

# RIS ACTION GUIDE

REHABILITATION AND (RE)INTEGRATION THROUGH  
INDIVIDUAL, SOCIAL, AND STRUCTURAL ENGAGEMENT



UNITED STATES  
INSTITUTE OF PEACE

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UNITED STATES INSTITUTE OF PEACE

2301 Constitution Avenue NW  
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# **RISE Action Guide**

**Rehabilitation and (Re)integration through  
Individual, Social, and Structural Engagement**

*Lisa Schirch and Chris Bosley  
with Michael Niconchuk*

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## ABOUT THIS GUIDE

This action guide provides peacebuilding and civil society organizations, trainers, facilitators, local government officials and administrators, and other stakeholders with a framework to support the rehabilitation of people disengaging from extremist violence and their (re)integration into, and reconciliation with, local communities. Rehabilitation and (Re)integration through Individual, Social, and Structural Engagement (RISE) adopts a peacebuilding approach that is informed by public health principles and emphasizes community-led interventions.

The six modules in this action guide examine social, structural, and individual dynamics that can be harnessed to advance successful disengagement, rehabilitation, and (re)integration efforts by offering a sense of belonging and an alternative identity that rejects violence. Each module outlines practices that reduce barriers to, and open spaces and willingness for, prosocial engagement between people (re)integrating and community members and institutions. Collectively, the modules are designed to help practitioners transform behavior, identities, and conflict environments.

The guide offers user-friendly, evidence-based information in an accessible format. It has been written with the following audiences in mind:

- local community and civil society groups and leaders who want to design and implement disengagement, rehabilitation, and (re)integration programs;
- nongovernmental organizations that support local communities by designing and implementing such programs;
- local and national government offices and their personnel who want to support community-led initiatives; and
- nongovernmental and international organizations, national government offices, and foundations that are looking to invest in evidence-based solutions to the challenges of disengagement, rehabilitation, and (re)integration.

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## GLOSSARY OF KEY CONCEPTS AND TERMS

**Adverse childhood experiences (ACEs)** are potentially traumatic events that occur during childhood; they can include abuse, neglect, or household dysfunction.

**Behavioral health** is the ability to function and cope in everyday life, operate with a healthy self-concept, and develop and maintain positive social bonds. Behavioral health accounts for the interaction of biological, emotional, psychological, and social elements in order to promote personal well-being.

**Behavioral/mental health and psychosocial support (B/MHPSS)** are activities that aim to promote psychosocial well-being, mental health, and healthy behaviors.

**Chronic stress** is the accumulation of stressful experiences that, due to their strain on various cognitive and physiological processes, can cause long-term negative changes to physical health, psychological health, and social relationships.

**Collective trauma** comprises traumatic incidents experienced by a large group of people or a specific segment of society.

A **cycle of violence** is the self-perpetuating character of community violence, featuring connections between a person's perceptions of being victimized and their choice to perpetrate violence against others in response.

**Deradicalization.** See *Radicalization and deradicalization*.

**Disengagement** is a process whereby people stop behaviors related to extremist violence and reject violence as an acceptable way to resolve conflict, express grievances, or pursue a goal.

**Extremist violence** is a form of violent conflict in which people employ a set of behaviors that promote, support, or perpetrate violence to change existing political or social orders, and that advances an us-versus-them narrative that justifies killing, removing, or taking other violent actions against people who belong to particular social or political groups. This guide prioritizes use of the term *extremist violence* rather than *violent extremism* to emphasize the violent behavior, rather than the extremist ideology, as the primary locus of change. Additionally, the term *extremist violence* avoids categorizing a diverse cohort of people as violent extremists, regardless of legal status or actual level of involvement in extremist violence by those often covered by the term (for a deeper explanation of those nuances, see *People (re)integrating*).

**Fragility** refers to a community's lack of capacity to respond to, adapt to, manage, absorb, or survive stressful or disruptive events or shocks, due in large part to a lack of social trust in other groups and in public trust between government and citizens.

**Harm reduction** refers to a set of principles in service provision that attempts to minimize the negative effects of high-risk behaviors such as drug use. It suggests pragmatic and compassionate strategies to reduce individual and social harms that result from risky behaviors.

**Intergroup contact theory** holds that meaningful contact—positive and cooperative contact, whereby participants share an equal power status with people from social out-groups—can reduce prejudice and foster social cohesion.

**Peacebuilding** is a multistakeholder and multidisciplinary approach to conflict prevention, mitigation, and resolution that embraces complexity, humanity, and context to transform dynamics between people and groups to build societies, institutions, policies, and relationships that can foster and sustain peace and justice.

**People (re)integrating** is an umbrella term for the complex categories of people who are settling or living in and reconciling with local communities after demobilizing or defecting from violent extremist groups, disengaging from extremist violence, and/or exiting violent extremist conflict.

**Post-traumatic stress disorder (PTSD)** is a specific cluster of cognitive, emotional, and behavioral symptoms present more than thirty days after exposure to trauma that result in significant emotional distress that affects the individual's ability to function socially, occupationally, or domestically.

**Preventing and countering violent extremism (P/CVE)** is a concept that centers nonkinetic policies and practices (diplomatic, peacebuilding, development, and humanitarian) to dissuade people from mobilizing toward violence; to build people, communities, and countries that are resilient to extremist violence; and to mitigate recruitment, support, facilitation, or engagement in violent extremist groups.

**Prosocial behavior** is positive, inclusive, and intended to promote social acceptance or contribute toward building relationships and social bonds.

**Prosocial engagement** involves sustained, positive, inclusive interactions between people (re)integrating and local community members and institutions.

**Psychoeducation** refers to the provision of information in an empathetic, supportive, and structured way to help people better understand and cope with behavioral or mental health challenges.

**Public health** is the multidisciplinary science and practice of protecting and improving the health, safety, and well-being of people and their communities by promoting healthy lifestyles, preventing disease and injury, and detecting and responding to health risks, including violence.

**Radicalization and deradicalization** are a pair of processes in extremist violence. Radicalization refers to the process by which people adopt a belief or belief system that violence against another social group is necessary for the survival of that person's in-group. Deradicalization refers to the process whereby people come to reject such radical beliefs. Radicalization and deradicalization result from complex dynamics, are context and period specific, and can proceed idiosyncratically for each individual.

**Reconciliation** is a process by which communities and people disengaging from extremist violence rehumanize one another and foster healing to reduce stigma, open spaces for prosocial engagement, address needs for justice and reconciliation, restore relationships, and move from exclusion and fear to inclusion and productive participation in the community and society.

**Rehabilitation** is an intervention or suite of interventions that aims to change characteristics of an individual disengaging from extremist violence or exiting violent extremist conflict (for example, the individual's attitudes; cognitive skills and processes; personality or mental health; and social, educational, or vocational skills) that are believed to be the cause of the individual's violent behavior. The ultimate goal of rehabilitation is to increase well-being and reduce the chance that the individual will reoffend.

**(Re)integration** is the process by which individuals disengaging from extremist violence adopt a prosocial role and identity within society. (Re)integration aims to create a sense of inclusiveness and belonging in the community and reduce the risk of reengagement with or recidivism into violence.

**Reintegrative shaming** refers to expressions of community disapproval of harmful behaviors and actions while presenting a pathway for redemption, acceptance, and (re)integration for people who have engaged in those behaviors and actions.

**Resilience of a community** is a community's ability to respond to, adapt to, manage, absorb, or survive stressful conditions and disruptive events, or shocks, by fostering social trust between groups and public trust in institutions that can sustain their well-being.

**Resilience of an individual** is a state in which an individual has the abilities and necessary supports in the social environment to respond to, adapt to, manage, absorb, or navigate crises or severe change, relying on positive relationships, networks, and strategies for stress management and emotion regulation.

**Restorative justice** is a process for addressing harms that (1) focuses on the needs and voices of survivors to address the harms against them; (2) supports those who have harmed others to be accountable through a community process that seeks healing for both survivors and the person who caused harm; and (3) examines the broader context to explore whether people who cause harm also might have experienced larger structural forms of violence or cycles of violence.

**Retaliation** and **punishment** are responses to violence that justify intentional harm, institutionalize revenge, perpetuate the cycle of violence, and fail to offer redemption or reconciliation pathways.

**Self-care** is the process of maintaining good health and personal well-being with behaviors that promote health and active management of illness or distress when it occurs.

**Self-concept** refers to the collection of beliefs that define who a person is.



**Self-stigma** is made up of the negative views that individuals hold of themselves due to a particular characteristic, often internalized and reinforced by stigmatizing narratives held by others in society.

**Shocks** are unexpected crises and events that disrupt an individual's or community's ability to survive and flourish.

**Social capital** comprises the stock of tangible and nontangible resources—including networks of relationships, norms, and institutions—in a social unit that promote cooperation, belonging, connection, and identity and enable the effective functioning of a society.

**Social cohesion** is a sense of shared purpose, identity, and trust among members of a group or residents of a locality and the willingness of those members or residents to cooperate with one another in the advancement of the common good. Social cohesion can exist across several dimensions: *social bonding* involves connection between people who share an identity, as in a family; *social bridging* involves connection between people who are in different groups; *social linking* refers to connection between communities and governing institutions.

**Social-ecological interventions**, according to the US Centers for Disease Control and Prevention, consider the complex interplay between individual, relationship, community, and societal dynamics to understand the range of factors that put people at risk for engaging in violence and map the overlapping entry points and leverage points across each of those dimensions where programs can effect change.

**Social ecology** is the multilevel system within which interactions among people and the social environment around them affect individual behavior and society. Social-ecological models take into consideration the individual and their affiliations to people, organizations, and their community at large. Social ecology levels include individual, interpersonal, organizational, community, and public policy.

**Social integration** refers to a sense of belonging in a host community that includes maintaining meaningful relationships with others in, and mutual acceptance from other groups in, the host community, often facilitated by the removal of barriers that limit full participation in social systems.

**Social movements** are sustained, organized, collective efforts that focus on some aspect of promoting fair and equitable distribution of wealth, opportunities, and privileges within a society.

**Social network diversity** refers to the degree of ethnic, religious, partisan, sectarian, and socioeconomic variety in a person's interactions and relationships.

**Stigma** is the expression or manifestation of negative views about or disapproval of an individual or group of individuals on the basis of certain characteristics.

**Stressors** are ongoing or chronic factors that increase fragility or vulnerability to extremist violence, such as political, economic, or social exclusion and discrimination.

**Survivors** or **people who have been harmed** and **people who have caused harm** are terms used to describe those harmed (survivors) and those harming others; because of the cycle of violence, survivors can also cause harm, and those who cause harm may also be survivors.

**Trauma** is an event or series of events, often life-threatening or perceived to be life-threatening, that overwhelm the brain's and the body's ability to cope.

**Trauma-informed care** is not a specific technique or treatment method but an awareness and sensitivity of the impact of traumatic stress that service providers must maintain throughout any treatment plan by promoting a culture of safety, empowerment, and healing.

**Violent extremism** is occasionally used as a synonym for *extremist violence* when referring to an established body of work or title. See *Extremist violence*.

**Violent extremist** is a term used as a compound adjective to modify an event or phenomenon but not to describe or categorize a person who has disengaged from extremist violence or who has not been found guilty of a terrorism-related offense by legal due process.

**Well-being of a family** includes open communication among family members, mutual providing and receiving of emotional support, distribution of responsibilities, and recognition of each member's unique contribution.

**Well-being of a community** is the constellation of social cohesion, social capital, and health and resilience factors that enables people to flourish, fulfill their potential, and cope with shocks and stressors in constructive, healthy ways.

**Well-being of an individual** refers to the complex combination of mental, behavioral, physical, and social health factors that include the presence of positive emotions and moods, the absence of negative emotions, general satisfaction with life and fulfillment, positive functioning, and the ability to cope with stress and shocks.

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# INTRODUCTION

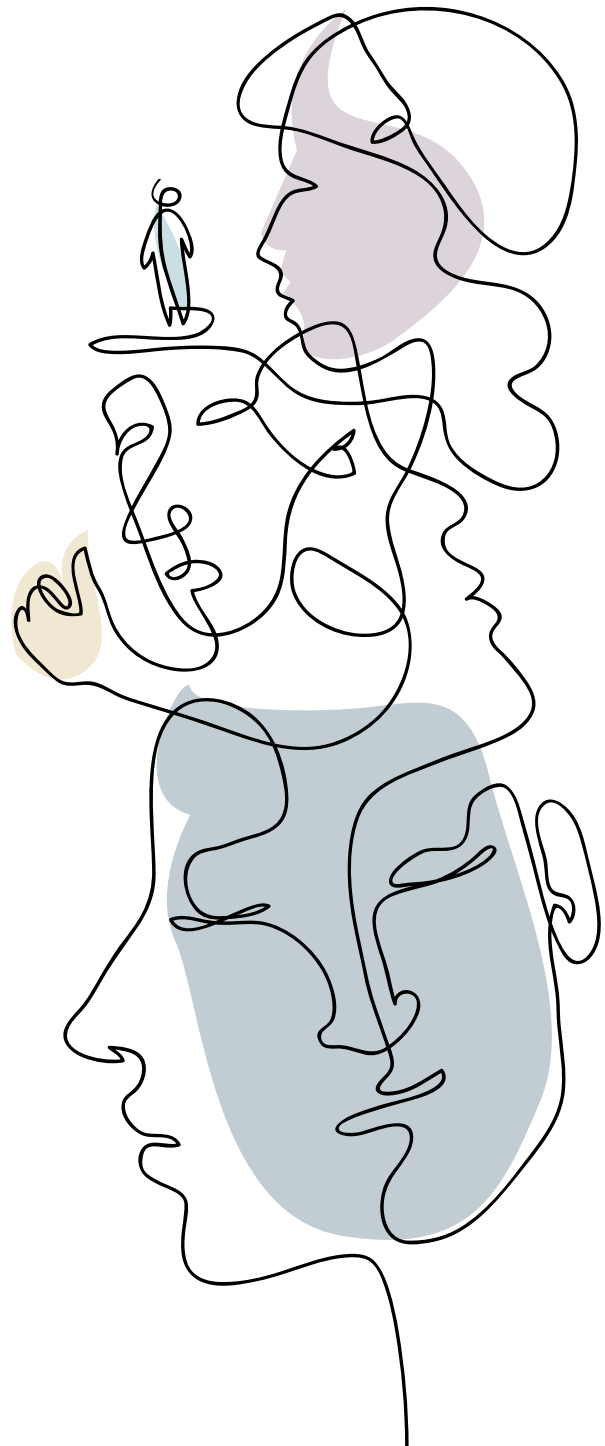
*She did not join the violent, far-right movement in Australia simply because she was radicalized by charismatic political figures. Instead, let down by the politicians, employers, and so-called experts she was supposed to be able to trust, she felt powerless and unrepresented by those in power. The clarity and solidarity the group offered in this time of uncertainty provided the support she craved.*

*He didn't travel to Syria because of his fundamentalist religious beliefs. He felt compelled to defend his brothers, and violence was the only way he knew to do that.*

*He didn't join Boko Haram because he had a personality or mental health disorder that made him violent and unpredictable. He joined because he trusted his friends who had done so, and he didn't want to lose them. Anyway, it would be an adventure.*

*She didn't follow him to Syria because good wives honored and obeyed their husbands but because it seemed like an opportunity to finally build a life surrounded by others who shared her values.*

*He was not brainwashed by the history he had learned from his parents and all their friends. He joined the Republican paramilitary group in Northern Ireland simply because they were fighting back against the violence and devastation his community faced at the hands of the Loyalists. He wanted to be part of that fight.*



*She did not support the ISIS-aligned group in the southern Philippines because she had grown up in terrible poverty. She did so because it empowered her to express agency in a way that she would never be able to do in her traditional village.*

*Now, all find themselves demobilized from the violent extremist group they had associated with. Struggling to rebuild their lives, each one is feeling shamed, stigmatized, and marginalized by their community, which regards them with fear, anger, or disapproval. In some cases, their families too have been targeted by law enforcement surveillance or ostracized by people who were once their friends. Each of them is trying to disengage from violence and reconcile with their neighbors. But each is also unemployed, stressed, and humiliated, and the political grievances they harbored before they engaged in extremist violence remain unresolved.*

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These stories are fictional, but anyone who has worked with individuals disengaging from extremist violence will know dozens, perhaps hundreds, of real stories just like them. And those individuals will have needed many of the same things—such as a source of meaning, a sense of belonging, a channel to express agency, and the ability to cope with enormous stresses—to avoid returning to a violent, antisocial, and unhealthy way of life.

Unfortunately, interventions intended to disrupt the cycle of violence can sometimes have limited or adverse impacts on the communities they intend to support.<sup>1</sup> Counterterrorism efforts that focus primarily on law enforcement and security responses that entail huge investments can result in large numbers of casualties and can aggravate existing or generate new grievances that contribute to extremist violence.<sup>2</sup> Local communities also often view preventing and countering violent extremism (P/CVE) programs as top-down intelligence-gathering efforts to achieve a national security goal rather than as locally owned initiatives that benefit communities in their own right. In addition, such programs too often focus primarily on directly changing attitudes and beliefs rather than addressing the more practical behavioral and social dynamics that help explain why people engage in extremist violence. Moreover,

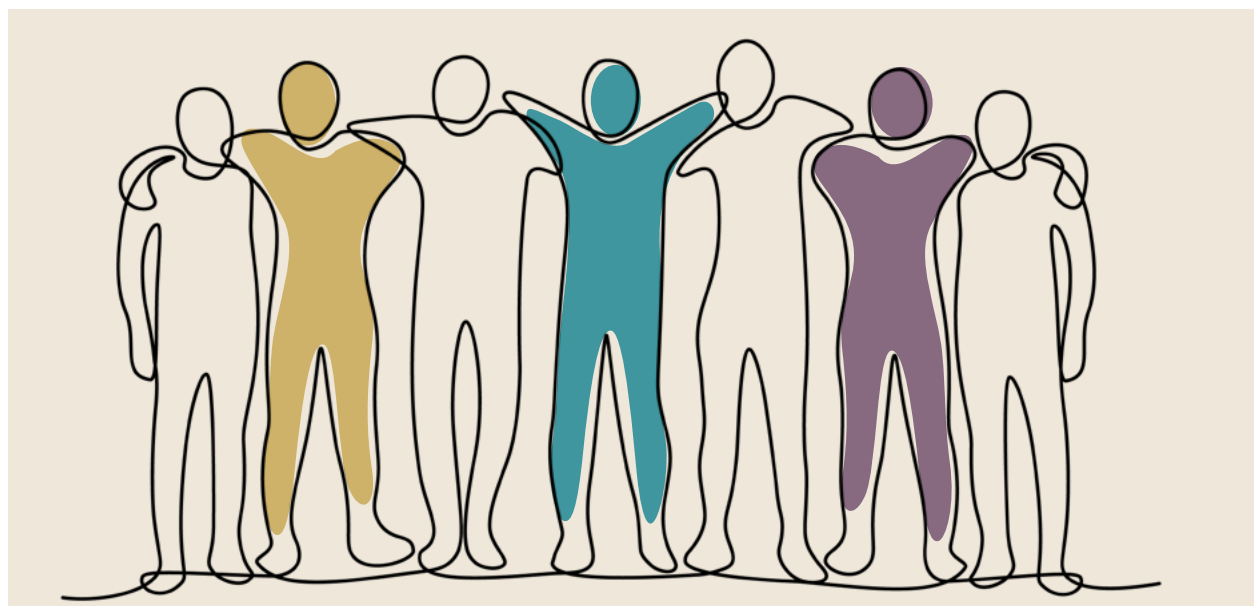
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“P/CVE . . . programs too often focus primarily on directly changing attitudes and beliefs rather than addressing the more practical behavioral and social dynamics that help explain why people engage in extremist violence.”

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these programs skew toward individual-level interventions, and too little attention has been given to the role of contextual structures and institutions.<sup>3</sup>

A different path forward is one that moves beyond the limitations of these approaches. From Somalia to Singapore, Indonesia to Northern Ireland, and Nigeria to Norway, community leaders are experimenting with new methods to help people disengage from extremist violence. These experiments have informed the development of the approach that this action guide presents: Rehabilitation and (Re)integration through Individual, Social, and Structural Engagement (RISE).

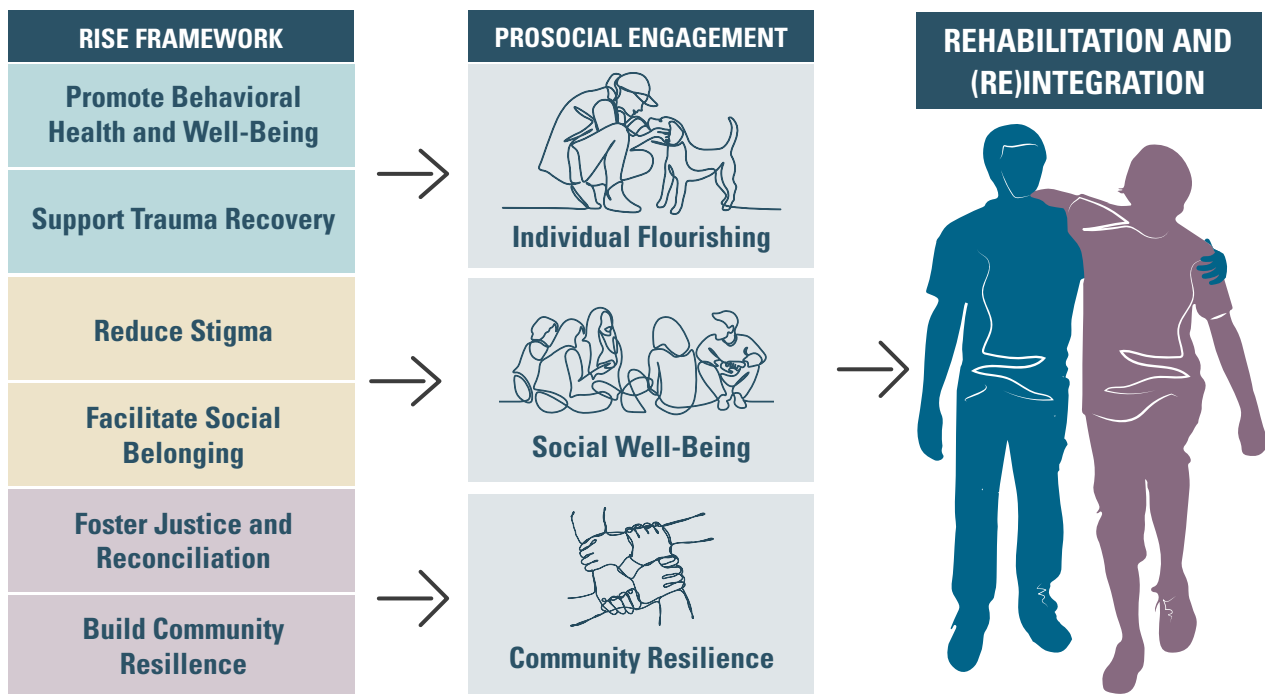


## WHAT IS RISE?

RISE offers a prosocial approach to disengagement, rehabilitation, (re)integration, and reconciliation after extremist violence that draws on a peacebuilding approach in partnership with public health principles. Focusing on prosocial engagement, as well as attitudinal change, broadens the tools and networks available to respond to extremist violence and bridges P/CVE, peacebuilding, and public health approaches. Although RISE does not dispute that attitudinal change at the individual level for those (re)integrating may be important to address in certain contexts, it focuses on facilitating behavioral changes that both are more measurable and address crucial barriers at the community and structural levels.<sup>4</sup> To that end, RISE's goal is to encourage behavioral changes that support disengagement from extremist violence and rejection of violence by empowering communities to lower barriers to prosocial engagement and open spaces for reconciliation between people disengaging from extremist violence and local communities. Figure I.1 presents the theory of change underlying RISE in both textual and visual form.

**Figure I.1. The RISE theory of change**

Successful rehabilitation and (re)integration of people disengaging from extreme violence depends on practitioners' ability to improve individual psychological health and well-being; open pathways to social, political, and economic inclusion; and ensure structural accountability to the rights, security, and inclusion of all in the community. If practitioners can systematically support individual, social, and structural resilience factors, they can encourage sustained, positive, inclusive engagement between those disengaging and community members and institutions. Such engagement can build relationships and social bonds, generate a sense of belonging, and offer an alternative identity that espouses nonviolent norms. If those disengaging expand their social identity to include peers who reject violence, they too will come to reject violence, thereby contributing to greater success in the rehabilitation and (re)integration of people who have disengaged from extreme violence.



## Key RISE Terms

Given that RISE takes an intersectional approach to disengagement from extremist violence, some terms that are crucial to understanding it may be unfamiliar. (For a comprehensive list of terms and concepts, see the glossary.) Fourteen key terms are used throughout this action guide:

- **Behavioral health** is the ability to function and cope in everyday life, operate with a healthy self-concept, and develop and maintain positive social bonds. Behavioral health accounts for the interaction of biological, emotional, psychological, and social elements in order to promote personal well-being.
- **Disengagement** is a process whereby people stop behaviors related to extremist violence and reject violence as an acceptable way to resolve conflict, express grievances, or pursue a goal.
- **Extremist violence** is a form of violent conflict in which people employ a set of behaviors that promote, support, or perpetrate violence to change existing political or social orders, and that advances an us-versus-them narrative that justifies killing, removing, or taking other violent actions against people who belong to particular social or political groups.
- **Peacebuilding** is a multistakeholder and multidisciplinary approach to conflict prevention, mitigation, and resolution that embraces complexity, humanity, and context to transform dynamics between people and groups. Peacebuilding seeks to build societies, institutions, policies, and relationships that can foster and sustain peace and justice.
- **People (re)integrating** is an umbrella term for the complex categories of people who are settling or living in and reconciling with local communities after demobilizing or defecting from violent extremist groups, disengaging from extremist violence, and/or exiting violent extremist conflict.
- **Prosocial engagement** refers to sustained, positive, inclusive interactions between people (re)integrating and local community members and institutions.

- **Public health** is the multidisciplinary science and practice of protecting and improving the health, safety, and well-being of people and their communities by promoting healthy lifestyles, preventing disease and injury, and detecting and responding to health risks, including violence.
- **Rehabilitation** is an intervention or suite of interventions that aims to change characteristics of an individual disengaging from extremist violence or exiting violent extremist conflict (for example, the individual's attitudes; cognitive skills and processes; personality or mental health; and social, educational, or vocational skills) that are believed to be the cause of the individual's violent behavior. The ultimate goal of rehabilitation is to increase well-being and reduce the chance that the individual will reoffend.
- **(Re)integration** is the process by which individuals disengaging from extremist violence adopt a prosocial role and identity within society. (Re)integration aims to create a sense of inclusiveness and belonging in the community and reduce the risk of reengagement with or recidivism into extremist violence. (See also box I.1, "Why Are There Parentheses in *People (Re)integrating?*")
- **Resilience of a community** refers to a community's ability to respond to, adapt to, manage, absorb, or survive stressful conditions and disruptive events, or shocks, by fostering social trust between groups and public trust in institutions that can sustain their well-being.
- **Resilience of an individual** refers to a state in which an individual has the abilities and necessary supports in the social environment to respond to, adapt to, manage, absorb, or navigate crises or severe change, relying on positive relationships, networks, and strategies for stress management and emotion regulation.
- **Social ecology** is the multilevel system within which interactions among people and the social environment around them affect individual behavior and society. Social-ecological models take into consideration the individual and their affiliations to people, organizations, and their community at large; social ecology levels include individual, interpersonal, organizational, community, and public policy.
- **Well-being of a community** refers to the constellation of social cohesion, social capital, and health and resilience factors that enables people to flourish, fulfill their potential, and cope with shocks and stressors in constructive, healthy ways.
- **Well-being of an individual** refers to the complex combination of mental, behavioral, physical, and social health factors that includes the presence of positive emotions and moods, the absence of negative emotions, general satisfaction with life and fulfillment, positive functioning, and the ability to cope with stress and shocks.



## Key RISE Characteristics

RISE is a multifaceted approach to a multifaceted problem. Although it does not constitute a concrete program with linearity or specific interventions, it is a framework of guiding principles and intervention planning and design considerations that can be adapted and applied across contexts. The framework centers on eight chief characteristics.

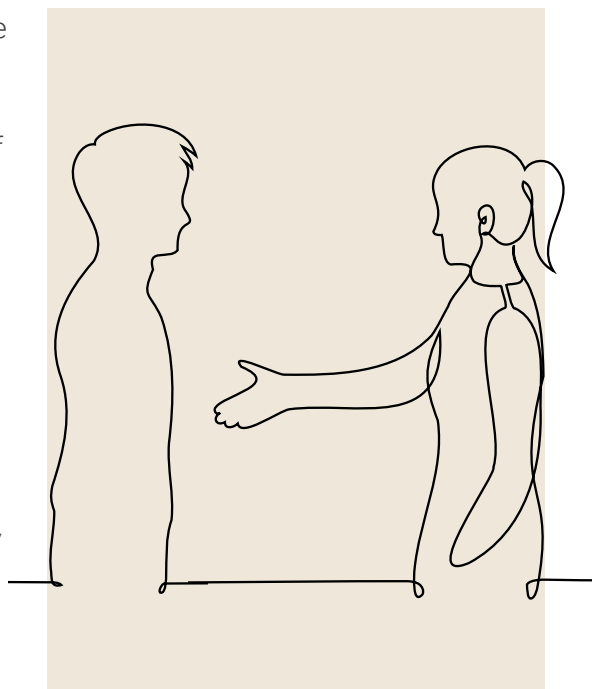
### ***Involves Transformation***

RISE addresses dynamics that trap people into remaining engaged in extremist violence across individual, emotional, and cognitive; social, relational, and communal; and structural and political levels of the social ecology. It aims to transform behavior by encouraging a willingness to seek help and to interact prosocially with others. It aims to transform identity by rehumanizing others and offering an alternative social group to which to belong. It always aims to transform conflict by linking prevention with disengagement, addressing the legitimate grievances that often contribute to extremist violence, and building social capital that bridges divisions and brings people together.

### ***Focuses on Changing Behaviors***

Most people who disengage from extremist violence do so for a cocktail of reasons, of which attitudinal change is only one—and one that in some contexts plays a marginal role.<sup>5</sup> Approaches to extremist violence that attempt only to change minds are thus unlikely to result in meaningful change in many cases and do present significant challenges to program monitoring and evaluation. These approaches fail to model alternative behaviors or offer an alternative social group; they also ignore the myriad contexts in which violent ideologies, attitudes, and belief systems are used as a veneer to rationalize or justify violence when deeper grievances and psychosocial needs are in fact often more salient.<sup>6</sup>

Social factors such as sincere interactions and engagement with others can build empathy and relationships that implicitly challenge violent extremist narratives and open a possibility for change; so too can structural-level reforms that address grievances, build inclusion, or reduce uncertainty for people disengaging.<sup>7</sup> Factors at the individual level—such as burnout and disillusionment with leadership and the cause—can also play a role in changing behaviors in many circumstances.<sup>8</sup>



Approaches that seek to directly challenge worldviews, however, are more likely to cause defensive reactions that can result in social avoidance and reinforce a person's commitment to the cause, foreclosing any opportunity for change. Rather than stigmatizing and isolating individuals during these processes, then, disengagement, rehabilitation, and (re)integration efforts need to focus on identifying and removing barriers to prosocial interactions between, on the one hand, people engaged in or sympathetic to extremist violence and, on the other, local community members and institutions.

The RISE approach is not about overlooking or condoning hateful, exclusionary beliefs that dehumanize others and aggravate social divisions. Instead, it is about indirectly challenging those beliefs by focusing on replacing violent, antisocial behaviors with healthy, inclusive ones that can demonstrate the mendacity of extremist narratives, build relationships, and establish a sense of belonging.

