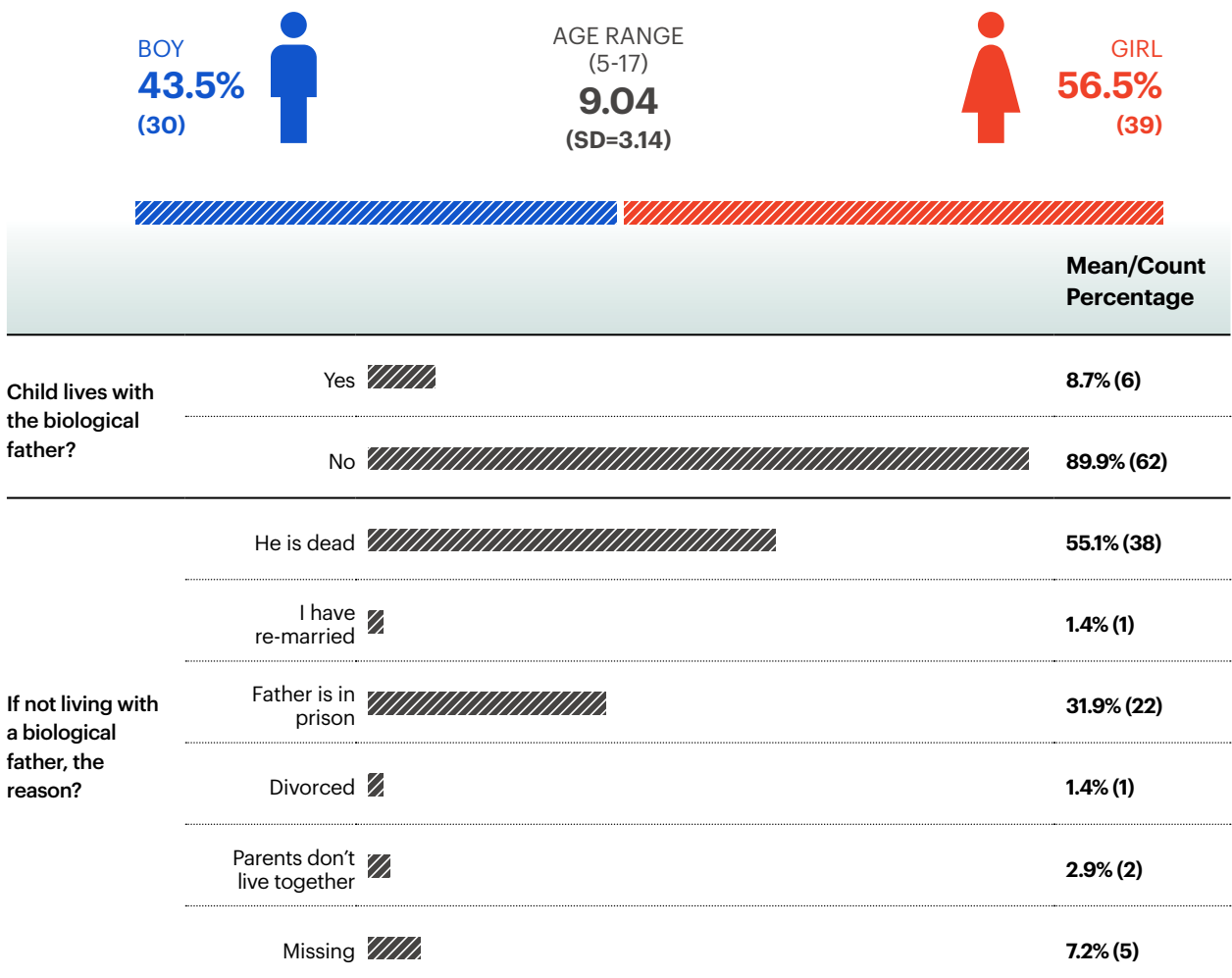


Table 4 below presents the average scores of the total SDQ and its subscales for the current sample, including categorizations of the scores. Based on the SDQ scores, the findings indicate that peer problems pose a risk, with 17.4% (12) at risk and 13% (9) facing clinical issues. Following that, conduct problems show concerns affecting 14.5% (10) and potentially causing

