



**EMERGING PRACTICES OF REHABILITATION  
IN MUSLIM-MAJORITY COUNTRIES**

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## ACRONYMS

BNPT	Badan Nasional Penanggulangan Terrorisme
CSO	Civil society organization
DREP	Deradicalisation and Emancipation Programme
ICPVTR	International Centre for Political Violence and Terrorism Research
IOM	International Organization for Migration
ISIL	Islamic State of Iraq and the Levant
NAP	National Action Plan
OECD	Organization for Security and Co-operation in Europe
PRAC	Prevention, rehabilitation and aftercare
PVE	Preventing violent extremism
RAN	Radicalization Awareness Network
VE	Violent extremism
VEO	Violent extremist organization
YPP	Yayasan Pendar Pagi

## EXECUTIVE SUMMARY

Tens of thousands of detainees of various backgrounds remain in the al-Hol camp in north-east Syria, 90 per cent of whom are estimated to be women and children, although the demographic profile at al-Hol is diverse and evolving. Some residents have unwillingly come into contact with the Islamic State of Iraq and the Levant (ISIL) because of family members joining. Others simply happened to live in areas seized by ISIL. According to experts, the number of residents who genuinely subscribe to the ideology of ISIL is “unclear but not small” while “extremist leanings” appear to be strongest among non-Iraqi and non-Syrian residents (Robinson, 2023). However, as time goes by without repatriation, the problem of radicalization grows, because psychological vulnerabilities increase the longer residents stay. The makeup of the camp has changed over time, it is increasingly made up of radicalized residents, as the more non-radicalized individuals are repatriated. Among the residents at al-Hol, there are 24,854 Iraqis whom the Government of Iraq intends to repatriate.

Iraq therefore faces a disproportionately heavy burden of repatriation. Fortunately, it is also one of the most proactive States in building a platform for successful repatriation. The need for the comprehensive rehabilitation and reintegration of returnees is at the core of this endeavour. This process will entail identifying the individual and collective needs, challenges, limitations and opportunities associated with returnees at both the individual and group levels. Equally important are the needs and reactions of the host communities to this process of rehabilitation and reintegration. The Government of Iraq and all relevant stakeholders, will face a myriad of challenges, including community stigma, relationship-building (institutional, interpersonal and communal), capacity-building, monitoring and evaluation dilemmas and identifying the intersectional needs of individuals among a diverse range of returnees. This analysis aims to help prepare and inform stakeholders on the nature of these challenges and to assist them in designing and implementing interventions from an evidence-based research perspective.

In partnership with IOM Iraq, this comparative analysis of rehabilitation emerging practices in Muslim-majority countries is intended to support and empower the platform for rehabilitation and reintegration in Iraq through the provision of an evidence-based research foundation for multilevel programming. After a brief introduction to the paper, the paper’s underlying methodology is described. Next, the

paper delves into the Iraqi context to provide some background on what features are unique to Iraq. This paper is a comparative analysis; therefore, the analysis begins with case studies on rehabilitation programmes in four Muslim-majority countries, Morocco, Saudi Arabia, Pakistan and Indonesia, followed by a discussion on the similarities and differences among the case studies to help inform conversations on emerging practices and shared challenges. The next section focuses on a range of empirical findings, leading to a conversation on the challenges and limitations common across rehabilitation and reintegration programmes that will also affect Iraqi programming. The research paper focuses on what works in rehabilitation and reintegration in general, covering a set of emerging practices and providing recommendations for effective and sustainable programming. The paper concludes by identifying insights from other programmes in Muslim-majority contexts that can be translated into the Iraqi context to facilitate an evidence-based approach to rehabilitation and reintegration in Iraq.



Photo 1: Mustafa Aladdin Ezat /IOM Iraq

## INTRODUCTION

The proliferation, interconnectivity and reach of violent extremist organizations (VEO) means that countries affected by violent extremism (VE) share similar circumstances and problems. The vulnerabilities of communities in one region affect communities elsewhere, with violent extremist threats unconstrained by national borders. The transnational scope, social networks and agenda of many VEOs also results in geographically disparate countries and communities facing the same violent extremist threats and vulnerabilities. Security forces, for instance, are contending with the presence of the Islamic State of Iraq and Levant (ISIL) across North and sub-Saharan Africa, within the Gulf Cooperation Council countries, the Levant, and across South and South-East Asia. Additionally, foreign fighters who have joined VEOs in Iraq and Syria or been detained in camps, have or will be returning home, causing similar challenges for several countries. In their efforts to respond to prevailing VE threats, countries have adopted a range of strategies and approaches.

The rehabilitation of individuals involved in or supportive of VE and their reintegration into society is a humanitarian, security, and legal challenge many countries are attempting to address and integrate into their overall prevention of violent extremism (PVE) strategies. The lack of a coordinated, comprehensive and legal international human-rights-based framework to address the foreign fighter phenomenon has resulted in the heterogeneity of measures, some more repressive than others. Countries affected by VE have explored a diverse range of approaches to rehabilitation with varying levels of institutional support, structural rigor and success. The study's semi-structured interviews highlighted several legal questions including terrorism charges, the role of women, marriage licenses signed by ISIL, death certificates and what to do with the children of returnees. Closely examining a select number of rehabilitation case studies can reveal important insights about rehabilitation practices and processes, including best practices and main challenges.

To better understand rehabilitation models in Muslim majority countries, Morocco, Pakistan, Saudi Arabia, and Indonesia were selected as case studies. Their varied rehabilitation models can help clarify what does and doesn't work in contemporary rehabilitation programmes as well as the nuances that need to be considered when assessing programme successes and failures. These case studies are geographically diverse enough that collective insights can be generalized across countries, while remaining culturally and contextually similar enough to be applicable to the Iraqi context. As such, the study includes one country from North Africa, one from South Asia, one from the Gulf Cooperation Council and one from South-East Asia. As well, these are Muslim-ma-

majority countries affected by VEO proliferation, influence and activity. A difference worth noting between Iraq and the examined countries, pertains to repatriation, specifically the scale of repatriation needs in Iraq, which far exceeds those of the countries included in this study. While the scale of repatriation may differ, a comparative analysis of emerging practices of rehabilitation programmes in Muslim countries is important to consider as they highlight the urgency of the current situation, help identify gaps in services and support that need to be addressed, and highlight best practices that can be shared and adopted in Iraq. These countries do not exhaust the range of rehabilitation frameworks or possibilities, but they do sufficiently represent the prevailing content, best practices and obstacles to rehabilitation programmes among Muslim-majority countries. The Moroccan, Pakistani, Saudi and Indonesian models are well positioned to provide insights into key components of rehabilitation, including classification and risk assessment, the role of civil society, aftercare and the fundamental ingredients of rehabilitation across contexts, which could be useful to inform a research evidence-based strategy for rehabilitation programmes in Iraq.



Photo 2: Mustafa Aladdin Ezat/IOM Iraq

## METHODOLOGY

To identify effective interventions to enhance rehabilitation efforts in Iraq, four Muslim-majority countries were selected owing to their diversity, geographic representation and established rehabilitation programmes. The selection of these case studies is rooted in their potential application to the Iraqi context, to derive insights, common challenges and best practices that can be translated across national and cultural contexts from similar cultural, circumstantial and religious backgrounds. This allows the study to assess both internal and external validities and integrate the perspectives of local and government actors.

The key objectives of the study include the following:

### KEY OBJECTIVES

1. Identify prevailing interventions, best practices and challenges in custodial and noncustodial rehabilitation programmes.
2. Examine key components of rehabilitation programmes, including classification and risk assessment, psychosocial services, the role of civil society and aftercare.
3. Examine the needs and challenges of returning women and youth and barriers to their rehabilitation and reintegration.
4. Draw lessons which could inform future policy and programme implementation in Iraq.

To better understand the complexity and evolving dynamics of rehabilitation programming in these four countries and identify effective interventions and emerging practices that can inform future programming in Iraq, a mixed-methods approach was employed, consisting of an in-depth literature review, semi-structured interviews with experts and practitioners in the field of rehabilitation and reintegration, and findings from regional expert symposium organized by IOM Iraq.

### DESK REVIEW

The desk review had four primary high-level research objectives: (1) provide critical analysis of the existing literature on rehabilitation and reintegration programmes for returned foreign fighters and their families, with a focus on Morocco, Indonesia, Saudi Arabia and Pakistan; (2) examine the needs and challenges of returning women and their children; (3) provide contextual data that can orient the interviews; and (4) draw lessons to inform policy recommendations. The literature review started with examining the different kinds of rehabilitation and definitional dilemmas, followed by exploring the contents, challenges and successes of the

various rehabilitation models examined in the comparative analysis. Building upon a brief theoretical analysis, these rehabilitation models are used to help assess the effectiveness and identify the challenges of the rehabilitation programmes as well as the nuances that need to be considered when assessing programme successes and failures. The Moroccan, Pakistani, Saudi and Indonesian models are well positioned to provide insights into key components of rehabilitation, including classification and risk assessment, the role of civil society, aftercare and the fundamental ingredients of rehabilitation across contexts, which could be useful to inform a research evidence-based strategy for robust and sustainable rehabilitation programmes in Iraq.

### SEMI-STRUCTURED INTERVIEWS

In addition to the desk review, 12 semi-structured online interviews were conducted between February and April 2023 with experts and practitioners across the selected countries to provide valuable perspectives on the effectiveness of existing rehabilitation and reintegration programmes and their limitations; challenges faced by programmes in different cultural, social and political contexts; the role of government and other stakeholders in supporting rehabilitation and reintegration programmes; and opportunities for improving existing programmes. Interviews were conducted in English, French and Arabic, and each lasted between 60 and 120 minutes. These experts come from various backgrounds and include researchers, practitioners and government officials. The interviews were conducted either face-to-face or via video conferencing. They were semi-structured, allowing for open-ended and follow-up questions to explore participants' perspectives. The data collected were transcribed, coded and categorized into key themes and subthemes.

### EXPERT SYMPOSIUM

Another source of information is the Emerging Rehabilitation Practices in Muslim-majority Countries symposium, organized by IOM Iraq on July 9–10 in Erbil. The symposium served as a valuable platform for sharing and engaging in detailed discussions of the study's key findings with a diverse group of more than 25 renowned international and Iraqi experts, practitioners, academics with extensive experience in the field of counterterrorism and rehabilitation efforts, and Iraqi government representatives. Through a series of structured sessions, the symposium facilitated in-depth discussions, knowledge exchange and critical analysis of the latest developments, challenges and best practices in rehabilitating VEOs – specifically within Muslim-majority countries. The insights and recommendations generated during the

symposium were invaluable in enhancing the quality of the final research study and ensuring the findings are contextually relevant and adapted to the Iraqi context.

### LIMITATIONS

One particularly challenging limitation in completing this comparative study revolved around accessibility constraints with respect to Saudi Arabia. Compared to the other countries, communicating with potential Saudi contacts was significantly more challenging than it was for Indonesian, Pakistani or Moroccan contacts. Despite concerted efforts to reach out to a diverse range of experts in Saudi Arabia, there was a lack of response from some potential participants. This lack of response may have resulted from various

factors, including limited availability or a reluctance to engage on sensitive research topics. As a result, the perspectives and insights of Saudi experts may not be adequately represented in the findings of this study. It noteworthy that while efforts were made to mitigate this limitation through alternative means of data collection and by incorporating a wide range of perspectives from other relevant sources, such as literature reviews and expert opinions from other countries that worked on Saudi Arabia's rehabilitation programmes, the absence of direct input from Saudi experts may limit the depth and breadth of the Saudi analysis. Future studies should consider alternative strategies to ensure the inclusion of diverse perspectives from experts in Saudi Arabia.



Photo 3: Mustafa Aladdin Ezat/IOM Iraq

## ENGAGING IN REHABILITATION: A COMPARATIVE APPROACH

### WHAT IS REHABILITATION?

As is the case with violent-extremism, problems associated with a lack of rehabilitation measures, or the poor design and implementation of such measures, transcends borders. That said, while they face shared problems and needs, the countries examined in this report approach rehabilitation in different ways. Rehabilitation, as with every other component of PVE and peacebuilding, ought to be culturally sensitive and tailored to a country's context, needs and challenges. While several cross-cultural emerging practices can be deduced, no two rehabilitation programmes will, or should, be identical. Rehabilitation processes are contextually driven, rendering it impossible to develop a universally applicable model. However, we may learn important lessons across different regions, understand more deeply the challenges that rehabilitation programmes face, and identify best practices. International memoranda provide insights into emerging practices such as the Rome Memorandum and the Marrakech Memorandum, highlighting the need to centralize human rights and to tailor rehabilitation and reintegration programmes to the individual.

Rehabilitation is seeking some form of cognitive and/or behavioural change within an individual, with an aim towards risk-reduction in recidivism and towards reintegration (GTCF, 2012). Rehabilitation actors can vary widely in their conceptualization of the practice, resulting in unique frameworks, theories of change and processes. One cause of non-uniformity is the general lack of consensus among both academics and practitioners on the definition of rehabilitation. The Radicalization Awareness Network (RAN) describes rehabilitation as “a comprehensive process, ideally resulting in the rehabilitated person leading a self-determined and self-sustained life in a democratic society, without adhering to extremist views or participating in extremism-inspired activities (including violence)” (Walkenhorst et al., 2020, p. 5). According to this definition, RAN identifies three main components of rehabilitation:

1. **Deradicalization:** The process by which individuals cognitively distance themselves from extremist views, culminating in their rejection and subsequent disengagement from extremist activities, including violence.
2. **Integration:** The process by which individuals are socially, economically and functionally reintegrated into society.
3. **Stabilization:** A post-reintegration process in which the “positive outcomes of previous processes are internalized, reinforced and consolidated.”

While RAN includes reintegration as a part of the rehabilitation process, other frameworks distinguish between the two and link them through overarching frameworks. As noted previously, there is no universal model for rehabilitation, and the RAN framework only represents one way of looking at rehabilitation. Another way to look at rehabilitation is as a responsive process linked to processes of indoctrination and socialization. Rehabilitation may also be understood as the process by which those processes are extricated from the individual (Gunaratna, 2015). Other frameworks approach rehabilitation through different lenses. For instance, some programmes prioritize pro-socialization, emphasizing the development of certain cognitive, social and emotional skills to promote healing, personal development and community belonging (Bosley, 2019). Approaches prioritizing these skills align with findings in the interviews. For example, multiple interviewees<sup>1</sup> spoke about the relationship between national belonging and VE in Indonesia, highlighting VEOs strong desire to destroy and erase the identity of the State, specifically the ideological tenets of Pancasila,<sup>2</sup> which is used as a unifying force that helps build a sense of national belonging amongst the diverse populations in Indonesia. A similar sentiment was voiced by an interviewee<sup>3</sup> in relation to Pakistani militants, characterizing the dominant theme as “the State is the enemy of Islam.” This is why the promotion of national belonging and identity is cited as a key recommendation for rehabilitation and reintegration processes.<sup>4</sup>

1 Two experts on Indonesian rehabilitation interviewed on 20 April 2023 and 29 April 2023.

2 Pancasila refers to the state ideology of Indonesia, which is rooted in five pillars: monotheism, civilized humanity, national unity, deliberative democracy and social justice.

3 An academic and expert on Pakistani rehabilitation, interviewed on 2 July 2023.

4 Expert symposium held in Erbil Iraq, July 9–11 2023.

## CUSTODIAL AND NON-CUSTODIAL REHABILITATION

Rehabilitation models can be divided into two main categories: custodial and non-custodial. In theory, custodial rehabilitation refers to prison-based approaches where rehabilitation occurs within a correctional facility with detainee participants. Non-custodial rehabilitation could still include detainee participants but does not occur within a prison setting. This is not a black-and-white distinction but a gradient of difference in which specific rehabilitation models can be plotted. Programmes can fluctuate and vary along lines of voluntariness and qualitative questions can be raised regarding factors such as freedom of movement, making it difficult to place individual cases in clear-cut categories. Another major point of difference stems from conceptual issues pertaining to key components of rehabilitation, most significantly regarding the concepts of disengagement and de-radicalization. Diverse understandings of these concepts will result in different programme design and processes. Rehabilitation outcomes will be greatly influenced by these nuanced differences in structural and conceptual foundations.

Most of the attention of multilateral organizations had traditionally been towards custodial rehabilitation. A variety of organizations have created guidelines, training programmes and best practices for conducting custodial rehabilitation. Considerably less attention was paid to non-custodial rehabilitation. The Organization for Security and Co-operation in Europe (OECD) released a guidebook in 2020, but it is oriented towards south-east European contexts (OECD, 2020). While insights can be gained from the guidebook, the guidelines are not completely transferable to the context of the Middle East and Africa. A few principles that all non-custodial programmes should have, according to the OECD guidebook, include the following:

- Multiactor and multisector involvement,
- Without ignoring the role of ideology, rehabilitation should exhibit a greater focus on disengagement and changing behaviour rather than changing beliefs,
- Community engagement is critical to success from a rehabilitation and reintegration perspective,
- Rehabilitation programmes need to recognize and address the unique needs of women and children,
- Rehabilitation efforts should look towards existing capacities but emphasize capacity-building where necessary,
- Rehabilitation programmes need to incorporate a clear theory of change.

Particular types of settings come with their own challenges. For instance, a unique consideration for custodial programmes pertains to the question of where to place VE offenders within the prison system. Some programmes might mix VE offenders with prisoners not charged with any VE-related offenses, while others try to separate the two. The major concern with this dilemma is the effect VE offenders will have on radicalization within the prison. One interviewee<sup>5</sup> spoke about some potential solutions to this dilemma, referencing attempts to place VE offenders in specific prisons or in the global prisons' community, neither of which they recommended. The preferred option, according to the interviewee, is to adopt a classification system similar to the United Kingdom's model in which prisoners are classified along a letter scale according to risk, with those in the A category posing the greatest risk while those in the D category pose the least. Another interviewee<sup>6</sup> discussing this issue stated that extremists should never be placed in communal settings in prisons unless they have been sufficiently deradicalized first, to avoid the contagion effects of radicalization.