### ***Accepts Complexity***

Most people who hold radical or extreme beliefs never engage in extremist violence, and many people who do so are motivated by reasons unrelated to those beliefs.<sup>9</sup> The processes by which people mobilize to engage in extremist violence are complex and idiosyncratic—and the number of pathways into and out of it is infinite. Ideology can be a motivating factor, but more often it is only one of many involved. Extremist violence is inherently social, however; it is a form of collective action and the product of lived experience in a given social environment.<sup>10</sup>

Mobilization to violence occurs as a result of interactions among a kaleidoscope of cognitive, social, and structural dynamics.<sup>11</sup> Social and political grievances as well as psychological and emotional factors—including trauma, victimization, hopelessness, frustrated agency, human needs for respect and significance, and certain behavioral and mental health characteristics—interact with perceptions of marginalization, alienation, social exclusion, and isolation. This interaction can transform one's relationship with identity groups, often leading individuals to conflate group identity with sense of self and increasing their willingness to make tremendous sacrifices to pursue what they feel to be self-defense and group defense.<sup>12</sup> Humans have evolved as deeply social beings, and our social identities interact with and activate deep-seated responses. Threats to group identity and status can trigger profound defensive responses, including violence in some cases, or the dehumanization of those deemed to be a threat.<sup>13</sup>

### ***Emphasizes Community-Based Interventions***

Robust local participation is necessary to cultivate a sense of ownership and to design and implement programs that are sustainable and effective. Involving key people from the local community in the assessment and planning phase can help create programs that respond to power differentials between groups in the community. Local knowledge also can help form

communication channels, build trust, and develop partnerships between local cultural or religious leaders, mental and behavioral health providers, and key government and law enforcement authorities. In turn, these partnerships can help improve and develop programs with greater cultural competencies, local resonance, and impact. (This is discussed in more depth later; see “Why Are Local Communities Central to RISE?” on page 23.)

### ***De-exceptionalizes Extremist Violence***

Extremist violence is only one of many adverse outcomes resulting from a familiar set of risk factors and social ecologies. The literature on criminality, gang involvement, harmful drug use, addiction, self-harm, intimate partner violence, poor health outcomes, fragility, and other forms of political instability and violent conflict highlights similar themes to those found in studies on violent extremism. Themes of stigma, marginalization, trauma, lack of agency and access to services, inequity, relative deprivation, and fragile governance are characteristics of many forms of community and behavioral health challenges. Public health practitioners have decades of experience applying social-ecological interventions that leverage entry points to individuals, social networks, communities, and institutions to prevent violence and change behaviors. RISE de-exceptionalizes extreme violence by treating it as similar to other forms of violence. The RISE approach draws on a wide variety of research and practices relevant to other forms of violence and violent conflict to address this specific manifestation.

### ***Is a Two-Way Street***

Extremist violence results from the interplay of dynamics across individual, relational, communal, and societal levels—across, that is, the *social ecology*. Accordingly, disengagement, rehabilitation, and (re)integration involve changes among people (re)integrating, as well as changes among affected communities and the structures and institutions that perpetuate grievances, social exclusion, and violence.

Social-ecological models illustrate how factors at one level influence those at other levels. Public health practitioners have used social-ecological approaches that apply pressure across each level to bolster the effectiveness, sustainability, and reach of interventions designed to address complex social and health challenges, including violence prevention. RISE uses the same approach to illuminate potential entry points that can be leveraged across multiple levels of the social ecology at the same time. Understanding the range of factors that can erect barriers against disengaging from violence and violent extremism enables programs to address the cognitive, behavioral, relational, social, communal, systemic, and structural dynamics that trap people into remaining engaged in extremist violence.

***Applies a Harm Reduction Ethos***

Harm reduction approaches minimize risk and build capacity by shifting the focus from individuals to the social situations they find themselves in. These approaches seek to minimize the adverse effects of high-risk behaviors by applying low-threshold access to services and bottom-up alternatives to address complex social and health challenges. They also offer pragmatic and compassionate strategies that begin by validating lived experiences and meeting people where they are; harm reduction is a public health approach known (if not in name, then in practice) to many peacebuilders and can link the peace and health components of responses to extremist violence.

***Uses People-First Language***

Borrowing good practices from public health, criminal justice, and social work, RISE recognizes the neurological power of language and its framing to shape perceptions and social attitudes, rehumanize marginalized groups, reduce the burden of stigma, present opportunities for social learning, and challenge the alienating narratives that generate resentment. Words such as *terrorist* or *extremist* make us react negatively because they are associated with conflict and violence. No one wants to engage with a terrorist or an extremist. Rather than backward-looking language that emphasizes conflict and responsibility, reconciliation requires forward-looking language that imagines a future, acknowledges mutual responsibility, and encourages introspection about a group's identity—then broadens it. Given the importance of prosocial behavior in the disengagement and rehabilitation process, this action guide places the person before the label—such as in the phrase *people (re)integrating*—to avoid reinforcing the very identities people need to transform.

**Box I.1. Why Are There Parentheses in *People (Re)integrating*?**

This action guide uses the phrase *people (re)integrating* as an umbrella term to describe the complex categories of people reintegrating into and reconciling with local communities after demobilizing or defecting from violent extremist groups, disengaging from extremist violence, or exiting violent extremist conflict. The parentheses indicate that the term may apply both to people who are reintegrating into a community and to those who are integrating into one for the first time—people who are returning to or disengaging in their home communities, people who may never have been fully integrated to begin with, and people who are disengaging in a community other than their home.

## WHAT MAKES RISE DIFFERENT?

Individually and collectively, RISE's key characteristics set it apart from other approaches to tackling extremist violence.

### RISE versus Counterterrorism

Counterterrorism is a set of policies and practices derived primarily from security and law enforcement imperatives. Historically, counterterrorism approaches have addressed the national defense and criminal justice impacts of extremist violence with often marginal concern for the well-being of people (re)integrating and the communities affected. In the absence of reforms that do address well-being, however, counterterrorism approaches may buttress predatory state apparatuses and perpetuate the underlying drivers of extremist violence yet miss unique opportunities to build more resilient communities and healthier societies in the best cases. Because RISE de-exceptionalizes extremist violence, it allows implementers and stakeholders to consider broader individual and community well-being by undertaking an array of activities (such as launching social-ecological interventions, providing trauma-informed care, engaging in stigma-reduction practices, and offering behavioral and mental health and psychosocial support to improve access to care); by encouraging help-seeking behavior; and by building community capacity, well-being, and resilience. Ultimately, RISE seeks not to dismiss security and law enforcement concerns, but instead to incorporate reforms that build, support, and sustain more resilient communities with the capacity to sustainably (re)integrate people disengaging from extremist violence.

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“RISE seeks not to dismiss security and law enforcement concerns, but instead to incorporate reforms that build, support, and sustain more resilient communities.”

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### RISE versus P/CVE

Like counterterrorism, P/CVE is a set of policies and practices derived primarily from security and law enforcement imperatives. Whereas counterterrorism focuses predominantly on secondary prevention (that is, interventions designed to slow or stop violent extremist activities once the actors involved have been identified), P/CVE has slowly evolved to incorporate a range of preventive practices in different global

contexts. These include primary practices (building resilience to extremist violence before it occurs), secondary practices, and tertiary practices (rehabilitating those affected by or involved in extremist violence and reducing recidivism risks). Within the full-spectrum of P/CVE activities, RISE focuses on the tertiary side—on people who have already engaged in extremist violence and who have experienced, witnessed, abetted, or committed harms. These harms have effects on behaviors, brains, and relationships, and present challenges that are distinct from those for people who have not engaged in extremist violence. In the RISE approach, prevention of and disengagement from extremist violence are not two separate points on opposite ends of a continuum but are integrally linked. Together, they close the circle and disrupt the cycle of extremist violence.

### **RISE versus Deradicalization**

RISE focuses on violent behavior, whereas conventional deradicalization efforts focus primarily on individual beliefs, ideologies, and attitudes.<sup>14</sup> Many of these efforts police ideology and thought, and in doing so they risk abridging freedoms of expression and religion by criminalizing an inherently subjective set of beliefs. Deradicalization approaches often rest on the assumption that behavior is the result of attitudes and beliefs rather than recognizing that many factors drive engagement in extremist violence, including behavioral health challenges such as trauma, social stigma, exclusion, and isolation. Pressuring someone to change their entire worldview is exceedingly difficult and resource-intensive and can cause them to retreat further into their belief system and bolster their commitment to the cause. RISE addresses harmful and hateful beliefs by instead prioritizing interventions that support behavioral health and social well-being.

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“In the RISE approach, prevention of and disengagement from extremist violence are not two separate points on opposite ends of a continuum but are integrally linked. Together, they close the circle and disrupt the cycle of extremist violence.”

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## WHY ARE LOCAL COMMUNITIES CENTRAL TO RISE?

RISE prioritizes locally led interventions and fosters local ownership. Local communities can create culturally sensitive programs that draw on local capacities and create ripple effects that positively affect wider community health and safety goals. Community-based approaches can enable communities to support and care for others in ways that encourage recovery and resilience.

Although foreign experts may be helpful to communities, they should never be in the driver's seat of local interventions for reasons to do with culture, capacity, and sustainability.

**Culture.** Every culture and context is unique, and local people know best what resources and needs exist in their community that could help facilitate or obstruct (re)integration. Well-intentioned outsiders may lack familiarity with local languages; religious and cultural traditions; the economic, political, and social context; and history. When local communities have a stake in the program by providing input and counsel on priorities, policies, budgets, and programs, interventions can be tailored more accurately to align with the values, norms, and rituals of the local community. RISE programming should be presented in language, framing, and activities that are familiar to and resonate with community members. When programs are offered in a way that resonates and generates community buy-in, interventions can reach parts of the community that would otherwise remain unserved and remove many of the barriers that people in marginalized groups, including those disengaging from extremist violence, face.

**Capacity.** Local communities can be drivers for their own health, well-being, change, and social justice. In many contexts where RISE is relevant, local government leaders, educational leaders, religious actors, healthcare workers, social workers, and others live in and understand their community. Often, they are also in positions that will necessitate regular interactions with people (re)integrating, and they may hold power to ease the (re)integration process by rendering resources they control. These are the key stakeholders. In contexts where these resources—particularly healthcare and social workers—are lacking, RISE programming emphasizes leveraging community- or tradition-based practices that often have evolved to meet many of the same challenges faced by highly resourced places in ways that place local strengths at the forefront. RISE also emphasizes giving local communities the necessary training and resources to address these complex challenges while operating within the confines of sustainable practices.

**Sustainability.** Foreign-led interventions cost more and rely on outsiders traveling to communities, which can in turn lead to local dependence or overreliance on a continued foreign presence and funding rather than to the adoption of more sustainable models. Insiders from the community are better placed to develop programs within the long-term financial means of the community and to create local knowledge that can sustain reconciliation long after initial program funding has been spent.

## Who Should Be Involved?

Too often, community consultation is a box-ticking exercise that involves only a handful of elite, often male members of civil society.<sup>15</sup> This is inadequate.

Community participation should include the following stakeholders:

- **Diverse members of the community.** Even in a seemingly homogenous community, different experiences, perspectives, and social divides exist. People of different genders, ages, socioeconomic classes, education levels, skin colors, and other identity markers may bring unique perspectives and capacities.
- **Community leaders and influencers.** People with large social networks or who play leadership roles in areas such as religion and education can galvanize community buy-in for RISE programming.
- **Family members of people (re)integrating.** Family members have a significant stake in the RISE process. Their input is essential to guiding successful programs.
- **Peers of people (re)integrating.** Peers may have significant influence on people disengaging. Their input into each phase of an intervention can be invaluable.
- **Local and national government actors.** Ideally, local government officials will support and be central to the RISE process. National government officials may have the necessary resources to run programs.
- **Local civil society, health, and community-based organizations.** Local organizations may have experience relevant to the RISE process. They may have programs related to reducing other forms of violence and community resilience. Local health providers have a crucial role to play in administering behavioral healthcare and trauma recovery services.
- **Security and law enforcement agencies.** The role of security actors is complex. The cooperation of RISE programs with security agencies should be carefully calibrated to avoid extrajudicial targeting and surveillance of people (re)integrating and their families, refrain from empowering abusive or predatory security forces, protect the privacy of people (re)integrating, and safeguard the legitimacy of civil society organizations as independent and beneficial to the social well-being of local communities.

These community stakeholders should be joined, but not directed or otherwise dominated, by national and international technical experts who can bring insights into evidence-based good practices, assessment, program design, monitoring, and evaluation from other contexts. Outside experts can provide a unique lens that supplements but does not replace local leadership of a RISE process.



## What Does Meaningful Community Participation in RISE Require?

In RISE, local participation moves beyond passive community involvement where community members are told what will happen or are briefly consulted but have little power to shape interventions. Instead, community members are actively involved throughout the program life cycle, from assessment to design to implementation and finally evaluation, as well as monitoring at each phase.

### STEP 1

The first step of any RISE process is an *assessment* of the local context and its unique needs. All identified key stakeholders should take part in the assessment. Ideally, a local community organization will lead an assessment using an established methodology such as participatory action research, which entails key local stakeholders defining the research questions and carrying out the research themselves. Community-based program committees, made up of the key stakeholders outlined, can provide crucial support to programs by mapping existing resources, capacities, and assets within the community and assessing needs and conflict dynamics. Such an assessment can identify diverse stakeholders and partners, where they are, and what sources of power or resources they can bring.

### STEP 2

The next step is to *design* an intervention—a series of projects—that addresses the unique needs and cultures identified in the assessment. Local ownership can ensure that intervention strategies are in tune with local languages, values, and norms. Local leaders and influencers can then play a lead role in articulating the design of a RISE process to the rest of the community.

### STEP 3

The design process involves assigning distinct roles to all major stakeholders in the community during the third step, *implementation*. If those roles are to be complementary, implementation also requires a coordination mechanism able to orchestrate the efforts of a wide variety of community actors to support both people (re)integrating and the broader community throughout the process.

### STEP 4

The fourth and final step is *evaluation*. Community stakeholders are well placed to be the “eyes and ears” of an intervention, determining whether an intervention is having its desired effect or unintended impacts.

A robust evaluation should occur in the final stage, but *monitoring and evaluation* (M&E) should feature at every phase of the program life cycle and is essential for the safety of the community. Continuous M&E can also help prevent resources from being wasted if a program is not working as intended by enabling program managers to identify programmatic shortfalls and adopt changes to address those.

## HOW THIS ACTION GUIDE WAS DEVELOPED

The development of this action guide reflects the premise of de-exceptionalizing extremist violence from other forms of violence and conflict, bringing together a diverse range of experts and knowledge over the course of three years. The guide's framework was first articulated in 2020 by Chris Bosley and Leanne Erdberg Steadman of the United States Institute of Peace.<sup>16</sup> Together, those foundational publications represent an extensive evidence and literature review that formed the conceptual and theoretical ethos of the RISE approach.

The guide's authors were selected by virtue of their experience in applying peacebuilding approaches to the challenge of extremist violence; their expertise in conflict resolution and reconciliation; and their expert knowledge of the behavioral science of violent conflict, community violence, and combatant reintegration. (Author biographies are provided at the end of this guide.)

The guide's content was collected during a series of workshops that convened practitioner experts from a diverse set of disciplines on the subjects and themes covered. Facilitated by a thematic adviser, each workshop illuminated the latest research, good practices, and conceptual advances relevant to a particular module in this guide. The insights, ideas, and experiences shared in the workshops informed the content of the guide. (These experts are identified in the acknowledgments at the end of this guide.)

Each workshop was facilitated by one or two thematic advisers who are internationally renowned as experts in their field. Their research provided an evidentiary grounding to ensure content aligned with the current state of knowledge. These advisers have reviewed and provided crucial input to ensure the validity of the content and recommendations this guide offers.

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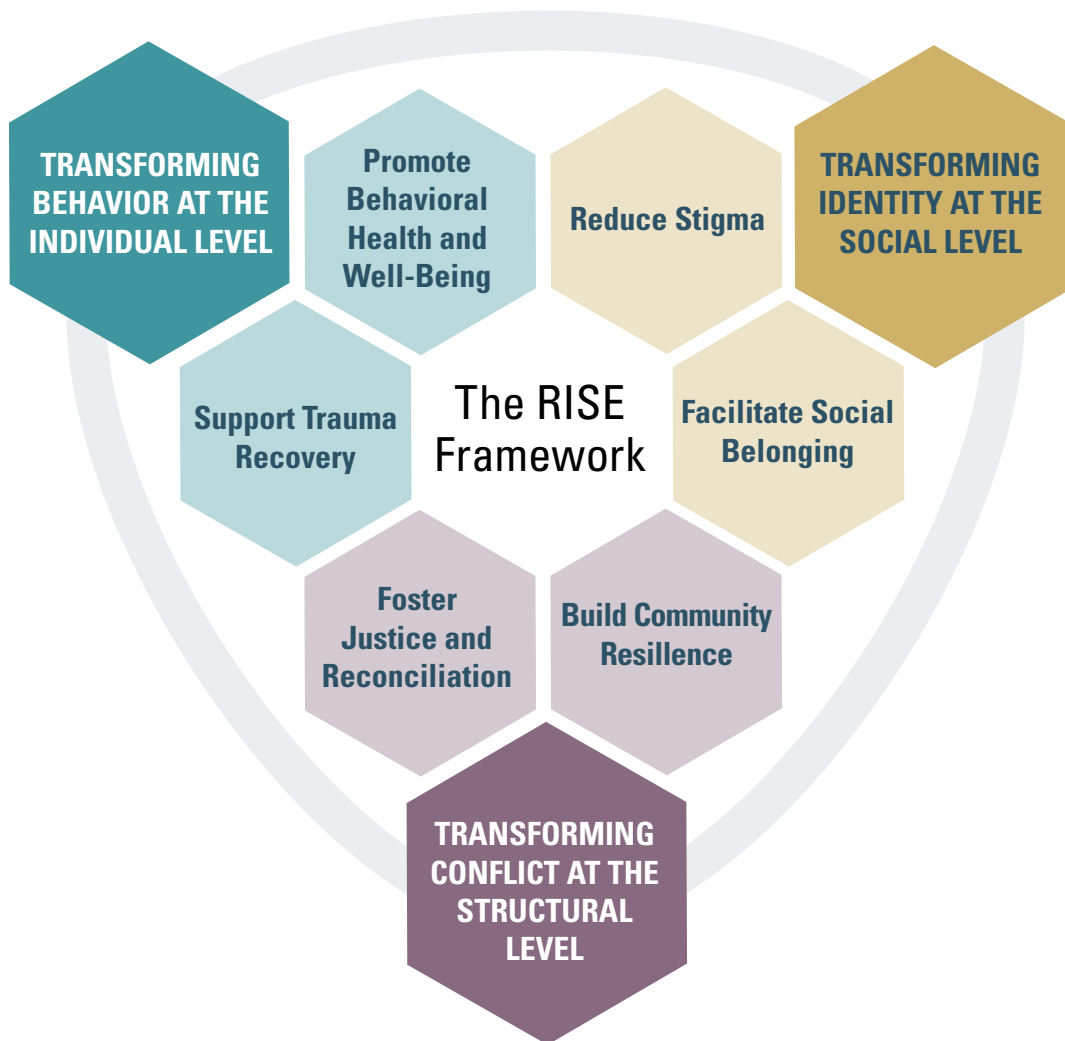
“The development of this action guide reflects the premise of de-exceptionalizing extremist violence from other forms of violence and conflict.”

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## HOW THIS ACTION GUIDE IS ORGANIZED

The action guide is divided into three parts, each of which contains two modules. Each part encompasses a particular dimension of disengagement, rehabilitation, and (re)integration dynamics: individual, social, and structural. These divisions, it should be emphasized, are by no means clear-cut; overlap between the three parts is significant; and readers are encouraged to keep in mind the entire social ecology during program design and implementation. Similarly, although each module is to some extent freestanding, readers are advised to read all six modules, because every module includes elements that are important to consider in most settings.

**Figure I.2. The RISE framework**



## What the Six Modules Cover

Each module is focused on one of the six components of the RISE framework. As shown in figure I.2, that framework is not linear but modular, consisting of interlocking elements that inform and build on one another. Practitioners who use the RISE approach may choose to focus their activities on just part of the framework—for instance, designing and implementing a program to reduce stigma in a local community—or they can use multiple or even all parts of the framework.

### P A R T 1

**Module 1: Promote behavioral health and well-being.** Behavioral health challenges often present obstacles to RISE. Module 1 seeks to lower barriers to prosocial engagement by exploring how communities can promote behavioral health and well-being by leveraging decades of public health experience using positive community resources to effect behavior change and encourage help-seeking and prosocial behavior.

**Module 2: Support trauma recovery.** Trauma is an obstacle to RISE. Module 2 lowers barriers to prosocial engagement by exploring how communities can support trauma recovery. Trauma can be associated with extremist violence in a variety of ways: trauma can contribute to a person's initial mobilization into extremist violence; extremist violence can expose a person to traumatic events as a survivor, witness, or perpetrator; and trauma can be associated with the shame, helplessness, and isolation of (re)integrating into communities that may be hesitant to welcome a person back. Adverse trauma responses can include social avoidance and difficulty trusting or forming relationships and social bonds, both of which can erect significant barriers to disengagement, rehabilitation, and reconciliation.

### P A R T 2

**Module 3: Reduce stigma.** Stigma is an obstacle to RISE. Module 3 lowers barriers to prosocial engagement by exploring how communities can reduce stigma against people (re)integrating and the broader social groups with which they identify. The public health, criminal justice, and social work areas of practice have dedicated decades to developing strategies for reducing stigma toward populations engaged in high-risk or deviant behaviors. RISE is about rehumanization—rehumanizing not only society in the eyes of those disengaging but also those disengaging in the eyes of society in order to open spaces in communities where prosocial engagement can occur safely and sincerely.

**Module 4: Facilitate social belonging.** Social isolation is an obstacle to RISE. Module 4 lowers barriers to prosocial engagement by exploring how communities can facilitate social interaction. Social network diversity is a protective factor against various violent and antisocial outcomes, including engagement in extremist violence. Sustained, positive, inclusive engagement between individuals disengaging from extremist violence and their communities can transform relationships, build empathy, encourage social learning, rehumanize others, foster reconciliation, generate a sense of belonging, and offer an alternative identity.

**Module 5: Foster justice and reconciliation.** Perceptions of harms and injustices are obstacles to RISE. Module 5 explores how communities can lower barriers to prosocial engagement by fostering justice and reconciliation. Communities affected by extremist violence may feel angry at and betrayed by those disengaging from extremist violence, which can close off spaces where meaningful prosocial engagement can occur. Community-based redemption, healing, and reconciliation rituals and processes may provide a pathway for moving forward together.

**Module 6: Build community resilience.** Systemic, structural, and environmental stressors and shocks are obstacles to RISE. Module 6 explores how communities can lower barriers to prosocial engagement by building resilience. People disengaging from extremist violence often do so in the same settings that contributed to their engagement initially. Interacting with the same social networks; engaging with the same political and social systems, structures, and norms; and accessing the same sources of information will result in a similar lived experience. Building resilience includes interventions to shield people from the shocks or stresses that contribute to that experience, connect people so they can withstand them, and transform the factors that may be causing them.

## How the Modules Are Structured

All the modules are organized with the same sections:

- **Vignette.** An opening vignette that presents a fictionalized but realistic example of how the module might apply for people (re)integrating in a specific context.
- **Summary.** A short summary of the module that includes an explanation of the module's underlying theory of change and the how the topic is situated within the RISE approach.
- **Key concepts.** Definitions of the key concepts used in the module.
- **Rationale for action.** An evidence-based conceptual overview that explains the relationship of the module to extremist violence and to RISE.
- **How to take action.** A section that both outlines a number of concrete practices for programs and interventions that frontline practitioners and implementing organizations can apply to put the RISE ethos into action and includes recommendations for planning and design, interventions and activities, and monitoring and evaluation.
- **Examples.** Examples and stories from the field that illustrate how some of the module's key themes might look in practice.
- **Resources.** An annotated list of further resources that programs might find helpful in implementing elements of the module.

## WHAT THIS ACTION GUIDE DOES NOT DO

This guide is designed as a resource to assist local stakeholders in contexts affected by people disengaging from extremist violence and reintegrating into local communities. Related processes include but are not limited to repatriation; administrative procedures related to initial processing, vetting or risk-and-needs assessments, and case management; and prosecutorial decisions.<sup>17</sup> This guide does not address those processes but is instead calibrated to support the (re)integration of people exiting violent extremist contexts back into local communities.

Accordingly, this action guide is not designed for custodial settings (that is, facilities in which law enforcement holds people in detention, imprisonment, or institutionalization), which present unique challenges to disengagement from extremist violence. Nor is the guide intended to aid law enforcement or judicial authorities in deciding whom to prosecute for terrorism-related crimes and how to prosecute them. Prosecution and incarceration may certainly be appropriate in many cases, but RISE does not pretend to offer insights into risk determination, case management, or categorization. The guide recognizes that people (re)integrating may be complex combinations of perpetrator and victim that justice systems may have difficulty untangling. Many people (re)integrating also may not be good candidates for prosecution or incarceration for a host of reasons, such as problems collecting evidence from a foreign battlefield while meeting judicial and evidentiary standards. This guide addresses the challenges associated with people (re)integrating into local communities either directly after a period of engagement in extremist violence or after a period of incarceration for extremism-related crimes.

This action guide also does not address the challenges of child development, welfare, or protection for children exiting violent extremist conflicts. Nonetheless, identifying and addressing these distinct needs is vital; experts in child development, protection, socialization, and well-being can ensure that disengagement, rehabilitation, and (re)integration programs are sensitive to the unique needs of children returning from violent extremist conflicts.

## NOTES

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# PART I



## TRANSFORMING BEHAVIOR AT THE INDIVIDUAL LEVEL

Engaging in violent extremism is an expression of violent behavior. This first part of the action guide covers principles that address dynamics of psychosocial well-being that are involved in changing such behavior. Understanding and then dismantling barriers to a person's ability to think, behave, and relate in healthy ways can create pathways for disengaging from violent extremism and (re)integrating into local communities. Expanding the reach of behavioral healthcare can promote help-seeking behavior and begin to resolve trauma and other behavioral and psychosocial barriers to engaging prosocially.

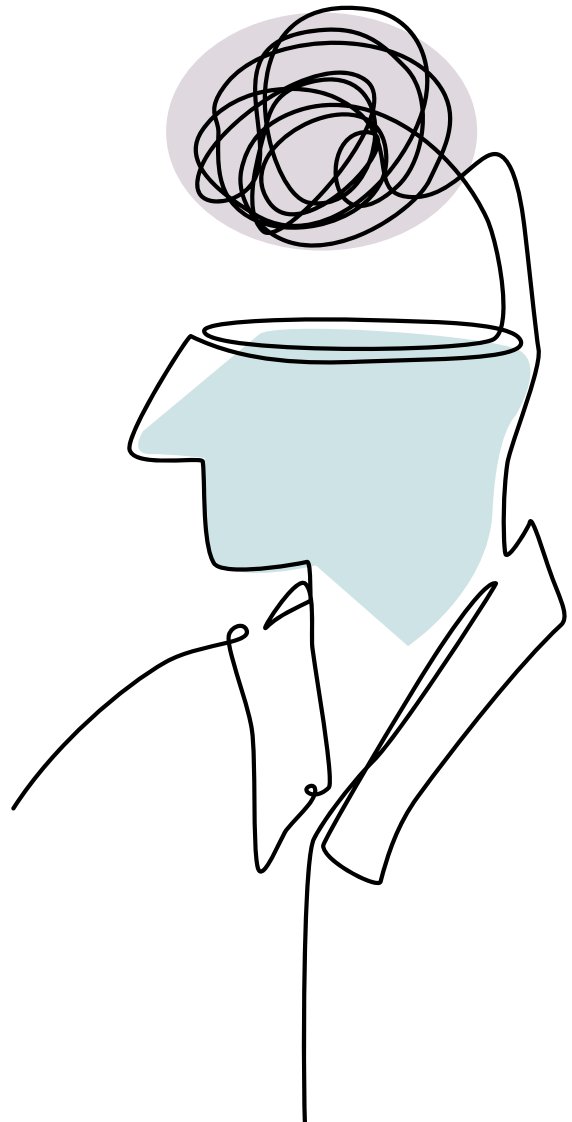
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## MODULE 1

# PROMOTE BEHAVIORAL HEALTH AND WELL-BEING

*Kristina found out quickly that it would not be easy to stop taking the painkillers her doctor prescribed after her operation. Eventually, she stopped trying. The opioids made her feel normal, although her drug use fractured relationships with her family. After she lost her job and moved in with her mother near Brisbane, Australia, she started blaming the doctor for her addiction and all the problems it was causing. Kristina questioned those diplomas on her doctors' office walls. "What do they know?" she began to wonder regularly. She was angry.*

*Kristina decided she could battle her demons on her own. Maybe the antivaxxers had been right all along; who knows what companies put in painkillers or in her other medications like the ones she had taken for anxiety for years. After some coaxing from her mother, she started with herbal remedies and meditation, and they helped for a while—until a friend told her that such imports from India and other places were complicit in the degradation of Australia's culture. Without a job or a routine to ground her, facing a deteriorating relationship with her mother, and unable to even face the rest of her family, Kristina fell into a serious depression. Her town had only three psychiatrists, and it was almost impossible for her to get an appointment to see any of them. She briefly considered suicide.*



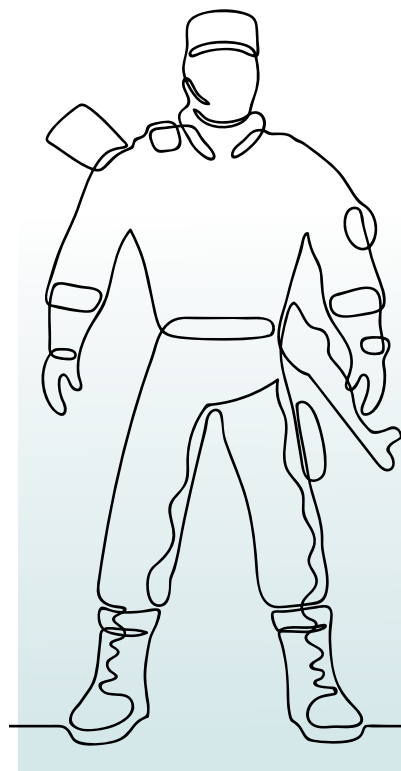
*So Kristina turned to some acquaintances her friend introduced her to at a political rally. Kristina had never been very politically minded, but she found there people who seemed able to understand and explain the tragedies in her life. They showed her where to seek out answers and conduct her own research: YouTube, Facebook, Reddit. She started digging and soon couldn't stop digging. Every clue felt like a revelation she had to share. Every clue she shared on social media received likes and comments, and she became part of an exclusive community that had stumbled on a profound buried truth. She found a sense of purpose, belonging, respect, support—all those things she had forgotten she needed.*

*Knowing no other way to channel her despair and frustration, just a few months later, she followed them to Melbourne, standing firm alongside others in masks and armed with batons, sticks, and rocks on the front lines of vaccine protests. She carried with her a gun she barely knew how to use and a sign she had made at the group's barbecue the night before.\**

## SUMMARY

Extremist violence is a form of violence. It is a harmful behavior that has negative ramifications for those who engage in it and for those who are targeted by it, as well as for the local communities and broader society affected by it. Mobilizing to engage in extremist violence is typically influenced by myriad individual, social, and environmental factors. Adverse experiences in childhood and adulthood, unmet social and psychological needs, social exclusion or isolation, and other environmental and political factors can contribute to engagement in extremist violence just as they can contribute to other antisocial behaviors such as harmful substance use, interpersonal difficulties, and other forms of violence. The cycle of harm often does not end there because new behavioral health challenges emerge from participation in extremist violence and in the disengagement and (re)integration process itself.