clinically relevant problems for 8.7% (6). Hyperactivity poses a risk for 13% (9), and 7.2% (5) may face issues. Emotional problems are worrisome for 13% (9) at risk. Affecting 8.7% (6). Lastly, regarding SDQ scores, 11.6% are at risk, while 4.3% (3) may have clinically significant concerns.

Table 4. Prevalence of mental health challenges in children: A breakdown of SDQ scores and risk categories

	Emotional symptoms	Conduct problems	Hyperactivity	Peer problems	Total SDQ
M (SD)	2.21 (2.20)	1.7 (1.50)	3.26 (2.19)	2.00 (1.53)	9.17 (5.26)
Problems in this area are unlikely	73.9% (51)	76.8% (53)	79.7% (55)	69.6% (48)	84.1% (58)
May reflect clinically significant problems	8.7% (6)	8.7% (6)	7.2% (5)	13% (9)	4.3% (3)
There is a substantial risk of clinically significant problems in this area	13% (9)	14.5% (10)	13% (9)	17.4% (12)	11.6% (8)

Summary of the mental health outcomes of children returnees from Syria and Iraq as report by their parents:

The sample included children aged 5-17, with a higher proportion of girls (56.5%); A significant majority (89.9%) do not live with their fathers due to various reasons, including death (55.1%) and imprisonment (31.9%); **Peer Problems:** 17.4% at risk and 13% facing clinical issues; **Conduct Problems:** 14.5% show concerns, 8.7% potentially clinical; **Hyperactivity:** 13% at risk, 7.2% may face issues; **Emotional Symptoms:** 13% at risk, 8.7% potentially clinical; **Total SDQ:** 11.6% at risk, 4.3% may have significant problems; Parents' observations reveal a spectrum of behaviors in children, from obedience and politeness to introversion and emotional challenges, often related to their fathers.

Qualitative findings from the interviews with the mental health professional in contact with children returnees

We interviewed two child and adolescent psychiatrists providing services primarily to children and adolescents. The analysis of findings offered the following findings in terms of their observation of returnees and challenges faced when providing services to children and adults.

They mainly visited children and adolescents once or twice - The psychiatrist pointed out that they visited the returned children and adolescents up to a maximum of three times, and there was no continuity of care from their side. Another psychiatrist was working more closely with MIA, who was in constant contact with the families and the children's needs. Also, this gap, probably by psychiatrists, was addressed through different activities by NGOs and school activities that helped children and adolescents to adapt and cope with eventual mental health problems: *"We visited them once, twice, or three times maximally. It's not that we had some treatment offered."* *"NGOs provided services, and schools worked for their school integration, which helped them to recuperate and adapt to families where they lived."*

Lack of opportunity to conduct clinical assessment - Due to the limited interaction, they could not assess the main complaints or issues: *"It's not that we had a clear understanding of their mental health needs or how they coped with those difficulties."*

Mental health, emotional, and learning challenges as observed by psychiatrists - the conclusion is mainly based on their observations in-home visits while interacting with children and their caretakers: *"From drawings of children from play therapy, you could easily conclude that children had acute traumatic reactions."*

"A child who was four years old was present when her mother died. The child asks for his mom in the evenings and expects her to return. Occasionally, he is aggressive toward others who come to his home and others. We didn't have a chance to follow this case anymore."

"In our observations, it's not that we have observed acute trauma reactions, which doesn't necessarily mean they lack those."

"One of the returned siblings out of three has learning difficulties in school.....this might be because we have observed that children were not exposed to clear boundaries in terms of behavior by the caretakers (not parents)."