When it comes to custodial rehabilitation, the literature identifies a couple of important characteristics of effective custodial programmes. The Rome Memorandum on Good Practices for Rehabilitation and Reintegration of Violent Extremist Offenders emphasizes that "rehabilitation programmes have the best chance of succeeding when they are nested in a safe, secure, adequately resourced and well-operated custodial setting where the human rights of prisoners are respected." This position is reinforced by a number of studies and intergovernmental organizations. The United Nations Handbook on the Management of Violent Extremist Prisoners and the Prevention of Radicalization of Violence in Prisons reiterates this point identifying humane conditions as the most important ingredient within custodial rehabilitation (2016, p. 2). Along with humane conditions that respect the rights and dignity of detainees, the literature on rehabilitation and recidivism also places special importance on establishing a state of normalcy (Bosley, 2019).

The custodial examples in this paper both align with and diverge from these documents in several ways. Aligning with the importance placed on humane custodial conditions in the literature, some programmes have made it a priority in their custodial rehabilitation programmes. Morocco, for instance, has adopted a new strategy for the 2022–2026 period, focusing on the improvement of conditions for prisoners with the aim of facilitating reintegration and reducing recidivism (Anouar, 2022). Similarly, Pakistan and Saudi Arabia's programmes put much effort into ensuring that

participants feel a sense of normalcy throughout the process. Doing so not only helps increase participant buy-in for rehabilitation and facilitate trauma healing, but also facilitates reintegration by reducing alienation and promoting prosocial behaviour (Bosley, 2019). Saudi Arabia and Pakistan, however, are examples of non-custodial rehabilitation, which are more effective at cultivating a sense of normalcy.

However, the lines between voluntary and mandatory are not always black-and-white. Some programmes describe participation as voluntary, but nevertheless have residents who cannot be released. That said, participation is still not mandatory. An example of this kind of programme is Saudi Arabia's Rehabilitation and Building Programme. The basis of participation for former militants in the four countries examined here can be described as follows:

**Saudi Arabia:** The Saudi programme is voluntary, but participation is heavily incentivized. Incentives include financial assistance, release and social support including support for families and participants seeking to get married. Access to numerous benefits in respect to quality of life and financial and familial support are some of the ways that militants are incentivized to enroll. Participants, however, are not free to leave; they have a mandatory 8–12 week stay, which could end in their release depending on whether they pass the psychological evaluation necessary for release. Those who do not pass are monetarily compensated for each day (267 United States dollars) they are not released following that date. The exception is those who have been charged with

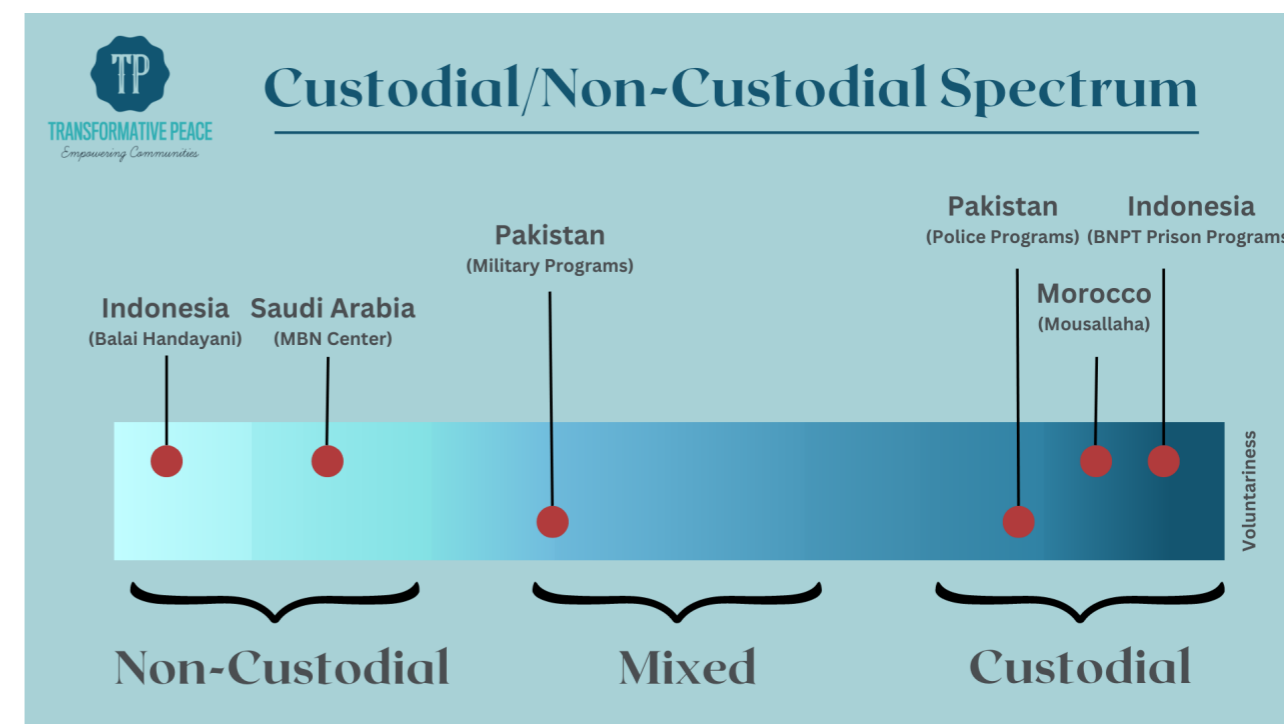
committing terrorist acts. Following rehabilitation, they still must serve their sentences (Speckhard, 2020). The programme generally lasts for one year.

**Morocco:** Despite being a custodial programme, participants in the Mousalaha programme are enrolled on a voluntary basis through an application process. The voluntary nature of the programme is contextualized by the fact that it is conducted within a prison setting. While graduating from the programme does not earn participants an early release, some receive a royal pardon or benefit from a sentence reduction upon graduation. The programme lasts for four months.

**Indonesia:** Membership in the rehabilitation programme is also voluntary, which has been pointed out as a potential reason for low enrollment in the Indonesian example. However, the State, like Saudi Arabia, provides incentives for enrollment, especially through family support mechanisms, which include income-generating activities, financial assistance and socialization. In contrast to the other examined programmes, the Indonesian one has no set general timeframe.

**Pakistan:** Militants who surrender to the Pakistani military voluntarily and are ready to renounce militancy are placed within a rehabilitation programme. Like in Saudi Arabia, participants in Pakistani rehabilitation centres are not permitted to leave before the programme is completed (Basit, 2015). The Pakistani programme, given local and demographic specificities, can last anywhere between six months to three years.

Figure 1. The spectrum of custodial and non-custodial rehabilitation



Source: Transformative Peace

<sup>5</sup> A clinical psychologist and expert in Moroccan rehabilitation interviewed on 1 March 2023.

<sup>6</sup> A general expert in rehabilitation with programme design, advice and training experience in Saudi Arabia, Iraq, Pakistan, Sri Lanka, Maldives, Afghanistan, Libya and Yemen, interviewed on 28 February 2023.

## THE IRAQI CONTEXT

Iraq's proactive approach to the enduring challenges of repatriation and rehabilitation has been rightfully commended by the United Nations in a time where many countries' approaches to the situation remain either underdeveloped or characterized by a refusal to repatriate their citizens. However, this task faces multifaceted humanitarian and security challenges, including scarcity of resources, strained infrastructure, unaddressed trauma and the deep-seated mistrust and social divisions prevailing within specific communities. A brief overview of the emerging rehabilitation landscape in Iraq ought to help inform and connect the translatability of case study findings. This section will focus on the prevailing context, conditions and needs of rehabilitation in Iraq, before exploring the rehabilitation models offered by the countries selected for this comparative study.

Future rehabilitation programming would mostly occur in the Jeddah-1 camp, south of Mosul. This camp has been explicitly re-commissioned for the purpose of rehabilitating returnees following their departure from al-Hol camp in North-Eastern Syria, where tens of thousands of Iraqis remain, awaiting repatriation. From an initial population of 31,000 Iraqi individuals (8,500 households), 24,854 individuals (6,794 households) remain (Parry et. al 2022, p. 7). The demographics of the remaining population are important variables that the design and implementation of Iraqi rehabilitation must account for. Crucially, the majority of Iraqi residents in al-Hol are women and children. For instance, 1,184 of the residents are children who are 2 years old or younger; 5,883 are 3–4 years old, and 16,941 residents are between the ages of 5 and 11 years.<sup>7</sup> Children are prioritized in Iraq throughout the repatriation process, with 200 minors already repatriated, with special cases such as orphans and those requiring medical assistance given priority.<sup>8</sup> As will be explained throughout this paper, women and children have unique vulnerabilities, needs and experiences that will require an intersectional approach to rehabilitation.

The current rehabilitation and reintegration landscape in Iraq, as observed in IOM's Iraq Crisis Response Plan 2022–2023, is fluid and expected to continue to evolve throughout the year in line with trends observed in the 2021–2023 period. Consequently, protracted displacement will continue to afflict Iraqis, with many unable to return due to insecure

conditions in their areas of origin. Some of these factors include groups controlling the areas of return, lack of resources and livelihood, stigma or fear of retaliation from community members.

In this current landscape, returnees face several issues that affect their eventual rehabilitation. Among the most important is the stigma attached to returnees. For al-Hol returnees, communities may fear an affiliation with an extremist group. Other concerns include access to housing, land and key documentation. Iraq also faces challenges related to water scarcity and droughts, with direct implications for displacement and reintegration through its impact on living conditions and social cohesion. IOM Iraq's observation reveals that this situation is exacerbated by the reduced and less equitable access to environmental resources such as arable land and water, leading to an increase in intergroup tensions over resource allocation and to a reduction in community resilience and cohesion.<sup>9</sup> A 2022 IOM and Social Inquiry report highlights the disproportionate effect these climate-induced dynamics have on Iraqi households, especially rural and female-headed households, with implications for sustainable return processes.<sup>10</sup> All of these enduring and evolving dynamics have and will continue to influence the capacity of Iraq to successfully resolve displacement and returnee dilemmas. A comprehensive and structurally connected approach to rehabilitation and reintegration must account for these challenges in both design and implementation.

This section will explore the current return process in Iraq, in two main sites: the al-Hol and Jeddah-1 camps, in Syria and Iraq respectively. al-Hol is operated within a space of legal limbo, while Jeddah-1 is in the process of being defined by various actors, either as a counter-terrorism space or as a humanitarian/rehabilitative space.<sup>11</sup> The process of return from al-Hol camp begins with screenings designed to confirm the identity of the individual and whether they have committed any crimes. The screenings are a logistical/security element and are not connected to rehabilitation from a conceptual standpoint. The initial screening process does not inform rehabilitation planning, design or implementation. While they serve a security function in ensuring those screened are not a risk factor, the screening does not act as a way to provide insights for rehabilitation programming.

Following the screening, if the individual passes, they arrive at Jeddah-1, where several humanitarian services – which are different in structure but conceptually related to rehabilitation – are provided, including mental health and psychosocial support, education services, cash-for-work opportunities, lectures and social activities (Parry et. al 2022). Jeddah-1 is viewed primarily as a transition point prior to reintegration and as a site for future rehabilitation programming. The projected rehabilitation programme at Jeddah-1 is expected to focus on psychological and vocational programming. However, security officials consider it “superficial” and desire “a more comprehensive deradicalisation programme supported by the international community” (Foltn, 2023 para. 22). This is another example of how different actors compete to define the Jeddah-1 space.

The profiles of residents at Jeddah-1 are essential to determine how the Jeddah-1 space ought to be defined and, subsequently, the nature and type of rehabilitation programming. All the residents in Jeddah-1 have completed an initial security screening carried out by the government and are not listed on key government databases for ISIL affiliation or accused of any type of crime. Practically all of them departed Iraq between 2014 and 2017. Around one third of the residents departed during the early days of ISIL. Around half left due to the military campaign. This demographic information is crucial because the period when individuals left ISIL, as studies have shown, is an important factor when considering the motivations for and levels of ideological disillusionment among returnees (Perešin et al., 2021).

Equally important is the fact that around 10 per cent of child residents attended ISIL schools under ISIL occupation. Adding another layer of complication is that half of the females surveyed reported being heads of households – including widows, divorcees, separated couples and married women who were not living with their spouses. The latter was the most common (51%). Separation occurred because their spouse was either missing, imprisoned, in another governorate or in another camp. This situation is important to note because, as one interviewee observes, the combination of roles creates a double burden for women (who remain, alongside children, the highest demographic group in the camps) that programmes must address.<sup>12</sup> Other demographic features are also worth noting, including the socio-economic status of residents (practically none have savings and almost all have difficulty meeting their basic needs), and especially the increasing percentage of radicalized residents remaining in the camp (Parry et. al 2022). These demographic features, particularly the last one, explain the consensus among stakeholders that the later stages of repatriation will be more challenging than the early ones.

The legal issues affecting returnee populations are another complication, with some children returning without parents and challenges concerning essential documentation such as death, birth and marriage certificates. Female-headed households have particularly high rates of missing documentation, with 95 per cent of children in female-headed households missing key documents (Parry et. al, 2022). From a State perspective, the legal response to issues associated with repatriation varies widely. As Hoffman and Furlan (2020) note, States adopted one of the four main legal options: (1) leave their nationals where they are to face local prosecution; (2) actively prevent their return through measures like the stripping of citizenship; (3) recognize their right of return but stop short of facilitating it; and (4) actively repatriate their nations and begin the process of prosecution, rehabilitation and reintegration. Iraq is taking a proactive approach to repatriation, recognizing and facilitating their nationals' return. This approach has several potential legal challenges. One of the most important relates to children, particularly those who were coerced into involvement in combat. Many returning children have been recruited and trained by ISIL, meaning that adaptations to laws and systems are needed to address these complex cases.<sup>13</sup> Lessons from other countries may point to additional challenges posed by a security-centric approach to these problems. In Iraq, how the Jeddah-1 space will be defined in the future is important, because of its implications for transparency, evaluation, institutional coordination and programme design.



Photo 4: Mustafa Aladdin Ezat/IOM Iraq

7 Internal IOM Iraq review.

8 Expert symposium held in Erbil Iraq, 9–11 July 2023.

9 IOM's Iraq Crisis Response Plan 2022–2023 (Erbil, 2023).

10 IOM and Social Inquiry. A Climate of Fragility Housing Profiling in the South of Iraq: Basra, Thi-Qar and Missan. (Erbil, 2022).

11 Internal IOM Iraq review.

12 Conference presentation “Addressing the Needs of Women,” given at the expert symposium (Erbil, 2023).

13 Expert symposium held in Erbil Iraq, 9–11 July 2023.



Communities are central to sustainable and effective rehabilitation and reintegration, and how they perceive the process matters, as does incorporating their input as programmatic feedback. How local communities perceive the process is a key point of divergence between Iraq and other case studies, given that the Iraqi rehabilitation and reintegration landscapes exist within environments characterized by more prolonged and severe experiences of VE and collective memories of trauma and violent conflicts. Consequently, communities of return and beneficiaries alike exhibit disproportionately high levels of emotion around processes of justice and return,<sup>14</sup> making the process of return in Iraq particularly complicated by past experiences, present grievances and dynamics, and fears about the post-return future.

From a community buy-in perspective, Jeddah-1, as a transition site, plays a significant role in building public trust and support for locally owned and led reintegration. As Parry et. al (2022, p. 16) write, “Time spent in Jeddah-1 camp appears to play a key role in encouraging community acceptance regardless of the programming actually provided in the camp.” What occurs at Jeddah-1 and what is projected to be implemented there helps to reinforce those public perceptions. To sustain positive community perceptions, the changes necessary for sustainable reintegration will have to be observed over time at the camp, and studies indicate that some of those changes are already occurring. Important behavioural changes can be observed as individuals and families go through the return process at Jeddah-1. The most common and critical behavioural changes are related to threat-perception; individuals arrive at Jeddah-1 with severe threat anxiety, which is dramatically reduced during their time at the camp. On the ground, observers also notice that individuals recover from psychological disorders over the course of their residency in Jeddah-1 (Parry et. al 2022 p. 19). Significant changes observed in the camp include the following:

- Lower rates of aggression;
- Lowered anxiety;
- Increased sense of collaboration and levels of trust;
- Increased socialization;
- More respectful interpersonal dynamics;
- Organic deradicalization (that is, increased understanding of and peaceful socialization with others);
- Decreased support for ISIL claims (linked with improvements in livelihood, government treatment/perception and socialization);
- Overall improved psychological well-being.

These observations bode well for future programming that is eventually implemented under a rehabilitation framework. Over time, Jeddah-1 service providers have built the capacity to begin implementing actual rehabilitation services; however, what is needed is of institutional support, clarity, strategic communication and coordination to move forward structurally and conceptually.<sup>15</sup> Incorporating community feedback into design and implementation will be vital in translating these observations into sustainable rehabilitation and reintegration successes. Notably, residents’ input on what is needed in rehabilitation programming also aligns quite well with emerging practices in rehabilitation that will be discussed later in the paper. For instance, as Parry et. al (2022, p. 15) note, “a common view across key informants and survey respondents was that ideological rehabilitation was irrelevant, and that positive transition outcomes depend more upon other types of support in the post-return period”. Jeddah-1 residents generally stated that services focusing on psychological support were both more necessary and more effective than ideological interventions. This claim is supported by findings drawn from examining other rehabilitation models and expert interviews.



Photo 5: Mustafa Aladdin Ezat/IOM Iraq

14 Expert symposium held in Erbil Iraq, 9–11 July 2023.

15 Ibid.

## MAPPING REHABILITATION MODELS

The case studies revealed several key commonalities among the examined countries, which can provide insights into how to structure rehabilitative interventions. For instance, all of the models understand their work through three lenses: (1) psychological interventions; (2) social interventions; and (3) religious interventions. Some models envision these

interventions through an explicit three-pronged approach, while others add other related dimensions, like in Pakistan and Indonesia. Nevertheless, they all revolve around those three aspects. Table 1 presents a breakdown of the key domains for each country’s rehabilitation models:

Table 1. Key Domains of national rehabilitation programmes

Morocco	Saudi Arabia	Indonesia	Pakistan <sup>16</sup>
<ul style="list-style-type: none"> <li>• Psychological</li> <li>• Religious</li> <li>• Social</li> <li>• Vocational</li> </ul>	<ul style="list-style-type: none"> <li>• Psychological</li> <li>• Religious</li> <li>• Social</li> <li>• Vocational</li> <li>• Emotional</li> <li>• Virtual</li> </ul>	<ul style="list-style-type: none"> <li>• Psychological</li> <li>• Religious</li> <li>• Social</li> <li>• Vocational</li> </ul>	<ul style="list-style-type: none"> <li>• Psychological</li> <li>• Religious</li> <li>• Social</li> <li>• Vocational</li> </ul>

Source: Transformative Peace

In the Moroccan model, the three lenses mentioned above are conceptualized as “reconciliation with the self, with religious texts, and with society” (Masbah and Ahmadoun, 2019). The language of identification and education used in the Indonesian model conforms to these three basic dimensions as well, with psychological rehabilitation, religious dialogue and social reintegration forming the basic framework of the deradicalization process. In line with this dimensional similarity, these programmes have many common activities, especially religious dialogues, which are key in all the programmes. Other shared activities include lectures and workshops. At the same time, some of the models offer a greater range of activities than the others. The non-custodial among the case studies typically incorporate more activities across more dimensions than custodial ones, including therapeutic, vocational, social and affective activities.