Whether they seek to address violent behavior or other antisocial behaviors, behavioral health interventions target aspects of individual well-being and social functioning to develop healthier behaviors and supportive social ecosystems. Interventions can include the treatment of diagnosed mental illness and mental distress below the level of clinical diagnosis, as well as other



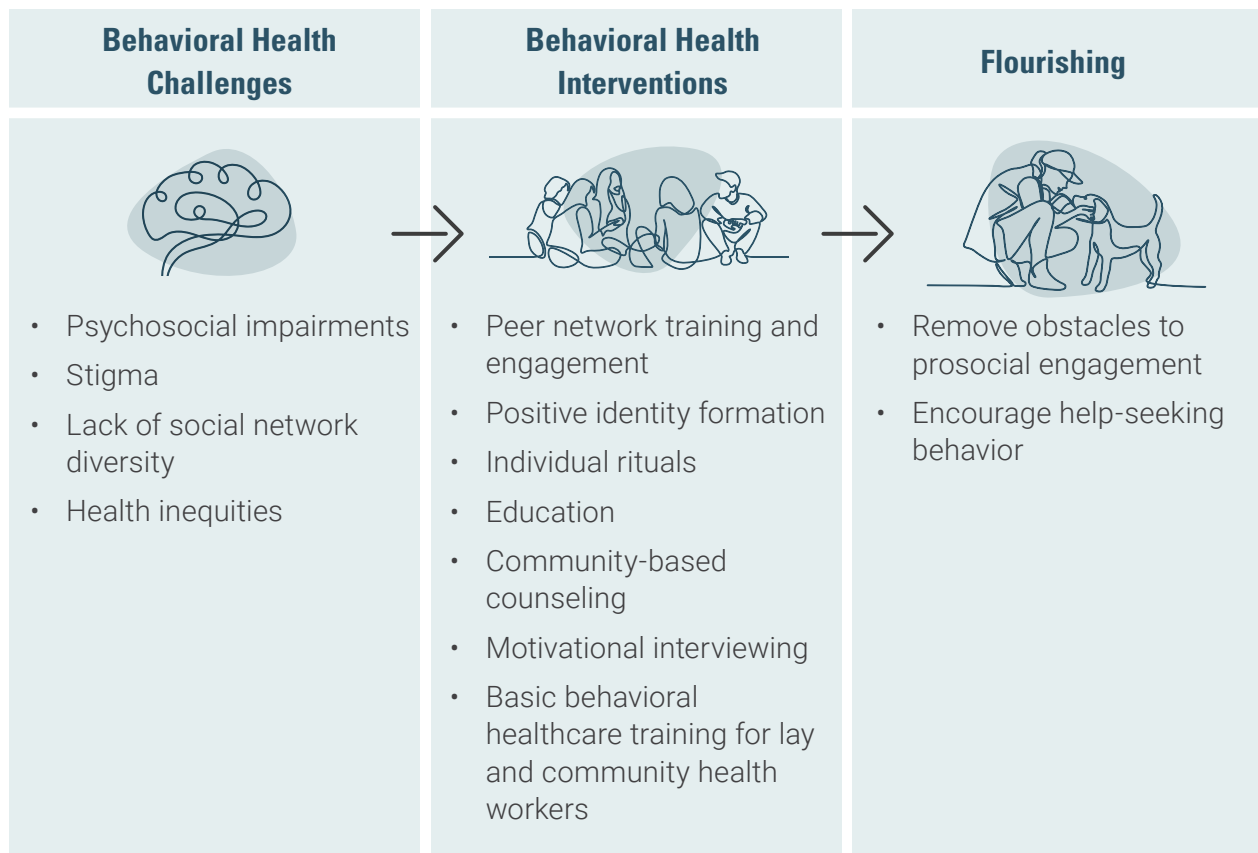
\* The authors are grateful to the thematic advisers for this module: Brandon Kohrt, MD, PhD, Charles and Sonia Akman Professor of Global Psychiatry, The George Washington University; and Stevan Weine, MD, director of the Centers for Global Medicine and Global Health, University of Illinois Chicago.

activities to encourage the development of healthy behaviors, such as group-based recreation or rituals to support psychological and social well-being.

Successful disengagement and rehabilitation of people (re)integrating requires comprehensive behavioral health support that simultaneously focuses on individual health; family and interpersonal dynamics; social functioning within communities, schools, and jobs; and social and policy supports that together expand the reach of, and encourage accessing, services to enable healthy, prosocial choices.

Figure 1.1 shows how promoting behavioral health and well-being can contribute to individual flourishing by encouraging a willingness to seek help to address psychosocial vulnerabilities. Behavioral health services can lower barriers to prosocial engagement and foster healthy ecosystems by promoting positive changes in individual biology, cognition, and behavior that can facilitate healthy, prosocial choices and the creation of social bonds. This not only leads to individual flourishing but can also improve the well-being of families and communities, contributing to broader resiliencies to extremist violence.

**Figure 1.1. Behavioral health and RISE: A theory of change**



## KEY CONCEPTS

**Behavioral health** is the ability to function and cope in everyday life, operate with a healthy self-concept, and develop and maintain positive social bonds. Behavioral health accounts for the interaction of biological, emotional, psychological, and social elements in order to promote personal well-being.

**Behavioral/mental health and psychosocial support (B/MHPSS)** are activities that aim to promote psychosocial well-being and healthy behaviors. B/MHPSS includes context-specific support systems that build on existing strengths of local communities.

**Harm reduction** is a set of principles in service provision that attempts to minimize the negative effects of high-risk behaviors such as drug use. It suggests pragmatic and compassionate strategies to reduce individual and social harms that result from risky behaviors.

**Prosocial behavior** is positive, inclusive, and intended to promote social acceptance or contribute toward building relationships and social bonds.

**Prosocial engagement** involves sustained, positive, inclusive interactions between people (re)integrating and local community members and institutions.

**Social-ecological interventions** consider the complex interplay between individual, relationship, community, and societal dynamics to understand what puts people at risk for engaging in violence and how programs can effect change.

**Well-being of a community** comprises the constellation of social cohesion, social capital, and health and resilience factors that enable people to flourish, fulfill their potential, and cope with shocks and stressors in constructive, healthy ways.

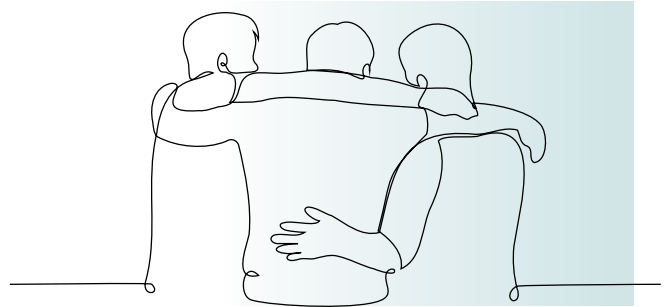
**Well-being of a family** includes open communication among family members, mutual providing and receiving of emotional support, distribution of responsibilities, and recognition of each member's unique contribution.

**Well-being of an individual** is a complex combination of mental, behavioral, physical, and social health factors that includes positive emotions and moods, the absence of negative emotions, general satisfaction with life and fulfillment, positive functioning, and the ability to cope with stress and shocks.

## WHY ADDRESS BEHAVIORAL HEALTH?

A behavioral health approach presupposes that physical health, mental health, and social health are intricately connected. Starting from basic nutrition and healthy eating, adequate sleep for repair and rest, and exercise and movement to promote a healthy body, such an approach recognizes that bodily health contributes to psychological health and that psychological health contributes to and is supported by positive social relationships. Ultimately, in this framework, violent behaviors are just that—behaviors—and, like other social behaviors, are influenced by our psychosocial state and context. Thus behavioral health interventions seek to improve functioning across all major life domains, including in individual physical health and personal relationships, to promote prosocial interactions and well-being.

Behavioral health support can include professional mental health interventions for the treatment of diagnosed mental illness, but also includes other forms of counseling and support (such as nutrition support, health support, life coaching, mentorship, and recreation and skills-building activities) to address negative behaviors or challenges in relationships, the workplace, home life, or other domains. Behavioral health programs can also be incorporated into religious activities, sports programs and clubs, artistic endeavors, and civic and social work in the community.



### Relationship to Extremist Violence

The relationship between behavioral health and extremist violence is complex. Extremist violence is a behavioral health issue insofar as individual psychology and relational dynamics influence choices to join, and leave, violent extremist movements or to commit violent acts.

Although behavioral health conventionally focuses on mental illness and substance abuse, it is fundamentally about how relationships and context can encourage or discourage overall health and well-being. As illustrated in the opening vignette, Kristina's behavioral health was caused only partly by a mental health crisis.

The behavioral health needs of individuals who engage in extremist violence are diverse; addressing them is critical to healing perceptions of isolation and frustration and equipping people with prosocial and nonviolent alternatives to engaging in extremist violence or other violent behaviors.

That the vast majority of people with mental health conditions or psychological distress of any kind are not violent, and neither use harmful substances nor damage social welfare, is important to emphasize. People living with mental health conditions are more likely to be victims of violence than to engage in it themselves. Moreover, people living with mental illness who receive adequate behavioral health services are no more likely to engage in violence than members of the general public are, and people with mental health illnesses who do engage in violence usually have other risk factors for violent behavior, such as adverse childhood experiences, harmful substance use, previous exposure to violence, access to weapons, socioeconomic deprivation, or living in a high-crime community.<sup>1</sup> There is no direct causal relationship between any mental illness or substance use and engagement in extremist violence. Nonetheless, among a subset of people who have engaged in extremist violence, such behavioral health challenges and psychosocial deficits are common. In some cases, weak relationships, marginalization, or emotional distress from adverse and traumatic life experiences can generate patterns of social avoidance, aggression, and susceptibility to social influence, which can play important roles in a person's decisions to engage in violence and violent extremist movements.<sup>2</sup> Moreover, behavioral and mental health challenges can aggravate perceptions of isolation, lack of meaning, and lack of social belonging, all of which can contribute to a person's engagement in extremist violence.

It is outside the scope of this action guide to detail how specific social, emotional, and psychological factors influence how people mobilize into extremist violence. But, as noted in a report from the US National Council for Mental Wellbeing, various psychosocial factors, ranging from perceived isolation to hopelessness to unheard grievances or emotional distress, affect the ability to “reason and perceive reality, regulate mood, formulate and carry out plans and decisions, adapt to stress, behave and relate to others in socially appropriate ways, experience empathy, modulate consumption and refrain from intentional self-injury—or various combinations of such problems.”<sup>3</sup>

Like Kristina in the opening vignette, many people have found that negative changes in their psychological, social, or physical health state contribute to antisocial behaviors such as harmful substance use, intimate partner violence, gang involvement, and engagement in extremist violence and encourage them to join groups of like-minded individuals who may then exert influence over the new member's decisions.<sup>4</sup>

### Do No Harm



Although mental, psychosocial, and emotional distress are common among people who engage in extremist violence, the vast majority of those who experience such challenges are not violent. No psychopathology is associated with people who engage in extremist violence, and programs should be careful not to stigmatize people with such conditions by overstating the link between mental health and extremist violence.



Evidence suggests that people who engage in extremist violence frequently have difficulty relating to other people in their social networks, often in part because of the psychosocial or behavioral health challenges that complicate those relationships.<sup>5</sup> Ironically, though, participation in a violent extremist group often offers short-term psychosocial benefits in the form of belonging, spirituality, empowerment, and social support that can alleviate distress.<sup>6</sup> In this way, the factors that may contribute to mobilization into a violent extremist group may be temporarily relieved by membership, given that participation with like-minded individuals may feel healthy in the moment, even if the group advocates and promotes antisocial, destructive behaviors.

Although influenced by unconscious factors, engagement in and disengagement from extremist violence are usually choices and behaviors that sit alongside alternatives. Behavioral health interventions can help people recognize and access those alternatives or reduce the likelihood of their choosing antisocial behaviors, such as extremist violence, harmful drug use, or any other of a number of antisocial behaviors.

### **Relationship to RISE**

Addressing the cognitive factors and dynamics that can influence mobilization into extremist violence—including trauma, victimization, shame, humiliation, frustrated agency, and human needs for respect and significance—is critical to enabling people to change their behaviors and disengage from extremist violence and other antisocial behaviors. Just as behavioral health issues may open pathways into extremist violence, they may also erect barriers to successful rehabilitation.



Resolving psychosocial distress that existed before mobilizing into extremism is necessary to prevent future violence. Resolution of the pre-recruitment psychosocial stressors is also necessary to prevent other antisocial outcomes after disengagement, including harmful substance use, other forms of violence, and self-harming behaviors. Behavioral health challenges—including mental illness, harmful substance use, and psychosocial distress (e.g. isolation, marginalization, unaddressed grievances)—may also emerge from participation in extremist violence or during the (re)integration process.

Two specific behavioral health issues merit attention because they can significantly affect the RISE process: circumscribed access to behavioral healthcare and social support.



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### **Access to Care**

People may not participate in rehabilitation and other support programs or seek help to address behavioral health issues that could open opportunities for more prosocial behavior for an array of reasons, including stigma, shame, embarrassment, hopelessness or resignation, anxiety, restrictive social and cultural norms, resentment, poor self-awareness, preferences for self-reliance, lack of trust in treatment systems or providers, or fear of reprisals.

Thus the application of B/MHPSS to RISE requires careful *cultural and contextual adaptation* and calibration of treatments and practices to conform to social norms governing treatments and help-seeking processes in local settings. Providing B/MHPSS in ways that are familiar and acceptable to local communities can expand the reach of such programs to people (re)integrating who may otherwise be skeptical of the value of those programs. Cultural adaptation helps ensure that the language used is easily understood and not stigmatizing to intended beneficiaries of the services. Integrating B/MHPSS into existing community resources such as traditional- and community-based healing rituals, practices, and processes, trained religious leaders, educators, social workers, and primary healthcare providers can circumvent many of the barriers that restrict access to care for people (re)integrating. Leaders of local civic and recreational groups may also be well suited to engage with people needing services in a motivating and nonstigmatizing manner.

Although individuals often face stigma because of behavioral health deficits, they can also encounter stigma on the basis of their social identities or because they are viewed in the community with anger and fear. The highest levels of discrimination often result from encountering dual stigmas: stigma because of experiencing a mental health condition and stigma for being associated with an extremist or violent group. (This is addressed in depth in module 3, “Reduce Stigma.”)

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“Providing B/MHPSS in ways that are familiar and acceptable to local communities can expand the reach of such programs to people (re)integrating who may otherwise be skeptical of the value of those programs.”

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### ***Peer Networks and Relational Supports***

Extremist violence takes place within a social ecology in which individuals relate to their broader social context. Social, economic, and political marginalization disrupt healthy social networks and can contribute to a person's mobilization into extremist violence. When an individual loses or lacks social networks, they may search out others who share their pain and frustrations. The proliferation of online social media has given violent extremist networks greater reach to interact with and manipulate people looking for others with whom to build bonds based on these shared frustrations and perspectives. This is just as true during rehabilitation as it is during mobilization.



Social networks, either online or in person, can provide relief from distress. They can also, however, become vectors for extremist violence because they are vulnerable to voices and narratives that offer simple solutions to complex problems, provide meaning and connection to a larger cause, and misplace blame for often legitimate grievances.

Nonetheless, the cultivation of positive social bonds outside established networks that promote or engage in extremist violence for people (re)integrating is crucial to avoiding reengagement with former groups that were perceived to be protective. Interruption of strong social bonds—including bonds within a violent extremist group—can create behavioral health vulnerabilities for people (re)integrating.

Behavioral healthcare can promote positive relationships with family, community leaders, clergy and other religious actors, and peer groups and in educational and work settings. Such relational supports help individuals disengage from extremist violence by reducing the sense of isolation or social exclusion and increasing connectedness within a community while reducing risks of rejoining former groups. However, programs need to be cognizant of how disengagement from an extremist group can create a relational void that can aggravate other psychosocial vulnerabilities.

The dynamic between families and individuals who have engaged in extremist violence is complex. Family support can be a powerful source of resilience and a protective factor against recidivism, but individuals with families that themselves support extremist violence may have more difficulties disengaging and (re)integrating into a broader community.

In some circumstances, mothers can act as gatekeepers to prevent vulnerable family members from embracing extremist violence, but assumptions that mothers are always able to spot or prevent radicalization in family settings needs to be dispelled.<sup>7</sup> In fact, in many circumstances, women play important roles in supporting extremist violence, such as recruiters, financiers, and enforcers of a group's norms and values. In some cases, women have also directly perpetrated violence. Likewise, fathers can model healthy gender norms that support disengagement and rehabilitation, but they can also model toxic ones that undermine critical norms of nonviolence or even reinforce violence, discrimination, or other destructive behaviors. Other family members and peers can also play leading roles in driving their wider family units into or out of violent extremist groups and movements.

## Gender Considerations



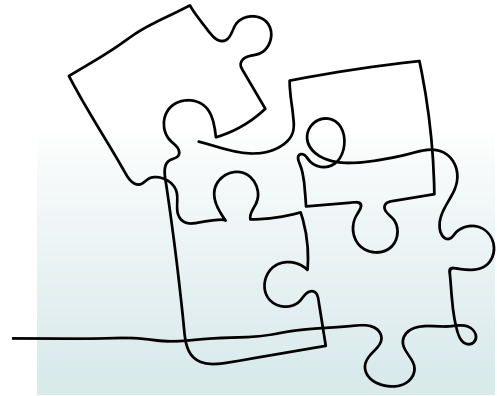
- Women, girls, and sexual and gender minorities often face gender-based violence and abuse while engaged in extremist violence; such cases may require specialized care during disengagement and (re)integration.
- Studies have indicated a strong correlation between women who experience violence and the development of subsequent behavioral health challenges such as harmful substance use, feelings of powerlessness, problems with emotional modulation, anger, shame, depression, self-harm, and disconnection from others.\*
- The widespread practice of sexual violence among men engaged in extremist violence may continue to shape their behavior even after disengagement and (re)integration. Men (re)integrating who feel entitled to callous sex and to glorify violence may be prone to continue committing violence against women and girls or feel the need to protect them with violence.
- Female members of violent extremist groups may have taken on greater roles of responsibility and leadership than gender norms allow in their home communities, resulting in feelings of powerlessness, disrespect, or a lack of agency on (re)integration.

\* See Joseph P. Morrissey et al., "Outcomes for Women with Co-occurring Disorders and Trauma: Program- and Person-level Effects," *Journal of Substance Abuse Treatment* 28, no. 2 (March 2005): 121–133.

## HOW TO INCORPORATE BEHAVIORAL HEALTHCARE

### Planning and Design Considerations

Behavioral health interventions can help individuals disengaging from extremist violence change certain antisocial behaviors and perceptions, leading to healthier relationships and prosocial engagement with the community. Several factors and existing good practices are important to consider when designing behavioral health interventions for RISE, including community consultations, awareness-raising, law enforcement, and institutional supports.



### *Ensure Health Equity*

Many communities are affected by power dynamics that marginalize or stigmatize some members and groups, erecting barriers that stand in the way of accessing care. Many countries and communities lack the resources to provide sophisticated behavioral health services. In some cases, the formation of community advisory or community health committees can contribute to more equitable, accessible behavioral health programs. Community committees can take many forms, but they create a platform for volunteer or incentive-based rotating participants to voice concerns, generate usable insights through participatory research, and represent voices and needs of various groups in the community. Community committees can increase the likelihood that interventions will reach those who are or have been marginalized politically, socially, and economically. These approaches also can contribute to restoring or strengthening the structures and systems that are essential to community resilience and well-being by identifying positive community resources that can be leveraged or adapted to provide behavioral health services.<sup>8</sup>

Community consultation and leadership can contribute to creating RISE programs grounded in equity. Indeed, RISE is a health equity challenge. Violence, including extremist violence, is fueled by existing inequities, and it perpetuates and aggravates disparities in well-being and health outcomes. In many places, policies and practices have marginalized social groups and concentrated social and economic disadvantage, exposing those communities and groups to diminished neighborhood conditions and forcing them to bear a disproportionate burden of violence and other adverse health outcomes.<sup>9</sup>

The same conditions and inequities that perpetuate patterns of poor health and lack of safety—such as inequitable access to social mobility opportunities; lack of political representation; high rates of abuse from security authorities; historical exposure to violence; and high rates of trauma, racism, and discrimination—can also increase the risk communities face for high levels of engagement in extremist violence.

The violence, fear of violence, and stigma that result can worsen discrimination, disparities in access to care, health outcomes, quality of life, and overall well-being. Although these dynamics are difficult to address in community-based settings, disengagement and reconciliation programming cannot be sustainable at scale if such structural marginalization is not addressed to ensure the equitable provision of behavioral healthcare commensurate with the challenges faced by local communities. (For more on addressing structural barriers to [re]integration, see module 6, “Build Community Resilience.”) Thus, community consultation is critical to understanding perceptions of inequities, power dynamics, and other issues that may affect access to care.

### ***Educate Families, Peers, and Communities about Extremist Violence and Behavioral Health***

Raising awareness of the relationship between extremist violence, (re)integration, and behavioral health in affected communities can lower barriers to accessing behavioral healthcare by reducing stigma, normalizing access, and fostering vicarious help-seeking.

Programs can organize learning sessions within local communities, but their reach may be limited by self-selection and niche interests. Mass media and credible community influencers can be enlisted to raise awareness and spread positive messages about B/MHPSS or advertise more in-depth learning opportunities. Community organizations can embed psychosocial support, trauma healing, and behavioral health literacy in other activities such as rituals or ceremonies; formal education systems; and recreational, cultural, and artistic activities.

Although extremist violence and other forms of violence have some similar characteristics, few community members may understand the dynamics of extremist violence, including—and perhaps especially—families and friends of people who have engaged in extremist violence. Knowledge about the relationships between behavioral health and extremist violence can empower families, peers, and other influential community members such as teachers or religious leaders to anticipate and navigate the behavioral challenges to expect from those (re)integrating, how to respond, and when to shepherd them to specialized care.

Behavioral health interventions should take care to provide a range of behavioral health services for the entire community, not only to people (re)integrating. It is likely that others will share the grievances, beliefs, attitudes, and behavioral health deficits that may influence many types of violent and antisocial behaviors. In addition, the communities in which people (re)integrate may themselves have been harmed by extremist violence, potentially adding more barriers to successful (re)integration. It is thus vital that B/MHPSS benefits entire communities and is not targeted only at people associated with extremist violence. Although they can consume considerable time and other resources, behavioral health interventions that address these challenges will not only result in more resilient communities and individuals overall but also minimize stigma both against those (re)integrating and against anyone else who accesses B/MHPSS.

***Address Law Enforcement Implications***

Behavioral and mental health providers face complex relationships with law enforcement authorities.<sup>10</sup> Security actors have an inherent interest in collaboration with behavioral health providers, both because such providers may hold privileged information regarding criminal intentions or insights into whether clients pose a risk to public safety, and because B/MHPSS providers offer a form of risk reduction in their own right. Behavioral health providers, though, need to navigate such collaboration while prioritizing their obligations to the privacy and well-being of those they serve, especially but not only in countries with weak provider-client protections or an abusive security sector.

Many marginalized communities have a history of exploitation by and mistrust of the behavioral health system. In many parts of the world, institutionalized psychiatry has been used as one form of social control over politically marginalized groups. Behavioral health providers have sometimes been involved in programs to gather and provide information to political organizations, abusive security actors, law enforcement, and other institutions. It is important to be sensitive to this legacy and its role in potential resistance when trying to encourage engagement with behavioral health services.

Ensuring that B/MHPSS providers are knowledgeable about the local criminal justice system can enable them to provide people (re)integrating with clear expectations and coping techniques for such stressors. Moreover, in cases when people (re)integrating may face eventual prosecution or incarceration, such knowledge can ensure continuity of care by enabling effective case management and the coordination of treatment services between community-based and custodial providers. Such knowledge can also provide clarity over the division of roles and responsibilities between B/MHPSS providers and law enforcement authorities and enable providers to recognize and advocate for opportunities to divert justice-involved clients into treatment services where appropriate.

Excessive law enforcement involvement with people (re)integrating can inhibit their rehabilitation. Targeting people (re)integrating, their families, or their peers with increased surveillance or harassment can risk stigmatization, obstructing the kind of prosocial engagement that is necessary for (re)integration and discouraging people from accessing behavioral healthcare.

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“Excessive law enforcement involvement with people (re)integrating can inhibit their rehabilitation. Targeting people (re)integrating, their families, or their peers with increased surveillance or harassment can risk stigmatization, obstructing the kind of prosocial engagement that is necessary for (re)integration and discouraging people from accessing behavioral healthcare.”

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To the extent that interaction between people (re)integrating and law enforcement or security actors is necessary, integrating behavioral health management skills and specialized knowledge of the dynamics of (re)integration and extremist violence within law enforcement agencies—either by providing crisis intervention training to officers or by embedding B/MHPSS professionals within agencies—can help deescalate crises and minimize misperceptions that can lead to confrontation. Training on community policing approaches can open the eyes of security actors to opportunities to spend more of their attention and resources enhancing overall community well-being, thereby diminishing the salience of employing a heavy-handed approach. Likewise, community policing, alternatives to incarceration, and accountability structures for antioppression and antiracism practices can reduce excessive targeting of people (re)integrating.

### Do No Harm



- Local and technical staff should have both supervision and training on evidence-based B/MHPSS.
- Fostering a culture that prioritizes self-care will help limit staff burnout.

### ***Coordinate Institutional Supports***

Behavioral health programs require a coordinated, multistakeholder approach. Civil society–based community organizations are often the best-placed and most effective frontline workers. But civil society is frequently faced with severe restrictions on its work and tends to be underresourced. Counterterrorism approaches often focus on strengthening military, police, intelligence, and criminal justice capacities. The actors playing these roles, however, typically have limited genuine connections to communities affected by people (re)integrating. A multistakeholder approach sets up lines of communication among these actors, and between them and civil society actors, to capitalize on their strengths and build trust and cooperation.

When such collaboration is being developed and mainstreamed, the following recommendations should be kept in mind:

- Ensure that referrals of people (re)integrating to B/MHPSS providers leads to concrete action. Case management should involve developing a treatment plan that coordinates the efforts of the stakeholders involved.
- Strengthen community health structures and linkages to primary healthcare facilities to enhance access and availability to services.
- Promote culturally and religiously sensitive behavioral health services.
- Set clear protocols for information sharing between organizations and services.
- Establish referral networks across circles of practice—humanitarian, security, peacebuilding, reconciliation, and development—and make sure those networks include donors.
- Offer communities of practice for professionals so that they can learn from one another and avoid repeating the same mistakes.



## Types of Interventions and Activities

Behavioral health interventions for people (re)integrating will need to address challenges people face that may have influenced their decision to engage in extremist violence to begin with. But interventions also need to consider that people (re)integrating may not face the same challenges they did prior to their period of engagement in extremist violence. Their experiences while engaged and the hardships they face during the disengagement and (re)integration process often will present new behavioral health challenges that need to be addressed as well.

### Do No Harm



Programs should always protect the privacy of participants, especially those who are affiliated with people disengaging from extremist violence, because disclosing sensitive information could expose them to stigma, affect their mental well-being, or put them in danger.

Behavioral healthcare in the context of RISE is a multifold challenge with impact across the (re)integration process. Indeed, changing antisocial behaviors into healthy ones is itself an iterative process that occurs simultaneously with (re)integration. This is not a linear process, and it is likely to encounter setbacks and challenges unique to each individual. Nonetheless, B/MHPSS needs to be integrated throughout the process to help people (re)integrating cope with those stresses as they face them.

Behavioral health initiatives for RISE can include encouraging people to seek out and accept care, expanding the reach of behavioral health services, and promoting individual psychosocial health and coping skills.

The goal of these interventions should extend beyond simply increasing public safety; the aim should be to improve overall well-being for people (re)integrating and the communities affected to foster sustainable prevention of harm to self and others.

### ***Encourage Help-Seeking Behavior and Expand Access to Care***

Among the various ways to increase help-seeking behavior and encourage individuals to access professional care are gatekeeper training and community-based education and stigma reduction.

***Gatekeeper training.*** A gatekeeper is a person—often a peer, family member, mentor, or teacher—who regularly interacts with and is trusted by someone (re)integrating and who can identify and interrupt potentially harmful behavior, either by providing basic behavioral health support or by shepherding those in need to more specialized care.



Research suggests, however, that peers may be reluctant to address their friend's violent or harmful behaviors. They may simply not recognize warning signs; they may be afraid that attempting to address the issue may damage their relationship; or they may not want to risk bringing danger, embarrassment, or punishment to themselves or their friends.<sup>11</sup>

When gatekeepers are trained on what behavioral challenges to expect and how to directly provide basic interventions and trauma first aid, they are more likely to do so and will have a better understanding of when and how to refer individuals to professional B/MHPSS service providers.

Training for gatekeepers should teach them how to

- notice behavior that indicates potential for violence;
- interpret the behavior as an emergency;
- assume responsibility for responding to the emergency;
- identify appropriate forms of assistance; and
- implement a decision to assist or seek assistance.<sup>12</sup>

### ***Community-based education and stigma reduction.***

B/MHPSS for RISE should address stigma against those who access mental health services. B/MHPSS services need to adapt to fit the local culture and context, but should also engage religious leaders and trusted community voices to amplify awareness about and promote existing services. B/MHPSS interventions should consider introducing programs that are delivered via formal education curricula, mass media, targeted community outreach, and engagement with influential figures and that promote key messages to reduce stigma

against behavioral health interventions and normalize the use of behavioral health services. Research suggests that facilitated social contact with members of a stigmatized group is one of the most effective ways of changing attitudes and behaviors. Therefore, finding activities that can be shared between people accessing behavioral health services, behavioral service providers, and members of the broader community, under safe circumstances, can change attitudes among communities and individuals.

### **Do No Harm**



To maintain standards of care and ensure behavioral health treatments do not aggravate existing or generate new psychosocial or behavioral challenges, paraprofessionals should be supervised by a professional psychologist with specialized training providing B/MHPSS for violence-affected individuals.

**Expand the Reach of Behavioral Health Services**

Expanding the reach of behavioral health services to include people (re)integrating can be achieved in several ways, including through telehealth services, primary healthcare integration, and lay community workers.

**Telehealth services.** In communities with limited capacity to provide behavioral healthcare or where stigma or restrictive social norms may prevent people from accessing care that exists, B/MHPSS can be offered via online services or a national hotline. Telehealth services provide a level of privacy that in-person services cannot, circumventing anxieties that could prevent people from accessing behavioral healthcare in public. Telehealth services can be delivered by both behavioral health specialists and nonspecialists trained in brief psychological interventions.

**Primary healthcare integration.** In settings where people are hesitant to access behavioral healthcare because of stigma or restrictive norms, B/MHPSS services can be combined with primary healthcare. This is another way to circumvent anxiety from shame or stigma, because accessing behavioral healthcare would become indistinguishable from accessing physical healthcare. Additionally, layering B/MHPSS atop primary healthcare can expand access to women or children (re)integrating in settings where they require permission to access care by enabling them to receive both B/MHPSS and primary healthcare in a single visit. Moreover, primary healthcare delivery enables treatment for issues such as pain, physical health problems, and disease prevention to be integrated. For example, primary care is an excellent way of integrating management of chronic pain, smoking cessation, and brief psychological interventions.

**Gender Considerations**

In humanitarian settings worldwide, the majority of B/MHPSS investment and program focus is on women and children. More evidence-based programming is necessary for adult men.