Importance of community and family support - They observed that community and family support was present for returned children, and by them, this was crucial for their reintegration: *"They had support including teachers... and all this had positive effects."*

Challenges on knowledge of religion and radicalization - The psychiatrists said that they felt insecure about how to approach topics and subjects related to faith, religion, and radicalization. **Lack of work process documentation** - Psychiatrists and other service providers declare that there is a lack of documentation of the work done, in general there is a lack of documentation mechanism in place: *"...but also for the lessons learned, we must rely on the documentation that was made by the professionals. This is also one of the shortcomings of the system, we accept it as such, but it should not be and it can, let's say it can be improved even now."*

Lack of psychological assessment - mental health professionals point out the need to work as a team, working simultaneously with psychiatrists and psychologists starting from assessment: *"Psychological assessment It was missing. We should have worked simultaneously with psychologists."*

Summary of the findings from interviews with child and adolescent psychiatrists working with returnee children:

Key findings from the study on child and adolescent psychiatry services for returnees reveal limited psychiatrist visits for children, lack of continuous care, and reliance on NGOs and schools for support. Psychiatrists encountered challenges in conducting thorough assessments and addressing complex issues such as trauma, emotional difficulties, and religious and radicalization concerns. Gaps in systematic documentation and comprehensive psychological assessments were identified. Community and family support were emphasized as crucial for the reintegration of returned children.

Quantitative findings of analyzing parental and adolescent mental health outcomes including risk and protective factors for adolescent mental health

In the parental assessment, correlations between PHQ-9, PTSD, and children's outcomes were examined. A positive correlation was found between parental PHQ scores and children's conduct problems ($r = .360^{**}$, $p = .006$), along with a negative correlation with the overall SDQ score ($r = -.325^*$, $p = .015$), indicating that parents with health issues may see increased conduct problems in their children. Parental PTSD scores showed correlations with children's hyperactivity ($r = .291^*$, $p = .030$) and peer relationship problems ($r = .271^*$, $p = .043$). Regarding Reintegration, significant correlations were found with children's emotional symptoms ($r = .369^{**}$, $p = .005$), conduct problems ($r = .372^{**}$, $p = .005$), and total SDQ score ($r = .419^{**}$, $p = .001$), as well as with peer problems ($r = .289^*$, $p = .031$) and prosocial behavior ($r = .538^{**}$, $p < .001$). In terms of Rehabilitation, parental scores correlated with children's emotional symptoms ($r = .402^{**}$, $p =$

$.002$), conduct problems ($r = .353^{**}$, $p = .008$), and peer problems ($r = .306^*$, $p = .022$). Similar patterns were observed for Resilience, with negative correlations with emotional symptoms ($r =$

$.389^{**}$, $p = .003$), conduct problems ($r = .330^*$, $p = .013$), and peer problems ($r = .327^*$, $p = .014$), and positive correlations with prosocial behavior ($r = .497^{**}$, $p < .001$) and total SDQ score ($r =$

$.429^{**}$, $p = .001$). Finally, the overall 5R score showed negative correlations with emotional symptoms ($r = .357^{**}$, $p = .007$), conduct problems ($r = .342^{**}$, $p = .010$), and peer problems ($r =$

$.272^*$, $p = .042$), as well as a positive correlation with prosocial behavior ($r = .504^{**}$, $p < .001$) and a negative correlation with the total SDQ score ($r = .381^{**}$, $p = .004$).

Table 5. Correlations Between Parental PHQ, PTSD, 5R Outcomes, and Children's Strengths and Difficulties Questionnaire (SDQ) Scores