While they may share the same dimensions, some programmes may approach the intervention differently. For instance, with respect to the religious dimension, Pakistani interventions administered by the police focus on re-educat-

tion, with a focus on educating beneficiaries on the correct interpretations of the religious tradition. Another approach is to facilitate critical thinking so beneficiaries can deconstruct extremist narratives more deeply. As one interviewee<sup>17</sup> stated, “it is important to build the critical capacity [of participants] to master the violent extremist discourse and to destroy, not only to destroy it, but to master it.” This provides a more sustainable cognitive platform for deradicalization as it develops thought rather than replacing it. In this sense, deradicalization is much more than “just preaching to them” about what is and is not good or correct, as the interviewee observed.

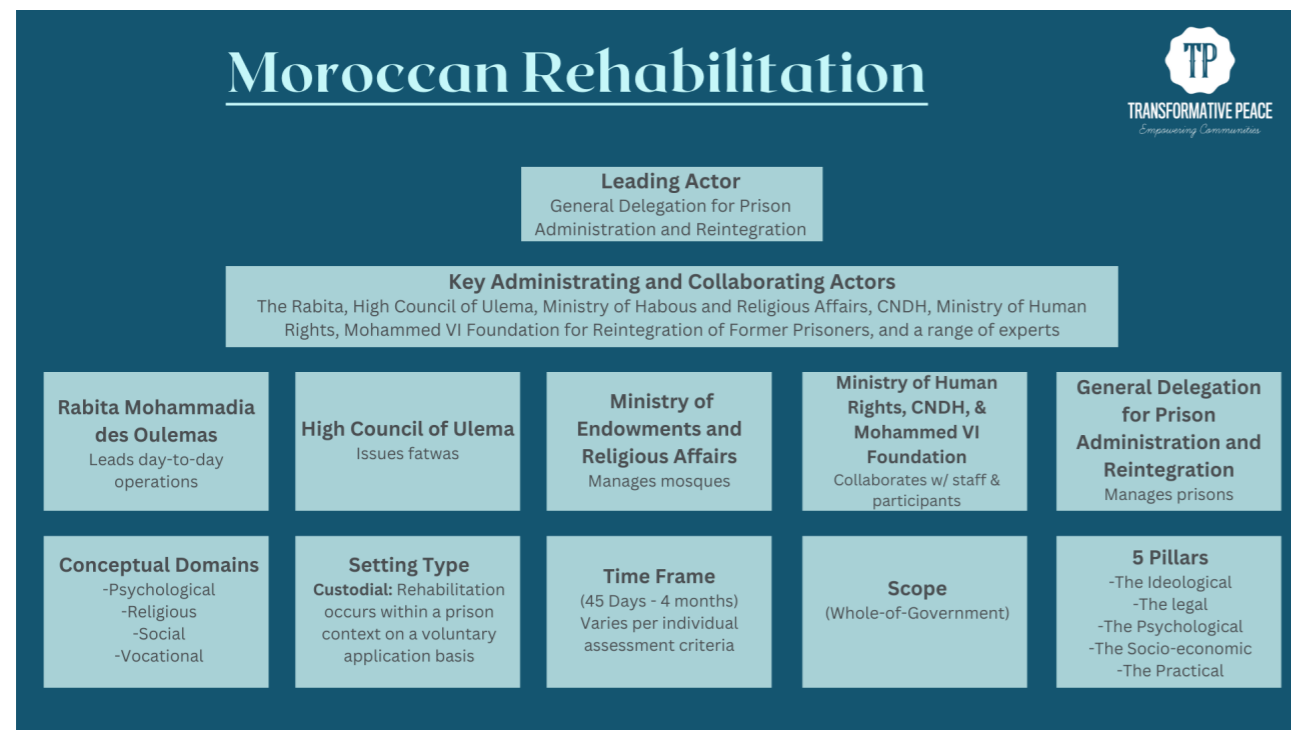
### MOROCCO

Morocco’s Mousalaha has had five iterations since 2017. The most recent iteration focused on female detainees to add a gendered dimension to the programme. It is built on five pillars: (1) the ideological/religious, (2) the legal, (3) the psychological, (4) the socioeconomic and (5) the practical. The programme is also interdepartmental, as shown in Figure 2.

16 The key domains/components of Pakistani rehabilitation are highly dependent on the administrating actors running the programme.

17 A clinical psychologist and expert on Moroccan rehabilitation interviewed on 1 March 2023.

Figure 2. Moroccan rehabilitation: structural and conceptual breakdown



Source: Transformative Peace

The current version of the programme includes the Rabita, the General Delegation for Prison Administration and Reintegration, the High Council of Ulema, the Ministry of Habous and Religious Affairs, the National Human Rights Council, the Ministry of Human Rights, the Mohammed VI Foundation for Reintegration of Former Prisoners and a range of experts in psychology, economics and other disciplines, who all play important roles in the rehabilitation and reintegration process. Contributions from civil society are limited, with few non-governmental organizations (NGOs) working to build community or individual resiliency against radicalization and providing social and psychological support to former extremists and their families (Foreign Terrorist Fighters Knowledge Hub, n.d.). The programme has a four-month timeframe, consists of a mixture of lectures and workshops (Renard, 2019) and seeks to rehabilitate through a three-fold approach: “reconciliation with the Self, with religious texts, and with society” (Masbah and Ahmadoun, 2019). The programme revolves around the pillars of psychological counseling, theological teachings and social reintegration (Renard, 2019) and pursues both ideological and behavioral interventions.<sup>18</sup>

Enrollment in the Mousalaha programme is based on voluntary application but is highly competitive. The Moroccan

model of rehabilitation is multifaceted; strategies include socio-cultural interventions and moderate counter-messaging. However, it currently lacks consistent economic and mental health strategies, while its reintegration approach prioritizes securitization over sociopsychological and economic assistance (Dalhoum et al., 2020). Economic assistance comes largely from the Mohammed VI Foundation, a non-governmental organization founded by King Mohamed VI that organizes income-generating activities for prisoners while helping reintegrating participants to find jobs and housing. The Mousalaha programme also facilitates reintegration and employment through the assistance of experienced staff who provide vocational training and assist individuals in finding a job. The assistance provided by the Mohammed VI Foundation, however, is limited, and “has not tailored a specific programme for former jihadis, who complain that reducing stigmas in their communities and providing psychological counseling are their more pressing needs” (Masbah and Ahmadoun, 2019). The failure to incorporate participant feedback further illustrates the importance of a locally owned and whole-of-government approach that is both adaptive and responsive.

#### SAUDI ARABIA

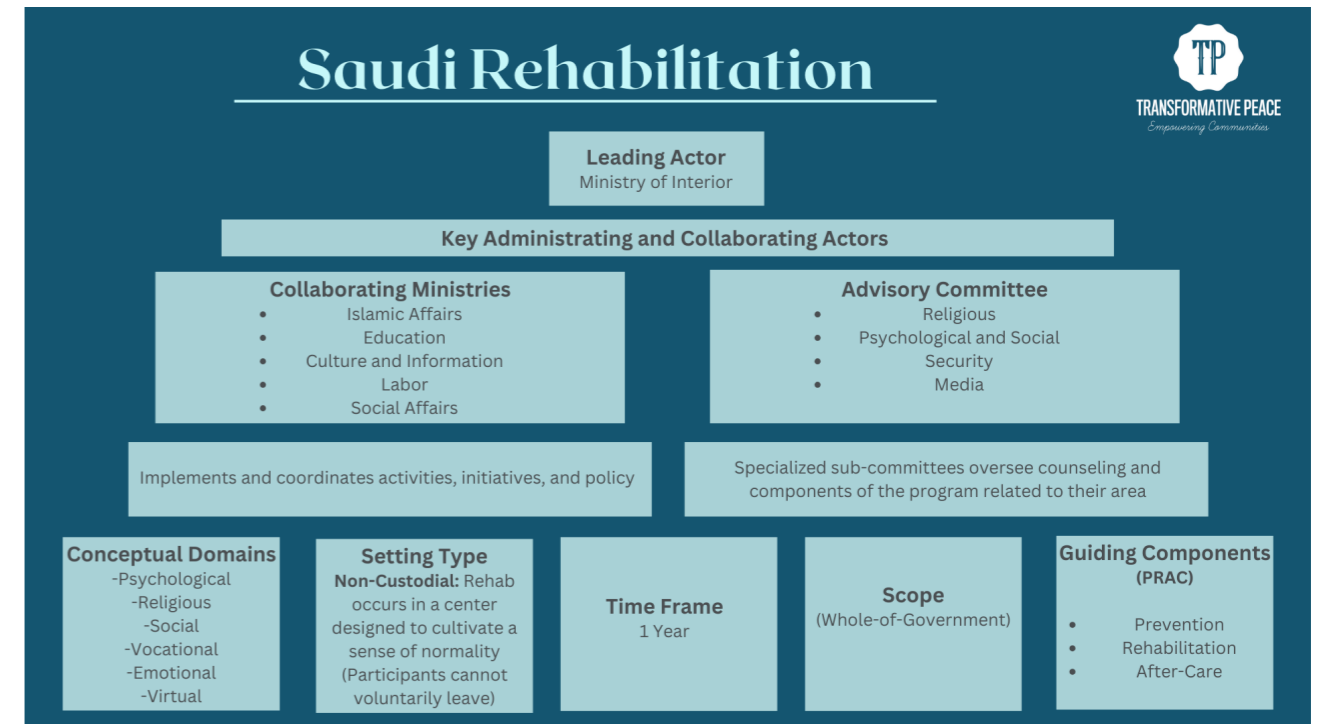
The Saudi model is cited as an inspiration for many rehabilitation models, but data on Saudi Arabia’s approach are

18 Expert symposium held in Erbil Iraq, 9–11 July 2023.

scarce due to public access restrictions.<sup>19</sup> The Saudi government has committed to a whole-of-government approach to combating extremism, rooted in a national strategy composed of prevention, rehabilitation and aftercare (PRAC) priorities. These strategies are organized under the Ministry of Interior but are considered the responsibility of everyone throughout society. The governments expects that the whole State apparatus makes a concerted effort, “from schools and mosques to local and provincial administrations,

the mass media, and social service providers and organizations” (Boucek, 2008). For example, following the completion of activities performed by the Ministry of Education, the Ministry of Interior will turn to other agencies and say: “This is what is being done in schools. What could be done in your ministry?” (Boucek 2008, p. 6). The government has made the PRAC strategy a top priority, meaning that access to and favours from key stakeholders are linked with various ministries’ (Figure 3) ability and willingness to contribute.

Figure 3. Saudi rehabilitation: structural and conceptual breakdown



Source: Transformative Peace

The general approach of the Saudi State towards violent-extremism is three-fold: (1) reinforcing the individual’s allegiance to royal leadership; (2) religious re-education and addressing religious grievances; and (3) a more securitized response in cases where individuals refuse the State’s guidance. This dimension of the approach is meant, in part, to demonstrate to wider society the costs associated with challenging the status-quo (Brown, 2020). This approach was organized under Muhammed Bin Salman’s office through the Advisory Committee that began implementing prison counselling and the extremist dialogue programme, while a separate office evaluates and fulfills the social needs and conditions of programme participants and their families (Boucek, 2008).

With respect to rehabilitation, the Saudi Rehabilitation strategy, referred to as al-Hair, is conceived of as a “correctional rehabilitation is intended to develop knowledge and behavioral skills through a set of programs delivered by advisors specialized in different areas of related sciences” (Aslam, 2020, p. 4). Rehabilitation, in the Saudi model, is viewed as a method of deradicalization. Saudi deradicalization intends to dispossess participants of the ideological, cognitive and emotional drivers of violence and prime them for sustainable reintegration into society. Consequently, the psychosocial components of the programme take on as much importance as religious ones. As a part of the rehabilitation initiative, the programme includes four to six months of psychological social therapy, history activities, art therapy, self-development and online engagement, where participants chat with qualified Islamic scholars (Aslam, 2020). These rehabilitative efforts have two major elements: counselling and off-site therapy and socialization (Braddock, 2019). Counselling

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provides participants with an opportunity to interact with religious scholars, social workers and psychologists. Meetings with these figures can happen in private or within a group context and are intended to promote attitudinal and ideological change among participants, particularly in respect to radical beliefs associated with Islam.

The Advisory Committee oversees counselling and is made up of several subcommittees, including the Religious, Psychological and Social, Security Media subcommittees, of which the Religious Subcommittee is the most influential. The Committee is made up of 150 clerics, scholars and university professors who directly engage with detainees in dialogue, debate and instruction (Boucek, 2008). As Boucek notes, communication style is incredibly important in this process:

*“Communication style is one of the most important factors in selecting subcommittee members. When talking with a detainee, a cleric must not lecture, but engage in dialogue. One of the criteria used to evaluate communication style is whether the scholar speaks with a detainee like ‘his own brother and whether he is motivated by love, compassion, and a drive to help the detainee’ (ibid p.12).*

The psychological and social subcommittee is the second most influential, evaluating the psychological and social conditions of beneficiaries and engaging with extremists and youth online (International Peace Institute, 2010).

Although prisoners often claim to have abandoned their radical beliefs after a single session, they are typically mandated to continue the programme (Braddock, 2019). Participants are split into three groups:

1. Domestic security offenders;
2. Individuals who fought in Iraq or were caught trying to travel to Iraq;
3. Former Guantanamo Bay detainees.

These groups are kept separate and participate in different rehabilitation activities in different facilities (Boucek, 2008). The objectives of the Saudi model have evolved over time, from the promotion of disengagement to a mixed approach that incorporates more explicit forms of ideological guidance. Initially, the programme sought merely to disassociate radicals from their militant organization without attempting to promote wider ideological change. However, following periods of trial and error, staff viewed this approach as insufficient, and the programme later adopted an approach that included a much more explicit ideological guidance away from ideological extremity. In recent iterations, disassociation

is only the main goal in instances where counselling proves ineffective (Regional Cooperation Council, 2019). As noted, ideological guidance forms a crucial part of programme objectives at this centre, which aims to promote critical thinking as a means to rewire extremist belief systems. As a result, theological re-education plays an important role in the centre’s strategy. Saudi officials believe that deviation from Wahhabi interpretations, alongside the global treatment of Muslims, is at the heart of religious radicalization. From a religious perspective, Saudis view the radicalized as misled and lost, having been deceived by extremists.

Consequently, the appropriate corrective response is to show to them the right interpretation of Islam, and to convince them to accept the political and religious status-quo and the guidance of the royal leadership. One way in which the government seeks to do this is through the society-wide programme referred to as “tranquility”, which is presented as a national dialogue that aims to restore correct religious understanding in wider Saudi society (Brown, 2020). Through theological re-education, the centre facilitates religious reinterpretation of extremist beliefs and complicates the participants’ understanding of their religious enemies (ibid). Much attention is placed on participants’ conception of Jihad and the promotion of Saudi-approved Quranic interpretations (Braddock, 2019). The programme provides more than just counselling and theological lessons. The programme uses history lessons to challenge and contradict prevalent extremist narratives of the Middle East. Artistic and emotional components complement this approach, including the provision of creative outlets for participants, which allow participants to vent their anger and aggression. This art therapy and sports programmes are particularly important as therapeutic outlets (ibid). Social rehabilitation at the centre includes skills-building – both employability and social skills. Rehabilitation content is uniquely tailored to the individual, but always focused on dispossessing the individual of extremist beliefs.

## INDONESIA

Collaboration between government and civil society organizations (CSOs) has long been a challenge in Indonesia but, according to interviewees, the situation has largely improved since the development of a National Action Plan (NAP) in 2020. Initial distrust between CSOs and the government was not only due to capacity and communication issues, but also to a genuine lack of will to collaborate, rooted in the assumption that the government is better suited for tasks related to VE than civil society. Interviewees<sup>20</sup> also spoke of communication issues between members of civil society themselves as they competed for government grants. Over

time, however, the relationship between civil society and government transformed from one-on-one trust building to more systemic, strategically guided partnerships with programme design responsibilities for CSOs at the national level.

Under the NAP, rehabilitation and reintegration forms a key soft component of a national strategy coordinated between 36 ministries and governmental institutions. Deradicalization is a part of the four basic pillars of the NAP. The NAP contemplates that CSOs will carry out most of the activities and programmes at the grassroots level. Under the NAP, Indonesia places special importance on the role of CSOs, to a degree unmatched by the other examined models. CSOs under this structure are key design and implementation actors, and directly enact many of the initiatives at the grass-roots level. Within the institutional structure, they are represented among the expert groups and in the secretariat. Consequently, the operational space for civil society has grown.

The CSO landscape has evolved over time, but civil society has long been a part of the rehabilitation process. Initially, capacity and coordination constraints limited their involvement, but over time civil society became an integral and more institutionalized partner in individual and social rehabilitation. CSOs such as C-SAVE, Yayasan Pendar Pagi (YPP) and Balai Handayani have long played an active part in rehabilitation and reintegration. As noted, civil society initially faced capacity constraints, with one interviewee<sup>21</sup> describing the social workers’ approach primarily as “learning from doing.” That said, their approach shared many of the programmatic components of State programmes. For instance, the work of Balai Handayani included psychosocial rehabilitation, psychological rehabilitation, religious assistance and even physical therapy. At the Children’s Centre for Social Rehabilitation, the therapy includes psychosocial therapy, life skill therapy, physical/health therapy and mental spiritual therapy (Masruroh and Sarira, 2022).