**Lay community workers.** Community-based programs administered by community members trained in B/MHPSS techniques and principles can address needs in underserved communities by amplifying resources and resilience factors that exist, as well as by normalizing behavioral health needs and providing basic services such as psychoeducation and emotion regulation activities.<sup>13</sup> Platforms for delivery can include schools, churches, NGO offices, prisons, community centers, public spaces, and remote technologies. Emphasizing “whole of community” behavioral wellness that engages credible and influential community members across several domains can help reduce stigma and encourage people (re)integrating—as well as other community members—to identify needs for care.

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### ***Develop Individual Psychosocial Health and Coping Skills***

Psychosocial health and coping skills, such as stress management and meaning-making, can help individuals (re)integrating change their harmful behaviors into healthy, prosocial, and nonviolent alternatives. Promoting such skills is therefore an important aspect of a behavioral healthcare approach. Several options, which need not be mutually exclusive, exist for giving people (re)integrating the opportunity to acquire such skills, including paraprofessional B/MHPSS Interventions, rituals, and motivational interviewing.

***Paraprofessional B/MHPSS interventions.*** Experts have developed some B/MHPSS interventions that can be delivered by lay community workers or paraprofessionals and can promote psychosocial health. Such interventions include the Problem Management Plus (PM+) from the World Health Organization (WHO), which can be applied for various behavioral health challenges. PM+ can be delivered in group or individual settings, with group PM+ being an effective approach to improving social support and prosocial behaviors. Other interventions include mindfulness-based stress reduction; yoga and somatic (body-based) healing practices; and psychoeducation and awareness campaigns about the effects of stress and trauma. Self-Help Plus (SH+), developed by the WHO, requires minimal involvement of a paraprofessional and has shown benefits in both preventing and reducing psychological distress.

***Motivational interviewing.*** Motivational interviewing is a method of communicating with someone to motivate them to make a positive behavior change. It is a learnable, cross-cultural approach that relies on active listening and careful communication skills. The interviewer invites an individual to reflect on and then guide their own narrative or story about their behavior choices. Motivational interviewing is client centered and evidence based. It is designed to elicit change in people who are ambivalent about change. It emphasizes collaboration rather than confrontation, evocation rather than education, and autonomy rather than authority. Motivational interviewing can be delivered by professionals and paraprofessionals.<sup>14</sup>

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“Psychosocial health and coping skills, such as stress management and meaning-making, can help individuals (re)integrating change their harmful behaviors into healthy, prosocial, and nonviolent alternatives.”

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**Rituals.** Rituals of transformation can help people make meaning in times of transition. Communities pass on traditional rituals from generation to generation. Rituals rely on symbols, are rich in metaphors, and are open to multiple interpretations—all characteristics that enable them to communicate about sensitive topics in indirect ways. Symbols are key to identity formation, and rituals are symbolic actions that can help individuals and communities to transform their identities from victim to survivor, or from offender to community member.

Rituals that deliver labels of transformation and a new identity, and that are sufficiently embedded in the psyche of communities that they bestow legitimacy and credibility on those labels, can be powerful tools for behavior change and result in better (re)integration outcomes.<sup>15</sup> Rituals take many forms and need not always be ceremonial events. Any sort of daily ritual can provide structure and a predictable routine that can reduce uncertainty and help relieve stresses and anxieties that raise barriers to engaging in prosocial activities.

### Do No Harm



It is important that any ritual practice be voluntary for participants. Some communities, religious groups, and other organizations have forced former combatants to go through rituals before they are allowed back in their communities. This can be especially detrimental when women are forced to undergo (re)integration rituals that may be disempowering or distressing. In addition, it is important that the B/MHPSS programs not rely exclusively on rituals when some persons may need more specialized or clinical services.

## Monitoring and Evaluation

The successful implementation of B/MHPSS services requires the establishment of local monitoring and evaluation systems. M&E is important to measure key aspects of services. The competency of providers, whether professional or paraprofessional, needs to be evaluated to ensure that services are being delivered safely and effectively. Providers may unintentionally do harm and worsen the mental health of program participants. When training and supervision systems are inadequate, providers may not achieve and maintain the minimum competency needed to deliver care. The WHO Ensuring Quality in Psychological Support (EQUIP) platform (see “Resources”) provides tools to evaluate competency either using role plays or during actual sessions of service delivery. EQUIP includes competencies for adult B/MHPSS services and child and adolescent B/MHPSS services, as well as competencies for group facilitation and specific interventions such as PM+ and child protection case management.

In addition to assessing individual provider competencies, programs should evaluate *reach*—that is, the percentage of the target audience that engages in services. Monitoring reach helps identify any barriers to accessing care. Reach should include a health equity component to be

sure that historically marginalized groups (such as racial or religious minorities) have comparable engagement in services. Another key indicator is *adherence to services*—for instance, the number of sessions attended for a behavioral intervention or the taking of medications as prescribed. Low adherence suggests that services may not be acceptable or appealing to the intended beneficiaries.

At the level of program beneficiaries, it is helpful to use brief assessment tools to measure behavioral health and well-being that can be easily administered and are culturally and linguistically adapted and empirically validated. The WHO has a brief tool to assess everyday functioning (WHO Disability Assessment Scale). Symptoms of depression and anxiety can be easily assessed with tools such as the Patient Health Questionnaire-9 and Generalized Anxiety Disorder-7, respectively. For substance abuse programs, alcohol-specific tools and general tools for other harmful substance use are available. Behavioral scales, such as those measuring parenting skills, communication skills, and self-efficacy, may be appropriate, depending on the type of service provided. If context-specific risk factors for re-recruitment into armed groups are in play, it can be helpful to regularly monitor exposure to these risks.

### Do No Harm



Researchers in Western countries have developed many scales for examining the potential risk for violence, many of which use the structured judgment approach. Most of these scales have a limited evidence base and have been studied in subpopulations that do not include all the populations where the scale is being used. They have also not been adapted for use in different countries, languages, and sociocultural contexts. For these and other reasons, their use globally should be approached with greater caution.

## EXAMPLES

### Reducing Stigma against Mental Health Services in Liberia

During the fourteen-year civil war in Liberia that ended in 2003, significant behavioral health issues developed among those traumatized by war. The Carter Center's Global Behavioral Health Initiative and Mental Health Program in Liberia is supporting a sustainable behavioral health system in the country by training a mental health workforce, supporting the passage of a national mental health law, reducing public stigma of behavioral health challenges, and assisting Liberia's Ministry of Health in implementing the national mental health policy and plan. The Carter Center hopes to expand access to mental healthcare to 70 percent of the population. The Carter Center has conducted antistigma training courses for pharmacists, journalists, law enforcement officers, faith and traditional leaders, and users of mental health services.<sup>16</sup>

### Supporting Individuals Exiting Right-Wing Extremist Contexts in Germany

EXIT-Germany assists individuals trying to leave right-wing extremist groups and movements. Founded by a criminologist and former neo-Nazi leader in 2000, EXIT-Germany has since successfully processed more than eight hundred individual cases, with a recidivism rate of approximately 3 percent. The program helps challenge right-wing extremist involvement by providing alternative outlooks and behaviors to model, as well as security and safety to individuals who are trying to cut ties and connections to former groups and associations, whether through relocation, identity change, police protection, or other ways. EXIT-Germany also leverages a range of institutional and practical contacts, from psychologists to employers, to help support people (re)integrating. One of the program's goals is to also help educate the public about right-wing extremism through workshops, conference presentations, and a designated research arm.<sup>17</sup>

### Cognitive Behavioral Therapy in Liberia

Facilitated by ex-combatants and people with previous justice system involvement, a Liberian nonprofit organization, the Network for Empowerment and Progressive Initiatives, designed and ran a program called Sustainable Transformation of Youth in Liberia, which uses cognitive behavior therapy (CBT) to teach new skills, behaviors, and ways of thinking about harmful thoughts. CBT is a therapeutic approach to address a range of behavioral health issues. It asks people to be mindful of automatic thinking patterns and behaviors, and then to interrupt these harmful patterns and replace them with more prosocial and healthy behaviors such as future orientation and self-control. Of note, this CBT program does not require participants to describe traumatic exposures in detail. Interventions that involve exploration of prior traumas (known as trauma exposure techniques), such as retelling trauma narratives orally, in writing, or through controlled re-exposure, have the risk of aggravating symptoms when not delivered by a trained professional in a safe context for program beneficiaries.<sup>18</sup>

### Friendship Bench Program in Zimbabwe

Community “grandmothers” sit on park benches—known as Friendship Benches—located in the green spaces outside health clinics around Harare and other major cities in Zimbabwe. These friendly, supportive lay health workers receive training in how to listen to and support individuals facing anxiety, stress, adverse trauma responses, and depression—known locally as *kufungisisa* (thinking too much). Grandmothers screen individuals using a locally validated tool called the Shona Symptom Questionnaire.<sup>19</sup> Those who receive a score above a certain mark are invited to stay for a one-on-one problem-solving therapy session to help them identify problems and solutions. Drawing on values of empathy and connection, the grandmothers provide basic CBT with an emphasis on problem-solving therapy, activity scheduling, and peer-led support groups that meet online and offline. In 2017, more than thirty thousand people in Zimbabwe received treatment from a grandmother on a Friendship Bench; positive outcomes rivaled those of a control group whose members received conventional therapeutic methods.<sup>20</sup>

## RESOURCES

### **“Community-Based Mental Health—A Training Guide for Community Providers” IFRC, 2023**

<https://pscentre.org/?resource=community-based-mental-health-a-training-guide-for-community-providers&selected=single-resource>

This training manual provides guidance to program managers and community providers on how to build the capacities of community health workers by promoting and addressing mental health needs in their communities. The manual promotes the expansion of community mental healthcare services beyond primary healthcare settings.

### **“Community-Based Approaches to MHPSS Programmes: A Guidance Note” Inter-Agency Standing Committee, 2019**

<https://migrationhealthresearch.iom.int/community-based-approaches-mhpss-programmes-guidance-note>

This program guide provides guidance on ethical considerations for community-based behavioral and mental health programs as well as good practices for assessment, planning, implementation, and evaluation.

### **“Community-Based Mental Health and Psychosocial Support in Humanitarian Settings” UNICEF, 2018**

[www.unicef.org/media/52171/file](http://www.unicef.org/media/52171/file)

These guidelines are designed to support safe, nurturing environments for children’s recovery, psychosocial well-being, and protection. The guidelines present an operational framework that emphasizes engaging actors at all levels (children, caregivers, families, and community service providers) to design and implement B/MHPSS strategies that are locally relevant, comprehensive, and sustainable to more effectively restore, strengthen, and mobilize family and community supports and systems with the ultimate goal of supporting child and family well-being in humanitarian settings.

### **Ensuring Quality in Psychological Support (EQUIP)**

#### **World Health Organization**

<https://equipcompetency.org>

This WHO initiative consists of online courses and other resources to develop and disseminate training for scaling up the high-quality delivery of psychological and psychosocial support interventions by nonspecialists.



## **“A Faith-Sensitive Approach in Humanitarian Response: Guidance on Mental Health and Psychosocial Programming”**

**Inter-Agency Standing Committee, 2018**

<https://interagencystandingcommittee.org/mental-health-and-psychosocial-support-emergency-settings/documents-public/faith-sensitive-approach>

This guidance provides practical support to those involved in planning B/MHPSS programming in contexts that require sensitivity to the faith perspectives and resources of the communities within which they are working.

## **“Integrating Mental Health and Psychosocial Support into Peacebuilding”**

**United Nations Development Program, 2022**

[www.undp.org/publications/integrating-mental-health-and-psychosocial-support-peacebuilding](http://www.undp.org/publications/integrating-mental-health-and-psychosocial-support-peacebuilding)

This guidance note identifies key principles for a structured approach to support international, national, and local practitioners to integrate B/MHPSS into their peacebuilding efforts.

## ***Manual on Community-based Mental Health and Psychosocial Support in Emergencies and Displacement***

**International Organization for Migration, 2021**

[www.iom.int/mhpsed](http://www.iom.int/mhpsed)

This manual helps B/MHPSS experts and managers in designing, implementing, and evaluating community-based B/MHPSS programs, projects, and activities for emergency-affected and displaced populations in humanitarian settings.

## **“Mental Health and Psychosocial Support in Children Associated with Armed Forces and Armed Groups Programmes: Operational Guidance”**

**UNICEF/MHPSS Collaborative, 2022**

<https://mhpscollaborative.org/wp-content/uploads/2022/02/FINAL-MHPSS-in-CAAFAG-Programs-Operational-Guidance.pdf>

This report provides multiagency, multisector guidance for fieldworkers, communities, and local and national governments to support the behavioral health needs of children and adolescents reintegrating after armed conflict, their caregivers and families, and communities. It presents an operational framework that supports caring and engaged actors across the social-ecological system.

## **“Mental Health and Psychosocial Support in Children Associated with Armed Forces and Armed Groups Programmes: Contextualization Guidance”**

**UNICEF/MHPSS Collaborative, 2022**

<https://mhpsscollaborative.org/wp-content/uploads/2022/02/FINAL-MHPSS-in-CAAFAG-Programs-Contextualization-Guidance.pdf>

This report defines the key aspects of contextualization for B/MHPSS programs and highlights key steps for contextualizing them. The guidance also offers information, tools, and illustrative case studies to inform the adaptation of components of B/MHPSS programs to different cultures, contexts, and situations.

## **“Mental Health and Psychosocial Support in Emergency Settings: Monitoring and Evaluation with Means and Verification”**

**Inter-Agency Standing Committee, 2021**

[www.unicef.org/media/52171/file](http://www.unicef.org/media/52171/file)

This document provides guidance on the assessment, research, design, implementation, and monitoring and evaluation of B/MHPSS programs in emergency settings. The framework may also be applicable for the transition phases from emergency to development.

## **Motivational Interviewing Network of Trainers (MINT)**

<https://motivationalinterviewing.org>

MINT is a global network of trainers that offers support for motivational interviewing in dozens of different languages.

## **TERRA Toolkit**

**European Commission**

<https://terratoolkit.eu>

The TERRA Toolkit is a Europe-wide network-based prevention and learning project intended to support teachers, youth workers, law enforcement officers, religious leaders, journalists, and local and national policymakers as they exchange information on young people at risk of mobilizing into extremist violence.

## ***Treatment Improvement Protocol 59: Improving Cultural Competence***

**Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services, 2014**

[www.samhsa.gov/resource/ebp/tip-59-improving-cultural-competence](http://www.samhsa.gov/resource/ebp/tip-59-improving-cultural-competence)

This protocol presents a model for developing cultural competence across behavioral health settings. The model serves as a framework for targeting three organizational levels of treatment: individual counselor and staff, clinical and programmatic, and organizational and administrative. It assists readers in understanding the role of culture in the delivery of behavioral health services.

## NOTES

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- 6 Daniel Koehler, “Violent Extremism, Mental Health and Substance Abuse among Adolescents: Towards a Trauma Psychological Perspective on Violent Radicalization and Deradicalization,” *Journal of Forensic Psychiatry and Psychology* 31, no. 3 (2020): 455–472.
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## MODULE 2

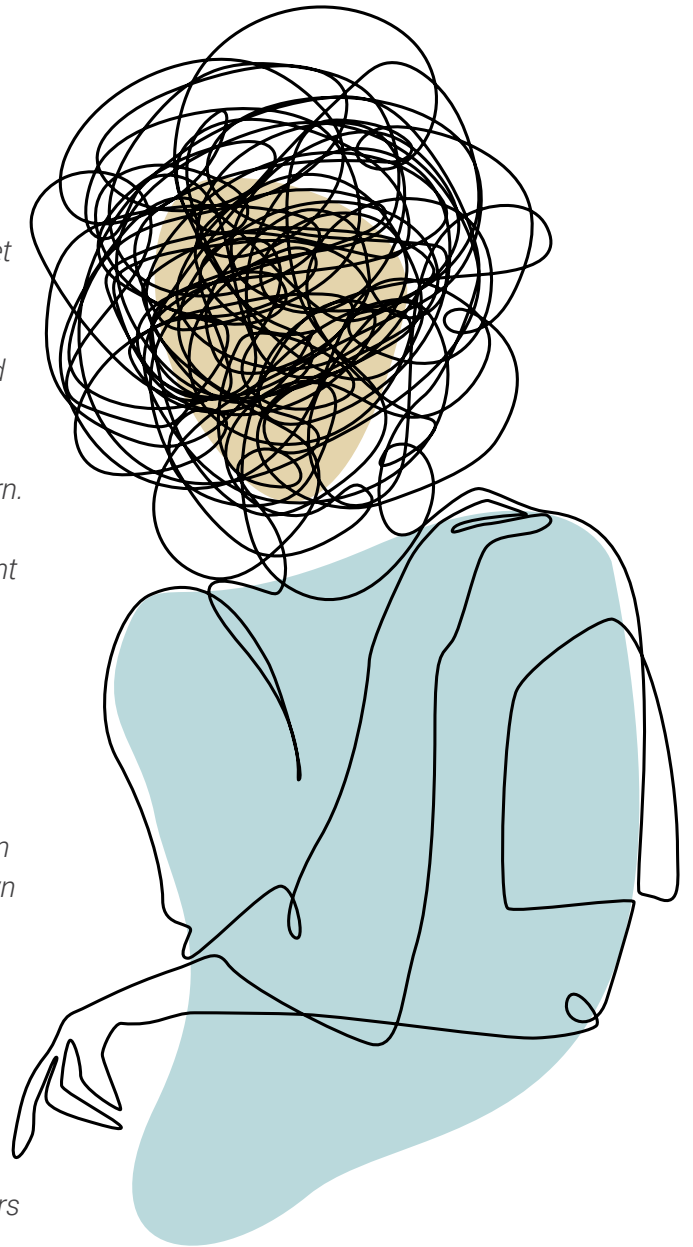
# SUPPORT TRAUMA RECOVERY

*Shadi slowly gathered the pieces of what was once a lamp now scattered across the room. A sense of regret overwhelmed him. He was angry with himself for breaking yet something else. His wife cowered in the corner, shuddering. For years, Shadi had had difficulty controlling his emotions. But the intensity, frequency, and violence of his outbursts had been growing since he came back from Syria.*

*His wife had asked him nothing about his departure or return. She had accepted his calls, which were rare, whenever he had reached out from Syria, but beyond the fact that he went to “defend friends” in Deir Az-Zor, she knew nothing of his time as a fighter. She told people he was traveling for work, that he had a new venture with a friend in Libya.*

*Since returning, Shadi and his wife had spoken little. Sex was frequent but mechanical and sometimes bordered on violent. Shadi spent much of his time at home, gregarious in interactions with strangers, but practically a ghost in his own home: present, but mostly unseen, sitting in the same room from morning till night.*

*Shadi could barely recall what made him explode in anger that particular night. Apologizing was no use because he knew it would happen again. As he picked up the pieces, images of his father flashed across his mind. He had not wanted to be like his father. He had not wanted to hurt others the way his father had hurt him when he was a child.*



*Shadi found himself mired in regret and resignation at what he had become. Thinking about it, let alone trying to find another way forward, seemed futile. The self-doubt and loathing had only grown worse since he had returned from Syria. In his time as a fighter, he found little pleasure. He knew he was going to kill. He wanted to kill, but not with such brutality, not with the casualness he witnessed. He had signed up to kill, but not to rape, not to torture. His time in Syria, despite his desperate longing to find a larger purpose and build a place where he belonged, had been a disappointment. Worse, now there was innocent blood on his hands—and he knew they were indeed innocent—and at any moment one of the men he fought with could expose the full details of what he had done to the broader community.\**

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## SUMMARY

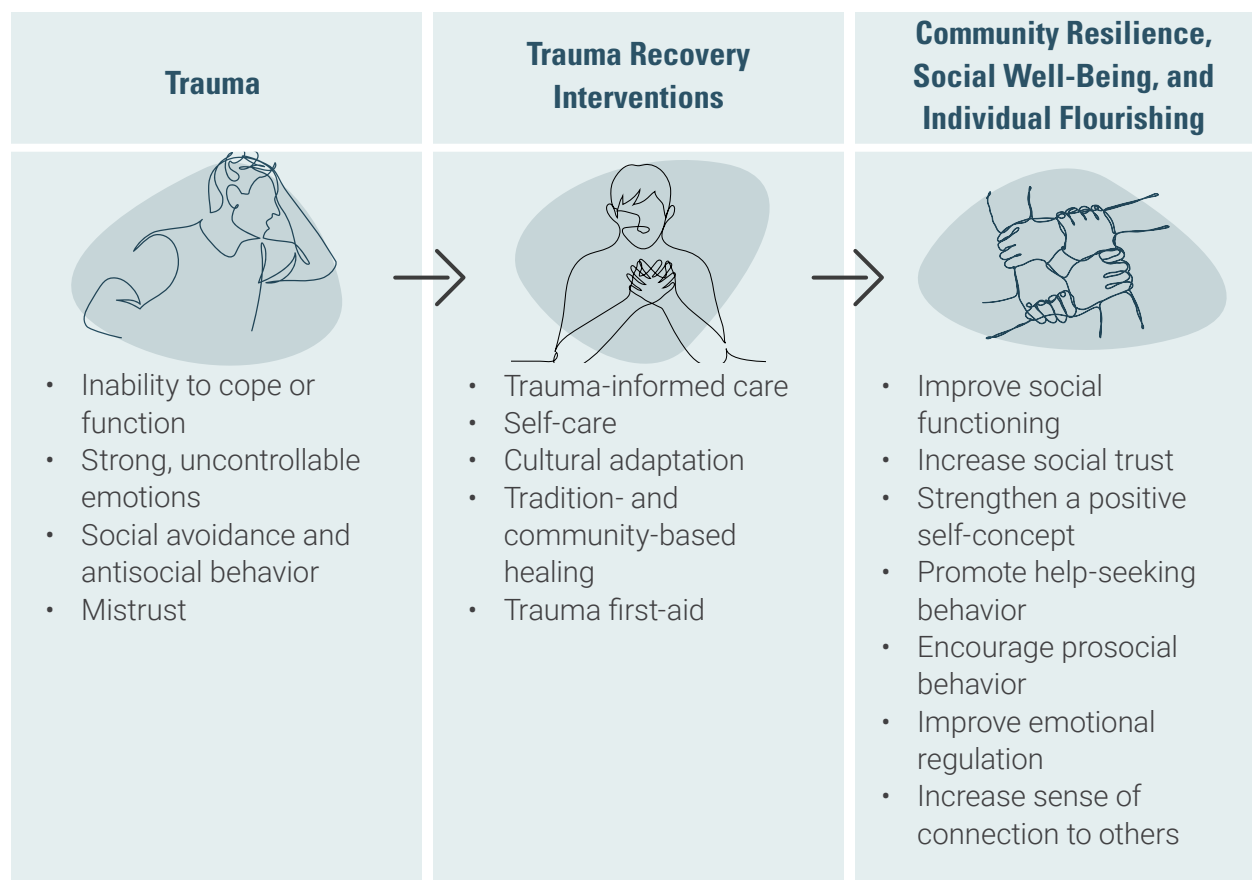
Neither exposure to chronic stress and trauma nor subsequent mental health challenges on their own cause people to engage in extremist violence or increase their risk of doing so. Nonetheless, exposure to chronic stress and trauma in childhood or adulthood increases the risk of emotional and behavioral difficulties. In certain cases, these difficulties can interact with other factors to contribute to antisocial and violent behaviors, including engagement in extremist violence.<sup>1</sup> Exposure to trauma can affect cognitive development, moral reasoning, decision-making, impulse control, and emotion regulation. When those effects are aggravated by other dynamics in the social environment—such as marginalization, family violence, exclusion, or extreme social or political influences—they can increase individuals' attraction to extremist violence or involvement in violent behavior.

For the small fraction of trauma-exposed individuals who engage in extremist violence, past traumas can play a role in their mobilization into extremist violence and create barriers to (re)integration after disengagement.<sup>2</sup> In this way, it is critical that practitioners both address the psychological and behavioral consequences of trauma among people disengaging from extremist violence and build supportive, protective environments around them to reduce risks of reengagement in violence and to promote psychosocial well-being in the community.

Figure 2.1 shows how supporting trauma recovery can contribute to community resilience, social well-being, and individual flourishing by lowering barriers to prosocial behavior. Trauma recovery can positively influence self-concept and a person's ability to think, behave, and relate in healthy ways. Programs that focus on trauma recovery can promote emotion regulation, coping and interpersonal skills, alternatives to violence, cognitive reframing of traumatic experiences, and connection to others, which, when supported by meaningful education and livelihood opportunities, can create sustained positive engagement and identity formation among people (re)integrating.

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\* The authors are grateful to the thematic advisers for this module: Theresa S. Betancourt, ScD, MA, director of the Research Program on Children and Adversity, Boston College School of Social Work, and B. Heidi Ellis, PhD, director of the Trauma and Community Resilience Center, Boston Children's Hospital.

**Figure 2.1. Trauma recovery and RISE: A theory of change**

## KEY CONCEPTS

**Adverse childhood experiences (ACEs)** are potentially traumatic events that occur during childhood that can include abuse, neglect, or household dysfunction. Such experiences can interfere with a person's health and social functioning throughout their lifetime.

**Behavioral/mental health and psychosocial support (B/MHPSS)** are activities that aim to promote psychosocial well-being, mental health, and healthy behaviors. B/MHPSS includes context-specific support systems that build on existing strengths of local communities.

**Chronic stress** can result from accumulated stressful experiences that, given their strain on various cognitive and physiological processes, can cause long-term negative changes to physical health, psychological health, and social relationships.

**Collective trauma** refers to traumatic incidents experienced by a large group of people or a specific segment of society. Collective traumas can affect individuals in the same way as any trauma, but also can influence identities, values, beliefs, norms, and rituals of the entire affected community for multiple generations.



## KEY CONCEPTS

**Post-traumatic stress disorder (PTSD)** is a specific cluster of cognitive, emotional, and behavioral symptoms present more than thirty days after exposure to trauma. They include increased sensitivity to trauma reminders, increased startle response, avoidance of specific situations reminiscent of the trauma, and changes in worldviews and self-concept. These symptoms result in significant emotional distress that affects the individual's ability to function socially, occupationally, or domestically. They can remain dormant in the initial period after trauma exposure and show up days, weeks, months, or even years after the event, often in response to a later reminder of the original trauma.

**Psychoeducation** provides information in an empathetic, supportive, and structured way to help people better understand and cope with behavioral or mental health challenges. In the context of RISE, the information provided is scientific information about the effects of toxic stress and trauma on individuals and communities affected by extremist violence; what individuals, families, and others can expect; and how they can respond to expected or unexpected behavior and challenges.

**Resilience** refers to a state in which an individual has the abilities and necessary supports in the social environment to respond to, adapt to, manage, absorb, or navigate crises or severe change, relying on positive relationships, networks, and strategies for stress management and emotion regulation.

**Self-care** is the process of maintaining one's own good health and personal well-being with behaviors that promote health and active management of illness or distress when it occurs.

**Trauma** is an event or series of events, often life-threatening or perceived to be life-threatening, that overwhelm the brain's and the body's ability to cope. Exposure to trauma can result in unwanted changes in physiology and psychology, affecting thoughts, relationships, and behaviors. In some cases, it can result in social avoidance and aggressive or violent behavior. Recent research has demonstrated that trauma can biochemically alter gene expression in subsequent generations.

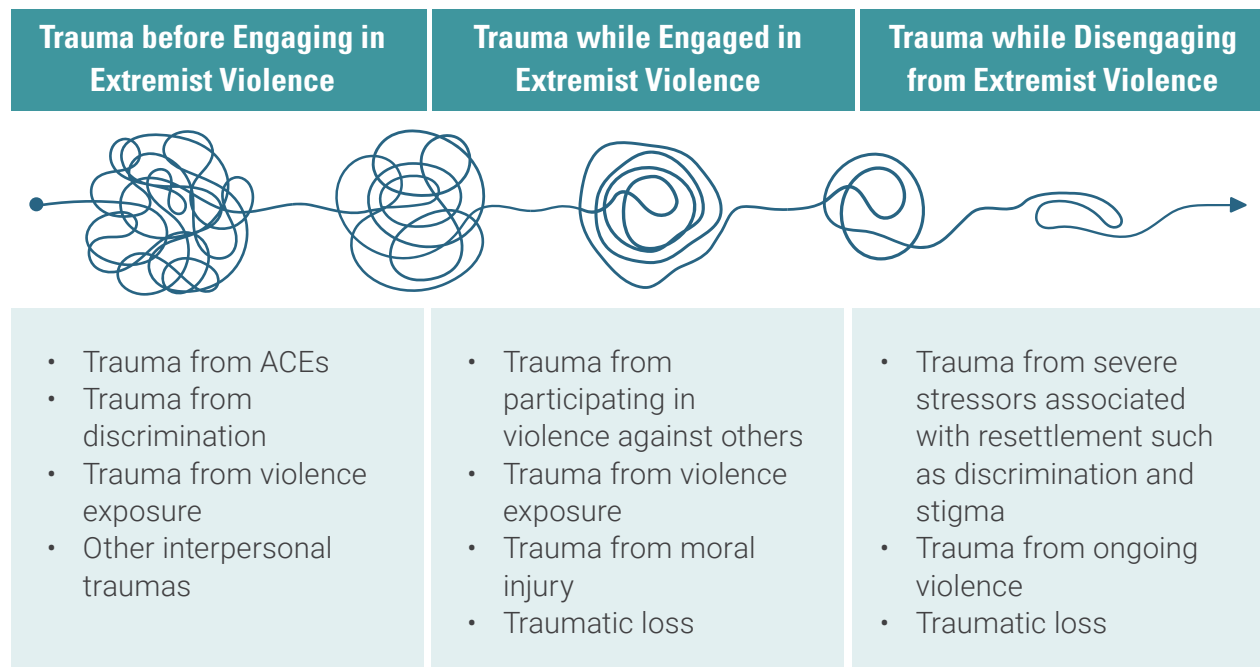
**Trauma-informed care** is not a specific technique or treatment method but an awareness and sensitivity of the impact of traumatic stress that service providers should maintain throughout any treatment plan by promoting a culture of safety, empowerment, and healing. A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices and by actively resisting retraumatization.



## WHY PROMOTE TRAUMA RECOVERY?

The integration of trauma recovery and B/MHPSS in RISE is not intended to assist in identifying mentally ill individuals, to confirm whether mental illness increases risks of participation in extremist violence, or to inform risk assessment mechanisms. Instead, it aims to address psychosocial and behavioral health barriers to positive engagement with peers and community and to increase protective factors that promote prosocial choices among those who have disengaged from extremist violence. Regardless of any role that trauma may play in pathways into extremist violence, exposure to chronic stress and trauma may occur at various stages of an individual's journey in an out of extremist violence: pre-engagement, while engaged, and during disengagement and (re)integration. Practitioners should thus consider how different traumatic experiences may have affected those participating in extremist violence along various points before, during, and after their engagement (see figure 2.2).

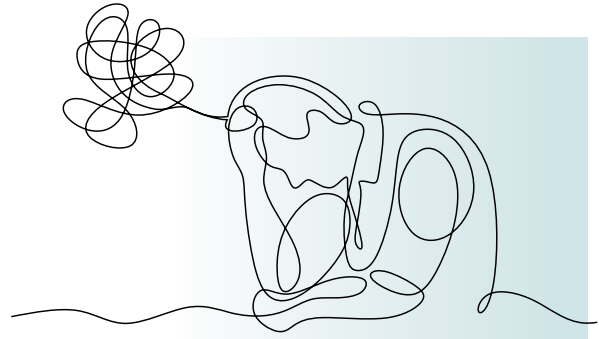
**Figure 2.2. Examples of trauma at different stages of extremist violence**



### Relationship to Extremist Violence

More than 95 percent of terrorism takes place in countries already in conflict or experiencing political violence.<sup>3</sup> Political violence and its associated crises generate countless stressful and potentially traumatic experiences, including forced migration, family separation, direct violence, disrupted social supports, scarcity, and poverty. Such adversities have profound effects on individuals, relationships, and communities.