	Parental outcomes						Children outcomes					
	PHQ	PTS D	Repatriation/ resettlement	Reintegration	Rehabilitation	Resilience	Total 5R	SDQ- emotional	SDQ conduct	SDQ- hyperactivity	SDQ- peer problems	Prosocial behavior
PHQ	.041	-.016	-.190	-.182	-.119	-.140	.103	.360**	.224	.055	-.211	.325*
PTSD		-.200	-.059	-.142	-.067	-.115	-.035	.074	-.291*	-.271*	.027	-.229
Repatriation /resettlement			.848**	.837*	.838*	.904**	-.192	-.246	.133	-.102	.391*	-.150
Reintegration				.965**	.963*	.983**	-.369	-.372	-.085	-.289**	.538*	-.419
Reintegration					.988*	.985**	-.402	-.353**	-.084	-.306**	.497*	-.428
Resilience						.985**	-.389**	-.330*	-.085	-.327*	.497*	.429**
Total 5R								-.342**	-.041	-.272*	.504*	.381**
SDQ- emotional									.303*	.366**	-.183	.703**
SDQ conduct										.176	-.214	.616**
SDQ- hyperactivity											-.106	.694**
SDQ-peer problems												.269*

* significant at the 0.01 level

** significant at the 0.05 level

Summary of correlation between parental and children outcomes:

The study found correlations between parental mental health (PHQ-9 and PTSD scores) and children's behavior (SDQ scores). Specifically, higher PHQ scores in parents are linked to more conduct problems in children. Parental PTSD is associated with children's hyperactivity and peer relationship problems. Additionally, parent-child interactions in areas like Reintegration, Rehabilitation, and Resilience also correlate with various aspects of children's mental health. Notably, Reintegration and Rehabilitation positively correlate with emotional and conduct problems, while Resilience has a negative correlation, indicating a potential protective effect.

Linear regression models were employed to analyze SDQ outcomes, including emotional subscale, conduct problems, hyperactivity, peer problems, and total SDQ (excluding prosocial behavior), predicted by parental factors such as receiving social assistance, parent training, grants received, child living with biological father, parental depression, parental PTSD, and total 5R outcome. The results are summarized in Table 6. The analysis included 54 participants living with at least one biological parent. The regression model for the emotional subscale was statistically significant ($F(8, 46) = 2.186, p = .046$), explaining 27.5% of the variance. Predictors included living with the biological father ($\beta = -.376, p = .048$), total PTSD symptoms ($\beta = -.364, p = .030$), and total 5R score ($\beta = -.519, p = .002$). Not living with a biological father showed marginal significance. Multicollinearity statistics ranged from 1.30 for PHQ scores to 2.21 for receiving training upon return. Similarly, the model for the Conduct Problem Scale was significant ($F(8, 46) = 2.388, p = .030$), explaining 29.4% of the variance. The 5R score emerged as an important predictor ($\beta = -.386, p = .016$), indicating a negative association with conduct problems. Other variables did not show substantial predictive value. Multicollinearity statistics ranged from 1.27 for PHQ scores to 2.12 for receiving training upon return. However, the regression analysis for the Hyperactivity Scale did not yield a significant model ($F(8, 46) = 1.442,$

$p = .205$), explaining 20.1% of the variance. In the regression analysis, only total PTSD symptoms showed significance, negatively associated with hyperactivity scores ($\beta = -.430, p = .015$). The model significantly predicted scores for the Peer Problem Scale ($F(8, 46) = 3.543, p = .003$), explaining 38.1% of the variance. Significant predictors included total PTSD symptoms ($\beta = -.590, p < .001$), total 5R score ($\beta = -.482, p = .002$), receipt of a business grant post-return ($\beta = .364, p = .017$), and living with the biological father ($\beta = -.544, p = .003$). Regarding the Total SDQ score, the regression model was significant ($F(8, 46) = 5.163, p < .001$), explaining 47.3% of the variance. Significant predictors were total PTSD symptoms ($\beta = -.600, p < .001$), total 5R score ($\beta = -.560, p < .001$), living with the biological father ($\beta = -.470, p = .005$), receipt of a business grant post-return ($\beta = .404, p = .005$), and PHQ total score ($\beta = .267, p = .032$). Finally, for the Prosocial Scale, the model significantly predicted scores ($F(8, 46) = 2.602, p = .020$), accounting for 31.2% of the variance. The total 5R score emerged as a significant positive predictor ($\beta = .431, p = .007$).