Figure 4. Indonesian rehabilitation: structural and conceptual breakdown



Source: Transformative Peace

Indonesia began implementing ad-hoc deradicalization programmes in 2005, which were later replicated in other programmes. These early programmes were custodial, conducted in prisons by the police counter-terrorism unit, Special Detachment 88 (Densus 88), focused on disengagement, not just of the individual, but also of their families. These programmes centred on the use of civilian interlocutors, mainly reformed or disengaged extremists employed to expedite the disengagement

process. For example, one of the most prominent interlocutors was one of the Bali Bombers, Ali Imron. Another was former JI (Jemaah Islamiyah) member Nasir Abbas. Interlocutors were encouraged to engage with targeted inmates in informal dialogue regarding Islam and the concepts of jihad.

In 2010, the National Counterterrorism Agency (Badan Nasional Penanggulangan Terrorisme; BNPT) took control of the State’s deradicalization programmes. The outline of the Indonesian model was laid out in the BNPT’s National

20 An academic with expertise in Indonesian rehabilitation and reintegration, interviewed on 17 April 2023.

21 Ibid.

Blueprint on Counterterrorism in 2013 and includes five key steps: (1) identification, (2) rehabilitation, (3) re-education, (4) resocialization, and (5) monitoring. The identification stage focuses on building an ideological profile of an individual in order to determine whether the participant ought to proceed into the next stages. The second stage aims towards ideological rehabilitation, facilitating the individual's movement towards "moderate understandings and attitudes," and "inclusive, peaceful and tolerant" behaviour and thought. Re-education also centres around rehabilitation, while the resocialization phase attempts to reintegrate the individual back into society. The final stage is about monitoring the sustainability and success of those previous stages. Returnees who have been deemed guilty of association with a VEO are placed in custodial programmes and imprisoned. Those without an affiliation are sent to non-custodial centres for rehabilitation. Upon arrival, they receive orientation about the rehabilitation centres and are provided with various forms of support, including cognitive therapy, religious knowledge and the issuance of new identification documents to replace those lost, if any, during their journey to and from Syria.<sup>22</sup>

To address the increasing need for repatriation in 2016, the State repurposed two of its facilities in East Jakarta. Voluntary returnees and those forcibly repatriated were divided based on their parental status. If they had children, they were accommodated at a youth centre called Pantia Sosial Marsudi Putra Handayani in Jakarta's Bambu Apus neighbourhood. If they were single adults, they were housed roughly 6 km away, at the Rumah Perlindungan Trauma Centre in Ciracas. This programme lasts 30 days and is voluntary. For individuals who were convicted, they were placed in BNPT-controlled custodial deradicalization programmes (Foreign Terrorist Fighters Knowledge Hub, n.d.).

The central emphasis of the State's rehabilitation programme is ideological change. The programme has operated under an assumption that is challenged by many scholars, which is that ideology is the central pathway towards extremism (Agastia et al., 2020). The BNPT and key CSOs such as C-Save and YPP disagree on the goal of rehabilitation,

with the former focusing on deradicalization and the latter emphasizing disengagement. Interviews with participants in the programme suggest that ideological change is pursued in a one-size-fits-all-approach without much work put in to understand the individual and what they need (Agastia et al., 2020). A key component of this is the construction of a multilayered identity. In the interest of cultivating such identity, the Indonesian model seeks to "encourage the formation of new personal identities that drown out the extremist identity" (Agastia et al., 2020, p. 13). Along with the ideological work, employment helps facilitate a multilayered identity through the promotion of pluralism and individual agency.

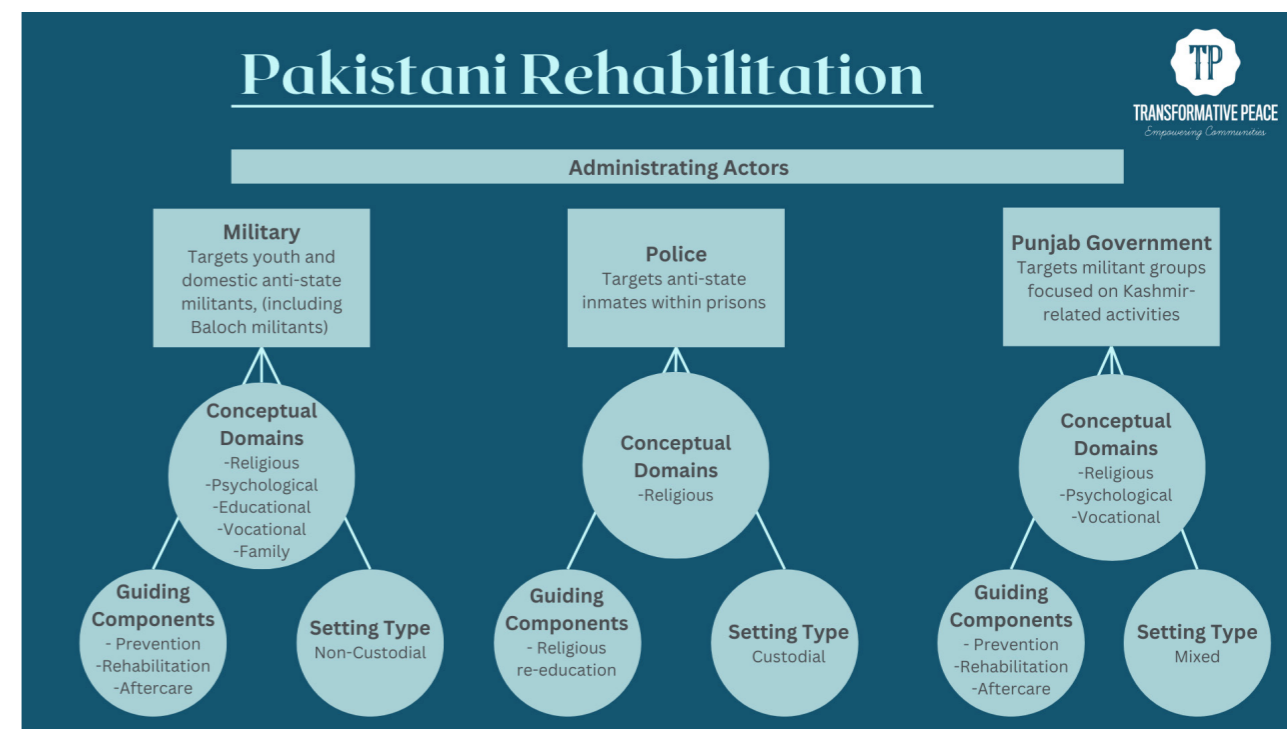
## PAKISTAN

Rehabilitation efforts in Pakistan lack a central body of reference for local initiatives, meaning the country lacks a sufficiently comprehensive and coordinated rehabilitation strategy. Current efforts are dispersed throughout the country and operate under various frameworks. As a consequence, Pakistani models of rehabilitation differ depending on their administrating actor. There are three main administrating actors in Pakistan: the military, the police and the Punjab government. Programmes administered by the military were the most conceptually comprehensive.<sup>23</sup> These programmes had five main components:

- Religious,
- Psychological,
- Vocational,
- Family,
- Mainstream educational.

Police-administered programmes focused only on religious deradicalization, focusing on religious re-education. Inmates received visits from religious scholars who lectured them on why their anti-State jihads were un-Islamic. Punjab-administered programmes had two components: a vocational component and a religious component.

Figure 6. Pakistani rehabilitation: structural and conceptual breakdown



Source: Transformative Peace

In the high-risk Swat Valley, programmes launched in 2009 have primarily focused on adolescents aged 12–18 years through the Sabaoon initiative, later handed to civilians for administration.<sup>24</sup> The Rastoon project caters to individuals aged 19–25 years, while Mishal and Sparlay target adults, with the latter concentrating on specific families. Since 2009, Pakistani efforts have concentrated on education, vocational training, religious instruction and post-intervention assessments for adolescents older than 13 years.<sup>25</sup> Little about the scope and content of projects Pythom and Heila are known, both of which are characterized by low transparency. Nevertheless, four main components of rehabilitation undergird all of these rehabilitation projects (Foreign Terrorist Fighters Knowledge Hub, n.d.). Besides the programmes run by the police, which only have one component, various Pakistani models consist of some mix of the following four components: (1) psychological counseling; (2) correction of their extremist views through religious education; (3) imparting of formal education followed by vocational training; and (4) reintegration to facilitate their transition back into the society (Basit, 2015).

By 2015, Pakistan had at least 10 rehabilitation centres referred to as Deradicalization and Emancipation Programmes' (DREPs). Most are run by the military with assistance from civil society, but the Sabaoon centre has a stronger civilian component (Qazi, 2013).



Photo 6: Mustafa Aladdin Ezat/IOM Iraq

<sup>22</sup> Expert symposium held in Erbil Iraq, 9–11 July 2023.

<sup>23</sup> An academic and expert on Pakistani rehabilitation, interviewed on 7 March 2023.

<sup>24</sup> Conference presentation "Experts Symposium Rehabilitation: Emerging Practices & Lessons learnt" given at the expert symposium.

<sup>25</sup> Expert symposium held in Erbil Iraq, 9–11 July 2023.

Figure 7. Status of Pakistani deradicalization and emancipation programmes

Disengagement & Rehabilitation Centers	Beneficiaries	Location	Date
Sabawoon-1	Juveniles (14-19 Years)	Malakand Agency Khyber Pakhtunkhwa	2009-2016 Discontinued
Sabawoon	Adult males of all ages	Bara, Khyber Agency	2016 Ongoing
Rastoon	Juveniles (19-25 Years)	Malakand Agency	2009- Discontinued
Mishal	Adults	Mingora, Khyber Pakhtunkhwa	2009- Discontinued
FEAST	Females	Swat, Khyber Pakhtunkhwa	Discontinued
SPARLAY	Female Militants	Tank, Khyber Pakhtunkhwa	2009- Discontinued
Navi Sahar	Adults	Bajaur Agency, Former FATA	2012- Discontinued
Khyber Program (2 Centers)	Adults	Khyber Agency, Former FATA	2016- Ongoing
Punjab Rehabilitation Program (CTD/TEVTA)	Adults	Punjab	2011-2012 Discontinued

Source: Status of Pakistani DREPS: Adapted from (Khan, 2021) "Disengagement and Deradicalization Programs in Pakistan: A Comparative Analysis" (p. 38).

The Pakistani model of rehabilitation is conducted within a 6-month to 2–3 a-year period. The Sabawoon programme lasts 18 months and has four major components: "formal education, including corrective religious education; vocational training; counselling and therapy; and a social module to discuss social issues and hold sessions with the beneficiaries' families" (Qazi, 2013, p. 8). The programme's educational curriculum emphasizes pluralism and tolerance and follows the guidelines of the Provincial Education Commission's education system. Beneficiaries are assessed on three grounds: their mode of involvement (voluntariness), the extent of their involvement (duration and activities undertaken), and their general ideological inclination.<sup>26</sup> Youth participants are re-educated on religious and ideological issues, including the Sharia, jihad, democracy and violence. Lessons taught include

the compatibility of democracy and Islam, the futility of suicide attacks, and the un-Islamic nature of the Taliban (ibid).

Another key difference is the character of the rehabilitation site. Whereas Indonesian and Moroccan programmes are conducted within a prison setting, Pakistani programmes administered by the military are conducted within a learning place, more closely resembling the sites used in the Saudi model (Basit, 2015). The Pakistani model is also locale-specific, with rehabilitation programmes in different areas using identical underlying frameworks but still operating differently in important ways. Divergences between the claims of interviewees and some of the literature can be observed with respect to civil society participation. For instance (Qazi, 2013) states that civil society plays either an assistance or leading role in all of the programmes (to varying degrees), with more than one hundred CSOs conducting on-site projects in the country (Qazi, 2013), while a Pakistani expert<sup>27</sup> interviewed argued that civil society was largely marginalized.

26 Conference presentation "Experts Symposium Rehabilitation: Emerging Practices & Lessons learnt" given at the expert symposium.

27 An expert on rehabilitation in Pakistan and a leading civil society figure interviewed on 24 February 2023.

## MAPPING SIMILARITIES AND DIFFERENCES ACROSS CASE-STUDIES

The four countries selected for comparison in this study share similarities and yet are different in meaningful ways. All countries have some degree of economic, social and religious rehabilitation, while all examined countries also include psychosocial counselling as a key component of individual case management. Important areas where country-level differences are observed are in the role of civil society and the private sector; the integration of online components and educational assistance. To varying degrees, all the examined countries also pursue both deradicalization and disengagement through at least some elements of their programmes, regardless of whether they are custodial or non-custodial.

Custodial programmes within correctional facilities might encounter challenges in deradicalization due to their close connection with the State, potentially impacting messenger credibility and the effectiveness of the message. Each country's rehabilitation includes behavioral and cognitive-affective interventions, even if not explicitly stated. Although not all countries use "reformed radicals" in their rehabilitation, interviewees unanimously agreed on the value of their inclusion, forming a notable commonality. Expert interviews highlighted that employing reformed radicals can be advantageous, as they positively impact both beneficiaries and communities. However, this benefit is contingent on their careful methodological integration. Leveraging their insight and past involvement in VE, reformed radicals possess the capacity to scrutinize extremist ideologies, counter extremist narratives and participate in reflective dialogues.

Another similarity across case studies revolves around the profile of participants. All the examined countries generally restrict the participant pool to individuals without "blood on their hands." In Pakistan for instance, individuals are identified in black, white and gray categories; the ones with blood on their hands are placed in the black category.<sup>28</sup> The latter are considered high risk and housed separately from lower-risk individuals. The white category comprises individuals coerced into VE. These individuals are primed for a programme lasting anywhere between 45 days to three months. A similar approach is taken by all the other examined countries. The participant pool is similarly restricted when it comes to women returnees. As one interviewee<sup>29</sup> notes about the Mousalaha programme, the programme includes only women who are considered "home-grown"

militants and does not include who travelled to Syria and Iraq with their husbands, as the latter group are generally perceived as coerced participants. In Mousalaha's new iteration, around 10 Moroccan women benefited from the programme (Kasraoui, 2022).

While comparative analysis can help reveal emerging practices and potentially cross-contextual aspects, what works in one area may not always work in another. One of the most important differences centres around resources and capacity. For example, (Basra, 2022) notes the unlikelihood that the Saudi approach could be translated across national contexts. Replicating this approach would be difficult for many countries due to the social, institutional and financial resources that Saudi Arabia can effectively mobilize that other countries may not. The Saudis, for instance, can mobilize a large amount of knowledgeable and credible religious interlocutors, including over 150 clerics and scholars. The Saudi approach is very expensive and employs hundreds of staff to perform a range of functions, including monitoring and programmatic interventions (ibid). From a financial point of view, this approach may not be entirely replicable for governments with less financial resources.

While there is a certain degree of conceptual alignment, case studies diverge in terms of structure, relationships, engagement levels and the aspects linked with ideological reform. Saudi Arabia and Pakistan each place equal importance on personal development, including development in emotional, cognitive, social, economic and skills dimensions. The Indonesian model is largely ad hoc, as it is neither regimented nor institutionalized; its mode of interaction with participants is guided by two key principles. The first emphasizes the role of in-group interlocutors, who, they believe, are best positioned to reach out effectively to imprisoned extremists. As Braddock (2019) puts it, "Indonesian officials believe that imprisoned jihadis can be persuaded only by those who share (or used to share) similar beliefs." This approach operates under the assumption that overtures made by security forces towards participants are more likely to be rebuffed. The second principle revolves around trust-building and legitimacy, which programme staff seek to establish through the provision of basic support systems, including medical care and educational opportunities, which extends

28 An academic and expert on rehabilitation in Pakistan interviewed on 7 March 2023.

29 An expert on Moroccan rehabilitation interviewed on 1 March 2023.

to the detainees' families as well. This support includes travel expenses for family visits (ibid).

These two principles are structurally integrated into the overarching approach of the programme, with in-group interlocutors implementing programme activities. For instance, former Jemaah Islamiyah commander Mohammed Nasir bin Abbas joined the programme's attempt to moderate participants' religious beliefs and promote disengagement. Alongside other former VEO members, Abbas engages participants in religious dialogues, redefining critical Islamic

concepts like Jihad (Braddock, 2019). However, trust deficits limit engagement levels, setting the Indonesian model apart from models where participation is mandatory or social interactions prove more effective. All four cases aim to re-negotiate identity concerns, with Indonesia also emphasizing identity management.

Another important distinction between programmes is their time frame, scope and setting. Figure 8 lists key differences between each model.

	Morocco	Saudi Arabia	Indonesia	Pakistan
<b>Participant Profile</b>	FTF's / Domestic militants	FTF's / Families	FTF's / Families / Domestic militants	Children / Families / Domestic militants
<b>Time Frame</b>	45 days - 4 Months	8/12 weeks - 1 Year	No Set Time Frame 3 weeks - 1 Year	6 Months - 2/3 Years
<b>Setting</b>	Prison	Rehabilitation Center	Prison / Rehabilitation Centers	Rehabilitation Center (DREPs)
<b>Conceptual Focus</b>	Ideological Reform	Ideological Reform and Personal Development	Ideological Reform and Identity Management	Depends on administrating actor
<b>Scope</b>	Whole-of-Government	Whole-of-Government	Whole-of-Government & Whole-of-Society	Military / Police / Punjab Gov't

Figure 8. Comparing national rehabilitation models

Source: Transformative Peace

From these comparisons, certain challenges and emerging practices stand out. The examination of the selected countries points to a couple practices in rehabilitation that worked quite well, including whole-of-government and/or whole-of-society approaches, the use of reformed radicals, humane treatment in custodial programmes, and the incorporation of community-based feedback mechanisms. However, these case studies also highlighted some central challenges in rehabilitation, including non-State capacity building, cultivating space for CSO involvement, a lack of gendered

and individualized interventions or family tailored programming, and resource-heavy incentive structures.

Figure 8 represents an overview of some of the general findings, consisting of observations from both the literature review and the interviews. The following section will explore more in-depth the findings that are specific to the interview component of the study. There are both points of convergence and divergence between the interview and literature review findings, which contribute to evaluating the strength of findings and identifying the similarities and differences between theory and practice, and why they matter.

## EMPIRICAL FINDINGS AND ANALYSIS

The rehabilitation of former violent extremists is a complex and multifaceted process that presents several challenges to practitioners and policymakers. While rehabilitating former violent extremists can assist in preventing further spread of extremist ideologies that lead to violence and promotes social cohesion, it requires a comprehensive multistakeholder and multidisciplinary approach that is whole-of-society and whole-of-government. This section highlights some of the major issues and challenges that surfaced during the interviews across the different case studies.