Various studies indicate that a disproportionately high number of people engaged in extremist violence have backgrounds characterized by abuse or childhood trauma.<sup>4</sup> Evidence suggests that emotional and behavioral disruptions due to war-related traumas can be transmitted intergenerationally as they can contribute to an increased risk of harsh or disrupted parenting behaviors.<sup>5</sup> More directly, studies also suggest that collective perceptions—as well as direct experiences—of discrimination, marginalization, and victimization are common among people engaged in extremist violence and can influence support for extremist violence.<sup>6</sup> Such extreme experiences—from childhood abuse to discrimination in adulthood—may have significant effects on individuals' biology, psychology, and behavior. Also, given the prevalence of these and other traumas in environments where extremist violence flourishes, practitioners should understand how such adversities may influence extremist violence.

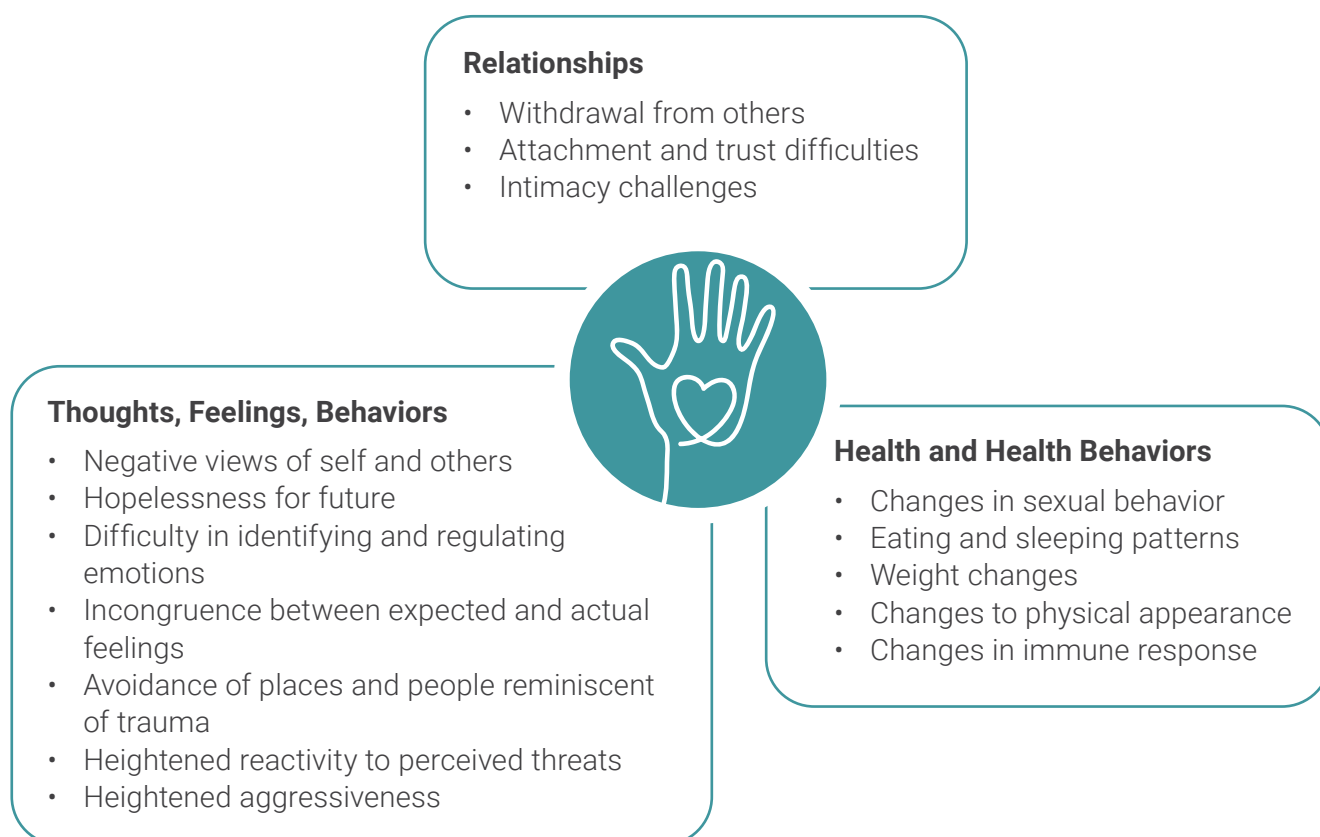


*No direct causal relationship between exposure to trauma or chronic stress and mobilization into extremist violence has been established.* Few people from conflict-affected or high-trauma settings engage in extremist violence. Similarly, although disproportionately high rates of trauma exposure are often found among people engaged in extremist violence, few trauma survivors engage in extremist violence. Thus, trauma cannot on its own be considered a risk factor for engagement in extremist violence. However, some of the adaptations that can occur due to chronic stress and trauma can influence biology, thoughts, and behavior that can in turn interact with other environmental factors to facilitate mobilization into extremist violence and potentially complicate (re)integration of those who have disengaged from extremist violence.

*Exposure to trauma can affect the brain, the body, self-concept, and social behavior* in ways that create barriers to healthy engagement with the self and the community. No two people react to traumatic experiences the same way, and only some who experience traumatic events will go on to develop post-traumatic stress disorder or other significantly impairing adaptations. Medical diagnoses such as PTSD capture only a specific cluster of symptoms, and trauma-related adaptations that are relevant to RISE can extend beyond those captured by medical diagnoses. Regardless of any diagnosis, traumatic experiences can result in changes in nervous system activity, executive functioning, cognitive abilities, and interpersonal behaviors. Many post-trauma adaptations may be beneficial in the short term insofar as they can help people stay alive and navigate stressful experiences, but over time some of those adaptations lose their usefulness and can become harmful, jeopardizing physical health, psychological well-being, and social functioning. Further, it is possible that some of the social and behavioral adaptations stemming from trauma can increase vulnerability to negative influences, promote unhealthy coping strategies, and obstruct efforts to form prosocial bonds during the (re)integration process.

Various factors influence the likelihood of developing symptoms or adaptations after trauma, including genetic makeup; culture; the age at which these experiences occur; their duration, frequency, and intensity; the supports received in the aftermath of these events; and guilt and self-blame, among other factors. Although it is difficult to predict how a given individual will respond to traumatic events, some of the adaptations that can occur are shown in figure 2.3.

**Figure 2.3. Potential adaptations after trauma**



### Relationship to RISE

Trauma can not only increase risks for participation in extremist violence, but also complicate (re)integration after a person has disengaged.<sup>7</sup> Successful rehabilitation of people (re)integrating requires close and careful understanding of how trauma may elevate risk factors and diminish protective factors for individuals in their social environment. Practitioners should have a working understanding of how trauma exposure can affect various cognitive and relational processes and interact with community and structural factors to facilitate or complicate (re)integration.

Those who have participated in extremist violence may have experienced trauma before their involvement, or as a result of witnessing or participating in violent acts, abuse or exploitation, sexual violence, wartime combat, or other experiences.<sup>8</sup> Additionally, the (re)integration process itself may be stressful or traumatic because it can include experiences of anxiety or shame related to surveillance or increased attention from law enforcement authorities or security services, detention, imprisonment, discrimination, joblessness, unstable housing, or long-term challenges that were part of their pre-participation world. That world itself may have been scarred by poverty, exclusion, repression, or perceived injustice. Furthermore, and particularly in communities affected by extremist violence, the collective trauma from experiencing extremist violence can result in stigma against those who have engaged in it, erecting further barriers to prosocial engagement between those disengaging and community members.<sup>9</sup> (This topic is discussed in more detail in module 3, “Reduce Stigma.”)

Regardless of when potentially traumatic experiences occurred in an individual’s journey into extremist violence, certain trauma adaptations may be particularly relevant, and merit focused attention, in the context of people (re)integrating.

For example, for many, the sense of belonging, purpose, and support that accompanied participation in a violent extremist group offered protection against behavioral and mental health challenges, including trauma experienced while engaged in extremist violence.<sup>10</sup> New or forced relationships with individuals who hold distant or misaligned views, identities, or ideologies may not provide the same perceived level of support as those relationships.

In this sense, the formation of healthy social bonds is crucial for trauma recovery, and attempts to address relationship difficulties must consider if and how participation in extremist violence may itself have provided some coping mechanisms or other protective benefits. In other words, trauma recovery

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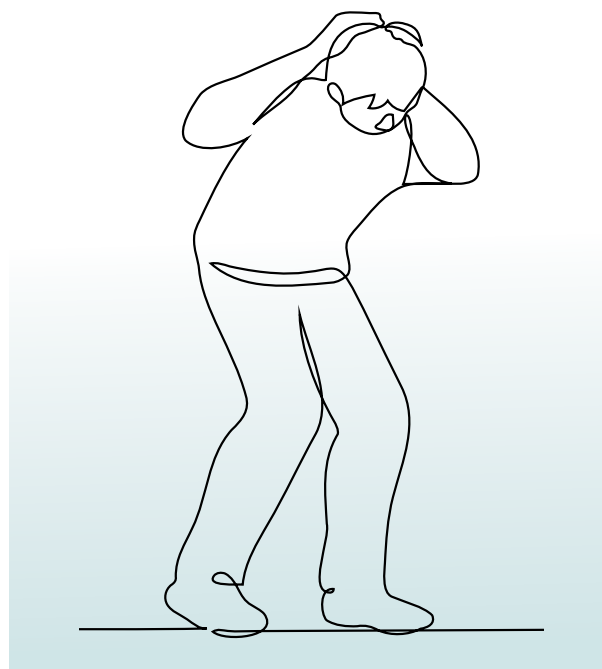
“For many, the sense of belonging, purpose, and support that accompanied participation in a violent extremist group offered protection against behavioral and mental health challenges, including trauma.”

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in the context of RISE must carefully consider how to promote the right type and quality of relationships for those (re)integrating.

Beyond relationship difficulties, other trauma adaptations such as difficulties with trust, changes in out-group empathy, increased threat reactivity, and self-regulation issues can complicate (re)integration from the perspective both of those disengaging from extremist violence and of communities and individuals who have been affected by it. Many of these adaptations create cognitive and behavioral barriers to (re)integration activities and can directly affect the quality of relationships and social interactions. Trauma recovery reduces barriers to the kinds of prosocial engagement that is crucial to the success of RISE programs.

Other conflict-related fields—such as disarmament, demobilization, and reintegration (DDR)—can provide a guide for the integration of trauma recovery in programs. Research and practical experience reveal that addressing trauma through community-based trauma recovery strategies may support prosocial engagement and sustainable peace.<sup>11</sup>



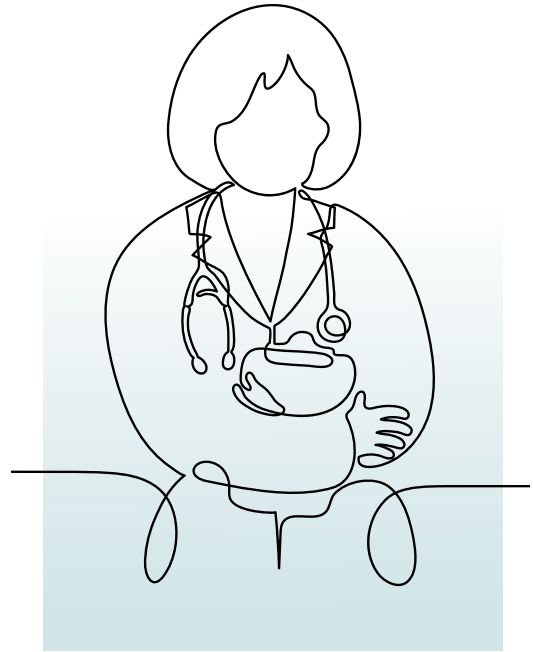
## HOW TO PROMOTE TRAUMA RECOVERY

Extremist violence mobilization and engagement, attacks, and deaths disproportionately occur in conflict zones. The high level of violent conflict, coupled with extremist violence, increases communities' exposure to potentially traumatic events, and communities in conflict are historically often among those with sparse mental health infrastructure and scant international support for behavioral and mental health. Resource constraints, vulnerable infrastructure, time constraints, safety concerns, and social norms that erode willingness to participate in B/MHPSS present difficulties for the meaningful integration of trauma into peacebuilding work such as RISE.

Despite calls by practitioners and policymakers for innovative, scalable ways to diminish the role of trauma in contributing to negative outcomes, less than 1 percent of health assistance for developing countries is dedicated to mental or behavioral health, which includes trauma recovery and B/MHPSS programs for those exposed to trauma and loss.<sup>12</sup> Additionally, to date, no clear estimate has been made on what percentage of global peacebuilding activities deliberately address trauma and trauma recovery, particularly in evidence-based, clinically validated, and

scientifically sound ways. Furthermore, in many conflict-affected countries, the little support that does make it to trauma recovery or B/MHPSS programs is largely directed to and managed by public hospitals or primary healthcare centers, which, though important, can inadvertently limit community-based psychosocial support efforts, restricting access.<sup>13</sup>

Since 2003, the World Health Organization has advocated for increased support for “informal” and community-based care, which can include self-care, psychoeducation, and nonprofessional forms of psychosocial support led by lay community members with specific training. Similarly, the Inter-Agency Standing Committee (IASC) for B/MHPSS in emergencies has long hailed the critical role of basic services, community and family supports, and focused nonprofessional B/MHPSS interventions in addressing the mental health needs of conflict-affected communities in a way that integrates and relies on all society, not just health professionals. Although it is necessary to increase capacity of health systems to address severe mental illness and individual trauma recovery, community-based B/MHPSS can also help address the effects of trauma for communities and individuals, including people (re)integrating, while strengthening the resilience of overall communities to withstand and recover after violence, loss, and shocks.



Scaling up informal community care can help create environments that promote holistic support for individuals who have experienced chronic stress and trauma. So, too, can building trauma-informed systems. Such systems are sensitive to the impacts of trauma on human behavior and actively integrate that knowledge into policy and practice. In other words, trauma-informed approaches help mitigate the effects of trauma even in activities that have nothing to do with mental health by elevating trauma awareness, symptom identification, and trauma-sensitive policies.

For the purposes of RISE, this module highlights the importance of innovative approaches that intentionally and directly deal with the effects of chronic stress and trauma among violence-affected individuals, including people who have engaged in extremist violence. This module also details the benefits of building trauma-informed systems in the broader community in areas receiving people (re)integrating.

## Planning and Design Considerations

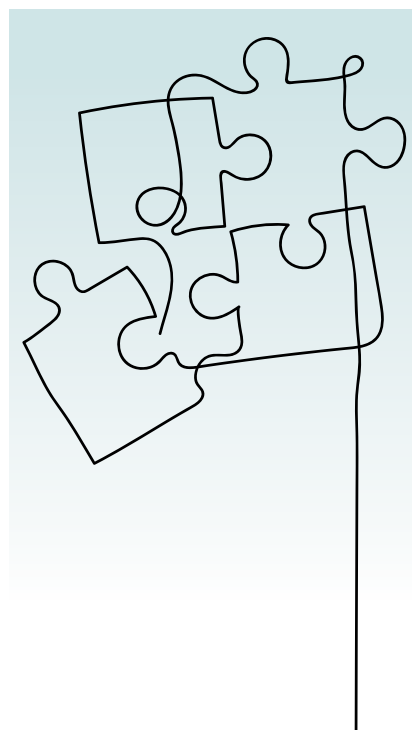
Addressing trauma is crucial for the success of RISE programs. Although conventional individual trauma treatment provided by mental health specialists in professional healthcare settings can reduce trauma adaptations and related symptoms in individuals, several barriers and risks associated with focusing on an individual treatment approach should be taken into consideration and addressed.

In the first place, the workforce of specialized trained professionals with the necessary skills and cultural competency to work with ideologically motivated people is limited. Second, an individual trauma treatment approach should not distract from the need to implement community-led approaches, social-ecological approaches, and multidisciplinary approaches, which emphasize the importance of supportive social bonds, maintaining positive behavioral health, and promoting meaningful education and livelihood opportunities. (For more on livelihood interventions, see module 4, “Facilitating Social Belonging.”) Third, ensuring confidentiality and trust between therapists and patients is crucial and should be protected, even if the security sector has an interest in the outcomes of trauma treatment.

### ***Recognize the Importance of Community-Based Trauma Recovery***

A number of countries—including Kazakhstan, North Macedonia, Saudi Arabia, Singapore, Sri Lanka, and the United Kingdom—have varying degrees of mandated mental health support for individuals within their deradicalization and disengagement programs. Most of these activities, however, have been offered in incarceration and detention settings with little involvement from community actors.

In some circumstances, a sense of stability and safety is important to establish before trauma can be addressed or sophisticated B/MHPSS treatments can be offered. Thus relocation or resettlement may be an important first step. Continued exposure to traumatizing events or circumstances within the community, in addition to intractable or unsolvable issues such as living in a community plagued by violence or lack of access to B/MHPSS, may hinder or prevent successful disengagement, rehabilitation, and (re)integration.





Best practice in B/MHPSS and current guidance from the World Health Organization and other coordination bodies affirm that providing informal community care should be a first step for trauma recovery, to be followed by connecting community programs with professional mental and behavioral health services when and where needed. And community-centered efforts, including for trauma recovery, are a keystone of RISE programs.

Every community will have its own positive community resources that can be leveraged to provide basic trauma recovery services in ways that are familiar and acceptable to local norms and cultures. With appropriate structures for supervision and oversight, trusted community leaders such as elders, teachers, or religious actors can be trained to provide trauma first aid and formal evidence-based behavioral health interventions.

Community-based programs are not only beneficial for their ability to place a premium on building social bonds and belonging, but also useful in contexts when the supply of appropriate professionals is limited. Connecting community programs to professional behavioral and primary healthcare services makes it possible to use lay health workers and others involved in multidisciplinary approaches who have the competencies and skills to support trauma recovery while being able to refer specific cases for specialized treatment. However, the use of nonspecialists to support B/MHPSS services for individuals exposed to significant trauma must also uphold strong best practices for training, supervision, and quality monitoring. In addition, these nonspecialist-delivered services should be carefully linked to a continuum of care so that more highly trained mental health professionals can be engaged whenever a higher level of care is indicated.

### ***Practice Trauma-Informed Care***

Programs and strategies aimed at extremist violence disengagement, rehabilitation, and (re)integration should reflect a trauma-informed approach across the multitude of needed health- and extremism-related services. This is not to diminish the need for mental health support for trauma recovery, but to underscore that RISE programs involve far more than B/MHPSS programs. Indeed, all stakeholders in RISE programs will see increased success in their activities if they take into account the effects of trauma on program participants and can establish protocols and

### **Gender Considerations**



- Exposure to sexual and gender-based violence (SGBV) for women, men, girls, boys, and people with nonbinary gender identities may have resulted in trauma. Gender socialization and expectations may affect the expression of signs of that trauma. The underlying misogyny and deficit in dignity for women in many societies may add another layer of trauma for women.
- Women in communities with restrictive gender norms will need to be able to access trauma care while maintaining privacy.



practices that minimize the negative impacts of trauma on individuals and program outcomes while offering new opportunities to develop enriching interpersonal supportive relationships and the opportunity for educational and vocational self-advancement.

In 2014, the Substance Abuse and Mental Health Services Administration (SAMHSA) of the US Department of Health and Human Services released a comprehensive framework for trauma-informed care. Although targeted at behavioral health professionals in the United States, and many of its specific components may not translate to other settings—particularly those that are affected by violent conflict—the framework provides a useful guide for designing trauma-informed programming.<sup>14</sup> Trauma-informed activities

- acknowledge the widespread impact of trauma;
- recognize the signs and symptoms of trauma in individuals, families, and communities;
- identify multiple paths for trauma recovery;
- integrate trauma awareness into all elements of a program, organization, or intervention; and
- seek to resist retraumatization.

SAMHSA recommends six principles to guide a trauma-informed approach (see box 2.2). These principles apply to all RISE efforts.

### **Box 2.2. SAMHSA's Six Principles for a Trauma-Informed Approach\***

#### **Safety**

Focus on creating as much safety and protection as possible in the context. When the local context remains unsafe, the goal of recovery may be unrealistic. Instead, the goals of self-determination and self-regulation may be more realistic and meaningful.

#### **Trustworthiness and Transparency**

All outside interveners should be accountable to and transparent with local communities and beneficiaries. Create a new model of care that is respectful, relevant, and centered on community relationships.

Staff involved with people (re)integrating may experience secondary trauma from hearing and seeing the impacts of extremist violence. Staff supporting (re)integration should help model self-care and strategies for managing stress and trauma through their behaviors.

#### **Peer Support**

Conduct context assessments to identify local resources and relationship patterns that may serve as protective factors or risk factors. Remember that peer support and social network diversity are strongly correlated with positive behavioral health outcomes and trauma recovery (see modules 1 and 4).

**Collaboration and Mutuality**

Level power relations by ensuring that open discussion of power dynamics is encouraged, involving all people—especially those with marginalized identities—in decision-making and valuing everyone’s roles in trauma recovery. Remember to empower and codesign programs with local communities.

Communities have many resources that are often overlooked. Create referrals based on what already exists within the community. Train existing local entities, such as government and community-based organizations, to help activate local referral networks. Track community referrals and follow-through to ensure that interventions or services occurred and follow up to track progress.

**Empowerment and Choice**

Rather than asking “What is wrong with you?” a trauma-sensitive approach to antisocial behavior asks “What happened to you?” to reveal the wider community patterns of exclusion and harm that preceded an individual engaging in extremist violence. Every community member can contribute to trauma recovery. Equip and empower individuals with knowledge and understanding of how trauma affects their body, emotions, behaviors, and thoughts. Every member of the staff and community play important roles in modeling self-care, emotion regulation, and trauma sensitivity in all aspects of work.

**Cultural, Historical, and Gender Issues**

Trauma recovery interventions should consider the local cultural and religious context. Individual behavioral health is a subset of community well-being. Integrated programming for trauma recovery should consider that trauma support needs to be provided alongside other needs for health, livelihood, and shelter.

Remember to anchor trauma recovery in existing cultural and religious practices. This may be the daily calls to prayer, local coffee or tea gatherings in the town square, or gardening clubs that bring people to green spaces. Be sensitive that some religious and cultural communities discourage trauma recovery models that are presented in the language of Western clinical psychology. Yet also dare to walk the thin line between what is culturally sanctioned and the “unspeakable” things that need to be voiced to facilitate recovery.

A trauma-sensitive approach to extremist violence disengagement, rehabilitation, and reconciliation recognizes the need to provide alternative ways for individuals to gain a sense of belonging and identity that extremist violence groups may offer. Finding ways of expressing culture, religion, ethnicity, gender, and other identities is central to trauma recovery.

\* SAMHSA Trauma and Justice Strategic Initiative, “SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach,” HHS Publication no. (SMA) 14-4884 (Washington: US Department of Health and Human Services, July 2014), 10–11, <https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf>.

## Types of Interventions and Activities

Mental health professionals, peacebuilders, and practitioners from various fields have developed innovative and effective approaches to address the negative effects of chronic stress and trauma. Existing approaches have leveraged insights from medical science as well as centuries of traditional community practices and rituals that have been shown to improve trauma-related symptoms. Although few trauma treatment approaches have been rigorously evaluated for use with people engaged in extremist violence specifically, and evidence is scant for which types of interventions work best with ideologically motivated populations, evidence is growing for the effectiveness of various types of activities to address trauma in people affected by conflict and violence.

A number of evidence-based trauma-focused interventions may be relevant in RISE-related settings and could be delivered by service providers as part of broader disengagement, rehabilitation, and (re)integration efforts. Some interventions can be delivered by nonspecialist community members who receive specialized training and ongoing clinical supervision. Other activities should only be delivered by mental health professionals. In all cases, delivery of trauma-focused interventions requires the involvement and oversight of trained mental health professionals with experience in trauma to avoid practices that can actually be harmful when delivered improperly.

It would be unwise to recommend specific trauma-focused interventions for use in RISE contexts because the evidence base varies widely across interventions and evidence from one RISE population or setting does not necessarily suggest similar outcomes in a different setting. That said, a number of interventions could be considered for further testing and evaluation and eventual use in RISE contexts or against trauma-specific outcomes. Practitioners and researchers continue to work closely to generate evidence that would enable the safe delivery of community behavioral health activities in the future. Some notable emerging models include the following:

- *Problem Management Plus (PM+)* is a brief psychological intervention from the World Health Organization that aims to reduce psychological and practical problems of concern following exposure to adversity.<sup>15</sup> The intervention offers problem-solving counseling and behavioral strategies and can in certain cases involve the family of clients to support progress. PM+ has been robustly evaluated in various contexts and can be effective in addressing emotional distress, particularly mood and anxiety disorders.
- The *Common Elements Treatment Approach (CETA)* is a transdiagnostic approach that can be delivered by trained lay providers to address multiple behavioral and mental health problems among persons exposed to violence and adversity. The CETA model has been tested in various contexts for its effectiveness in reducing trauma-related distress and impairments.<sup>16</sup>
- *Mindfulness-based stress reduction* is a structured, group therapeutic technique in which people participate in weekly practices of meditation-based activities designed to encourage people to focus on the present moment, reducing the salience of past traumatic events.

## Monitoring and Evaluation

Certain trauma-focused interventions can be delivered only by mental health professionals, whereas others may be implemented by trained lay persons with sufficient training, supervised and monitored by mental health professionals. In all cases, practitioners should consider indicators that make trauma recovery relevant in the RISE context.

Some indicators to consider include

- subjective feelings of safety, belonging, and connection;
- general psychological well-being and life satisfaction;
- specific trauma-related and PTSD symptoms, including hypervigilance to threats and reactivity;
- empathy and trust with in-group and out-group members;
- negative coping mechanisms; and
- sense of purpose and meaning.

### Do No Harm



- Regardless of the modality of trauma treatment, creating a safe and stable environment and ensuring that the treatment is delivered in the context of a safe and trusting relationship with a provider is critical to effective trauma-informed care.
- Trauma is complex and can be particularly so in the context of extremist violence. For example, trauma can activate responses not only of fear but also of shame and guilt; traditional exposure treatments could aggravate these responses, which could result in social avoidance and other antisocial or aggressive behaviors that could hinder the (re)integration process. Positive community resources should be leveraged to provide basic trauma care, and trained professionals should be involved in the treatment of serious trauma, development of individual treatment plans, and administration of specialized therapeutic methods.\*

\*Deborah A. Lee, Peter Scragg, and Stuart Turner, "The Role of Shame and Guilt in Traumatic Events," *British Journal of Medical Psychology* 74 (2001): 451–466; Jeff Elison, Carlo Garofalo, and Patrizia Velotti, "Shame and Aggression: Theoretical Considerations," *Aggression and Violent Behavior* 19 (2014): 448–451.

## EXAMPLES

### Community-Based Trauma Support in Nigeria

The Neem Foundation specializes in behavioral health research and programs to address depression, anxiety, and trauma with individuals involved with Boko Haram and other violent extremist groups in Nigeria. Working with the Nigerian government, Neem offers an integrated approach that includes psychological counseling, religious services, livelihood support, peace education and critical thinking skills, artistic expression, sport games, community values of inclusion, and food support to former members of violent extremist groups. Neem also offers training and capacity-building to local civil society organizations and government agencies to help expand their ability to provide mental health services.

Neem runs a program called Counselling on Wheels that responds to community trauma related to violence, including for survivors of gender-based violence. Neem research reveals that young people's vulnerability to recruitment is linked to limits on educational opportunities, critical thinking skills, and religious understanding. To address these needs, NEEM developed an educational curriculum that includes exercises to foster the imagination and dreams for a future not involving extremist violence. Neem also learned that returning persons may need to find ways of reimagining their identity and what they need to do to experience forgiveness for harms they inflicted on others and to (re)integrate with their communities.<sup>17</sup>

### Religious and Psychosocial Support in Colombia and Venezuela

With their broad access to local communities and at the front lines of assisting people affected by violence and violent conflict, religious actors often support the psychosocial needs of religious and many nonreligious people. To meet the growing need for MHPSS that is inclusive, accessible, culturally resonant, and delivered by proximate and trusted members of the community, USIP has piloted interventions to connect religious actors, mental health professionals, and other government and nongovernment actors tasked with the psychosocial support of populations affected by violence in Colombia and Venezuela.

Future efforts in Asia and Europe aim to help religious actors and mental health professionals to blend religious and ancestral ritual, practice and norms with the evidence-based methods in MHPSS for conflict-affected communities. These programs will develop scientifically grounded, culturally resonant, and conflict-sensitive training tools that will address mental health needs of conflict-affected communities.<sup>18</sup>

## The Field Guide for Barefoot Psychology

*The Field Guide for Barefoot Psychology* was developed by a partnership between Beyond Conflict, a conflict resolution organization that leverages behavioral science, and Questscope for Social Development in Jordan, a social change organization that engages with marginalized individuals to provide trauma recovery, empowerment, and economic inclusion opportunities. The *Field Guide* is a psychosocial support and educational resource for conflict- and trauma-affected people. It delivers accessible psychoeducation on a variety of relevant topics in mental health and psychosocial support, including stress, trauma, loss, shame, hopelessness, hope, and resilience, along with practical self-care exercises from yoga to mindfulness to breathing exercises, all with the goal of reducing the stigma associated with trauma and managing unwanted symptoms that may occur.

*The Field Guide* was written by scientists and experts in their fields in conjunction with displaced communities, including former combatants, in Jordan. The content of *The Field Guide* is framed within a narrative story that follows the traumatic experiences of two people from the community. The story used is different in each version of *The Field Guide*, having been tailored to fit local narratives and experiences of stress and trauma.

In 2019, *The Field Guide* was evaluated by a joint team of researchers from the fields of clinical psychology and political science. The psychology researchers explored how neuroscientific and psychophysiological explanations of human responses to war and conflict may decrease mental health stigma, subjective isolation, and psychological distress, and how those changes could lead to the use of self-care practices and, eventually, decreased trauma symptoms. At the same time, the team of political science researchers examined the relationship between individual-level mental health outcomes and their effect on social and political behaviors.

Results indicated that *The Field Guide* is effective in stigma reduction as well as trauma symptom reduction across various types of distress profiles for women and men over eighteen years old. The data, though not conclusive, also suggested that changes in mental health symptoms trend with increased community trust, prosociality, and decreased intergroup anxiety.<sup>19</sup>

## The Zhusan Program and UIC/HMS Capacity-Building in Kazakhstan

The Zhusan program in Kazakhstan is a government-run, locally implemented project to support the repatriation and (re)integration of women and children returning from formerly ISIS-controlled territories. With US State Department support, a team from the University of Illinois Chicago and Boston Children's Hospital/Harvard Medical School (UIC/BCH) has been working to build the trauma-informed capacity of the Kazakh providers and leaders engaged in this work. In doing so, the UIC/BCH team has been drawing on two interrelated trauma-informed frameworks. The first, the Repatriation and Reintegration Intervention Framework, illustrates the need to have interventions that target risk and protective factors across different levels of the social ecology: structural conditions, community support, educational success, family support, and individual health and well-being. Central to the trauma-informed approach is the concept that working with the broader social context in which individuals are living will be critical to the successful healing trajectory. Fostering nonstigmatizing conditions in the community, family stability through jobs training and housing support, and guidance to school professionals regarding engaging and supporting children with special emotional or educational needs are all central to this work.