Table 6. Regression models for SDQ outcomes and demographic variables including parental mental health outcomes and 5R total score

	Emotional SDQ		Conduct SDQ		Hyperactivity SDQ		Peer problems SDQ		SDQ total		Prosocial behavior SDQ	
	β	p	β	p	β	p	β	p	β	p	β	p
Receiving social assistance	-.172	.680	-.715	.446	.269	.843	.071	.939	-2.16	.407	.399	.753
Parent received trainings	-.362	.222	-.892	.180	.139	.894	.164	.802	-1.55	.396	-.871	.332
Children received courses	.363	.106	.316	.069	.532	.501	-.287	.560	1.825	.188	.141	.834
Received grants	.445	.054	.685	.181	.752	.354	1.24	.017	4.173	.005	.429	.534
Does child live with biological father	-.671	.048	-.566	.449	-1.16	.328	-2.24	.003	-6.12	.005	-.329	.744
PHQ	.004	.883	.118	.065	.165	.117	.032	.618	.399	.032	-.120	.179
PTSD	-.157	.030	-.146	.357	-.633	.015	-.616	.001	-1.89	.001	-.007	.975
5R scores	-.020	.002	-.033	.016	-.010	.628	-.044	.002	-.154	.001	.051	.007
Model info	F(8, 46) = 2.186, p = .046; R ² = .275, adjusted R ² of .149		F(8, 46) = 2.388, p = .030; R ² = .294, adjusted R ² of .171		F(8, 46) = 1.442, p = .205; R ² = .200, adjusted R ² of .061		F(8, 46) = 3.543, p = .003; R ² = .381, Adjusted R ² of .274		F(8, 46) = 3.543, p = .003, R ² = .473, Adjusted R ² of .381		F(8, 46) = 2.602, p = .020, R ² = .312, Adjusted R ² of .192	

Summary of the regression models for the children mental health outcomes:

Emotional and Conduct Problems in children are significantly influenced by factors like not living with a biological father and total PTSD symptoms of parents; Parental PTSD symptoms notably predict hyperactivity scores; Peer problems are linked to PTSD symptoms of parents, the 5R score, and whether the child lives with the biological father. The Total SDQ score is significantly influenced by factors including PTSD symptoms of a parent, the 5R score, and living with the birth father. The 5R score positively predicts prosocial behavior. The parental PTSD symptoms appear to heavily influence some of the children's mental health outcomes.

Conclusions & Recommendations

In the conclusion section, we will lay out the conclusion in terms of 1) 5R outcomes for a more organized understanding of the findings and process and 2) Mental health related outcomes and associated risk and protective factors including recommendations considering the findings for both sections.

Conclusions from the 5R perspective

Kosovo's experience of returning foreign fighters and their family members, including women and children from Syria and Iraq, is a unique systematic endeavor that is worthwhile to analyze years after many efforts have been made in the reintegration and rehabilitation. Kosovo has demonstrated its commitment to addressing security concerns by adjusting policies and service structures, including establishing the DPR and enacting laws prohibiting participation in foreign conflicts, thus bolstering its standing in the international community. Initial findings indicate that Kosovo's public services and civil society organizations made substantial efforts to repatriate and offer comprehensive services to returnees. However, international support, particularly financial aid, and collaboration with global and national civil society organizations, played a crucial role in facilitating this process. Coordination by the MIA and the DPR office was deemed effective by many stakeholders. Returnees were briefed on legal procedures and available support beforehand, contributing to clear expectations from the repatriation process.

Multidisciplinary efforts facilitated initial support completion, including essential services like registration, citizenship, accommodation aid, and basic needs provisioning, fostering trust between returnees and relevant stakeholders. This collaboration significantly contributed to successful **repatriation and resettlement**, as beneficiaries and service providers reported. Single mothers and their children received prioritized assistance due to their heightened vulnerability. Quantitative findings from the 5R questionnaire revealed lower satisfaction with emotional well-being and fulfillment of basic needs among returnees. Stakeholders ensured physical, legal, and maternal safety, facilitating outcomes such as citizenship and accommodation provision. Returnees benefited from a non-stigmatizing school environment, easing their transition back into society.