### NAVIGATING THEORY AND PRACTICE: BETWEEN DISENGAGEMENT AND DERADICALIZATION

While many findings are equally expressed within the literature and among practitioners, one of the most critical points of divergence is the tendency among practitioners to conflate concepts of deradicalization and disengagement. Within the literature, disengagement refers to behavioural change, while deradicalization refers to ideological change. While deradicalization and disengagement are related, they are two different concepts that make use of different resources, assets and theories of change. However, interviewees have been merging these two approaches, which has implications for the theory of change implemented by practitioners and for communicating rehabilitation strategies and outcomes to the public.

Such mergers speak to a complicated relationship between theory and practice that this study seeks to highlight and navigate. The literature on disengagement and deradicalization also suggests a disentanglement between the two (Altier et al., 2012; Fink and Hearne, 2008). Noting the fact that many individuals who engage in terrorist activity are not "radicalized," while many who are radicalized disengage thoroughly from terrorist activity over a long period of time, these authors caution against seeing deradicalization as a necessary prerequisite for sustainable disengagement. This caution was reflected in the case literature and interviews, with one interviewee noting the challenges in explaining to the community that individuals re-entering society have disengaged but might still be "radical." Such public education will affect the community's buy-in to address stigma and encourage reintegration. These challenges have implications for the theory of change implemented by practitioners and for communicating rehabilitation strategies and outcomes to the public.

This conceptual divide could be explained by experiential differences among practitioners and theorists. It may be the case that practitioners on the ground face issues that are not sufficiently accounted for by academics, or practitioners may be underinformed on relevant theory, something that multiple interviewees have noted. For instance, one Indonesian expert<sup>30</sup> commented that many practitioners "learned from doing" throughout the rehabilitation process rather than working from a strong theoretical foundation with conceptual and empirical rigour. Understanding this conceptual divide and the concepts themselves is important for designing and implementing an evidence-based and effective theory of change.

While the RAN definition includes deradicalization as a core component, some practitioners, academics and programmes focus on disengagement as a more feasible alternative, engaging in behavioural rehabilitation, if not attitudinal. An interviewee<sup>31</sup> made this point in relation to Pakistan, arguing that:

*"Disengagement is more practical than deradicalization, because deradicalization is only possible when structural forces of violence have been pacified. In a country like Pakistan where there is a serious governance issue, and a serious issue regarding delivery of justice and corruption and all that. With these structural sources of violence, it's impossible to deradicalize an individual."*

Still, other academics and practitioners believe that with conceptually precise theories of change and well-tailored individual programming, deradicalization can occur within all types of environmental contexts (Popp et al. 2020).

While deradicalization seeks to change "views" as the RAN definition puts it, disengagement sets out more limited goals, seeking only to change behaviour. It therefore makes sense that a rehabilitation programme ought to have a clear understanding of both deradicalization and disengagement, and their connection to rehabilitation, so programme staff can design and implement a conceptually focused theory of change and understand what specifically, either in terms of behaviour or beliefs, the programme is aiming to change. Fundamentally important questions arise from these distinctions is deradicalization feasible in this context? What beliefs are most important? How do we induce movement in those beliefs? All these questions will be affected by individual and social contexts, but their importance to the overall process should not be overlooked.

30 An academic with expertise in Indonesian rehabilitation and reintegration, interviewed on 17 April 2023.

31 An academic and expert on Pakistani rehabilitation interviewed on 8 March 2023.

These questions point to the need for programmes to develop the theoretical foundation of radicalization as a means to conceptually and structurally guide deradicalization programmes. Neglecting theoretical foundations can weaken the platform for rehabilitation, resulting in the attempted construction of exit pathways that may not address the underlying drivers of radicalization. As one interviewee<sup>32</sup> pointed out, it can also lead to too much focus on ideology in radicalization, leading to undue emphasis on religious re-education, which conceptually dominates some rehabilitation efforts in the examined countries, at the expense of cognitive and personal development. As an example, (Iqbal, 2021) adopts a multilevel analytical framework at the root of Pakistan's approach to deradicalization, highlighting individual, organizational and environmental levels. Constituted within a framework for understanding motivations for terrorism, these three levels are interdependent and reciprocal, constituting a feedback loop reinforcing cycles of radicalization. Programmes can be made more successful by understanding the interplay between these multilevel factors and how they mutually reinforce each other by incorporating a deeper understanding of how deradicalization and disengagement affect behaviour and belief change. Doing so will facilitate the design and implementation of programmes capable of identifying and disrupting feedback. This approach also conforms well to the considerations for rehabilitation programmes detailed by Gunaratna and Bin Ali (2015), which can be synthesized as follows:

- There are different degrees and levels of extremism and radicalization, of which rehabilitation programmes must be cognizant to tailor programming accordingly.
- Winning hearts and minds are the central focus of rehabilitation, which separates itself from military approaches.
- Rehabilitation will not bear fruit immediately; it is a long-term strategy.

Examining rehabilitation programmes in this study reveals that several achievements and challenges can be understood by considering these interconnected dynamics. Programmes aim for individual rehabilitation by influencing responses at various levels, encompassing family, civil society or credible in-group intermediaries. Additionally, refining the design and execution of rehabilitation efforts can be enhanced by incorporating what an interviewee labels “the Cognitive Triad”

as a guiding concept for staff. This triad encompasses the fundamental perspectives shaping actions and perceptions of individuals and groups – how they view themselves, the world and the future.<sup>33</sup> Centering these frames of reference in an operating theory of change can help address the cognitive roots of radicalization.

#### THE HUMAN ELEMENT: RESTORING TRUST AND DIGNITY

A major and consistent theme among interviewees was what one interviewee<sup>34</sup> referred to as “the work of the heart.” By this, she and other interviewees communicated the central importance of the individual relationships between staff and beneficiaries, which ought to be based upon respect, dignity and kindness. Interviewees with expertise in different countries repeatedly emphasized the need for humanization, kindness and a concern that some efforts may focus too much on ideology at the expense of human relationships. As one interviewee<sup>35</sup> noted, rehabilitation is “a very human process.”



Photo 7: Mustafa Aladdin Ezat/IOM Iraq

Within the literature, what is referred to in this paper as “the human element” has been conceptualized as non-complementary behaviour and it helps explain the psychological and relational effect of unexpected compassionate behaviour where hostility would otherwise be expected (Rosin, 2016). Compassionate behaviour has several critical benefits. Firstly, it acts as a shock to beneficiaries, who as members of VEOs are most likely expecting negative treatment from actors they associate with a State or society they consider corrupt and antagonistic. This shock creates psychological and emotional space within the cognitive–affective systems of the individual, making attitudinal and behavioural change more likely, especially around out-groups, which is the most important variable within extremist belief systems. Secondly, it is a major asset in trust and confidence building, helping programme staff develop positive and constructive relationships with beneficiaries.

This approach focusses on an element that VEOs have targeted in their own messaging and recruitment strategies: emotional appeals. As researchers such as Abadi (2019) and Malet (2013) have observed, emotional appeals are particularly useful in VEO recruitment, including ones focusing on personal and collective respect and dignity. Rehabilitation practitioners have observed something similar in their efforts to promote exit from violent extremism – the importance of building relationships from a place of respect and dignity – which can be translated into positive emotional connections with staff and improved attitudes towards the State. In her study on community-based PVE, Abadi (2019, p. 19) highlighted the neglect of emotional appeals as a crucial shortcoming in current PVE approaches, citing the inadequacy of current approaches that “focused entirely on rational appeals, devoid of the emotional manipulation that makes recruitment efforts so powerful.” The importance of emotional appeals can be seen in work conducted with beneficiaries’ families while they are still completing their jail sentence. As one interviewee<sup>36</sup> stated:

*“When you work with their (detainees) families and children, they feel better and adopt a more positive attitude towards a State institution that they used to not trust. Now they see that this institution, a State institution, actually cares about the future of their children so it starts to build some trust and positive attitude towards State institutions. There is basically an emotional linkage that we try to do when we focus on the children. Building together a community where concerns are shared creates not only an emotional language but also, they start to think of ‘we’ instead of us and them.”*

The human element can be extended to touch upon the importance of supportive social networks as a critical element of sustainable rehabilitation and reintegration. This includes families, friends, peers and mentors. A number of interviewees across the examined countries noted the beneficial influence of mentors on participants. Interviewees noted the importance of getting the mentors of inmates comprehensively involved. As another interviewee<sup>37</sup> noted: “An encouraging social network may be just as important as these targeted aftercare strategies for lowering recidivism rates. This may include having access to mentoring and peer support programmes, as well as community and family support.” This human element is also critical during the reintegration process.

#### GENDERED APPROACHES TO REHABILITATION: ARE WE THERE YET?

Gender biases and restrictive cultural norms can significantly impact the effectiveness of rehabilitation programmes, particularly for women. One of the most fundamental ways gendered biases can impact women's rehabilitation is through the deprivation of care. As one interviewee<sup>38</sup> observed in Indonesia, male beneficiaries had access to VE-specific custodial programmes as well as vital economic and social aftercare assistance, while women detainees were placed in general programmes with no VE-specific care and no access to the kind of economic aftercare that male beneficiaries enjoyed. Programme interventions may also be based on gender stereotypes and cultural norms, assuming that women are passive victims rather than active participants. This misconception can lead to underestimating women's role in VEOs and overlooking the need for tailored rehabilitation programmes that address women's unique needs and vulnerabilities. These stereotypes can also lead to the perception that women are incapable of engaging in entrepreneurship and other income-generating activities, which can limit their opportunities for successful reintegration into society, further perpetuating gender inequalities.

While the rehabilitation programmes differ in how thoroughly and effectively they integrate gender, the desk review and interviews highlighted the need for greater gender mainstreaming. While there are no available data for the number of female returnees in the Pakistani or Saudi cases, in Morocco and Indonesia respectively, 26 per cent and 45 per cent of returnees are women, according to the Foreign Terrorist Fighter Knowledge Hub. Existing programmes were

32 An expert in Pakistani rehabilitation interviewed on 24 February 2023.

33 Conference presentation “Emerging Practices in Rehabilitation” given at the expert symposium.

34 A general expert on rehabilitation and reintegration who has worked on rehabilitation programmes in Sri Lanka, Indonesia, Pakistan, Maldives, Libya, Philippines and South America, interviewed on 6 April 2023.

35 An expert on Indonesian rehabilitation who works from a victim-centric lens, interviewed on 1 March 2023.

36 Expert on Moroccan rehabilitation, interviewed on 15 May 2023.

37 An expert on violent-extremism and rehabilitation in Pakistan with experience working in task forces, educational centres and working groups, interviewed on 7 March 2023.

38 Expert on women's rehabilitation in Indonesia, interviewed on 20 April 2023.

first designed to meet the needs of male inmates, neglecting the specific needs and vulnerabilities of women. Only later did these programmes integrate women – to some degree, and only in some cases. In Morocco, for instance, the fifth edition of the Mousalaha programme included 10 women.<sup>39</sup>

Regardless of the degree of gender integration, most gendered interventions limited women's agency and reinforced restrictive cultural norms. The failure to gender mainstream approaches to rehabilitation tends to translate into systemic support discrepancies between male and female beneficiaries. In Indonesia, for instance, women did not benefit from small grants and entrepreneurship opportunities that are available to men, which may hinder the overall success of rehabilitation efforts. Similarly, while men are placed within deradicalization programmes tailored to the needs of individuals involved in VE, women are placed within general programmes with no specific VE focus. Therefore, not only are female inmates not engaged in any gender-sensitive manner, but the State also fails to engage with them in a sufficiently VE-sensitive manner.

Pakistan is the only country examined that had a female-specific rehabilitation centre that includes women who are either ex-VEO affiliates or the family members of one. An interviewee stated:

*“Female radicals in Pakistan can now receive specialized help through the Women's Deradicalization Programme, which was established by the government. Both one-on-one and small-group sessions are provided, with the latter focusing on teaching critical thinking skills and the former on dismantling extremist worldviews. The government claims that the programme has been effective in assisting women in leaving extremist ideology and returning to mainstream society.”*

While not explicitly a rehabilitation centre, the Indonesian Ministry of Social Welfare also provided shelters for women with gender-specific programming, including gendered vocational programmes such as cooking and sewing. Importantly, different shelters were provided for single women and those with children. These shelters, however, are usually staffed by untrained social workers.<sup>40</sup>

Most approaches view women through a maternalistic lens, integrating gender into rehabilitation primarily through understanding their roles as spouses and mothers. The Saudi and Pakistani models are good examples of this conception. Saudi programming that targets women operates under a maternalistic logic that tends to limit women within traditional gender norms. The Tranquility Programme, for example, offers training to parents, and mothers in particular,

in recognizing signs of radicalization. This programme calls upon women within the domestic sphere to perform gendered roles in the interest of prevention and reintegration. Pakistan's integration of gender has followed a similar line to the Saudi's. For instance, the internationally funded local NGO PAIMAN works with women as the first line of defense against radicalization, as their caregiver roles position them as early warning systems for emotional problems and radicalization (Brown, 2020). PAIMAN understands women as “the gateways to families” and seeks to reach vulnerable or radicalized youth by “educating these women about nonviolent interpretations of the Qur'an and the alternatives to radicalization” (ibid). This strategy operates under the assumption that mothers are the primary actors in shaping youth values. PAIMAN incorporates gender into its programming through educational and economic functions. After receiving training, female participants became members of PAIMAN mothers' peace groups called Mothers Tolana (together, in Pashto), creating a social network of mothers sensitive to radicalization and trained, to some degree, in rehabilitation. By 2017, the NGO had trained 745 mothers, who had formed 30 Mothers Tolana groups in the KP and FATA provinces of Pakistan (ibid). Alongside motherhood frames are rescue frames, which depict women charged with terrorism in other countries as in need of rescue.



Photo 8: Mustafa Aladdin Ezat/IOM Iraq

Rescue frames are particularly salient within the Indonesian model. The State's approach to women in rehabilitation is to view them as coerced participants influenced by their husbands. The recent focus of the Indonesian State towards the intersection between women and extremism has been directed toward the vulnerability of Indonesian women in other countries, particularly domestic workers, with the media reacting to stories of Indonesian women being charged with terrorism in Singapore and Hong Kong as nationals in need of rescue from exploitation who need to be returned to the presumed safety of the Indonesian family. Like in Saudi Arabia, women's roles as mothers are anchored in PVE thinking. For instance, Indonesia uses “mother schools” run by Sisters Against Violent Extremism to promote “critical dialogue and targeted training to strengthen women's confidence and competence to recognize and react to early warning signs of radicalization in their children” (ibid). The generally perceived context for women's engagement in VE is typically reduced to their assumed positions as either victims or caregivers.

Morocco adopts these types of frames as well, but in recent years has expanded its rehabilitation programmes to include women, and Indonesia plans to do so as well. The issue of women was left largely unaddressed by the Moroccan rehabilitation and reintegration strategy (Renard, 2019). However, the most recent iteration of the Mousalaha programme began to moderately include women in its deradicalization programme. The programme was made available to female participants in 2020, and by October 2021, eight women were among the 207 prisoners who participated in the programme (Majalat, 2021). The inclusion of women in Morocco's rehabilitation and reintegration programme is both new and limited, and therefore needs further development. Similarly, the Indonesian CSO, C-SAVE, intends to create a centre specifically for the rehabilitation and reintegration of women so that their reintegration is not stymied by prison radicalization (C-SAVE, 2019).

Due to insufficient attention and integration and the limited frames through which women are viewed, all examined countries ought to reevaluate and redesign their approaches towards women and rehabilitation. As mentioned in studies into Morocco's PVE strategy, the general “lack of deradicalization programmes for highly indoctrinated female returnees makes it more likely that they will get involved in terrorist-related activities on their return” (Watanabe, 2019, p. 15). Gender-sensitive reintegration, however, is essential, even for returnees who were not engaged in terrorism; as Watanabe notes, “Even female returnees who are not heavily indoctrinated will need psychological support, at the very least. Many have been through traumatic experiences. Living healthy lives and feeling part of society could prove extremely challenging” (2019, p.

15). Extending rehabilitation and reintegration measures to women should facilitate greater community.

VEOs may also exploit these biases and recruit women to play critical roles in their organizations. Women may be coerced into joining VEOs or may join voluntarily due to economic or social pressures. Once recruited, women may be subjected to sexual violence, forced marriage and other forms of abuse. Women involved with VEOs may face additional challenges in the rehabilitation process, including stigma and discrimination from their communities. For example, an interviewee from Morocco<sup>41</sup> stated:

What we realized is that stigma for women is much more intense and can create more harm for women than for men. Many times, men divorce women due to stigma. They might remove her children, and her family might not accept her. She might be unable to work in society and face more gender restrictions.

At the same time, stereotypical gender norms and roles constrain women, sometimes trapping them within VE networks through their uncritical relationship with male relatives, particularly husbands. Some of the interviewees highlighted a difference between married and unmarried women. In these instances, married women sometimes have internalized social norms that restrict their agency and opportunity to fully disengage because of the social and ideological pressure to obey their husbands. In these instances, women who have deradicalized or become disillusioned cannot disengage and pave a new life path for themselves.

## REINTEGRATION AS CRITICAL CONTINUUM TO REHABILITATION

Perhaps the most important commonality across case studies and throughout the interviews is the interconnectedness between rehabilitation and reintegration conceptually and in practice. “There needs to be a continuity in the process” as one interviewee<sup>42</sup> put it. Experts from various countries discussed the need to build in a robust reintegration programme for successful rehabilitation. The need for interconnection between rehabilitation and reintegration was acknowledged in Pakistan, leading to the establishment of a monitoring centre to facilitate reintegration in 2011. The need for the centre was prompted by observable post-reintegration challenges affecting Sabaoon beneficiaries, including:

- Individual goal direction (academic and vocational pursuits),
- Family instability and dysfunction,
- Psychological well-being,
- Community stigma.<sup>43</sup>

<sup>39</sup> A clinical psychologist and expert on Moroccan rehabilitation interviewed on 1 March 2023.

<sup>40</sup> Conference presentation “Addressing the Needs of Women” given at the expert symposium.

<sup>41</sup> A member of the Moroccan government with expertise in Moroccan rehabilitation, interviewed on 15 May 2023.