A second framework is trauma systems therapy, an organizational and clinical approach to working with individuals who have experienced trauma that emphasizes the importance of stabilizing the social environment and identifying specific stressors that contribute to emotional dysregulation. Key to this approach has been providing skills and approaches to teachers, religious mentors, and other professionals who may not be clinically trained. The framework emphasizes the importance of helping the broader professional community recognize trauma responses in children and provides concrete tools for helping manage dysregulation and prevent future dysregulation by attention to stabilizing the social environment.

In practice, the Zhusan program has been successful in supporting mothers with family reunification, housing, and jobs by helping their children enroll and become engaged in school. Women identify peer networks as family and have described positive experiences of the program, including being welcomed, trusted, forgiven, having basic needs fully met, and having a future for their children. These reports suggest that the program has achieved fundamental aspects of trauma-informed care, such as creating a safe, stable environment with trusting social networks.

## RESOURCES

### ***Common Monitoring and Evaluation Framework for Mental Health and Psychosocial Support in Emergency Settings: With Means of Verification (Version 2.0)***

**Inter-Agency Standing Committee, 2021**

<https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/iasc-common-monitoring-and-evaluation-framework-mental-health-and-psychosocial-support-emergency>

This document provides guidance in the assessment, design, implementation, and monitoring and evaluation of mental health and psychosocial support programs in humanitarian settings. It includes an overall goal, associated outcomes, impact- and outcome-level indicators, and a tool for measurement of those indicators.

### ***Doing What Matters in Times of Stress: An Illustrated Guide***

**World Health Organization, 2020**

[www.who.int/publications/i/item/9789240003927](http://www.who.int/publications/i/item/9789240003927)

Informed by evidence and extensive field testing, this guide aims to equip people with practical skills to help cope with stress. A few minutes each day are enough to practice the self-help techniques.

### ***The Field Guide for Barefoot Psychology***

**Beyond Conflict, 2020**

<https://en.field-guide.org/home/>

An educational and self-care tool written for forcibly displaced adults and those working with them, *The Field Guide* unpacks biological and psychological processes, including issues such as fear, anxiety, stress, trauma, guilt, shame, and hopelessness. It also specifically explores positive assets for cultivating resilience, including the science of neuroplasticity, belonging, and post-traumatic growth. It is periodically available in an e-learning format.

### ***A Treatment Improvement Protocol: Trauma-Informed Care in Behavioral Health Services Substance Abuse and Mental Health Services Agency, US Department of Health and Human Services, 2014***

<https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4816.pdf>

This manual helps behavioral health professionals understand the impact of trauma on those who experience it. The manual discusses patient assessment and treatment planning strategies. These strategies support recovery and the development of a trauma-informed care workforce.



## NOTES

- 1 See B. Heidi Ellis et al., "Trauma and Openness to Legal and Illegal Activism among Somali Refugees," *Terrorism and Political Violence* 27, no. 5 (2015): 857–883; Daniel Koehler, "Violent Extremism, Mental Health, and Substance Abuse among Adolescents: Towards a Trauma Psychological Perspective on Violent Radicalization and Deradicalization," *Journal of Forensic Psychiatry and Psychology* 31, no. 3 (2020): 455–472; James Lewis and Sarah Marsden, *Trauma, Adversity, and Violent Extremism*, UK Centre for Research and Evidence on Security Threats, August 2021, <https://crestresearch.ac.uk/resources/trauma-adversity-and-violent-extremism>; Michael Niconchuk, "Terrorist Cells: Neurobiology and Violent Extremism," in *Neuroscience and Peacebuilding*, NeuroPeace no. 1, ed. Colette Rausch, Mary Hoch Center for Reconciliation, George Mason University, 2021, 57–86, [www.neuropeace.org/volumes](http://www.neuropeace.org/volumes); Steven Windisch et al., "Measuring the Extent and Nature of Adverse Childhood Experiences (ACE) among Former White Supremacists," *Terrorism and Political Violence* 34, no. 6 (2020): 1207–1228, [www.tandfonline.com/doi/abs/10.1080/09546553.2020.1767604](http://www.tandfonline.com/doi/abs/10.1080/09546553.2020.1767604).
- 2 See, for example, Rezhna Mohammed and Frank Neuner, "War Trauma, Mental Health, Aggressions, and Violent-Extremism among Former ISIS Terrorists," *Journal of Affective Disorders Reports* 10 (2022): 1003399.
- 3 Institute for Economics and Peace, "Global Terrorism Index 2022: Measuring the Impact of Terrorism," March 2022, 2, [www.visionofhumanity.org/wp-content/uploads/2022/03/GTI-2022-web\\_110522-1.pdf](http://www.visionofhumanity.org/wp-content/uploads/2022/03/GTI-2022-web_110522-1.pdf).
- 4 Windisch et al., "Measuring the Extent and Nature"; Paul Gill et al., "Systematic Review of Mental Health Problems and Violent Extremism," *Journal of Forensic Psychiatry and Psychology* 32, no. 1 (2021): 51–78.
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- 6 Clara Pretus et al., "Neural and Behavioral Correlates of Sacred Values and Vulnerability to Violent Extremism," *Frontiers in Psychology* 9 (December 2018): 1–12.
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## PART II



## TRANSFORMING IDENTITY AT THE SOCIAL AND COMMUNITY LEVELS

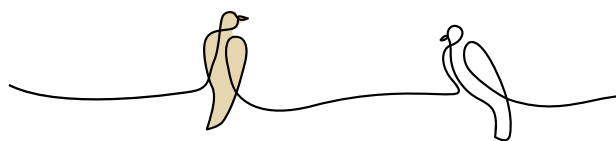
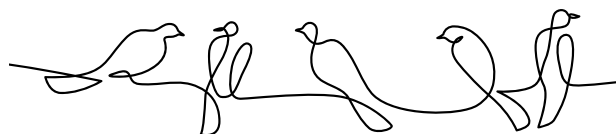
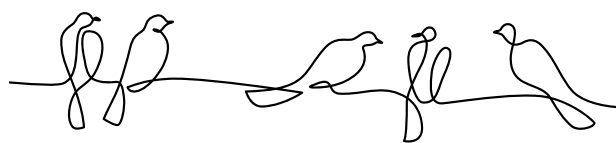
Extremist violence is inherently social in nature; it is a form of collective action that thrives on ignited social factors. Part II covers principles that address communal and relational dynamics that contribute to successful disengagement from extremist violence and (re)integration into local communities. Reducing stigma and providing opportunities for sincere, sustained, positive, and inclusive interaction between people (re)integrating and community members and institutions can generate a cognitive dissonance with violent extremist ideologies. Demonstrating the mendacity of such ideologies while building relationships and social bonds, increasing social trust, and offering a sense of belonging will help people (re)integrating to embrace an alternative identity that rejects violence as a way to resolve conflict, pursue a goal, or express grievances.

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## MODULE 3

# REDUCE STIGMA

*Amir joined Boko Haram as a teenager. At that time, his future seemed open yet uncertain. The community offered no exciting prospects, and the chance of finding a job outside Nigeria was not realistic. Nevertheless, although his lack of prospects may have opened the door to joining Boko Haram, his decision to walk through that door was taken for additional reasons. When some of his soccer friends joined, they urged him to join as well. Amir was initially indifferent to the idea, but getting him riled up about government corruption and the increasingly oppressive security forces that abused his community was easy. He decided to join after all. He could watch out for his friends on this adventure, and maybe he could make a difference. He was excited at first, if for no reason other than feeling that he was giving the government what it deserved: opposition.*



*After two or three years, Amir felt a lot less excited about belonging to Boko Haram. He understood now why his parents, soccer coaches, and imam were all upset with his decision to join, even though they shared his grievances and sense of humiliation. With Boko Haram, he had been forced to witness many executions and lived in constant fear of punishment if he disobeyed orders. He had also not seen the political changes he had hoped for; if anything, Boko Haram's violence was making things worse. He wanted to return home to his community, but he was sure this was not an option; he had stopped communicating with his family some time ago, ever since every phone call and email had descended into an argument about his choice. He dreaded trying to find a job when so many people knew he had belonged to Boko*

*Haram and would assume he was violent and unpredictable, if they were even willing to associate with him. He knew people who had tried to return home and had just ended up back with Boko Haram because they had found no place for themselves anywhere else. For Amir to consider returning to his community, he would need to address his fears, concerns, and the internalized anger he harbored toward himself for betraying his family and community. At the same time, the community would have to accept Amir back and treat him with some dignity. After all, it still was his home, his village, and his people.\**

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## SUMMARY

People (re)integrating after engaging in extremist violence may face multiple levels of stigma, including anger over their participation in violence, disrespect and fear for their perceived ideological extremism, discrimination against the broader social groups with which they identify, and self-stigma and shame for their actions while engaged in extremist violence. Stigma is often detrimental to health and well-being.<sup>1</sup> It can limit the ability and willingness of people (re)integrating to engage in society and community, seek and accept help, or continue treatment and support.

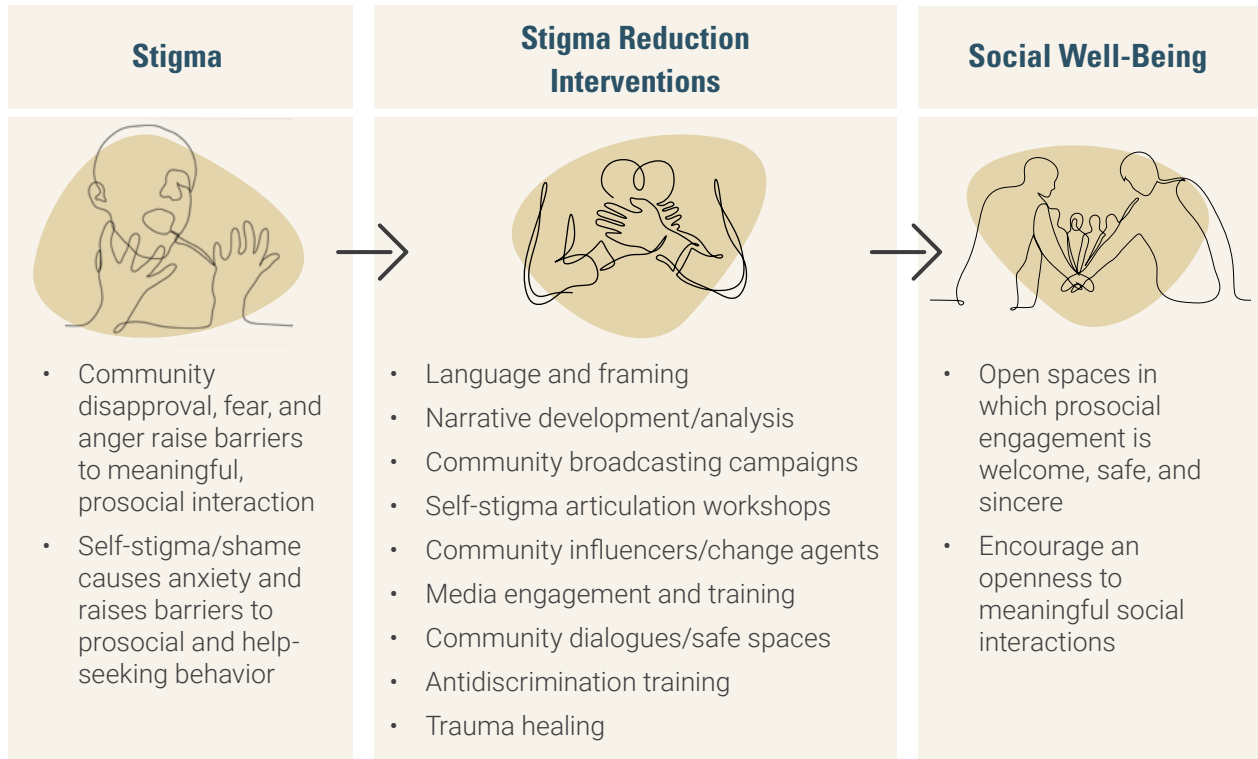
The RISE approach leverages decades of practice to reduce stigma against marginalized groups and individuals who have engaged in risky or culturally deviant behaviors, making it possible for people (re)integrating and community members to engage prosocially. Reducing stigma presents opportunities for meaningful social interaction (see module 4, “Facilitate Social Belonging”) and reconciliation (see module 5, “Foster Justice and Reconciliation”). This module explains the challenges stigma poses to people (re)integrating and provides information on the types of interventions that can reduce stigma.

Figure 3.1 shows that stigma can limit individuals’ ability and willingness to engage in cross-cutting, inclusive activities, circumscribing social network diversity and negatively affecting well-being. Reducing the stigma against people (re)integrating can be achieved through the strategic use of community rituals, restorative justice, and awareness-raising, including public education efforts and targeted advocacy campaigns. The potential outcome of successful stigma reduction may improve (re)integration outcomes and social well-being by lowering barriers to prosocial engagement and encouraging meaningful social interactions.

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\* The authors are grateful to the thematic adviser for this module: Tarela Juliet Ike, PhD, senior lecturer in criminology and policing, Teesside University, UK. The authors also extend their appreciation to Kim Hartog, researcher on stigma reduction, War Child Holland, and Jaremey McMullin, PhD, senior lecturer, University of St Andrews for their substantive input.

**Figure 3.1. Stigma reduction and RISE: A theory of change**



## KEY CONCEPTS

**Reintegrative shaming** includes expressions of community disapproval of harmful behaviors and actions while presenting a pathway for redemption, acceptance, and (re)integration for people who have engaged in those behaviors and actions. Reintegrative shaming is a form of restorative justice (see module 5).

**Self-stigma** is the assortment of negative views that individuals hold about themselves due to certain characteristics, internalized and often reinforced by stigmatizing narratives others hold in society. Self-stigma can lead to lower self-esteem,

anxiety, and other psychosocial challenges that can prevent people from engaging in prosocial behaviors and developing healthy relationships.

**Stigma** is the expression or manifestation of negative views about or disapproval of an individual or group due to certain characteristics based on local norms, which are embedded in local power dynamics.<sup>2</sup> Stigma can lead to discriminatory policies, public shaming, and social exclusion of individuals and groups from a community.

## WHY ADDRESS STIGMA?

The stigma communities and individuals hold toward people who have engaged in extremist violence represents a significant barrier to (re)integration.

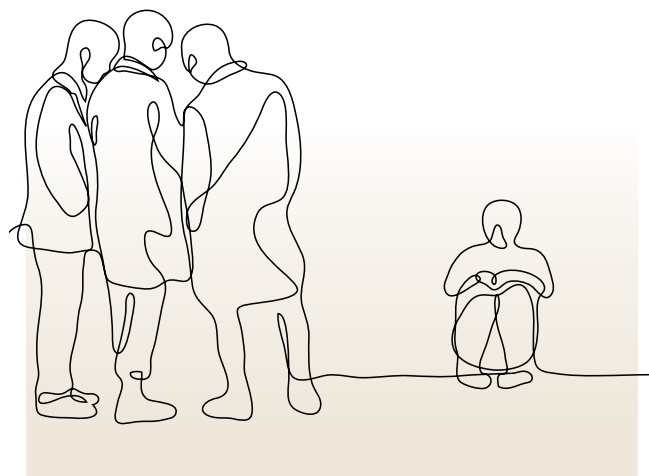
People tied by kinship or other identity markers develop norms and practices that help guide members toward behavior considered acceptable locally. Membership in the in-group is sustained and guaranteed by adhering to their norms. Those outsiders or errant members of the in-group who violate group norms are often stigmatized and suffer discrimination, exploitation, isolation, or rejection.<sup>3</sup> Marginalizing groups of people based on characteristics and connecting stigmatizing myths such as stereotypes and prejudice can contribute to harmful behaviors and aggravate social divisions. Even though stigma and discrimination may be grounded in in-group protection—to ensure that people behave in ways deemed appropriate locally—stigma may inspire violence that comes back to hurt the community. Stigma may also lead to reoffending in the absence of a sense of purpose and community acceptance of people (re)integrating into society.<sup>4</sup>

Stigma is widely recognized as an obstacle to community well-being. Most interventions, however, pay too little attention to tackling stigma. As one person (re)integrating observed, “They prepared us to reintegrate ourselves into society, but they didn’t prepare society to receive us.”<sup>5</sup>

### Relationship to Extremist Violence

Stigma can contribute to discrimination, marginalization, and social exclusion—and therefore indirectly to engagement in extremist violence (for a discussion of why and how social exclusion can mobilize people to engage, see the Introduction).

If a community stigmatizes a religious or ethnic minority group, that stigma can fuel frustration, humiliation, or a sense of alienation. If government programs and policies also stigmatize certain groups, the resulting discrimination can deny access to housing, jobs, or healthcare, which can stoke a sense of injustice inflicted by an oppressive system. In this way, identity-based stigma can motivate participation in extremist violence to defend status, seek revenge for a stigmatized identity, or vocalize grievances. Stigma can be dysfunctional on many levels, whether by categorically denying human dignity and access to community goods or services for anyone who





holds a particular identity or obstructing someone from gaining a sense of belonging or meaning within the community or prospect in life.

Every person has multiple forms of identity. Identity is made up of an individual's self-perception; how other people perceive the individual; and the various cultural, social, economic, or political groups to which the individual belongs.

*A positively perceived identity* includes a sense of belonging and safety across each layer of identity and is a central part of behavioral health and social well-being. *A negatively perceived identity* can induce a sense of humiliation from the experience of stigma, stereotyping, dehumanization, or discrimination; negative identities form in antipathy to societal expectations and norms.

Each person belongs to many social identity groups, some stigmatized and others not. But in many cases, one negatively perceived identity among positively perceived identities may come to dominate how a community interacts with an individual. A community may stigmatize a minority group, excluding those who belong to it from accessing education, jobs, and healthcare regardless of the other identities held by those in that group.

Stigma and open discrimination can be humiliating. Humiliation has been linked to engagement in extremist violence and a desire for violent retribution.<sup>6</sup> A sense of shame and a desire to undo humiliation can contribute to an individual's motivation to support or participate in extremist violence. Some may have experienced stigma or discrimination themselves; others may be indignant that some people with whom they identify experience it.<sup>7</sup>

### **Relationship to RISE**

Communities may stigmatize people disengaging from extremist violence on the basis of the community's anger, fear, or disapproval, because of ethnocentric beliefs, or because of the perceived preferential treatment of people (re)integrating.<sup>8</sup> Some communities or individuals may be uncertain or skeptical about the motives or sincerity of people who claim to have disengaged and who now want to (re)integrate. Violent extremist groups often commit heinous crimes that terrorize local civilians, sometimes waging mass violence against entire ethnic or religious groups and instilling widespread trauma. Such trauma will often need to be addressed to alleviate skepticism, and people (re)integrating will need the opportunity to demonstrate their sincere desire to reconcile with and (re)integrate into the communities they harmed or betrayed. Disengagement, rehabilitation, and (re)integration programs that fail to address these sources of skepticism and grievances within the wider community may lead to increased profiling and oppression of entire identity groups.



Whether stigma against people (re)integrating is grounded in discrimination or in a desire to protect in-group members from dangerous or counternormative behavior, stigma toward those (re)integrating can reduce the effectiveness of RISE efforts in three ways: by discouraging those potentially interested in disengaging from extremist violence from doing so; by complicating access to rehabilitation-related services and closing off spaces for prosocial engagement; or by fortifying feelings of shame and humiliation that could contribute to recidivism into violence.

*Communities afraid of and angry at people (re)integrating present a barrier for those who might otherwise be motivated to leave extremist violence behind.* Blocking opportunities for (re)integration by stigmatizing people (re)integrating can prevent individuals from leaving violent extremist movements or cause them to rejoin those movements if they find no viable path forward. An individual may perceive that the violent extremist group is their only sustainable option even if they no longer agree—or never have agreed—with the ideology or activities of the group.<sup>9</sup> In the absence of an available, viable, and tangible alternative identity group they can join, people might feel little opportunity to disengage. Stigma is a barrier to presenting such an alternative.

*Stigma toward people (re)integrating can aggravate feelings of otherness and resentment, preventing them from building social ties or developing a sense of belonging.* People (re)integrating report attempting to hide their identity or moving to places where people do not know them.<sup>10</sup> Stigma can cause a person to feel shame and humiliation rather than guilt. Neuroscientists confirm that shame and guilt are related but distinct emotional expressions. Guilt appears to activate the part of the brain where a person may feel empathy for others. Guilt stimulates repentant intentions to repair relationships and harms. In contrast, shame operates in the part of the brain that reflects on the judgments of other people. Shame stimulates humiliation by making a person think that others look down on them, which results in feeling trapped, powerless, and isolated; such thinking can result in resentment and revenge seeking.<sup>11</sup>

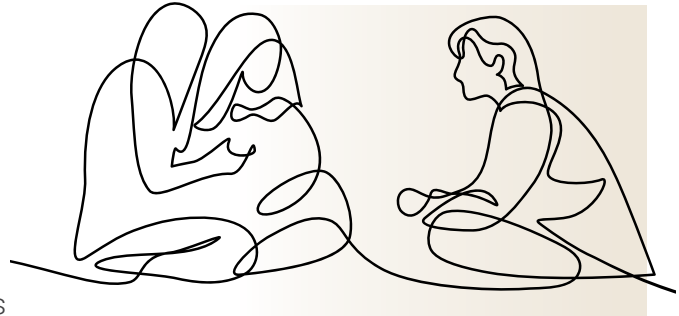
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“An individual may perceive that the violent extremist group is their only sustainable option even if they no longer agree—or never have agreed—with the ideology or activities of the group.”

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*Stigma could increase the risks of recidivism for those who have disengaged from violence.* Public health researchers find that stigma against people with mental health conditions and violent acts committed by people with mental health conditions have both increased over the past several decades. And although the vast majority of people with mental health conditions never engage in violence, public perceptions

linking mental health deficiencies with violence have stigmatized people with mental health conditions, preventing some from seeking appropriate treatment. Such stigma also contributes to discrimination in education, employment, housing, and other areas that in turn increases stress and anxiety, which may lead to harmful substance use and failure to maintain family and community relationships. These are all effects of stigma that could aggravate serious mental health conditions, social exclusion, isolation, and lack of meaning that can be associated with aggressive or violent behavior and could make recidivism more likely. Reducing stigma against seeking treatment for serious mental health conditions could significantly expand the reach of mental healthcare, help people address challenges associated with isolation and meaning-making, and decrease episodes of violence.<sup>12</sup>



Although public health researchers are only just starting to research people who have engaged in extremist violence in more depth, these dynamics have been shown to exist for people who leave criminality, gangs, and cults behind, and there is little doubt that analogous stigmatizing myths exist that inaccurately link extremist violence with mental health challenges.<sup>13</sup> Addressing stigma can improve behavioral health outcomes for people (re)integrating and reduce the likelihood of recidivism into violence and other adverse behavioral health outcomes. (For more, see module 1, “Promote Behavioral Health and Well-Being.”)

*Self-stigma, too, can present significant barriers to both help-seeking and prosocial behavior.*

Internalizing stigmatizing narratives can result in shame that can increase anxieties over seeking help and interacting with community members and institutions. Self-stigma can also affect perceptions of self-worth, value, and identity—which, collectively, could negatively affect well-being by preventing people from maintaining healthy relationships, accessing social benefits, or seeking employment or education opportunities.

Reducing stigma is a vital step toward ensuring that people (re)integrating can access behavioral healthcare, disrupt possible cycles of violence, and limit the risks of recidivism.

## Gender Considerations



Expressions of shame can manifest differently across gender. The experience of shame is a product of sociocultural expectations, so people process their feelings of shame in the context of the gender norms of their community. Many patriarchal societies stigmatize women who step outside their traditional gender roles, including by participation in violence or violent conflict and by being a survivor of sexual violence. Women and girls (re)integrating into these contexts may experience a heightened sense of shame, which can affect their willingness to seek help or engage prosocially.<sup>a</sup>

Gender research based on evidence from cross-cultural contexts has shown that women and girls tend to employ shame-management strategies that avoid shame triggers. Such avoidance strategies can affect their willingness to seek behavioral health or trauma recovery support, interact prosocially with community members, participate in reconciliation activities, or seek employment.<sup>b</sup>

Women in nonconflict contexts have also been found to follow “attack self” shame-management strategies more often than men, who more often use “attack other” strategies. Such responses may make women more likely than men to experience self-stigma.<sup>c</sup>

More research is needed into whether these gender differentiated experiences of, and responses to, stigma are also observed in contexts of violent conflict and in diverse contexts from the Global South. Such research would allow for better understanding of how shame-management strategies are also impacted by cross-cutting issues of race, class, and conflict environments.<sup>d</sup>

### Notes

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- b. Markus B. T. Nyström et al., “Shame and Interpersonal Sensitivity: Gender Differences and the Association between Internalized Shame Coping Strategies and Interpersonal Sensitivity,” *Bulletin of Menninger Clinic* 82, no. 2 (Spring 2018): 137–155; Milfrid Tonheim, “‘Who Will Comfort Me?’ Stigmatization of Girls Formerly Associated with Armed Forces and Groups in Eastern Congo,” *International Journal of Human Rights* 16, no. 2 (2012): 278–297.
- c. Nyström et al., “Shame and Interpersonal Sensitivity.”
- d. On cross-cultural implications of theories of stigma in general, see L. H. Yang et al., “Culture and Stigma: Adding Moral Experience to Stigma Theory,” *Social Science and Medicine* 64, no. 7 (2007): 1524–1535.

## HOW TO REDUCE STIGMA

Reducing stigma is critical to the success of RISE programs because it opens opportunities for prosocial interactions within communities and reduces the risks of recidivism into violence. To reduce stigma, practitioners need to navigate complex issues of identity, victimhood, risk perception, and justice.

Many types of interventions can reduce stigma, either intentionally or as a by-product of focusing on empowering people or addressing conflict.<sup>14</sup> Most have been conducted without rigorous evaluation or focus on people (re)integrating after extremist violence. Nonetheless, programs that have sought to reduce stigma in other contexts offer insights into how to design and implement interventions for people (re)integrating.

### Planning and Design Considerations

Stigma is grounded in norms, which often exist to enhance in-group identity and validate perceptions of stigmatized people. But in enhancing that identity, stigma reinforces us-versus-them perceptions. It blames individuals, often failing to recognize the wider context that contributed to the transformation of citizens into “violent extremists” willing to hurt civilians. Communities may feel disgust, fear, and anger toward people (re)integrating. These negative attitudes may isolate people (re)integrating, reducing their ability even to imagine redemption and transformation or making the start-up cost of (re)integration appear so high that many people feel trapped into remaining part of a violent extremist group. In such environments, awareness of the following planning and design considerations can enhance the effectiveness of efforts to reduce stigma and support disengagement, rehabilitation, and (re)integration.

#### Do No Harm



Program design should prioritize protecting privacy and consider how to identify and work with stigmatized communities and people without exposing them to aggressive security actors or unreceptive community members, risking further stigmatization.

### *Consult with Communities via Mapping and Codesign*

Stigma can manifest in a variety of ways, both subtly and overtly. Stigma-reduction interventions should focus on people (re)integrating, their families and peers, the communities affected, and the institutions offering services to them. Ideally, programs should involve all affected groups or work in coordination with other programs to ensure stigma is being addressed at different levels of the social ecology. A lack of community consultation and community ownership of programs for people (re)integrating hinders those programs' effectiveness because the complex, layered,

and diverse experiences of stigma can be understood and mapped comprehensively only through such consultation.<sup>15</sup>

Before beginning a stigma-reduction intervention, a series of consultations and workshops with each of these groups can effectively map how, where, by whom, and toward whom stigma is likely to be expressed in a given context.

After mapping the narratives, manifestations, and expressions of stigma against people (re)integrating, interventions can be developed that are deliberately targeted at how stigma is experienced. Codesigning stigma-reduction interventions with those who are affected—including but not limited to people (re)integrating, their families and peers, and, when appropriate, certain influential community leaders—can help interventions leverage positive community resources, develop credible and persuasive narrative campaigns, and conform to local customs and norms when appropriate.<sup>16</sup> The involvement of people (re)integrating can help uncover sources and instances of self-stigma to increase self-awareness, self-esteem, and self-efficacy; their involvement can help identify and address the subtle narratives that can perpetuate stigma and stigmatizing myths even in sympathetic accounts.<sup>17</sup>

## Gender Considerations



Women, men, and people with nonbinary gender identities have different experiences related to extremist violence. Community sensitization and awareness-raising sessions can help communities identify gendered experiences that may have occurred in relation to violent extremist groups or security forces in charge of (re)integration. This can help reduce stigma, develop empathy, and build more support for people (re)integrating. For example,

- Men, and in many cases and contexts women, may be feared or respected for their violent acts and may even be seen as heroes by some.
- Women may be stigmatized for violating gender norms by leaving their families or participating in armed conflict. In some cases, they may be stigmatized as promiscuous if they are survivors of sexual violence. Even in cases of abduction or kidnapping, girls and women may be stigmatized for bringing shame and dishonor to the family.
- Male family members of abducted women and girls may be stigmatized for not being able to protect their family members.

### **Leverage Reintegrative Shaming and Labeling Theory**

*Reintegrative shaming* refers to placing shame on antisocial behaviors but not on the individuals who commit them. This separation of person from behavior is critical to reducing stigma for people (re)integrating.<sup>18</sup> It is also important for helping communities to break out of absolutist viewpoints and acknowledge that people (re)integrating who committed violent acts may have done so in part because of valid grievances.

Perceptions of identity are not fixed; identities shift according to context—according to where people feel safe and where people feel threatened. Stigma fixates on one or multiple aspects of a person’s identity and denies the possibility of transformation and acceptance. Reducing stigma requires communities to see people (re)integrating as redeemable and more than just their worst behavior.<sup>19</sup>

This does not imply that those behaviors should be overlooked or summarily forgiven. The challenge for communities welcoming people (re)integrating is to find ways of continuing to express the unacceptability of violent behavior, and ensuring people are held accountable for their actions while presenting a way ahead and a possibility for redemption for the individuals who committed acts of violence. (For more, see module 5, “Foster Justice and Reconciliation.”)

When people disengage from extremist violence—particularly when they return from having participated in conflict—they face a crisis of identity that catalyzes finding new meaning in life, reassigning new meaning to past experiences, and searching for a new social identity.<sup>20</sup> This crisis presents opportunities for rehabilitation, but only when local communities present viable and tangible alternatives. Whereas stigma signals that no such alternative is available, *labeling* or *certifying* a person’s transformation from violent to productive or supportive community member can symbolically signal

#### **Do No Harm**



Reintegrative shaming can be a powerful tool when leveraged appropriately, but it can also pose harm to people (re)integrating if done poorly or hastily.\* Incorporating reintegrative shaming into the planning and design process must provide safeguards against:

- inadvertently further stigmatizing people (re)integrating;
- forcing behavioral and identity norms onto people (re)integrating that are unrelated to extremist violence (such as forcing LGBTQI+ people to renounce their gender identity or conform to local norms); and
- overemphasizing displays of conforming behavior rather than facilitating behavioral transformation.

\* John Braithwaite, “Restorative Justice and Reintegrative Shaming,” in *Criminal Justice Theory: Explanations and Effects*, ed. Cecilia Chouhy et al. (London: Routledge, 2020), 281–308.

that such an alternative exists, that local communities are willing to engage with the person, and that redemption is possible. People tend to conform to the behavioral expectations of the labels society places on them, because those labels identify opportunities and funnel people into certain roles. Labeling the transformation of people (re)integrating can reinforce the new identity and the behavioral norms that accompany it.<sup>21</sup>

### **Identify and Target “What Matters Most”**

Studies on healthcare-related stigma in settings as diverse as Botswana, Nepal, Tunisia, western Europe, and the United States have demonstrated that “stigma is felt most acutely when people are not able to participate in the activities that ‘matter most’ and determine ‘personhood’ in their culture.”<sup>22</sup> When stigma prohibits people (re)integrating from participating in culturally salient communal or social activities that are perceived as concomitant with full membership in a group or community, stigma effectively blocks social (re)integration. Structured engagements with people (re)integrating, as well as with members of affected communities, can help identify those activities that “‘matter most’ to maintaining status” as a community member in good standing.<sup>23</sup> Focusing stigma-reduction activities on removing barriers to participation in these activities can benefit (re)integration by enabling participation in transformation processes that can shift the conception of people (re)integrating from *other* to *us*; and enabling prosocial engagement in activities that may facilitate relationship building across social divides. The “what matters most” approach can identify what is most at stake from experiencing stigma and mitigating the most threatening effects of stigma by increasing access to those activities.