Reintegration support, partly facilitated by repatriation and resettlement processes, was bolstered by family and community assistance, including school enrollment for children. However, occasional experiences of stigmatization and religious barriers, particularly for women in the labor market, were noted. Strategies accommodating cultural and religious values while promoting employment opportunities should be explored. Behavioral and adaptation challenges among returned children contributed to reintegration complexities. Supported by projects and community initiatives, core components of economic, social, and civic integration were observed among returnees, positively impacting mental health for adults and children.

The **rehabilitation** approach focused on disengagement rather than ideological deradicalization in Kosovo. Mental health professionals addressed mental health rehabilitation, of both adult and children, including ideological matters. Challenges arose in handling faith, religion, and radicalization issues, highlighting a gap in knowledge and training of service providers in general. Male returnees served sentences in separate prison wings without significant complaints, aside from some expressing resentment over long sentences. Overall, policymakers deemed the returnees' lack of serious criminal offenses successful.

Catch-up and separate classes in schools facilitated children's gradual integration into school settings. Extracurricular activities and courses helped address educational gaps for returned children. Educators noted children's adaptation to school but expressed concerns about absenteeism, posing a risk for dropout. Some students resisted nonreligious holiday activities, reflecting potential cultural and religious sensitivities affecting engagement. Mothers played a significant role in religious education, supplementing formal schooling. Most of the returned children may still require additional classes to meet their educational needs in the future. Enhancements to the EXIT UK program for rehabilitating radicalized individuals should align with community capacities in municipalities.

Resilience themes underscored the importance of educational, family, and institutional support in fostering resilience among returnees. Supportive family and community environments, alongside welcoming schools, bolstered resilience and facilitated adaptation to new circumstances. Returnees expressed gratitude for the support received from public institutions and organizations, highlighting its positive impact on their well-being and integration. Service providers took pride in addressing returnees' complex needs, demonstrating satisfaction in their efforts.

Kosovo has developed a robust rehabilitation framework for individuals returning from conflict zones within the penal system and the community. Supported by international donors and local NGOs, the government systematically assisted returnees with a centralized approach through the Ministry of Internal Affairs (MIA). This balanced approach addressed security concerns while meeting the needs and priorities of beneficiaries. However, there is room for improvement in documenting interventions for returned individuals from Syria to enhance the effectiveness of future interventions. For the future, there is a need for more clarity on how Kosovo will address future cases of radicalization within the country.

In terms of the future, two themes appeared; one is that MIA needs to be less controlling on access to families by organizations who want to support them and take into consideration the child paternity issues that might be raised as issues later.

To enhance reintegration and support the rehabilitation process for returnees from conflict zones, several recommendations are proposed:

Establish a structured program for rehabilitating radicalized individuals in Kosovo, emphasizing a multidisciplinary approach and effective communication among service providers. **Conduct a needs assessment at the municipal level** to identify capacities and gaps in delivering services for rehabilitation programs, potentially adapting initiatives like the EXIT UK program.

Consider transferring returned individuals to municipal teams for follow-up and support, leveraging local expertise and experience.

Provide ongoing economic integration support through grants and vocational training tailored to returnees' needs, mainly focusing on flexible work arrangements respecting religious beliefs, especially for women.

Prioritize single mothers and their children due to their heightened vulnerability, addressing their specific needs in reintegration programs.

Ensure continuous support for the education needs of returned children and adolescents, integrating efforts among NGOs, the Ministry of Education (MED), and central authorities.

Adopt a policy approach focused on disengagement in rehabilitation efforts while maintaining regular follow-up to address potential issues like resentment and anger.

Strengthen collaboration with international partners and local organizations with expertise working with returnees from conflict zones.