<sup>42</sup> An expert in Pakistani rehabilitation and a leading figure in civil society, interviewed on 24 February 2023.

<sup>43</sup> Conference presentation “Experts Symposium Rehabilitation: Emerging Practices & Lessons learnt” given at the expert symposium.



The importance of connecting rehabilitation and reintegration was expressed by one interviewee through a three-dimensional model of sustainable disengagement or deradicalization. From this point of view, rehabilitation, reintegration and aftercare are seen as an ongoing and multi-disciplinary process.<sup>44</sup> This framework is particularly helpful in establishing sustainable platforms for positive change. Effective reintegration programmes can assist individuals in building positive relationships, finding employment and establishing a sense of purpose and belonging, which can all reduce the risk of recidivism. This was reflected in the designs of the programmes and the broader literature.

For instance, Pakistan connected rehabilitation in Sabaoon with reintegration through monitoring and support that responded to the challenges detailed above. This includes a minimum of a two-year long monitoring process based on interactions with the individual (on a weekly/monthly basis), family members, community leaders, peer groups, employers and school staff. Support would come in the form of psychosocial assistance, stipends, food rations, the arrangement of on-the-job training, tuition and school admission.<sup>45</sup> Similarly, Morocco's Mousalaha programme connects rehabilitation and reintegration through a myriad of community and virtual initiatives. As one interviewee<sup>46</sup> from Morocco noted:

*"We believe that the person who was detained represented a symbolic capital to the household... The entire family becomes impacted. While it is an individual case, in reality, it's a collective one. The family is involved too. The kids do not have a normal childhood and do not get to have the same experiences as the rest of the kids. We want them to have a normal childhood, even when their dad, for instance, is still in prison. By working with the families of the detained, we are breaking this emotional barrier and showing humanity to the detainees."*

Families and community leaders are among the most crucial social network nodes and, therefore, play a critical role in rehabilitation and reintegration. When family and community do not form a central part of rehabilitation and reintegration processes, they deprive themselves of crucial social assets, feedback and input. For example, an expert interviewee<sup>47</sup> from Pakistan highlighted the lack of engagement with parents and community as a key challenge in the Pakistani process. Because of this, dialogue and trust in the community became issues for rehabilitation actors.

As the interviewee noted, CSOs can and should act as the bridge between family, community and the government. These linkages are essential as family and community both act as credible and robust influences on individual thinking, emotional well-being and behaviour, with the latter being essential to broader social change. Key to that influence is their social capital. Understanding forms of social capital, including linking and bonding capital,<sup>48</sup> helps underscore the importance of community leaders and broader social networks to successful rehabilitation and reintegration programming. Families are recognized as crucial to rehabilitation and reintegration in both the literature and interviews and form a component of some programmes in all of the examined countries. Community leaders are essential as well, facilitating community buy-in and community ownership. Community leaders play a crucial role in reducing stigma during reintegration, facilitating attitudinal and environmental changes conducive to rehabilitation and reintegration, and helping programmes pursue their economic, social and political components.



Photo 9: Mustafa Aladdin Ezat/IOM Iraq

44 Ibid.

45 Conference presentation "Experts Symposium Rehabilitation: Emerging Practices & Lessons learnt" given at the expert symposium.

46 A member of the Moroccan government with expertise in Moroccan rehabilitation, interviewed on 15 May 2023.

47 An expert on Pakistani rehabilitation and a leading civil society figure interviewed on 24 February 2023.

48 Bonding capital refers to the social capital within in-groups while linking capital refers to social capital between people and institutions.

## CHALLENGES AND LIMITATIONS

Interventions must overcome and account for several challenges and limitations. One of the most persistent and universal issues relates to community stigma, which every intervention will have to deal with. Rehabilitation and reintegration programmes may also face obstacles common to many programmes, such as the capacity of stakeholders or institutional cooperation. Some general challenges and limitations are the following:

1. Community stigma,
2. Levels and types of collaboration with civil society,
3. Sufficient and adaptive psychosocial care,
4. Capacity-building,
5. The lack of whole-of-society approaches,
6. The degree of family and youth inclusion,
7. Independent and transparent monitoring and evaluation.

### DESTIGMATIZATION

Given the strong social dimension of rehabilitation and reintegration, the de-stigmatization of rehabilitated individuals is a central concern and a core challenge in the individual's successful reintegration. As noted previously, stigma has an intersectional dimension, with some demographics experiencing stigma more intensely. Geographic context is another consideration. As one interviewee<sup>49</sup> pointed out, the severity of stigma can also be influenced by how rural or urban the environment is, with rural areas exhibiting less stigma. De-stigmatization is key to reducing recidivism and making rehabilitation outcomes positive and sustainable. Families are a vital component of this, both as a source of stigma themselves and as an avenue for wider de-stigmatization. A CSO working with former detainees in Morocco described the need to deploy conscientious language that does not further stigmatize and to work first with families who sometimes refuse to accept them back into the community as they bring shame. For example, one interviewee<sup>50</sup> notes that they use the word "nazeel" instead of "sajeen" and attempt to remove the word "habass" from the vernacular of families. The

art of navigating language nuances and reframing narratives is crucial for both de-stigmatization and the empowerment of already marginalized communities.

Additionally, it is worth noting that stigma is just as much an economic challenge as a social one for beneficiaries. In particular, rehabilitated individuals have a difficult time finding employment, as highlighted in the literature and the interviews. In many countries, the ability of former fighters to find employment is hindered by identification measures that draw attention to criminal records, as noted by multiple interviewees with expertise in different countries. One interviewee<sup>51</sup> details the challenges associated with identification cards in Morocco that detail previous detention(s) and charges, which can preclude rehabilitated individuals from accessing employment opportunities. The social and economic challenges are intertwined. As the same interviewee notes:

*"Some laws need to change to ensure that people can continue having a normal life. However, it cannot change if society is not ready and there is so much backlash to change them. So, we need to work on the perceptions and society first, and before that we need to change the law so that they can understand that we're not giving them a gift, but we're benefiting the society by them being productive citizens after the prison."*

As interviewees attest, community-based events can play an essential role in de-stigmatization. As one Pakistan expert<sup>52</sup> notes "People who have deradicalized themselves frequently talk about the role that volunteering and involvement played in their decision to abandon extremist beliefs. Community events, volunteer work, and friendships with moderates are all good ways to do this." De-stigmatization efforts incorporate many of the recommendations expressed by interviewees and emerging practices found in the literature which will be further explored in the following sections and is generally crucial to reintegration. As one interviewee<sup>53</sup> notes:

*"Overall, the success of these [rehabilitation] programmes relies heavily on gaining community buy-in and lowering social stigma associated with the reintegration of individuals who have undergone deradicalization and rehabilitation."*

49 An expert in women's rehabilitation in Indonesia, interviewed on 29 April 2023.

50 An expert on Moroccan rehabilitation interviewed on 2 March 2023.

51 A member of the Moroccan government with expertise in Moroccan rehabilitation, interviewed on 15 May 2023.

52 An expert on violent-extremism and rehabilitation in Pakistan with experience working in task forces, educational centers, and working groups, interviewed on 7 March 2023.

53 An expert on violent-extremism and rehabilitation in Pakistan with experience working in task forces, educational centres and working groups, interviewed on 7 March 2023.

*These programmes in Pakistan aim to reduce social stigma and promote successful reintegration through engagement with community leaders, support for families and friends, vocational training and community participation in the rehabilitation process.”*

However, interviews highlighted that among the most significant challenges in reintegrating former detainees is securing employment, with the primary two challenges being overcoming social stigma and criminal record. To overcome these challenges, former detainees need comprehensive support that provides them with the necessary resources and skills, where economic assistance and reducing community stigma is built into the rehabilitation programmes, recognizing that the needs of men and women who have been involved in violent extremism may differ significantly.

#### THE ROLE OF CIVIL SOCIETY

One of the most serious challenges in rehabilitation is the relationship between the State and civil society. Collaboration with CSOs is difficult for rehabilitation programmes in many countries. This challenge can be seen within the related field of reintegration as well, indicating a general problem of civil society and government partnership in these areas. The literature and interviews both discuss the need to involve diverse elements of civil society such as independent religious leaders, families, community and tribal leaders, experts, NGOs in the field of rehabilitation and aftercare processes.

The relationship between civil society and government is crucial to long-term rehabilitation success. CSOs are well positioned to address concerns related to community stigma and reintegration of former violent extremists due to their proximity, local knowledge and experience working with these communities. CSOs can also help to emphasize and strive towards human security in an area where State security is generally prioritized.<sup>54</sup> As legitimate actors who possess credibility and trust within the local community, CSOs must be empowered to work on reintegration without fear of security repercussions. The literature and interviews both speak to the importance of CSOs in this respect. In Indonesia, this element is positively evolving and interviewees spoke about a need for further space and capacity-building. The same is true for Morocco, specifically in the reintegration space. Given the centrality of stigma-related concerns, CSOs must take a leading position in community-based approaches to rehabilitation and be well placed to facilitate job placement and successful reintegration.

An important challenge is the lack of consensus between CSOs and the government regarding successful rehabilitation and reintegration. This disconnect contributes to poor coordination. For instance, CSOs in Indonesia tend to view a successful programme in terms of facilitation and assistance rather than the dictation of personal change. As Agastia et al. (2020, p. 15) notes, CSOs tend to “reject the notion that deradicalization can be forced through external influences, such as through instilling notions of state philosophy or nationalism and instead prefer approaches that cultivate the individual, such as through personal development or one-on-one dialogue”. Effective collaboration requires a shared understanding of rehabilitation goals. Logistical issues further hinder coordination. Mechanisms for sharing data and co-operation, for instance, are underdeveloped in Indonesia, even following progress under the NAP. Coordination is also complicated by the fact that monitoring and evaluation mechanisms have not been sufficiently discussed by stakeholders while collaboration with other State actors (such as Densus 88 and Private Sectors) has yet to be established.<sup>55</sup>

CSOs are uniquely positioned to perform essential functions within that common operating picture. The YPP in Indonesia for instance, facilitates the socioeconomic development of former extremists and helps them navigate problems like stigmatization. They coordinate with government actors, sometimes in the form of consultations, and sustain good relationships with the communities of former extremists. This is well illustrated by the Dapoer Bistik, a restaurant in Solo operated by YPP. This restaurant acts as a meeting place for former militants, especially those residing in Central Java, where former militants can forge social networks. This allows the YPP to carry out both rehabilitation and monitoring functions at a much closer level than any government agency (Agastia et al., 2020).

However, CSOs also face the problem of insufficient resources, which leads to operational limitations that hinder their ability to assist rehabilitation and reintegration efforts. CSOs in Morocco and Indonesia are largely reliant on donations and volunteers and the YPP acknowledges the unsustainability of their model without access to more funding. This problem was particularly salient in Pakistan, with one interviewee<sup>56</sup> citing a lack of financial and political support from the government. According to the interviewee, a leading civil society figure and expert in rehabilitation, the government did not support the work of CSOs, leading to discouragement. Space for CSO involvement is particularly restricted in environments characterized by low funding and poor relations with the State. This does not mean there are

no productive relationships with the Pakistani government and community-based organizations. For instance, another interviewee<sup>57</sup> cites positive collaborations between government and non-profits and businesses to facilitate the reintegration and recovery of former militants. As the interviewee notes, these relationships make it easier for people to obtain the full range of services they need, such as classroom instruction, vocational guidance and job placement assistance. Dynamics between civil society and government were a problem consistently observed in all the case studies, including Morocco and Saudi Arabia, with the latter having the least space for CSO involvement. That said, improvements can be seen, especially in Indonesia.

In 2017, Indonesian ministers acknowledged the important role CSOs play in rehabilitation and reintegration, releasing a joint statement emphasizing the need for whole-of-government and whole-of-society approaches and a deeper collaboration with subnational governments and CSOs. However, this statement resembles that released in the BNPT blueprint for deradicalization, which also stressed the importance of CSOs as “strategic partners.”<sup>58</sup> Given the perceived independence of CSOs, they are important actors in linking civilians to government. The public’s trust in their independence is critical to their relationships within the community and the credibility of their messages and messengers. They are well-positioned for trust-building and are seen as generally more credible and in-touch than government actors. If Indonesia and other countries want to work towards or establish a more sustainable and effective rehabilitation framework, greater attention and more operational space and collaboration needs to be afforded to CSOs – which the Indonesian government has attempted to do with the 2020 national action plan.

#### PSYCHOSOCIAL COMPONENTS OF REHABILITATION PROGRAMMES

The social and affective characteristics of some programmes, like the Saudi programme, have been highlighted as promising features of regional rehabilitation models. Along with a programme’s pragmatic and ideological features, social and affective interventions form a key part of a particularly effective three-pronged approach to breaking and replacing all levels of an individual’s commitment to a violent extremist group (Holmer and Shtuni, 2017). As noted by some observers, a particular strength of this approach is the role it assigns to professionalized staff, including psychiatrists, psy-

chologists, law enforcement and clerics, all of whom have roles to play in psychosocial care, whether in the form of dialogue, mentoring, counseling or monitoring and evaluation. Within some of the case studies, this capacity was lacking, however. As one interviewee,<sup>59</sup> an expert in Moroccan rehabilitation, noted, there is a lack of experience and space for the transmission of knowledge to civil society staff. Similarly, in Pakistan, another interviewee<sup>60</sup> cited language barriers as an example of obstacles in psychosocial programming, as “psychologists who were handling these returnees did not understand and speak the language of these people.” Consequently, sufficient and adaptive psychosocial care would require greater space for capacity-building. Across the examined case-studies, psychosocial support forms a part of all rehabilitation programmes. However, the capacity of psychosocial support mechanisms and interventions vary. One main reason for varying levels of psychosocial support is resource driven. Observers highlight the effective role of psychosocial care in Saudi Arabia’s rehabilitation programmes, while Indonesia’s lack of resources have led to criticisms relating to the resulting lack of psychosocial support (ibid). Similarly, participants in Morocco’s Mousalaha programme have also complained about the lack of psychosocial support in aftercare (Masbah and Ahmadoun, 2019).



Photo 10: Mustafa Aladdin Ezat/IOM Iraq

54 Conference presentation “The Role of Civil Society Organization in Countering Violent Extremism (CVE)” given at the expert symposium.

55 Conference presentation given at the expert symposium.

56 A leading civil society figure and expert in rehabilitation interviewed on 24 February 2023.

57 An expert on violent-extremism and rehabilitation in Pakistan with experience working in task forces, educational centres and working groups, interviewed on 7 March 2023.

58 An expert on violent-extremism and rehabilitation in Pakistan with experience working in task forces, educational centers, and working groups, interviewed on 7 March 2023.

59 A clinical psychologist and expert in Moroccan rehabilitation, interviewed on 1 March 2023.

60 An expert in Pakistani rehabilitation and a leading civil society figure, interviewed on 24 February 2023.

Psychosocial care is more than just trauma responsiveness, and its importance, especially to children, should not be overlooked. Not all staff implement trauma responsive care, but Saudi Arabia and Pakistan's psychosocial support integrate the role of trauma more comprehensively into the psychological and affective dimensions of their programmes. For instance, the Sabawoon programme in Pakistan begins with identifying potential trauma in youth participants. The mental health issues that staff look for include issues relating to post-traumatic stress disorder, low self-esteem, sleep disturbances, anger issues and neurological problems like seizures and epilepsy (Qazi, 2013). Upon diagnosis, professional staff at the centre provide therapy, counselling and medication. Additionally, social support staff provide participants with safe spaces to discuss personal problems as well as questions and concerns pertaining to social and ideological issues. These services are also available to families (ibid). Saudi Arabia's psychosocial interventions align with emerging practices in their integration and use of indigenous traditions in rehabilitation. The Saudi programme relies on the use of cultural norms and mores, especially relating to family, to facilitate a cognitive shift away from violence. Despite less funding for this type of programmes, Indonesia has also adopted indigenous methods of psychosocial support, experimenting with traditional wayang kulit puppet shows and conflict management training (Holmer and Shtuni, 2017).



Photo 11: Mustafa Aladdin Ezat/IOM Iraq

As Bosley (2019) writes, “Children are victims who require developmentally appropriate psychosocial and other forms of support to address their trauma and resocialize them.” Similarly, Speckhard’s (2021) training manual for the United Nations highlights the importance of psychosocial interventions for children and families as a component of rehabilitation and reintegration. For instance, she explains that family counselling and various forms of family-centric social and psychological assistance can help returnees cope with post-traumatic responses to conflict and separate themselves from extremist groups operating there. These types of psychosocial initiatives are vital. As Bosley (2020, p. 12) notes, “Programs that focus on skills deficits by providing micro-grants, vocational training, and education were a step forward but failed to directly address cognitive dimensions or the influence of social networks.”

#### LACK OF CAPACITY AND OF AN INTEGRATED APPROACH

While the whole-of-government approach taken by the Moroccan and Saudi government has many benefits, potential drawbacks might arise if it is not complemented with a whole-of-society approach. Without an integrated approach, it may be difficult to build trust between the government and communities affected by violent extremism, which could in turn lead to a lack of understanding of the root causes of violent extremism, an overreliance on State institutions for reintegration, and an insufficient focus on addressing the drivers of radicalization that lead to violence. This situation results in low information sharing and collaboration, leading to capacity deficits, not just within civil society, but also within key actors such as prison staff for custodial programmes. As an evaluation conducted by Search for Common Ground points out, “if the prison staff must call on various other ministries to help them organize certain activities, it is because they themselves do not have the skills to do so” (Search for Common Ground, 2018). Social assistants attached to rehabilitation programmes in Morocco took note of this, complaining that prison staff have little to no background in rehabilitation and reintegration. A skill deficit is not the only concern, as lack of resources has an impact on the number of people who receive assistance. This whole-scale involvement of the government also comes at the cost of civil society participation, which is a necessary component of sustainable whole-of-society rehabilitation. Civil society is often better positioned to build productive relationships with participants and communities and forms an important part of the rehabilitation landscape, which can be undermined if States neglect capacity-building in civil society.