### **Take an Intersectional Approach**

Rarely do people experience stigma in only one domain of identity. People (re)integrating may face stigma based on the fear of and anger at their engagement in extremist violence. They may also experience stigma due to their race, religion, gender, class, ideological beliefs, occupation, or health—many of which may be associated with stigmatizing myths that link those identities with violent extremism or violent behavior. Their peers and family members may also experience stigma based on any of those stigma markers and their perceived affiliation with people engaged in extremist violence, putting them at risk of social ostracization and increased attention from law enforcement and security authorities.<sup>24</sup>

### **Gender Considerations**



Social and communal activities that are perceived to support status within a group or community can be different across gender roles. When identifying “what matters most,” it is critical to ensure culturally salient activities are disaggregated and mapped to gender and other key social roles.



Often, stigmatization of particular groups can be a result of traumatic experiences. Especially in conflict-affected settings where violence, trauma, and group-based grievances feature regularly, trauma-informed and community-based care that expands the reach of trauma recovery services can address collective traumas that perpetuate anger, fear, or resentment. (For more on trauma recovery, see module 2, “Support Trauma Recovery.”)

### Types of Interventions and Activities

A complex social ecology is involved with the perpetuation of stigma. Interventions should therefore include components that seek to shift the norms, attitudes, and policies that facilitate stigmatization and to mitigate the results of stigma that compromise the well-being of people (re)integrating.<sup>25</sup>

Social and Behavior Change Communications (SBCC) is a framework to change norms, attitudes, and behaviors by assessing the social ecology involved, then targeting leverage points that can become tipping points for change. SBCC begins with a mapping assessment of the entire social ecology involved: Where, how, by whom, and against whom does stigma manifest? What are the myths and narratives that perpetuate stigma? What positive community resources and entry points exist that can be leveraged for stigma-reduction interventions? SBCC is an interactive process that uses (1) behavior change communication to change the knowledge base of selected audiences; and (2) advocacy and social mobilization strategies to increase political and social will for change and galvanize wider participation, collective action, and community ownership. The interventions and activities here represent components that can be combined into a comprehensive, social-ecological SBCC intervention to reduce stigma against people (re)integrating. Interventions and activities should be targeted at multiple levels of the social ecology to adequately address the unique needs of local communities and people (re)integrating into them.

#### Do No Harm



Any program that provides services for people who have been affiliated with a violent extremist organization must ensure that it operates in accordance with applicable laws that govern when, how, and to whom such supports can and cannot be offered.



### ***Raise Awareness and Rehumanize People (Re)integrating***

Reducing stigma can occur through inclusive approaches that facilitate contact and enable people to be together in structured or semistructured activities that constitute a process for transforming identities and rehumanizing people (re)integrating. Rituals symbolically mark a person's transition back into society, and social rituals and ceremonies that publicly acknowledge and mark an identity transformation may be effective at fostering disengagement, rehabilitation, and (re)integration. Public education programs can also raise awareness of the challenges people (re)integrating face and dispel many stigmatizing myths that perpetuate fear and anger. Effective interventions and activities should be tailored to diverse levels of the social ecology and incorporate considerations for age, gender, and other factors that can affect program efficacy.<sup>26</sup> To be inclusive, these approaches should be undertaken with the consent of people (re)integrating and seek their active participation by affording them opportunities to customize the content of social rituals and ceremonies to local contexts, cultures, and beliefs.

Activities that can encourage communities to overcome their stigmas include the following:

- Interpersonal activities to facilitate contact and acceptance between people (re)integrating and their immediate families and peers when appropriate. Addressing families' and peers' experience of stigma by association with people (re)integrating is also crucial. Special attention must be paid to the possible harms of reintroducing people (re)integrating to family members and peers in certain settings.
- Community dialogues or town hall meetings that offer affected communities a chance to voice concerns and provide them the opportunity to reflect and learn by increasing their knowledge, dispelling myths, and alleviating concerns about the risks posed by (re)integrating people.
- Opportunities for contact-based cooperative activities between people (re)integrating and community members such as mutual support groups or community service activities. Expressions of compassion from even a single member of an out-group can trigger reciprocal empathy toward that entire group.<sup>27</sup> Empathy is key to sustaining prosocial behavior, building social bonds, rejecting intergroup and interpersonal violence, and transforming social identities.<sup>28</sup>
- Contact-based community projects that are not explicitly described as efforts to bridge between stigmatized groups and the larger community but do nonetheless provide opportunities for interaction and collaboration.<sup>29</sup> For example, community gardening projects, multicultural festivals, mural painting projects, and environmental clean-up days can not only build a sense of community by enhancing the local culture and environment but also enable a person (re)integrating to volunteer to contribute to the community's well-being.

- Community-based trauma recovery services that address collective traumas that reinforce stigmatizing myths and narratives, especially in settings affected by extremist violence (see module 2, “Support Trauma Recovery”).
- Contact-based events that involve activities such as singing, eating, playing music, or reciting poetry and that feature people (re)integrating. These settings provide opportunities for humanizing people (re)integrating in the eyes of the wider community and increasing trust between groups.
- Religious rituals, rites of passage, or informal symbolic gestures that mark an individual’s or a family’s transition back to the community. This communicates to people (re)integrating that the community is open to their return. These symbolic acts—which can be as simple as welcoming someone with a small gift such as a soft drink—can mark a person’s decision to leave their former identity related to extremist violence and to embrace their renewed identity as a contributing community member.
- Community consultations or workshops can provide platforms in which participants can discuss and develop person-first narratives that do not saddle people (re)integrating with labels that highlight only their worst past actions. Instead, such workshops can highlight a person’s multiple group identities and their desire to make positive contributions to the community. These consultations or workshops can also identify positive community resources that stigma-reduction campaigns can leverage in ways that resonate with the target audience and conform to local norms and customs when appropriate.

### Do No Harm



Trauma-informed interventions recognize the scope and depth of psychosocial issues. Individual interventions should not revictimize, open wounds without healing them, or aggravate shame dynamics that could lead to feelings of humiliation or desires for retaliation (see module 2, “Support Trauma Recovery”).

Therapeutic interventions in certain countries should also recognize that those who have perpetrated crimes may be vulnerable to prosecution given weak systems of confidentiality in therapy. Encouraging individuals to face their self-stigma by confessing what they have caused to others may create repercussions that spiral out of the control of those managing an intervention.

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### ***Advocate for Social Norm Change***

Advocacy programs move beyond public education by targeting social norms and discriminatory policies and laws to galvanize community support and buy-in for—and to build an environment that enables—disengagement, rehabilitation, (re)integration, and reconciliation.<sup>30</sup>

Engaging credible, trusted community figures to publicly deliver positive messages about disengagement, rehabilitation, reconciliation, and redemption can be an effective way to link successful (re)integration with prevention of further violence and change attitudes in ways that make community members more willing to interact with people (re)integrating.<sup>31</sup> Similar messages can be delivered using mass media—radio broadcasts, for example—that usually provide entertainment as well as information. Embedding messages about redemption and reducing prejudice, violence, and trauma in radio and entertainment programs has the potential to change social norms and behaviors that can ease disengagement and reconciliation.<sup>32</sup>

Mainstreaming in the public consciousness narratives that incorporate the role of structures and histories that have yielded legitimate grievances as well as individuals' decisions can make a community more willing to see people (re)integrating as having been motivated to engage in extremist violence because of shared grievances, not because they are bad actors or chaos agents who appeared out of nowhere. Such narratives can help reduce self-stigma as individuals come to understand how their behaviors fit into a broader history. Although these narratives do not erase individual responsibility and accountability, they can reduce public anger, enabling communities to acknowledge that individuals' choices are also affected by their environment and to feel some compassion for individuals whose lives have been shaped by forces beyond their control.<sup>33</sup>

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“Narratives that incorporate . . . structures and histories . . . can make a community more willing to see people (re)integrating as having been motivated . . . because of shared grievances, not because they are bad actors.”

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Another way of generating empathy for, or at least understanding of, people (re)integrating is to share with the community stories about their lives that describe who they were before they engaged in extremist violence, why they decided to engage in extremist violence, what led them out of violence, and who they want to be in the future. Sharing stories of people who have already successfully (re)integrated, including descriptions of the challenges they faced on those journeys, can generate community buy-in and alleviate concerns about public safety. Such stories can be shared via journalists, media producers, and civil society–based media campaigns.

At the same time, advocacy programs must acknowledge the challenges of balancing messaging efforts in certain contexts. First, leveraging media campaigns without sensitizing journalists, producers, and others involved to their roles could deepen stigmas and divides. Second, and particularly in communities where MHPSS and other social services are scarce and the distribution of justice is seen to be lacking, some community members might begrudge people (re)integrating because they have expanded access (real or perceived) to services that have yet to be made available to others in the community—possibly including survivors of extremist violence. In these settings, advocacy programs that are not tailored with representatives from local communities may inadvertently create resentments that alienate rather than generate empathy.<sup>34</sup>

### ***Address Self-Stigma and Internalized Guilt or Shame***

People (re)integrating may have internalized stigma, shame, guilt, and blame for having engaged in extremist violence, affecting their psychosocial well-being and causing them to isolate themselves. Individual behavior change and behavioral health interventions, such as counseling and cognitive behavioral therapy or participation in self-help and support groups, can be effective at changing the knowledge, attitudes, self-concepts, self-esteem, and coping skills that erect barriers to prosocial engagement (see module 1, “Promote Behavioral Health and Well-Being”).<sup>35</sup>

### **Do No Harm**

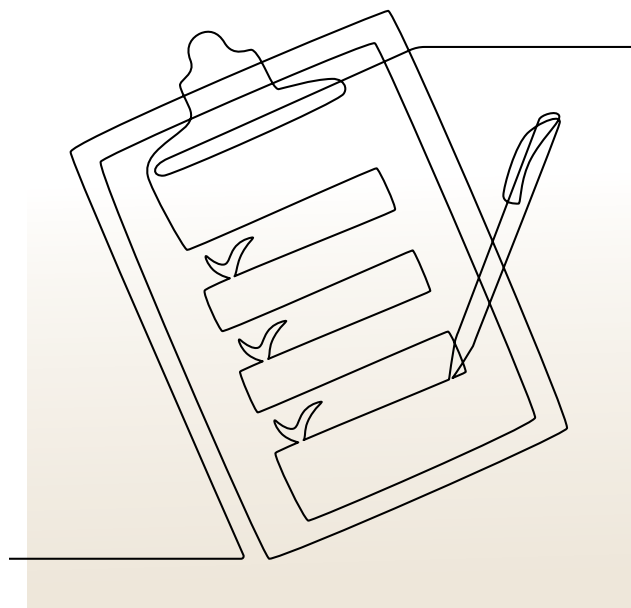


Involving people (re)integrating in contact-based stigma reduction activities can force people to disclose private information, and such contact can have volatile effects that may deepen resentments. Programs should take care to make room for the legitimate expression of fear and anger, protect the safety and security needs for all people involved, and ensure that facilitators are well trained in dealing with these situations and in selective disclosure whereby people (re)integrating can choose to reveal their former association with extremist violence when and with whom they feel comfortable.

## Monitoring and Evaluation

Data on the extent and manifestations of stigma and discrimination in particular communities is often lacking but nonetheless critical for monitoring and evaluating stigma-reduction programs. Using mixed methods (both quantitative and qualitative approaches) and experimental designs can increase the data pool and enable comparisons of stigma experiences before and after stigma-reduction interventions.

A series of surveys given to people affected by stigma, as well as other community members, before and after the intervention could ask questions such as the following to gather qualitative data.



- What are community members' views of or attitudes toward the willingness to live near, hire, work with, or befriend a person (re)integrating?
- Does the community feel resentful because of a perceived lack of distributive justice? For example, are people (re)integrating seen by the community as receiving too many benefits from the state?
- Do persons (re)integrating feel that the community kept assistance promises to them or do they perceive that assistance measures were symbolic and did not address their aspirations for distributive justice?
- What constitutes the community's sense of connectedness and belonging? Are people who have been (re)integrated regarded as belonging to the community, as being part of "we"?

Changing attitudes and behavior among community members may prove to be a slower process in some places than others, and positive changes may themselves look different in various settings.<sup>36</sup>

Relevant quantitative data could also be collected by a researcher who observes and documents indicators and activities such as

- locally relevant indicators and observable behaviors associated with the inclusion of stigmatized groups or people in social activities;
- behavioral changes among public civil servants, security forces, and government officials in the way they interact with people (re)integrating and those associated with them;
- engagement in significant community or family events, such as people (re)integrating being invited to funerals, weddings, or other community festivals; and
- themes in narratives—collected on a regular basis via surveys, interviews, media monitoring, or other ethical methodologies—regarding the lived experiences of people (re)integrating as well as community members.<sup>37</sup>

### Do No Harm



It is important not to monitor any behaviors—for example, the use of hijab or participation in particular religious rituals—that might reinforce stigmatizing myths and be misconstrued by community members as signs of recidivism.

## EXAMPLES

### Reintegrating People in Rwanda after Genocide

Since the genocide in Rwanda in 1994, many of those found guilty of direct participation in the killing have spent time in prison. They are now completing their sentences and returning to their communities. Research on this reintegration process offers compelling lessons related to reducing stigma for people (re)integrating after engaging in extremist violence.

Even though both stigma and anger against people who participated in the genocide remain strong in Rwanda, communities where opportunities exist for people (re)integrating to interact with community members can reduce the social complications of reintegration. In some cases, neighbors have welcomed people back by offering small gifts such as a soda, food, or small amounts of money to buy food or drink. In other instances, returning persons have been given space at meetings to talk about what they did and why, take responsibility, express remorse, and describe their hopes for their futures. One person (re)integrating reported that these gestures “corrected my feeling that people hated me.”

Evidence indicates that narratives expressed in government-run memorials and public school curricula about the history and effects of colonialism in Rwanda have shaped attitudes about (re)integration. These historical narratives explain how and why Belgium created divisions between the ethnic groups in Rwanda, setting up the distrust that contributed to genocide. This history has helped communities recognize both the broader structural factors that propelled the genocide and the individual responsibility of people who participated in the genocide.

Individuals (re)integrating into their communities have also reported that the language used to describe them by their neighbors and in the public discourse has had a significant effect on their perception of stigma and their ability to (re)integrate. Rather than being saddled with the label *genocidaires*, some returning persons have suggested that they should be referred to by terms such as “Rwandans once again”—terms that allude to their past crimes while reinforcing the idea that they are no longer a threat to their fellow citizens. Person-first labels, especially when used by people with authority such as government staff or religious leaders, help set a tone for (re)integration.<sup>38</sup>

### Countering Stigma against Cyclists in Liberia

After the civil war in Liberia ended in 2003, children formerly associated with armed groups that terrorized civilian populations were left out of many official disarmament, demobilization, and reintegration (DDR) programs. Authorities often view young people as troublemakers and see their efforts toward self-help employment as criminal or threatening. Liberia represents a notable example, where youth living with the effects of armed conflict—suspended between their life in war and a postwar context in which they have been shamed and shunned—have few opportunities to make a living. Some of these young people create their own opportunities, using their motorcycles to provide transportation in local communities. However, Liberian media often report on motorcyclists as violent vigilante actors, and police do little when the motorcyclists themselves are the target of violence; as a result, motorcyclists are often perceived as unsafe, untrustworthy, and potentially violent.

In response, some of these young men and women have engaged in counterstigma efforts by working together with communities and community leaders to change the narrative around motorcyclists and to reduce stigma against them. Mapping the stigma they experience and acknowledging their internalized self-stigma has allowed them to craft narratives and perform their own social inclusion campaigns, such as designing and distributing bumper stickers that emphasize their provision of needed transportation services or that affirm their identity as important contributors to the peacebuilding process. Cyclists have also scripted radio programs that advocate for social norm change by educating the public about their contributions to society (such as taking sick passengers to hospital during the Ebola and COVID-19 crises) and the challenges they face from discriminatory road restrictions and police brutality. These campaigns illustrate the potential for people leaving a life of violence to change and contribute to their communities while asserting their dignity.<sup>39</sup>



### **Identity Transformation to Reduce Stigma in Pakistan**

In Pakistan, the Paiman Trust works with people (re)integrating after engagement with the Taliban and other violent extremist groups. One of the Paiman Trust's programs focuses on mothers who played an active role in recruiting their sons into these groups; some mothers actively assisted their sons by sewing the suicide belts they wore. Community members tend to stigmatize these women, focusing on their contributions to the violence. The Paiman Trust, however, provides them with psychosocial care, livelihood skills training, exposure to the arts, civic education, and religious literacy. The program highlights the multiple identities they hold as Pakistanis, members of the Pathan or Pukhtoon tribe, and religious Muslims. Part of the education program includes Pukhtoon poetry, which presents teachings about peace from a familiar local source. The Paiman Trust engages the local imams in Pakistan to promote the idea of forgiveness in Islam. As trusted and influential figures in local communities, imams can help reduce stigma by showcasing redemption and demonstrating the inclusion of those (re)integrating in prayer and other religious activities. The Paiman Trust looks for opportunities for people (re)integrating to volunteer and provide leadership in the community so that people can begin to build trust with them.<sup>40</sup>

### **Community Education to Address Stigma in Indonesia**

The Coalition of Civil Society Against Violent Extremism (C-SAVE) is a coalition of community-based organizations in Indonesia working with people returning from living with or fighting for the Islamic State. To prevent further mobilization into violence, including extremist violence, C-SAVE emphasizes the need both to offer and to teach empathy to reduce stigma and increase prosocial skills. Most of the initial wave of people (re)integrating were women and children. They faced considerable stigma from local communities, which objected to their perceived special treatment and opposed allowing children (re)integrating to return to school out of fear for public safety. C-SAVE helps address stigma for people (re)integrating by offering public education programming that raises awareness of the many challenges they face. For example, C-SAVE broadcasts short videos telling the life stories of people (re)integrating and works with local women religious leaders to "translate religious teachings into concrete actions applying empathy, promoting tolerance and improving social activities for the good of others."<sup>41</sup>

## RESOURCES

### **STRETCH for Stigma**

#### **War Child Holland, 2021**

[www.warchildholland.org/intervention-stigma](http://www.warchildholland.org/intervention-stigma)

This stigma-reduction framework is being developed by War Child, an organization based in Amsterdam that works to improve the resilience and well-being of children living with violence and armed conflict. STRETCH for Stigma incorporates a standardized approach that can be adapted to different contexts. It is a social-ecological approach intended to help reduce harmful beliefs and practices ingrained within communities and designed to engage with multiple forms of stigmatization.

### **“Countering Xenophobia and Stigma to Foster Social Cohesion in the COVID-19 Response and Recovery”**

#### **International Organization for Migration, 2021**

[www.iom.int/sites/g/files/tmzbdl486/files/documents/countering\\_xenophobia\\_and\\_stigma\\_130720.pdf](http://www.iom.int/sites/g/files/tmzbdl486/files/documents/countering_xenophobia_and_stigma_130720.pdf)

This issue brief proposes a number of solutions that governments and other relevant actors may consider to address the various forms of xenophobic attacks that migrants may experience during the pandemic, ranging from measures aimed at strengthening the legal and policy response to xenophobia and racism, to community-based models to address prejudices and promote social mixing.

### **The Health, Stigma, and Discrimination Framework**

#### **Anne L. Stangle et al., 2019**

<https://link.springer.com/content/pdf/10.1186/s12916-019-1271-3.pdf>

The Health Stigma and Discrimination Framework is a global, cross-cutting framework based on theory, research, and practice designed to apply to a range of health conditions, including leprosy, epilepsy, mental health, cancer, HIV, and obesity or being overweight. It considers how stigma related to race, gender, sexual orientation, class, and occupation intersects with health-related stigmas, and it examines how the framework can be used to enhance research, programming, and policy efforts. Although developed for health-related stigmas, many of its lessons and principles may be instructive for reducing stigma in other contexts, including for people (re)integrating.

## **“Improving Community Acceptance of Returnees from Boko Haram in Nigeria: What Role Do Trusted Authorities Play?”**

**Innovations for Poverty Action | Mercy Corps, 2018**

[www.poverty-action.org/study/improving-community-acceptance-returnees-boko-haram-nigeria-what-role-do-trusted-authorities](http://www.poverty-action.org/study/improving-community-acceptance-returnees-boko-haram-nigeria-what-role-do-trusted-authorities)

The report proposes the use of messages from trusted leaders to reduce stigma and increase people’s support for (re)integration as well as their willingness to interact with the people exiting violent extremist conflict in social, political, and economic life. Drawing on an experimental design within the context of Nigeria, the study suggests that trusted authorities can be effective messengers for promoting peace and support for the (re)integration of former Boko Haram members.

## NOTES

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- 37 For other studies that may offer useful indicators and considerations, see, for example, Mark J. D. Jordans et al., "Reintegration of Child Soldiers in Burundi: A Tracer Study," *BMC Public Health* 12 (2012): 905; and Theresa S. Betancourt et al., "Past Horrors, Present Struggles: The Role of Stigma in the Association between War Experiences and Psychosocial Adjustment among Former Child Soldiers in Sierra Leone," *Social Science and Medicine* 70, no. 1 (2010): 17–26.
- 38 Nyseth Brehm, "Identity, Rituals, and Narratives."
- 39 McMullin, "Hustling, Cycling, Peacebuilding."
- 40 International Civil Society Action Network (ICAN), *Invisible Women: Gendered Dimensions of Return, Rehabilitation and Reintegration from Violent Extremism*, ICAN and United Nations Development Programme, 2019, 68–71, <https://icanpeacework.org/wp-content/uploads/2019/02/ICAN-UNDP-Rehabilitation-Reintegration-Invisible-Women-Report-2019.pdf>; Peace Insight, "PAIMAN Alumni Trust," December 2019, [www.peaceinsight.org/en/organisations/paiman-alumni-trust-paiman/?location=pakistan&theme](http://www.peaceinsight.org/en/organisations/paiman-alumni-trust-paiman/?location=pakistan&theme).
- 41 Ellen Policinski and Sai Sathyanarayanan Venkatesh, "Interview with Mira Kusumarini: Executive Director of the Coalition of Civil Society Against Violent Extremism (C-SAVE)," *International Review of the Red Cross* 101, no. 911 (August 2019): 441.

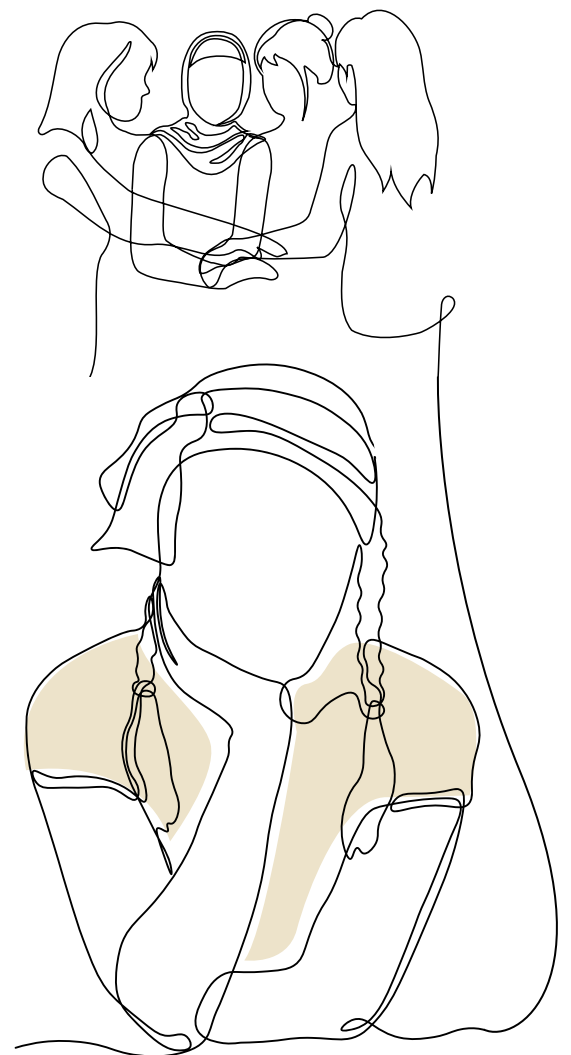
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## MODULE 4

# FACILITATE SOCIAL BELONGING

*Like many other Tajik women, Jamolbi and Zarina had followed their husbands to Syria to join the Islamic State (ISIS). Zarina, far more than Jamolbi, was aware of the ideals and values of “the Caliphate.” Jamolbi did not read the news. She led a modest life, mostly taking care of her two small children, visiting her mother and sister, and keeping her home up to her husband’s increasingly rigid standards. For Jamolbi, Syria was a shock. What limited mobility she had had in Tajikistan rapidly shrunk. Zarina, although initially zealous in her support for ISIS, was also surprised after her first few days. What she hoped for and what she saw were quite different, but she and Jamolbi nonetheless complied as their husbands joined a special brigade composed chiefly of men from Central Asia. Within a few months, their husbands were both dead, and the women were quickly forced to marry other men.*

*Leaving the Caliphate was not feasible. Logistically, the route would be complicated, and neither spoke Arabic with enough fluency to navigate the checkpoints they would have to pass through. Furthermore, while the two women were hardly content with their life with ISIS, a lingering sense of duty remained, of longing for that idea their former husbands had dragged them across the world to pursue. With the passage of time, however, that sense of duty faded. After ISIS was forced out of bombed-out Raqqa, they were moved to the dusty al-Hol displacement camp, where violence, mistreatment, and scarcity were constant dangers. At the first opportunity, Jamolbi and Zarina seized the offer of repatriation back to Tajikistan. The consequences they would face on return to their homeland seemed preferable to what would otherwise be endless suffering in the camp.*





*Now Jamolbi and Zarina have returned to their home communities. Interactions with those outside their families are limited. Both Jamolbi and Zarina, now two hundred kilometers apart, fear others' reactions. Neither was given a prison sentence; instead, they are regularly monitored and meet with social workers. They want to forget—the violence, the marital rape they endured, the scarcity. They want to turn back time. Unable to do so, Zarina and Jamolbi hope at least for a sense of belonging in a place that once was home.\**

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## SUMMARY

Individuals engage in extremist violence for myriad reasons, and identity group or peer influence is often cited as an important factor in influencing mobilization into extremist violence. Whether to defend one's in-group from perceived threats to its social status or to search for belonging with people who share value sets, engagement in extremist violence is influenced deeply by social bonds. Peer group attitudes, norms, and behaviors have a significant effect on a person's support for, mobilization into, and disengagement from extremist violence. Limited social network diversity reduces social influence from other social circles and reinforces perceptions that alternative norms or social identities do not exist.

People (re)integrating after disengaging from extremist violence—who may be cut off suddenly from their previous extremist networks—may find it difficult to form relationships due to a combination of trauma, anxiety, exclusionary attitudes carried over from their period of engagement, and mistrust or animosity from other members of the community. Attempts to (re)integrate in environments where such barriers to meaningful social interaction exist can generate or reignite feelings of isolation or lack of belonging, raising barriers to the development of social bonds and jeopardizing the success of (re)integration efforts entirely.

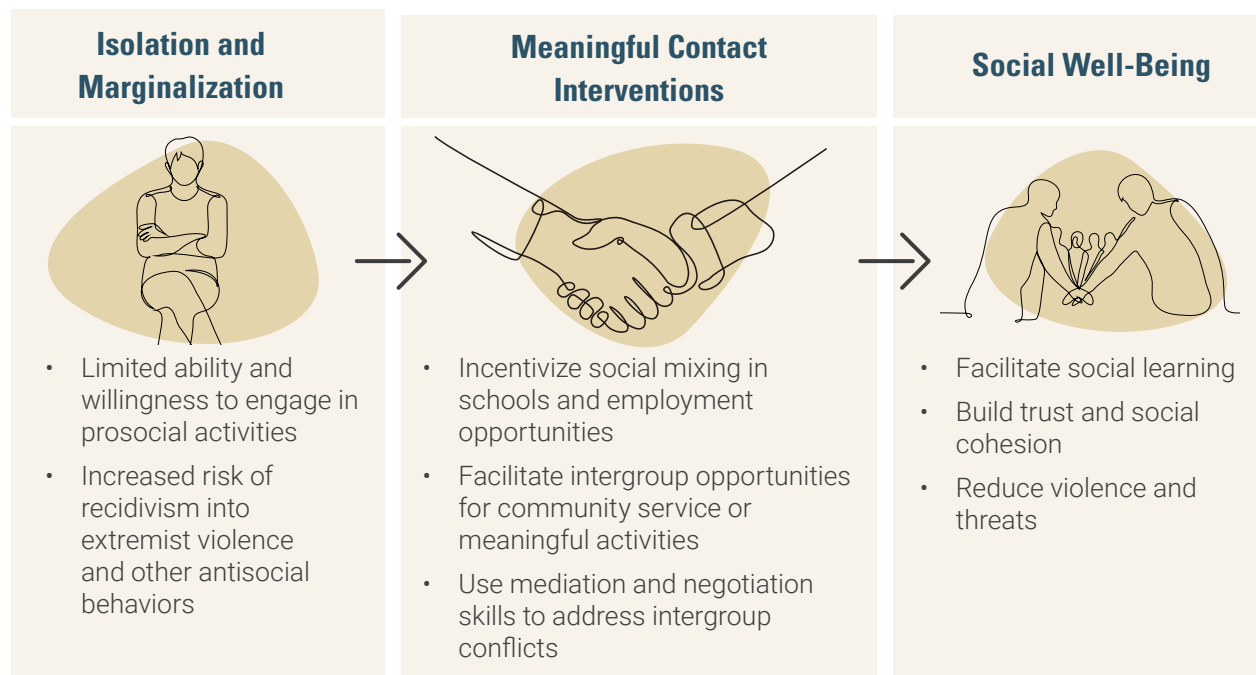
Communities who receive people (re)integrating need to plan for how they can facilitate social interactions between those (re)integrating and other community members in ways that address and prevent marginalization and prejudice and facilitate social network diversity, increased social capital, and eventually cohesion. This module explores a range of ways to foster meaningful social interactions through intergroup contact and by reducing barriers to inclusion.

Figure 4.1 shows how meaningful contact and social mixing interventions that facilitate social interactions can contribute to social well-being by increasing social network diversity; by challenging stereotypes propagated by violent extremist groups; and by promoting alternative perspectives, attitudes, beliefs, and norms.

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\* The authors are grateful to the thematic advisers for this module: Nafees Hamid, PhD, senior research fellow, International Centre for Study of Radicalisation, King's College London, and Salma Mousa, PhD, assistant professor of political science, University of California, Los Angeles.



**Figure 4.1. Social integration and RISE: A theory of change**

## KEY CONCEPTS

**Intergroup contact theory** holds that meaningful contact—positive and cooperative contact, whereby participants share an equal power status with people from social out-groups—can reduce prejudice and foster social cohesion.

**Prosocial behavior** is positive, inclusive, and intended to promote social acceptance or contribute toward building relationships and social bonds.

**Prosocial engagement** entails sustained, positive, inclusive interactions between people (re)integrating and local community members and institutions.

**Social capital** is the stock of tangible and nontangible resources—including networks of relationships, norms, and institutions—in a social unit that promote cooperation, belonging, connection, and identity and enable the effective functioning of a society.