Implement a structured training program for mental health professionals, social workers, and educators on handling sensitive religious and radicalization issues, potentially involving national religious authorities.

Promote positive media coverage of successful reintegration efforts to reduce stigma against returnees, focusing on policymakers and service providers to protect identities.

Facilitate communication and coordination among stakeholders, including prison officials, probation officers, and social services, to support practical rehabilitation efforts.

Explore mentorship programs involving successfully rehabilitated individuals to assist newly radicalized individuals in their rehabilitation process, working within municipal multidisciplinary groups.

Mental health outcomes among adults and children returnees and related variables

Existing literature suggests that mental health risk factors can serve as initial catalysts for radicalization and play a crucial role in the rehabilitation and reintegration of radicalized individuals. The current study highlights the prevalence of mental health issues among a portion of returnees, underscoring the need for ongoing follow-up and comprehensive planning.

A notable portion of adults showed minimal to mild depression symptoms, with no severe cases detected, a positive outcome. Consistent with broader trends, women generally reported higher levels of depressive symptoms compared to men. Employment appeared to offer protection against depression, while those who received training and grants tended to exhibit lower levels of depressive symptoms compared to those without support.

PTSD outcomes among adult returnees indicate a higher proportion experiencing moderate to extreme symptoms, with no gender disparity. Service providers also observed PTSD symptoms among returnees. While factors like employment and housing support show a trend of decreasing PTSD symptoms, the impact lacks statistical significance. Notably, a negative correlation exists between 5R scores and depressive symptoms, indicating effective reintegration, rehabilitation, and resilience are associated with lower depression levels. However, PTSD scores do not significantly correlate with 5R components, highlighting the importance of rehabilitation within the model. 5R outcomes significantly correlate with reintegration, rehabilitation, and resilience, whereas no such trends were observed for PTSD. Notably, lower levels of rehabilitation are significantly associated with higher depression scores.

About one-third of the children experienced significant peer problems, conduct problems, hyperactivity, and emotional issues. Parental mental health, particularly PTSD, was associated with adolescent behavioral problems, including conduct, hyperactivity, and peer issues. Positive parent-child interactions in Reintegration, Rehabilitation, and Resilience were linked to better children's mental health outcomes, particularly with Resilience showing potential protective effects. Regression models suggested that parental PTSD and the absence of a biological father influenced adolescent emotional and conduct issues. Parental PTSD also predicted children's hyperactivity, while a combination of parental PTSD and low scores on the 5R dimensions correlated with less prosocial behavior in children.

Some of the recommendations for future include:

Conduct comprehensive mental health assessments for individuals at risk or with elevated mental health problems, both adults and children, to tailor targeted treatment plans. Consider trauma-informed treatment and play therapy for children. Given that women living with husbands tend to report higher PTSD symptoms, explore potential domestic violence issues during clinical assessments.

Strengthen family relationships through psychoeducation programs highlighting the interconnectedness of parental and children's mental health. Offer structured parental workshops to help manage stress and promote positive parenting practices.

Increase mental health awareness among service providers to ensure proper assessment and referral to treatment. Incorporate trauma-informed care into training sessions.

Establish a referral system and designate mental health focal points within multidisciplinary teams and at the central level.

Provide integrated reintegration support programs with mental health services, including extracurricular activities such as sports, art therapy, and psychoeducation on stress/anger management for children and adolescents.

Implement long-term monitoring of mental health and health-related issues among returnees, ensuring continuous support beyond their return.

Promote stable multidisciplinary team practice at the national level for assessing and addressing the mental health needs of radicalized individuals and those in rehabilitation. Utilize existing experiences of mental health professionals in Kosovo to enhance capacities in other municipalities, such as through training programs offered by CDF.

National-level multidisciplinary team practice can bolster institutions like the MIA to train local capacities to handle future radicalized cases, effectively leveraging current experiences. Collaboration with NGO's should be integrated.

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