#### FAMILIES AND YOUTH-SENSITIVE PROGRAMMING

The report by the International Centre for Political Violence and Terrorism Research (ICPVTR) emphasized that rehabilitation and deradicalization must extend beyond the individual. Processes must include family and community components because ideological change is made more sustainable when a programme addresses an individual’s social networks (ICPVTR, 2010). Family programming was integrated into all the case studies to varying degrees. In Saudi Arabia, family engagement is very high,<sup>61</sup> with structured family meetings and evaluations. In Pakistan’s Mishal programme, families are involved with the aim of repairing the broken family structures seen among most of its beneficiaries (Basra, 2022). Like Iraq, Indonesia partners with STRIVE juvenile, a project funded by the European Union to respond to issues relating to children and VE. STRIVE juvenile is a three-year project aimed at improving government capacity to respond to child recruitment and exploitation while building resilience among vulnerable youth populations. Members of civil society, including C-SAVE and groups such as the Lingkar Perdamaian Foundation work to facilitate the rehabilitation and reintegration of children. For instance, the foundation helps children find schooling while facilitating community acceptance (Mubaraq et al., 2022). Lingkar Perdamaian Foundation is a recurring problem across contexts, as civil society cites social stigma, both from the family and the community, as a major impediment to childhood reintegration (UNODC, 2022). This is another area that demonstrates the importance of linking rehabilitation with reintegration, where connecting them in design and implementation could increase the efficacy and sustainability of both. The importance of aftercare in maintaining rehabilitation success is a good example of this.

Family assistance is a pillar of Indonesian aftercare. For instance, a programme meant to empower the wives of imprisoned extremists provides them with training meant to “transform their existing income-generating activities into businesses that can sustain themselves and their families” (Bosley, 2019). Along with providing financial support to the families of radicalized prisoners during incarceration, the State also provides support during the reintegration phase. The limitations of Indonesian aftercare, however, make its family support mechanisms weaker than in other countries such as Malaysia, where family support is a key component of both rehabilitation and reintegration. Reintegration processes included voluntary family re-education as a means to diminish the influence of the militant family members’ ideas. In these instances, Malaysian officers

reached out in areas where arrests were made to highlight the dangers of Salafi-Jihadi thought and to reaffirm traditional Sufi teachings. Family members are typically in a state of shock following a relative’s incarceration for reasons related to extremism. Family support measures are intended to demonstrate positive intent on the part of the State while providing a foundation for rehabilitation and reintegration, which facilitates buy-in by creating positive associations between the family and the deradicalization process. The feedback mechanisms that provide family members and detainees with “maximum opportunity for input” is a key reason for the Malaysian model’s success (Aslam and Gunaratna, 2019). While Indonesian aftercare offers family support, it is not as comprehensive and substantive as it could be.

Pakistani family and youth programming provides another positive example of family programming. While other programmes focus on children as well, Pakistan’s rehabilitation and reintegration programme more comprehensively integrates child-sensitive and focused programming into their model than the others. Pakistani programming aligns with best practices in children’s rehabilitation by considering and accounting for children’s developing cognitive abilities, capacities and vulnerabilities to help foster prosocial behaviour, critical thinking, social intelligence and empathy (Bosley, 2019). Consequently, Pakistani rehabilitation models, as applied to children, approach rehabilitation through the lens of resocialization rather than deradicalization. Resocialization is prioritized for youth because trauma healing is more effective once a state of “normalcy” is re-established or introduced into a child’s life. The Sabawoon rehabilitation centre for example, provides psychosocial support for male youths who fought with the Tehrik-e-Taliban. In the interest of resocialization, the centre focuses on prosocial activities with families and communities, and particularly in “the acquisition of cognitive, social, and vocational skills that enable the youths to more easily adjust to society and replace their violent identities with new ones” (ibid). Evaluations speak to the success of Pakistan’s youth-sensitive and family-friendly programmes. One such evaluation measured the programme’s impact on cognitive complexity among participants. The evaluation found that in all studied cohorts, including detained and reintegrated youths, participants showed a “significantly increased ability to perceive validity in one’s own changing views and others’ differing views along with reduction in derogating or dehumanizing outgroups” (Peracha et al., 2022). Importantly, it also found that reintegrated youths were more confident in their ability to become change-makers in their communities.

<sup>61</sup> A general expert in rehabilitation with first-hand exposure to Saudi rehabilitation, interviewed on 13 April 2023.

## INDEPENDENT MONITORING AND EVALUATION AND MEASURING RECIDIVISM

Ongoing monitoring and evaluation, including regular assessments and follow-up care, are essential but complicated components in rehabilitation. Stigma in particular can make essential monitoring functions a challenge. As an example, returnees in Indonesia are advised to reintegrate into their communities with a low-profile, avoiding high visibility. Therefore, visits to their homes may be limited, including visits from NGOs, as receiving many visitors can raise suspicion, making monitoring more difficult.<sup>62</sup> Early assessments are critical to individual programming. Pakistan's Sabaoon centre, for instance, completes a comprehensive assessment of incoming beneficiaries, used to establish risk categories and tailor care. Early evaluations in Sabaoon assess cognitive and emotional qualities including critical thinking, emotional difficulties and subtle neurological abnormalities. Social and religious evaluations are also conducted, including assessments on family and community variables and religious beliefs. These assessments are carried out through a mixture of methods including supervision by psychologists, questionnaires focusing on mental health, standard progressive matrices, House-Tree-Person assessments, Bender-Gestalt Tests and other methods of psychological assessment.<sup>63</sup>

Monitoring and evaluation standards, uniformity and transparency, however, are central challenges in the study of rehabilitation programmes. Therefore, it can be difficult to independently verify State claims around rehabilitation success – and recidivism in particular. Across case-studies, problems relating to monitoring and evaluation make recidivism rates generally hard to corroborate, a criticism that has been specifically levied against Saudi Arabia's programme (Holmer and Shtuni, 2017), but should not be restricted to the Saudi model. CSOs can and do perform monitoring and evaluation functions, but within the current landscape, security, access and capacity concerns limit the success of this approach. For instance, in Indonesia, groups such as YPP and C-Save perform monitoring functions, but one of their main challenges is their ability to consistently check in with beneficiaries who live far away. The consequence of these shortcomings in government and civil society result in an evidence base that is insufficient for independent verification of major rehabilitation-related claims, which jeopardizes their capacity to feedback into and improve future interventions.

A recurring problem that researchers face when attempting to verify claims regarding the success of rehabilitation programmes in the examined countries is transparency. While

there is generally a lack of sufficient data on individuals returning to violence after rehabilitation and return,<sup>64</sup> governments still sometimes share estimates, although observers have challenged that these estimates generally cannot be trusted. Independently verifying the numbers being communicated by authorities is impossible because they are not shared with the public. The highest recidivism estimate given for any of the case studies within this paper is 20 per cent. This is the high-end estimate for the Saudi rehabilitation programme, which reports a recidivism rate of between 10 and 20 per cent. Figure 9 adopts the low-end estimate but monitoring and evaluation concerns make it difficult to ascertain which estimate is more in line with reality. The extremely low recidivism rate reported by Pakistan (1%), due to a lack of independent verification, is especially difficult to corroborate. The publicly available recidivism rates for its rehabilitation programme are reported by Pakistani officials without independent oversight, and analysts argue that the real rate is likely higher (Renard, 2020).



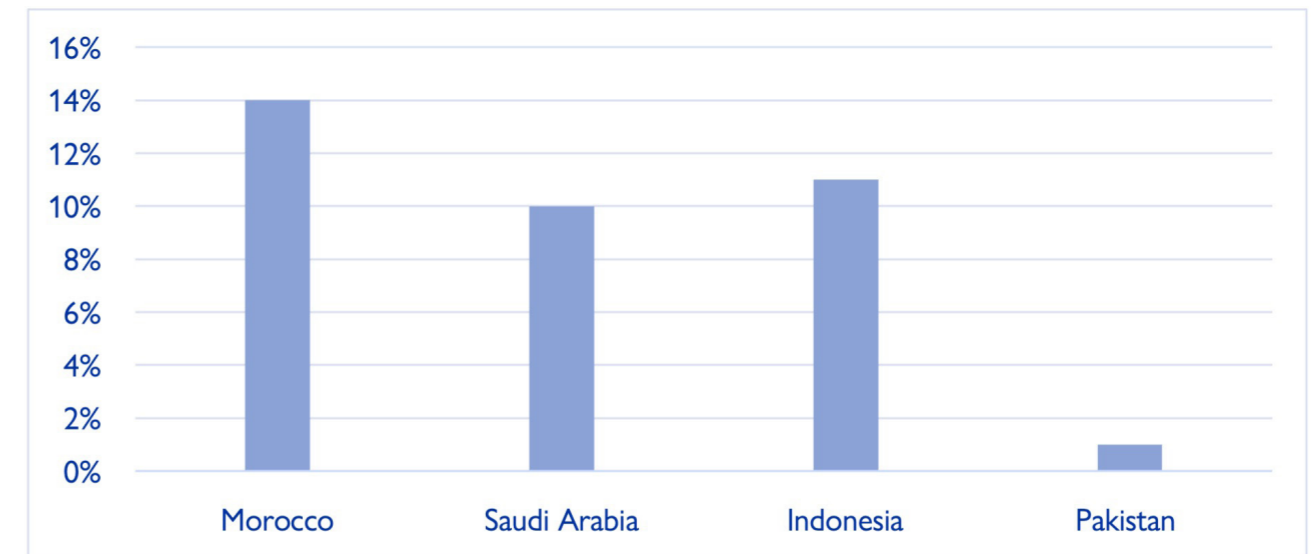
Photo 12: Mustafa Aladdin Ezat/IOM Iraq

<sup>62</sup> Expert symposium held in Erbil Iraq, 9–11 July 2023.

<sup>63</sup> Conference presentation "Experts Symposium Rehabilitation: Emerging Practices & Lessons learnt" given at the expert symposium.

<sup>64</sup> Expert symposium held in Erbil Iraq, 9–11 July 2023.

Figure 9. Comparing recidivism rates



Source: Transformative Peace

When evaluating and comparing recidivism rates within and across countries, it is important to note that recidivism, as a concept, is not comprehensively defined and uniformly conceptualized. Different countries, organizations or researchers may measure and conceive of recidivism differently than others. For instance, one country might measure recidivism by looking at how many former detainees return to violence, while another country might measure recidivism by looking at how many former detainees have been re-arrested or re-convicted. Because of this discrepancy, the publicly available recidivism rates of certain countries may not reflect the same type of measurement. Some theoretical assumptions that typically characterize rehabilitation programmes and scholarly approaches to the issue may also need added context. Assumptions pertaining to the connection between deradicalization and disengagement are particularly important in this regard.

Measuring the success of deradicalization or resocialization over time is critical to the adaptivity and overall success and sustainability of rehabilitation. Staff could use indicators of radicalization to establish indicators of deradicalization. One interviewee highlighted the following as key indicators of radicalization:<sup>65</sup>

- Expressed opinion – support for violence and rejection of rule of law and government;
- Material – violent extremist literature;
- Behavioural change – withdrawal from social networks (family, peers, new associations);

<sup>65</sup> Conference presentation "Emerging Practices in Rehabilitation" given at the expert symposium.

<sup>66</sup> An academic with expertise in Indonesian rehabilitation and reintegration interviewed on 17 April 2023.

- Personal history – evidence of involvement in crime and other groups;
- Crisis of identity – uncertainty about belonging.

Incorporating these indicators into the evaluation and monitoring dimension of rehabilitation programming could help establish a theoretically sound platform for the assessment of individuals before, during and after the formal rehabilitation process.

Law enforcement ought to be performing risk assessments as an ongoing part of the rehabilitation processes to measure change or lack thereof in key areas (Walkenhorst et al., 2020). Programme staff could also measure deradicalization success using cognitive mapping strategies or individualized case reports (Homer-Dixon et al., 2014). Key indicators of resocialization success such as skills acquisition could also be measured through tools like surveys. However, there are many complications in assembling a comprehensive and concise list of evaluation methods and criteria. Aside from accessibility and transparency constraints, rehabilitation programmes within a country can also be characterized by a lack of uniformity. As one interviewee<sup>66</sup> noted in the case of Indonesia, the lack of uniformity in measurement is a problem: "We have a lot of measurement tools. So we don't have a very uniform [system], like...each institution, or each instance, they have their own measures." A general picture of cumulative evaluation methods and criteria can be drawn from the interviews and desk review, which highlights the following methods and criteria for the examined programme:

Figure 10. Comparing evaluation methods and criteria

Morocco	Pakistan	Indonesia	Saudi Arabia
<ul style="list-style-type: none"> <li>Emotional / Relational Evaluations</li> <li>Cognitive Evaluations</li> <li>Behavioral Evaluations</li> </ul>	<ul style="list-style-type: none"> <li>Psychological Evaluations</li> <li>Social Integration</li> <li>Community Engagement</li> <li>Sustained Beneficiary Feedback</li> </ul>	<ul style="list-style-type: none"> <li>Emotional / Relational Evaluations</li> <li>Ideological Evaluations</li> <li>Sustained Beneficiary Feedback</li> </ul>	<ul style="list-style-type: none"> <li>Psychological Evaluations</li> <li>Social Needs and Conditions</li> </ul>



Photo 13: Mustafa Aladdin Ezat/IOM Iraq

## WHAT WORKS: EMERGING PRACTICES AND RECOMMENDATIONS

Rehabilitation of former violent extremists is a complex and sensitive process that calls for an all-of-government and all-of-society approach. For long term meaningful impact, security measures should complement reintegration and aftercare processes. A comprehensive, gendered and individualized plan that considers the unique needs, risks and circumstances of each individual is crucial. Based on the literature and interviews, this section briefly explores a few lessons that can be drawn from the comparison of case studies. Without being exhaustive, the following represents a few characteristics of effective rehabilitation programming.

### AN INTEGRATED WHOLE-OF-GOVERNMENT AND WHOLE-OF-SOCIETY APPROACH

Comprehensive involvement across government institutions and good communication are crucial to rehabilitation depth, responsiveness and overall success. Morocco and Saudi Arabia are good examples of such involvement. The Moroccan government is comprehensively involved in practically every aspect of the rehabilitation and reintegration process. Every part of the process is attached to a relevant government agency. For instance, the regional delegation for youth and sports provides the tools and staff when a sporting event is organized, while the regional directorate for culture or Ministry of Habous and Islamic Affairs is involved when an artistic or religious activity is organized for the benefit of detainees (Search for Common Ground, 2018). This kind of approach allows participants to benefit from comprehensive assistance from figures who are knowledgeable and well-positioned to assist, and the comprehensive government collaboration also allows the programme to keep participants busy with constructive activities. Cultural, sporting and religious activities prove psychologically important for participants in these programmes. The Moroccan model's whole-of-government approach offers a high level of institutional support for rehabilitation and social reintegration.

The Saudi model's level of intergovernmental collaboration has substantially contributed to its success, with various government entities working in tandem to identify and address needs while directing interventions to the institutions that are best suited for them. Compared to the institutional structures of the other examined models, the structure of the Saudi programme is perhaps the best example of a whole-of-government approach. The Saudi government has committed to a whole-of-government approach to combating extremism, rooted in a national strategy composed of aftercare PRAC priorities. These strategies are organized

under the Ministry of Interior but are considered the responsibility of all individuals across society. It is expected that the whole State apparatus makes a concerted effort, "from schools and mosques to local and provincial administrations, mass media and social service providers and organizations" (Boucek, 2008, p. 12). However, a strong participation of civil society is missing in this institutional network.

The Indonesian model, in contrast to the Saudi model, better exemplifies a collaborative relationship between civil society and government, an element that has been improving dramatically since the establishment of the NAP. Under the NAP, Indonesia places special importance on the role of CSOs, to a degree unmatched by the other examined models. CSOs under this structure are key design and implementation actors, and directly enact many of the initiatives at the grass-roots level. Within the institutional structure, CSOs are represented among the expert groups and in the secretariat. The recently improved Indonesian model, restructured under the NAP, has moved towards a whole-of-society approach to PVE, rehabilitation and reintegration. The Pakistani model is more limited to specific sectoral involvement.

### HUMANE TREATMENT

Especially when it comes to custodial rehabilitation, the humane treatment of detainees is a paramount concern. Whether referencing the work of the heart or material conditions, interviewees and the wider literature both highlight the importance of humane conditions and treatment to successful rehabilitation and reintegration. Indonesia's custodial rehabilitation programme made humane treatment a cornerstone of its approach. Densus 88 did not adopt a repressive approach towards the inmates. A more humane approach played a positive role in disengagement. This was a prerequisite for trust-building, as "the absence of torture and the threat thereof contributed to winning over the inmates' trust of government authorities" (Agastia et al., 2020, p. 9). This kind of approach is important for non-custodial programmes as well, and Saudi Arabia provides a good example. The most successful facet of the Saudi model is the Rehabilitation and Building Programme under the Mohammed bin Nayef Center for Counseling and Advice. Part of the reason of this success is the sense of normalcy that accompanies the positive living conditions the participant's experience at the centre.

The sociopsychological literature supports the creation of such conditions, showing a link between experiences of

non-conforming behaviour, positive contact and deradicalization. These sociopsychological foundations have been identified as guiding principles that have helped other rehabilitation and reintegration programmes achieve success, particularly the Aarhus programme in Norway. The Aarhus programme was implementing a model similar to Saudi Arabia's, in fostering openings for ideological change through positive non-conforming treatment. As Rosin (2016) explains, this approach went against expectations. As a result, it created an opening for people to re-evaluate their ideology. With radicalized individuals expecting to be treated harshly, receiving the opposite treatment was even more impactful. When this occurs, it shocks people into opening their minds to the possibility that they were wrong about their perceptions of society and out-groups.

#### LOCAL COMMUNITY OWNERSHIP AND SUSTAINABILITY

Community ownership and cultural sensitivity was another recommendation found in both the interviews and the literature. Ownership is vital for generating buy-in, building positive relationships and creating sustainable platforms for individual and social change that builds a sense of community. Therefore, participatory approaches are better suited to addressing key concerns such as stigma, attitudinal change and reintegration because they directly and comprehensively involve local community members in the process of rehabilitation. As noted by interviews and observed in the literature, family is also a key element in local ownership and sustainability. While family care is integrated into all of the examined programmes to varying degrees, several family-related concerns concerning rehabilitation and reintegration exist. One interviewee,<sup>67</sup> for instance, notes the influence of spouses, particularly husbands, on rehabilitated women. Patriarchal social norms are an added complication in women's rehabilitation, which has a very strong familial component.

#### FEEDBACK MECHANISMS

Successful programmes incorporate feedback mechanisms into design and implementation to improve adaptability and responsiveness. This also helps generate buy-in by fostering a feeling of participant ownership over the process. Without feedback mechanisms, some programmes face problems relating to trust and attentiveness. Pakistan provides a positive example of how to integrate feedback mechanisms into programming. Participant input is a key

part of the Pakistani model's responsiveness and its ability to generate buy-in. In contrast to other models, in which participants have exhibited considerable frustration over programme neglect or the programme inability to tailor programming to the individual, the Pakistani model integrates participant feedback into the process so that the needs of the individual can be identified and addressed.

#### IN-GROUP INTERLOCUTORS: THE USE OF 'REFORMED' RADICALS

Some programmes have found it useful to incorporate reformed radicals into the rehabilitation process as interlocutors. Morocco and Indonesia have found success in this regard, but the dynamic is nuanced. The use of reformed radicals is particularly useful with hard-core militants, as one interviewee<sup>68</sup> pointed out. Former extremists can still be viewed as part of the in-group, making them more credible speakers (Malet, 2013). This was affirmed in the Indonesian example, as with Ali Imron and Nasir Abbas; "their views were much more readily accepted by extremist inmates rather than moderate religious figures" (Agastia et al., 2020, p. 9). Additionally, the use of these social networks has the capacity to diminish extremists' willingness to fight and die for sacred values (Hamid et al., 2019). However, as Braddock (2019) notes, the circumstances in which the in-group interlocutors are used matters, and the use of reformed radicals is no guarantee of success (Basra, 2022).

How reformed radicals are integrated into programming will affect their capacity to positively impact participants. One example of the improper use of reformed radicals, mentioned by one interviewee,<sup>69</sup> was the practice of putting reformed radicals on television, which, according to him, can reinforce a sense of otherness and be counterproductive. Another interviewee<sup>70</sup> who works from a victim-centric lens, conducts dialogues between former perpetrators and victims. As he notes, preserving the agency of victims in the incorporation of reformed radicals in rehabilitation and reintegration work and ensuring that their voice is respected is important. Another concern is the former radicals' perceived proximity to the State. If they are overtly associated with distrusted authorities, their credibility as members of the in-group can be lost, leading to the prisoners seeing them as traitors, and thus undermining their ability to persuade. Morocco has had success in incorporating reformed radicals into rehabilitation and reintegration programmes. Some have even received training from the Mohammadia League of Scholars following graduation from

the programme (Dalhoum, 2020). With their experience and training, reformed radicals can and have become assets in the rehabilitation and reintegration process, especially as they are seen as more credible and trustworthy speakers.

As Iqbal et al. (2019) note, the use of reformed radicals can also be beneficial to wider counter-narrative efforts, facilitating change conducive to sustainable rehabilitation at the environmental level. Iqbal et al. bring up a useful case study in using reformed radicals in counter-narratives, specifically the example of Imam Sharif in Egypt. Following the September 2009 attacks, the State used Sharif to challenge the influence of extremist ideas socially. During Imam Sharif's years of detention in an Egyptian prison, he was deradicalized and he wrote a rebuttal of his own writings, criticizing Al-Qaeda. His book 'Rationalizing Jihad in Egypt and the World' called upon Al-Qaeda to stop their operations in Egypt and other parts of the world. The message was disseminated publicly by the Egyptian government to deradicalize thousands of imprisoned militants and dissuade common Egyptians from falling prey to terrorist organizations.

While this strategy conformed to some important observations in the literature, it had a particularly important flaw. Despite having a skillfully crafted message, carefully selected mediums and an identified target audience, the Egyptian counter-narrative model suffered a credibility problem, because the credibility of its messenger was compromised. Although he enjoyed widespread respect among the militants' global community, the fact that the book was written during his imprisonment enabled Al-Qaeda leadership to discredit both the message and messenger by claiming that Imam Sharif was either tortured or bribed by the prison authorities to write the book. This happening illustrates the degree of caution that must be adopted in using reformed radicals and underscores that programmes should take great care in how the message and messenger will appear to target audiences. In the use of reformed radicals, programmes have to pay close attention to how the interlocutor's proximity to and relationship with the government will affect their relationships with beneficiaries.

Research has pointed out other beneficial ways to integrate radicals into PVE and rehabilitation. In Indonesia, work conducted by the Victims' Voices initiative demonstrates the utility of providing platforms for engagement between radicalized individuals and perpetrators (Boon and Osman, 2020). Integrating reformed radicals works particularly well from a victim-centric model of engagement, with the initiative adopting a three-pronged approach rooted in the following:

1. Provide long-term assistance for victims of terrorism and enhance their rights;
2. Represent and advocate for their rights and interests and enable them to come together as peers;
3. Support the creation of an independent platform for victim-centric training and outreach activities related to preventing and countering violent extremism (Boon and Osman, 2020, p. IV)

Evaluations show that this victim-centric model, which brings both perpetrators and victim stories to at-risk youth, has a measurable impact on social resilience, specifically on the willingness of people to support violence as a tactic and to join conflicts outside their country. Evaluations also showed that, through this model, victims became recurring partners in PVE community work, with only 6 per cent being one-time participants. Importantly, this model also impacts feelings surrounding revenge, both collective and personal, significantly reducing the feeling that revenge is necessary (ibid). This work, and the role of reformed radicals in rehabilitation programmes, suggests that reformed radicals and perpetrators can play productive roles in various aspects of PVE, including prevention, deradicalization, resilience building, rehabilitation and reintegration, if they are properly integrated.



Photo 14: Mustafa Aladdin Ezat/IOM Iraq

<sup>67</sup> An Indonesia expert on women's radicalization, rehabilitation and reintegration, interviewed on 20 April 2023.

<sup>68</sup> A general expert in rehabilitation with programme design, advice, and training experience in Saudi Arabia, Iraq, Pakistan, Sri Lanka, Maldives, Afghanistan, Libya and Yemen, interviewed on 28 February 2023.

<sup>69</sup> A clinical psychologist and expert on Moroccan rehabilitation interviewed on 1 March 2023.

<sup>70</sup> An expert on Indonesian rehabilitation who works from a victims-centric lens, interviewed on 1 March 2023.

1. Provide long-term assistance for victims of terrorism and enhance their rights;

## REINTEGRATION AS A BUILT-IN COMPONENT FOR SUCCESSFUL REHABILITATION

Rehabilitation should provide opportunities for individuals to develop practical skills and gain employment opportunities, as this significantly contributes to successful reintegration into society. If the individuals who have successfully completed rehabilitation do not have access to the necessary support services, they might struggle to reintegrate and may be susceptible to return to violent extremism. Ongoing monitoring and regular assessments and follow-up care are needed to address any challenges or issues that may arise during the rehabilitation process.

## PROVIDING PSYCHOSOCIAL SUPPORT AND TRAUMA RESPONSIVE CARE

Psychosocial care is a fundamental aspect of rehabilitation. Staff must be aware of the psychological and social complexities in an individual's exposure to violent extremism and their exit from it. This process is an emotionally and psychologically complex one that can be influenced by a person's mental and emotional health. An added layer of complexity emerges with individuals who have been exposed to violence, either as a perpetrator or a victim. Psychological responses to violence have a demonstrable impact on attitudes towards rehabilitation and reintegration (Redlich Revkin and Kao 2022), highlighting its psychosocial importance at the individual and environmental level. In addition, interviewees and the wider literature point to the importance of trauma care in rehabilitation, especially among youth and FTFs returning from conflict zones. Rehabilitation programmes would benefit from incorporating trauma-sensitive care into their programming. In both psychosocial support and trauma-specific care, a major challenge in programming will relate to capacity, particularly with the level of training for staff, which is why capacity-building programmes are an important part of psychosocial and trauma-specific care.

## FAMILY KEY INGREDIENT TO SUCCESSFUL REINTEGRATION

While family care is integrated into all the examined programmes to varying degrees, several family-related concerns exist related to rehabilitation and reintegration. One interviewee,<sup>71</sup> for instance, notes the influence of spouses, particularly husbands, on rehabilitated women. Patriarchal social

norms are an added complication in women's rehabilitation, which has a very strong familial component. In addition, interviewees and the wider literature point to the importance of trauma care in rehabilitation, especially among youth and FTFs returning from conflict zones, but certainly not limited to them. Rehabilitation programmes would benefit from incorporating trauma-sensitive care into their programming.

## GENDERED APPROACHES

Gendered approaches to rehabilitation programming for former fighters are essential for successful reintegration into society. Interviews highlighted how gender biases and cultural norms can complicate rehabilitation efforts and perpetuate gender inequalities or stereotypes. Rehabilitation programmes could perpetuate these inequalities through disparities in access to grants along gendered lines, an element that an expert<sup>72</sup> in women's rehabilitation noted as a particular challenge during interviews. Rehabilitation programmes could also perpetuate gendered biases in the actual design of gendered interventions. For instance, one rehabilitation initiative in Sri Lanka sought to empower women by giving them make-up and having a catwalk. While self-esteem is important for personal development, this kind of intervention focusses on and reinforces gender stereotypes and biases that constrain women beneficiaries in terms of life-vision, self-perception, social expectation and outcome. Gender-tailored programmes ought to challenge these stereotypes instead. Effective rehabilitation programmes must be tailored to address women's differential vulnerabilities and ensure they have access to the resources and support they need to reintegrate into society successfully. Gender-sensitive programmes account for gendered push and pull factors, including marital status or exposure to sexual violence and the sometimes-complicated status of women as either perpetrators, victims or both. By recognizing these challenges and implementing gender-sensitive approaches, rehabilitation programmes can ensure that all individuals, regardless of gender, have access to the resources and support they need to reintegrate into society successfully.

A review of the literature and the analysis of interviews with experts in the field reveals the emerging practices and main findings detailed above. Figure 11 consolidates those observations into a single list of emerging practices and main findings:

Figure 11. Emerging practices and main findings



Source: Transformative Peace

While there are key points of divergence between practitioners and academics that have been emphasized in the section on navigating theory and practice, a significant level of convergence exists as well, which reinforces the impor-

tance of the emerging practices and main findings highlighted here. This speaks to the internal and external validity of these observations, which should be able to, if properly integrated, provide a strong theoretical and structural foundation for sustainable and effective rehabilitation and reintegration processes.

<sup>71</sup> Expert on women's Indonesian rehabilitation in Indonesia, interviewed on 20 April 2023.

<sup>72</sup> Ibid.

## LESSONS LEARNED FOR IRAQ

The comparative analysis of the examined countries, interviews with experts, literature review and expert symposium allow to better understand key challenges and areas of improvement for Iraq. Many of the issues that have and will affect the rehabilitation and reintegration in Iraq have also affected the rehabilitation and reintegration landscapes in the countries examined here, including challenges related to coordination, stigma, gender, resources and evaluation, among others. Lessons can be drawn from both successes and failures of other rehabilitation programmes, to adapt and modify interventions based on evidence-based practices and emerging practices, and ensure programmes are tailored to Iraq's context and needs. While many findings from comparative case studies can be applicable to Iraq, the Iraqi context also presents challenges unique to the country.

### SCALE OF REPATRIATION

A prime example of the uniqueness of some of the challenges is the unprecedented scale of the intended Iraqi repatriation processes, which sees plans to return 24,854 individuals (6,794 households) from al-Hol, on top of the thousands of Iraqis who have already begun the process. Jeddah-1, as the intended site for rehabilitation programming, faces complexities that will require technical guidance and comprehensive capacity-building efforts for on-site staff to deal with the wide range of individual- and social-level challenges associated with a process involving so many people. The scale of this process also highlights the need for structured case file management and a referral system internal to Jeddah-1. It is crucial that the process in Jeddah-1 is structurally linked to activities in al-Hol and in communities of return. These logistical aspects of programming are key components in connecting important stakeholders' sites –including Jeddah-1, al-Hol and others.

### SHARED CHALLENGES

However, Iraq will face many of the same challenges that have affected other countries attempting rehabilitation and reintegration, which can help inform programming. Some of these common challenges are the following:

- Security concerns and cross-border dynamics,
- Post-conflict rebuilding,
- Institutional coordination and collaboration,
- Community stigma,

- Trauma and mental health,
- Comprehensive and tailored rehabilitation assessments,
- Trust-building,
- Accountability mechanisms,
- Strategic communication,
- Addressing challenges faced by returnees, especially the large percentage of children who have been exposed to violent radical ideologies,
- Programming that is adaptive and responds to the unique needs of certain groups.

### WHOLE-OF-GOVERNMENT AND WHOLE-OF-SOCIETY APPROACHES

Addressing these challenges requires multifaceted, conflict-sensitive and context-specific approaches that involve government agencies, civil society organizations, communities and international partners. As in the case studies, institutional coordination represents a particularly important challenge. One of the main recommendations for rehabilitation programmes, as detailed in the section above, is the adoption of a whole-of-society and whole-of-government approach. In line with this approach, it is recommended that a government-run body dedicated to the rehabilitation and reintegration of returnees, which can oversee larger initiatives, dedicate centres for post-rehabilitation follow-up with both victims and returnees.<sup>73</sup> These centres should have the necessary protocols and partnerships with the United Nations, CSOs and judicial government entities. Strong linkages between all relevant stakeholders facilitates information sharing, adaptive programming and the optimal use of human and non-human resources. This is why Indonesia established more collaboration links with civil society, a key component of their recent national action plan.

### MULTILEVEL AND MULTI-STAKEHOLDER COLLABORATION

To make this approach effective, greater collaboration with civil society organizations is of the essence, especially in addressing community stigma and ensuring successful reintegration. The success of rehabilitation programmes often depends on effective reintegration programmes, lowering the risk of recidivism. Civil society organizations can assist in providing these individuals with the necessary support services

<sup>73</sup> Expert symposium held in Erbil Iraq, 9–11 July 2023.

to rebuild their lives and find purpose. Specifically, CSOs can assist with providing vocational training and skill development to enhance prospects for sustainable livelihoods; engage in public educational campaigns to raise awareness and dispel misconceptions; foster community dialogue and social cohesion; and offer support programmes to help individuals rebuild their sense of belonging and become productive members of the community. Overall, civil society organizations, in collaboration with the government, can assist in promoting social cohesion and contributing to the long-term prevention of radicalization and violent extremism.

In parallel, there is a need for cohesive and organized coordination among service providers, security services, the United Nations and various government bodies, especially the Ministry of Migration and Displacement. A recommendation from the expert symposium worth noting pertains to the need to build partnerships and connections between local organizations and international ones. Robust international cooperation is necessary to share emerging practices, exchange information and coordinate efforts. Humanitarian and development agencies must come together, pooling resources and expertise, to address immediate emergency needs and long-term development interventions. Local-national-international linkages should also be formed with the centres to be dedicated to post-rehabilitation follow-up. By working together, agencies can leverage collective expertise, resources and experiences to develop and support robust and evidence-based rehabilitation interventions. These centres would benefit from having the necessary protocols and partnerships with the United Nations, local CSOs and judicial government entities.<sup>74</sup> These kinds of linkages are essential to opening space for interventions, building capacity and relationships, and sustaining programme outcomes.

### TAILORED PROGRAMMING AND INTERSECTIONALITY

Institutional coordination is a means to an end; however, effective Iraqi programming, as shown in the findings, will rely on the ability to tailor programming to the unique needs of individuals (psychosocial, developmental, economic, etc.) and social groups (grievances, socioeconomic, security, etc.). Such contextualization depends on the ability to conduct comprehensive and tailored assessments of rehabilitation and reintegration outcomes. Doing so is key to adaptive and responsive programming that is conflict- and gender-sensitive and the (in)ability to tailor programmes has been cited as a problem within the examined case studies. The high percentage of children awaiting return in the Iraqi case, along with the number of women, many of who are heads of households, highlights the importance of programming that

<sup>74</sup> Expert symposium held in Erbil Iraq, 9–11 July 2023.

is tailored to the needs and vulnerabilities of women and children, which will require programming different from that targeting adult men. Many children may have been exposed to violence and extremist ideologies, missed out on formal education and are unaccompanied minors. Consistent and intersectional needs and vulnerability assessments must be a priority for Iraqi rehabilitation and reintegration as the return process is both dynamic and nuanced.

### BALANCING LOCAL OWNERSHIP AND DESTIGMATIZATION

Other structural challenges and potential areas of improvement can be derived from the application of these insights and lessons to the Iraqi context, one of the most important being community stigma. This was a recurring theme in the case studies and interviews and highlighted as a main impediment to effective and sustainable rehabilitation and reintegration. For Iraq, like in the four examined countries, destigmatization requires strong connections to local communities and a sense of local ownership over the return process. Stigmatization and marginalization faced by returnees can hinder their ability to reintegrate into their communities, exacerbating their vulnerability to exploitation and trauma. A multifaceted approach encompassing protection, rehabilitation and reintegration is required. Adequate legal safeguards must also be in place to protect returnees from potential retribution and ensure their rights are upheld. As noted in the case studies, local communities need to have their grievances addressed alongside the need for reintegration. Fostering relationships with community leaders and families are crucial to addressing stigma. This is where the role of civil society is key, as a link between government and these important local actors – which also highlights the importance of a good approach to strategic communication.

### STRATEGIC COMMUNICATION

Strategic communication, whether from government or civil society, needs to have a good understanding of the local community's needs, fears and vulnerabilities, including an understanding of what messages and messengers will resonate most with the communities. It is vital that the government adopts a clear and locally tailored communication strategy, alongside wider national messaging, particularly regarding the perception of returnees from areas such as Al-Hol. These communication strategies should support and empower alternative narratives constructed to prepare communities for the return of these individuals. Remembering that at the centre of these stigma and communication issues are relationships is important. Building trust and accountability is at the heart of rehabilitation and reintegration efforts.



Trust-building between beneficiaries, families, community leaders, civil society, service providers and government actors establishes the foundation for effective and sustainable rehabilitation and reintegration.

These elements represent some of the lessons learned from the shared challenges and emerging practices expressed in the case studies, interviews and symposium that can be applied to the Iraqi context. The Iraqi rehabilitation and reinte

gration environment is still emerging and is yet to take shape. Various actors are competing to define and direct that landscape. As noted, their coordination and consensus-building will be crucial to developing comprehensive and sustainable rehabilitation and reintegration efforts that can optimally respond to existing needs and vulnerabilities while remaining adaptive to evolving circumstances and developments. This study intends to facilitate the creation of an evidence-based foundation for that essential work.



Photo 15: Mustafa Aladdin Ezat/IOM Iraq

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