**Social cohesion** is the sense of shared purpose, identity, and trust among members of a group or residents of a locality and the willingness of those members or residents to cooperate with one another in the advancement of the common good.

**Social integration** entails a sense of belonging in a host community that includes maintaining meaningful relationships with others in and mutual acceptance from other groups in the host community, often facilitated by the removal of barriers that limit full participation in social systems.

**Social network diversity** refers to the degree of ethnic, religious, partisan, sectarian, and socioeconomic variety in a person’s interactions and relationships. It can be further categorized based on strong ties (family and friends) versus weak ties (acquaintances). Research has indicated that diversity among weak ties is particularly important for building social capital.

## WHY ADDRESS SOCIAL BELONGING?

People (re)integrating need to develop a sense of mutual acceptance and belonging in a community. Such a sense is marked by participation in social and community systems. Participation in community systems in part reflects political dynamics but is also influenced by intracommunity relations—by attitudes about who is accepted, who is valued, and who is welcome. Acceptance and belonging can influence mobilization into violence as well as rehabilitation and (re)integration for people who have disengaged from extremist violence.

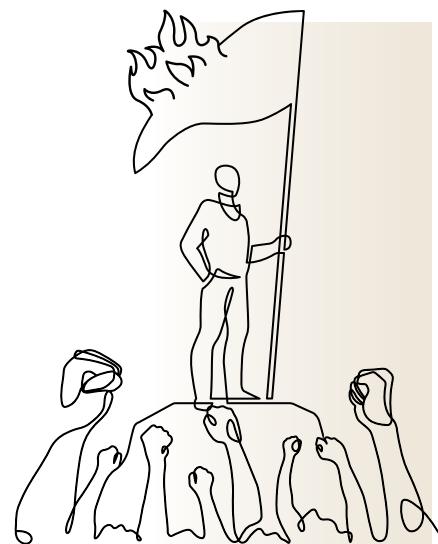
Encouraging supportive and diverse relationships, as well as full social participation by all members of all groups, should be fundamental to both prevention of mobilization into violence and RISE efforts. The promotion of social inclusion in communities affected by people (re)integrating can increase social capital and social cohesion, both of which contribute to resilient societies (as discussed in module 6, “Build Community Resilience”).

### Relationship to Extremist Violence

All humans have a need to belong, though individuals may differ in the degree to which this need influences cognition and behavior. Social identity, belonging, and exclusion can play a significant role in radicalization and mobilization to violence. The extensive literature on that subject identifies many aspects of the relationship between extremist violence and social integration and belonging, three of which deserve particular attention within the context of RISE.



First, *extremist violence is fundamentally a form of collective action*, even if the violence itself is antisocial. Extremist violence emerges out of a commitment to a group and violence is often committed in the name of a group's ideals or values, or to defend against a perceived threat to the group's status or existence.<sup>1</sup> A need and desire to belong prompts people to identify with or integrate into groups, and part of that process includes taking on group beliefs and norms. Sometimes, individuals may take on beliefs and norms of groups into which they were born due to inherited identity markers (such as ethnicity or religion); at other times, individuals may willingly join groups that then influence their perceptions, norms, and beliefs. Even in those individuals who may not initially endorse violence, group socialization processes can encourage taking on violent behaviors and beliefs when those represent group norms. Violent extremist ideas and behaviors are socially embedded and usually define group membership. Even when people mobilize to engage in extremist violence for reasons not related to ideology or beliefs—such as social grievances or material incentives—they can become socialized into adopting such beliefs and behaviors to feel more securely integrated into the group.



Second, just as social belonging can influence beliefs, norms, and behaviors, so too can *social exclusion strongly influence our cognition and behavior*, including extreme violent behaviors. The more that individuals feel excluded from groups to which they are supposed to belong—their family, their immediate community, or the wider society—the more they may invest in another group that both welcomes them and expresses antagonism toward the wider social groups that exclude them. When mainstream groups alienate certain individuals, fringe groups—including violent extremist ones—can appear appealing. Humans' need to belong can even intensify in the face of exclusion. Various studies suggest that participation with fringe or extremist groups can be, in part, a response to isolation, humiliation, or feelings of insignificance by achieving a sense of personal significance or self-worth.<sup>2</sup> Furthermore, research finds that social exclusion from out-groups increases loyalty to the in-group and makes the “sacred values,” which people are unwilling to compromise on and are willing to fight and die for, more salient.<sup>3</sup>

Third, *extremist violence is antisocial behavior that reduces intergroup contact*, thus reducing the diversity of social networks, which can protect against ideological polarization or radicalization. Conflicts, especially identity-based conflicts, erect barriers to intergroup contact. Mistrust, anger, and fear prevent cooperation and mixing between conflict groups, narrowing the opportunity to engage with alternative views, identities, or norms. Shrinking network diversity can amplify the risks of cyclical violence and conflict by deepening the social divides between groups.

## Relationship to RISE

A perceived lack of social belonging can drive attraction to and participation in extremist violence, especially when individuals feel they are excluded or discriminated against. At the same time, a lack of belonging, limited mutual acceptance, and restricted participation in society greatly complicate the ability of people to disengage from violence and (re)integrate into society. Promoting social inclusion and belonging is thus an essential element in RISE.

Understandably, the wider community often fears and rejects those who engage in extremist violence or support violence carried out by violent extremist groups. As the example of Zarina and Jamolbi in the opening vignette illustrates, unresolved resentment and fear can limit the possibility for meaningful contact between people (re)integrating and their host communities. And the more a community excludes or socially sanctions people (re)integrating, the higher the barrier preventing those individuals and their families from reconciling with the community. (For a discussion of how to hold people accountable while offering pathways for redemption and reconciliation, see module 5, “Foster Justice.”)

Nurturing a sense of belonging can promote mutual responsibility and increase interest in and willingness to engage in social and political life in the community. Given that those (re)integrating may have initially been attracted to extremist violence in search of social belonging and may still feel excluded from their home communities, cultivating a sense of belonging may take time, and efforts toward that end should be carefully and consciously integrated into RISE programs.

Another RISE goal that will likely take significant time to achieve is *overcoming a lack of mutual acceptance*. Communities may continue to feel resentment, fear, and anger toward individuals who participated in extremist violence, and those (re)integrating may still hold beliefs that limit their acceptance of certain segments of society and individuals

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“A lack of belonging, limited mutual acceptance, and restricted participation in society greatly complicate the ability of people to disengage from violence and (re)integrate into society.”

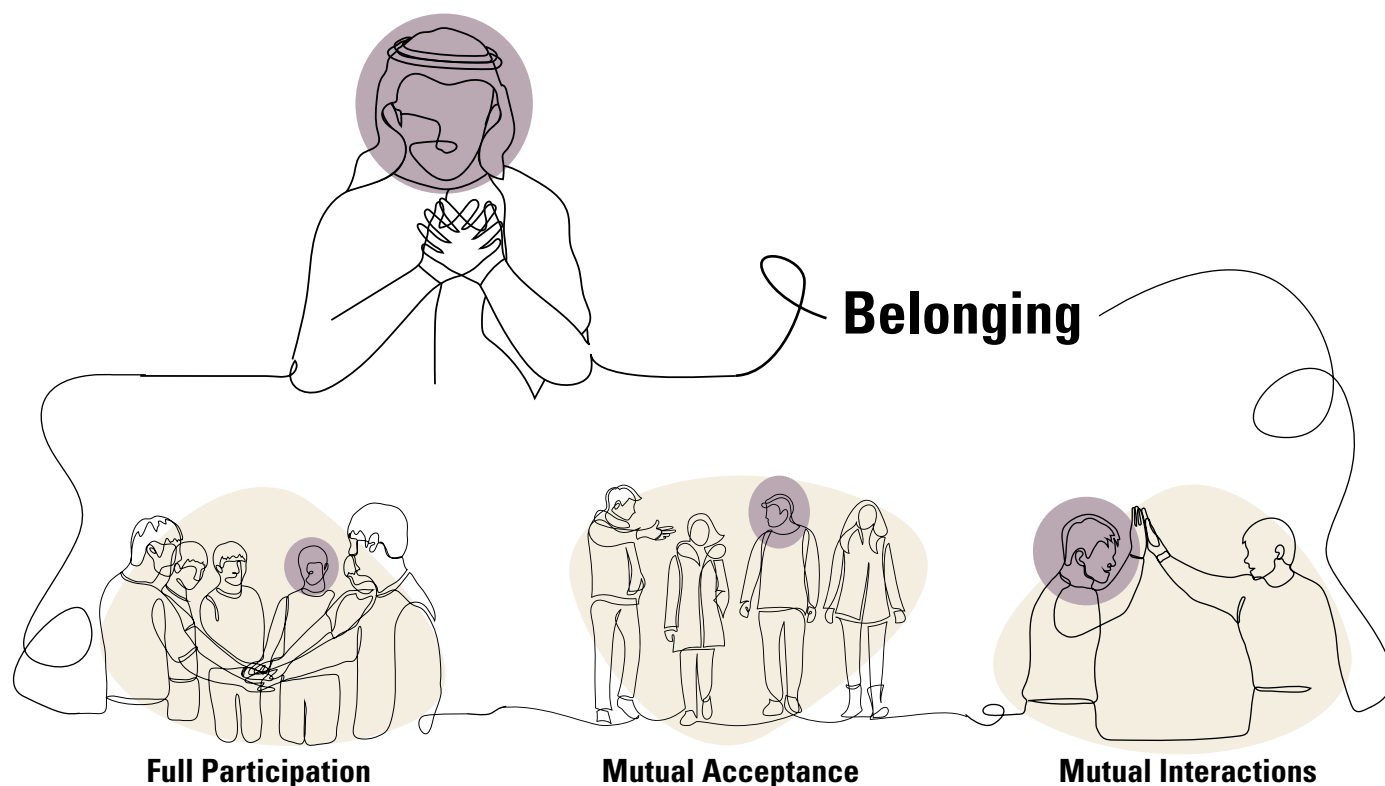
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within the community. Achieving mutual acceptance may be particularly difficult in the context of high stigma (as discussed in module 3, “Reduce Stigma”).

*Enabling full participation in social life* is a hallmark of social belonging and can greatly impact the success of RISE efforts. People (re)integrating must be given safe pathways to participate in community life. Security concerns, stigma, or fear may encourage local officials, community leaders, and government policymakers to restrict access to services or participation for those (re)integrating. Doing so, however, can reignite feelings of exclusion and discrimination, reinforcing the conditions that may have led to mobilization into violence in the first place.

As shown in figure 4.2, meaningful interactions with other community members, mutual acceptance, and full participation in civilian life and social institutions are the pillars of social belonging. And social belonging is a key component in *creating a collective sense of moral responsibility, shared identity, and social cohesion*, which are essential to successfully (re)integrating those who have disengaged from extremist violence. Increased social cohesion within families, communities, and the wider society can help address the marginalization that many individuals experience, lowering the barrier to their inclusion in wider social groups; such cohesion can also make it more difficult for violent extremist organizations to manipulate grievances between groups in the future.

**Figure 4.2. The three pillars of social belonging**



## HOW TO FACILITATE SOCIAL BELONGING

Certain elements of social belonging—particularly participation in social, economic, and political life—depend, to a certain extent, on policies set by national or regional governments. For example, in some cases, those (re)integrating may not have the full rights and privileges that other citizens enjoy, particularly if legal proceedings were taken against them or if the broader identity groups to which they belong are marginalized. Each country will have different frameworks for justice and reconciliation (some of which are explored in module 5). Likewise, residential segregation can present structural barriers to social mixing and social network diversity, preventing the development of cross-cutting social bonds and an inclusive sense of belonging.

Other elements of social belonging, however, are not so dependent on government policies. These elements can be promoted through structured activities that bring together those (re)integrating with host community members. Organizations involved in RISE activities can promote social inclusion by promoting healthy social bonds among and across groups in the community and by carefully reducing barriers to mutual acceptance through social contact and mixing programs. In general, intergroup and social contact work aims to increase social network diversity and social cohesion.

### Planning and Design Considerations

Social belonging is easier to accomplish when individuals have diverse social networks. Exclusion, conflict, and extremism all limit social network diversity, and a lack of network diversity or interaction between identity groups in a community, especially where people (re)integrating belong to a marginalized identity group, can reduce social capital. Nurturing mutual acceptance between members of different groups may be more difficult in the context of RISE because the fear, mistrust, and animosities between community members and persons (re)integrating may be amplified by existing tensions and divisions between social groups. Therefore, relationships that cross lines of tension or suspicion should be a primary focus of RISE programs. Social network diversity refers to regular meaningful contact with people who belong to different identity groups; it can contribute to behavioral health, enhance a sense of belonging to a wider community, and increase participation in community life. Social network diversity can also moderate the adoption of violent attitudes held by others in one's peer group.<sup>4</sup> People (re)integrating have often lost all meaningful contact with other groups outside their violent extremist group; this could include diminished contact with their families, local communities, and the wider society. (Re)integration requires an approach that does not simply replace one group identity with another, because that can increase vulnerability in the longer term. Instead, sustainable social belonging requires interaction with a multiplicity of groups in local communities.

Cultivating social network diversity requires sustained, meaningful prosocial contact with members of other identity groups. Social contact theory asserts that meaningful interactions between groups of people may have positive impacts on people's perceptions of those groups by reducing prejudice

and building empathy and trust between majority and minority group members.<sup>5</sup> Although the focus of research on intergroup contact has typically been on prejudice reduction, it seems that intergroup contact can also reduce the perception of threats posed by out-groups.<sup>6</sup>

Although meaningful intergroup contact can have a positive effect on social network diversity and social belonging, the strongest effects require that such contact be sustained over time and last beyond the lifespan of the program.<sup>7</sup> Programs that leverage existing social resources and institutions to cultivate intergroup contact can build in sustainability and help maintain social capital gains after the program ends.

Social science researchers are still exploring whether and how intergroup contact changes actual behaviors and not just attitudes or prejudices. However, some research has noted that changing a person's perception of peer support for certain behaviors can result in behavioral and ideological changes over time as their beliefs and attitudes shift to conform with those of their peers.<sup>8</sup>

### ***Ensure Intergroup Contact Is Meaningful and Positive***

Exposure to other groups that occurs without meaningful communication can amplify prejudice or even increase the chance of violence. Intergroup mixing between people in conflict is more difficult and, in some situations, it may increase conflict or have little effect on the wider community. There are four conditions for positive interaction:

- Everyone in the group holds roughly the same power status in the activity.
- The mixed group works toward a common goal.
- The members of the mixed group cooperate with one another (as opposed to competing).
- The contact is endorsed by community authorities, influencers, and social norms (such that engaging in the contact will not lead to stigmatization).<sup>9</sup>

## **Do No Harm**



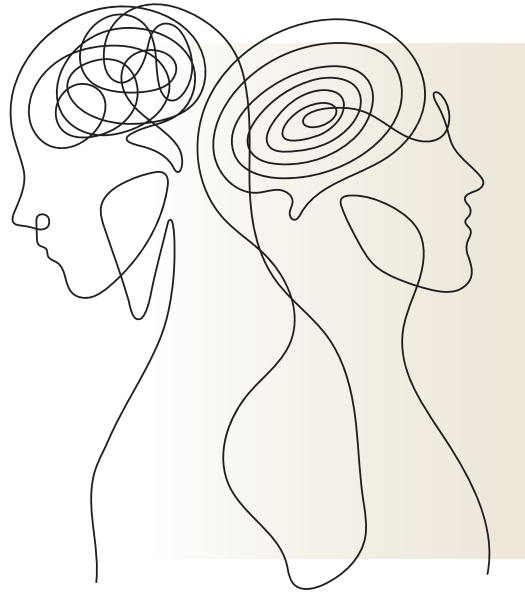
In environments where conflict or anger pervades the target groups, contact programs that fail to carefully consider the individual participants and overall makeup of the group risk volatility and further violence by inflaming tensions. Even in environments that are not affected by violent conflict, misunderstandings can spiral into aggression or violence. Programs should carefully select participants to reduce the potential for spiraling altercations, and program staff should be trained in facilitation and mediation and be familiar with potential points of contention.

Moreover, competent facilitation is important to ensure that contact is experienced as positive. If contact is experienced or perceived as negative, direct-contact interventions can result in further stigmatization of participants, lower trust in authorities, and increased alienation from local communities.



**Promote Long-Term Behavioral Change**

Researchers are exploring whether behavior changes from intergroup contact projects will affect not just the immediate participants in the short term, but also wider social norms over a longer period. To be effective at promoting social belonging for people (re)integrating, intergroup contact needs to be scalable and sustainable. Some research into how tribal leaders in Iraq have treated people (re)integrating who have been suspected of collaborating with ISIS suggests that social mixing can affect not only direct participants but also the wider community.<sup>10</sup> The more widespread intergroup contact is, the more likely it is to reduce prejudice between groups.<sup>11</sup>

**Consider Fostering Intergroup Contact Even during Violent Conflict**

Most of the research on intergroup contact takes place in settings without high levels of intergroup conflict or violence, and prejudice may be particularly hard to shift among adults exposed to violence. However, some research suggests that even in contexts of protracted conflict, interventions that evoke empathy for an individual who belongs to an adversarial group can result in positive changes in perceptions of the entire group.<sup>12</sup>

**Mix Community-Level and Institutional Initiatives**

Peace processes and power-sharing agreements may support social integration at the national level. Institutional policies such as school integration, inclusive housing, and employment-creation initiatives may have a significant impact on reaching the scale of behavioral change necessary to support (re)integration. Community-level initiatives can support these broader initiatives with more in-depth and facilitated contact to ensure that the interactions that result are experienced as positive. In Jordan, Mercy Corps found that a combination of “hardware” (infrastructure) and “software” (dialogues, dispute resolution) helped increase social cohesion between refugees and host communities.<sup>13</sup> Without substantial investments in public institutions such as schools, housing, and workplaces, few people experience social mixing programs, and their spillover effects to the rest of the community appear to be limited, not reaching a critical scale of impact.



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### ***Anticipate and Address Barriers to Intergroup Mixing Activities***

Any intergroup cultural mixing activity faces a variety of challenges. Designing prosocial activities for people (re)integrating after extremist violence may face some of these challenges:

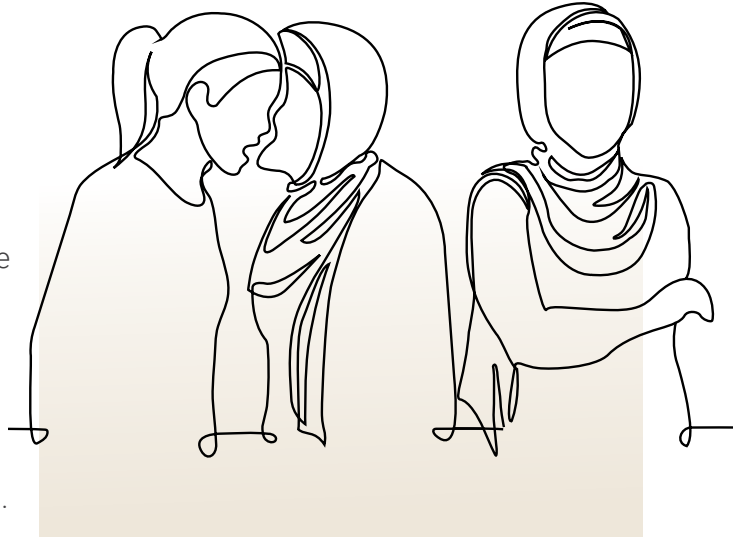
- *Individual barriers* may include behavioral health issues, trauma, self-stigma, and financial hardships. The modules in part I of this action guide offer suggestions for lowering the individual barriers to social integration. In terms of financial challenges, it may be important to offer free or affordable activities.
- *Cultural barriers* may include social norms such as segregating men and women or gender expectations that may make playing games or sports more difficult. Community assessments can help identify potential cultural barriers. (For more on the kinds of community involvement that can help assess the needs in specific locations, see the Introduction.)
- *Geographic and language barriers* can occur if violent extremist groups belong to minority ethnic groups that already live in locations that are segregated from other groups. Although intragroup social mixing may improve social network diversity and local relationships, it may not have an impact on wider social dynamics of exclusion and prejudice. If groups live in different regions of the country, more creative intergroup contact programs may need to be developed. Digital peacebuilding efforts using virtual and imaginary contact are beginning to be explored.
- *Structural inequity barriers* include education, housing, and transportation segregated along economic and social lines. As with geographic barriers, creative planning may be necessary to overcome these obstacles.

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“Although intragroup social mixing may improve social network diversity and local relationships, it may not have an impact on wider social dynamics of exclusion and prejudice.”

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- *Fears about social mixing* may be rooted in stigmatizing narratives that perpetuate social divisions by dehumanizing others or portraying them as insincere in their desire to disengage and contribute positively or as inherently immoral or prone to violence. Such anxiety increases the likelihood that the interaction will become negative, negating the utility of intergroup contact activities. Intergroup anxiety can be addressed by first facilitating separate meetings of each group at which they can discuss their fears and preconceptions of the other group or groups. A facilitated communication mechanism can enable each group to ask questions about the other side and hear the responses before they agree to participate in social mixing. This can help build confidence and address legitimate fears. In addition, inviting media and journalists to a special launch of the program to ensure that they understand the benefits can help generate positive public support for the activities. (For more on mechanisms to reduce barriers, see module 5, “Fostering Justice and Reconciliation.”)



- *Community leaders, other community members, and people (re)integrating* may hold deep, unconscious biases or prejudices against other groups. These negative attitudes make it difficult for community leaders to model prosocial behavior in their efforts to promote social mixing. To limit the impact of these prejudices, facilitators of social mixing activities may first go through their own training and preparation to identify and address unconscious biases. The facilitators can then call attention to racism and prejudice expressed during social mixing or in its aftermath. Another way of mitigating prejudice is to integrate conflict resolution and feedback channels—such as phone-in or text-in complaint mechanisms—so that participants can identify situations that make them feel uncomfortable.
- *Community capacity barriers* may exist if no trained local people are available to serve as facilitators or if local facilitators exhibit strong prejudices. A program may need to begin by training local community stakeholders in facilitation skills and demonstrating its commitment to providing an inclusive organizational culture that models prosocial behaviors.
- *Lack of institutional support* may become a barrier to developing projects or helping them to reach a meaningful level of impact. This barrier may be reduced by consulting with and involving leaders from the beginning of the project to discuss its intended benefits and impacts on the community and on their reputations as leaders. Social mixing activities can thus be linked to broader institutional strategies to improve community life.

### ***Sequence and Structure Social Belonging Activities***

To build trust and healthy interconnection, social belonging activities should be designed with an awareness of the importance of their structure and sequence. Specific considerations include the following:

- *Offering goal-driven activities* that involve working to address shared challenges—such as climate change or harmful substance use—within local communities. Programs should first identify needs and struggles shared by people (re)integrating and affected communities, then communicate to each group why they should work together on shared goals before bringing them together.
- *Sequencing events* to build trust. Begin with “icebreaker” games or activities to help people identify their shared interests and identities (such as being parents, widows, film lovers, or sports fans). Move to discussing differences or tensions at a later stage.
- *Requiring intergroup collaboration* through mixed seating (with thoughtful incentives to encourage people to converse or interact) at events or mixed teams in sports or games instead of posing (re)integrating people against other community members.
- *Creating meaningful opportunities* to contribute to the broader community through volunteering or to participate in group discussions on issues of shared concern such as mental health or education.
- *Ensuring that people feel equal and empowered* to raise awareness of existing inequalities or grievances within mixed group events.
- *Planning for skillful facilitation* that addresses conflict and tension within the group—including any expressions of racism, sexism, or other form of prejudice or oppression—to ensure respect and inclusion for all.

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“[Offer] activities that involve working to address shared challenges . . . within local communities..”

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- *Designing ongoing regular opportunities* for interaction. Although ongoing interactions are critical to generate empathy and ultimately broaden conceptions of *we*, such interactions do not need to facilitate close relationships; acquaintances are important for increasing exposure to job opportunities and building other forms of social capital.
- *Deploying a variety of strategies*, as evidence suggests that intergroup contact works best to reduce support for violence when a mix of education, civic engagement, and economic incentives are present.<sup>14</sup>
- *Reinforcing social mixing through ongoing institutional support and partnerships* with community leaders.

### Interventions and Activities

Social mixing and intergroup contact can be structured institutionally through housing and education; employment and livelihood training and support; dialogues and conflict management training; and a variety of civic engagement, community volunteer, and interest group programs.

#### Software Activities

Civil society groups can create opportunities for meaningful intergroup contact and social mixing in a variety of interventions. Software activities promote social interaction; they are typically implemented in local communities by civil society groups and can equip participants with conflict management skills, foster empathy for others, and challenge stereotypes and narratives that stigmatize people from other social groups.<sup>15</sup>

**Civic action and community volunteering.** Community volunteering can underscore shared objectives and values. Not only can it unite people (re)integrating and community members from cross-cutting social groups in a single cause, but the sense of working toward a common goal can also encourage cooperative behaviors that may endure. Volunteer

### Do No Harm



Intergroup contact may not make sense in some settings because of the risks associated with bringing people together. Intergroup reconciliation and reintegration programming might not be possible or ethical, at least in the near term, because the risks of harm, including triggering retraumatization and conflict recurrence, outweigh the potential benefits.

Intergroup contact interventions should not view one group of participants as primary targets of the intervention or instrumentalize members of any group by using them as tools for the primary purpose of challenging the exclusionary or hateful beliefs of other participants to help them disengage from violence. Instead, contact interventions should be designed to benefit everyone involved equally whereby building social bonds is an end unto itself.

activities that support other community members, such as mutual support groups, can also generate empathy for people across social divides.

**Interest groups and recreational activities.** Educational events, sports activities, community art projects, conservation activities such as planting trees, community programs to raise awareness of mental health, and film screenings followed by discussions about the issues raised in the films can bring people together around common interests and build relationships that transcend social divisions.

Creative expression and artistic activities can have positive effects on well-being by increasing ambition, esteem, and a sense of achievement. Such experiences can intensify the group experience and strengthen social bonds in the community.

Celebrations and gatherings that involve socially interactive cultural activities can promote positive intergroup relations. Sharing cultural or religious customs, jointly celebrating important holidays, cooking together, and playing traditional games in mixed groups can increase the participants' knowledge of traditions and customs while offering an opportunity to discover similarities.<sup>16</sup>

**Rituals.** Rituals are symbolic experiences that create a shared reality among participants. As such, they have the power to generate solidarity. They can assist in the process of change by helping transform and reshape people's worldviews, identities, and relationships. Rituals can occur in a wide variety of forms; they can be formal or informal, religious or secular, tradition-based or spontaneous. Regardless of how they manifest, rituals occur within unique spaces that are set aside from normal life "where the rules for acting and interpreting meaning are different from the rest of life."<sup>17</sup> Moreover, they foster communication through symbols, senses, and emotions rather than verbal language, opening space for people to create their own meaning and defusing the instinct for defensiveness. Because of this, rituals can transform societal relationships in significant ways.

## Do No Harm



Engaging people (re)integrating and members of affected communities in direct dialogue that explicitly discusses the roots and experiences of the conflict between them can retraumatize those involved, risking adverse outcomes such as aggravated behavioral and mental health challenges and hardened antipathy between the groups involved. At the same time, however, many people within affected communities may be unwilling to consider engaging in social belonging activities with people (re)integrating without first knowing that the people (re)integrating are sincere in their conciliatory intentions and their desire to contribute productively and positively to the community. Decisions about whether and when such dialogue is prudent should be informed by deep understandings of the local context and under the guidance of trained facilitators to avoid risks of retraumatization or violent outburst. (For further guidance on this, see module 5, "Foster Justice and Reconciliation.")

**Conflict management mechanisms.** Community-based mechanisms and training to manage conflict can encourage inclusive community participation, nurture engagement with other social groups, and empower people to feel involved in community decision-making. Such mechanisms should be managed by local leaders who are seen as legitimate and trustworthy by all sections of the community.<sup>18</sup>

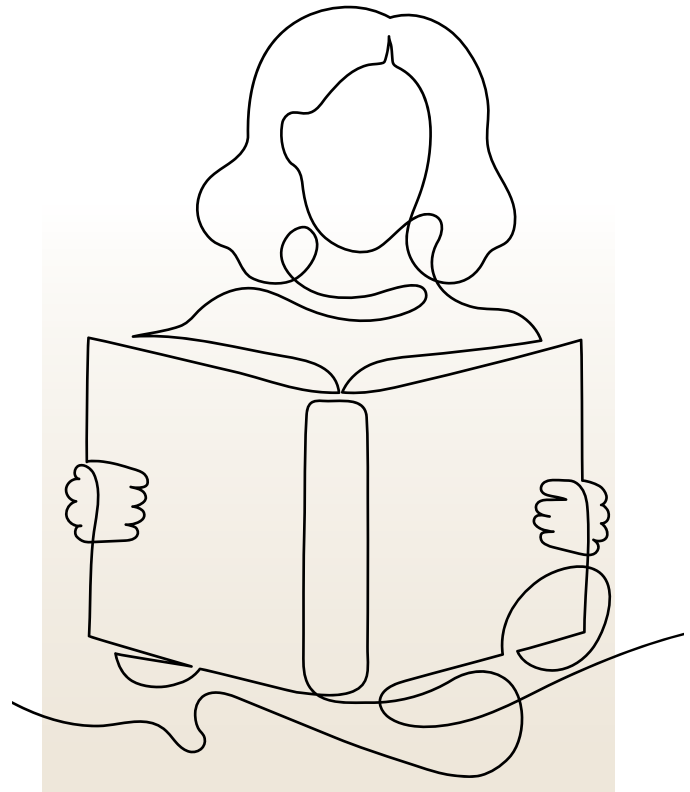
**Hardware Projects**

Whereas software activities can facilitate social mixing, pairing them with hardware projects can help reduce intergroup tensions and create conditions in which prosocial engagement can be sustained and a sincere sense of social belonging can be fostered. Hardware projects aim to reduce physical, structural, and institutional constraints to services that drive tensions among social groups by making improvements to infrastructure and strengthening community institutions that bridge social divides through communal use.<sup>19</sup>

People (re)integrating often belong to groups that have been marginalized, and it is important to reduce that marginalization to foster sustainable ties between people who identify with those groups—including people (re)integrating—and other groups within local communities.

Although hardware projects may appear oversized compared with the relatively small number of people (re)integrating, such projects are vital to ensure that prosocial engagements can be sustained over time.

**Housing and school settings.** Governments can steer the quality of intergroup relations through a variety of institutional policies that affect group mixing in housing and education. Research suggests a clear correlation between geographic isolation and increased prejudice. People who live in mixed neighborhoods are more likely to be tolerant toward neighbors belonging to other religious or ethnic groups.<sup>20</sup> Local governments should ensure that public housing is designed to be inclusive and accessible for a variety of socioeconomic and ethnic groups, and zoning ordinance and public funding for housing projects should adopt the same criteria. Neighborhood and civil society organizations can advocate for inclusive



housing policies that promote social mixing for the entire community, including people (re)integrating.

In school settings, greater diversity is linked not only to reduced intergroup prejudice, but also to improved student creativity and problem-solving and to higher average test scores.<sup>21</sup> Schools whose students and staff come from a variety of ethnic, religious, or other groups can use mixed classes and inclusive school-sponsored interest or sports programs to reduce prejudice and resocialize children (re)integrating. Schools that have a more homogenous student body and staff might consider “buddy” mentoring and exchange programs with schools that primarily serve other groups. Planned and meaningful positive contact between students from different groups can affect not only the children (re)integrating but also their families, with students bringing home and demonstrating more inclusive attitudes and behaviors.

**Employment and livelihoods.** Economic exclusion is one factor discussed in research related to the drivers of extremist violence. Few interventions to date have sought to provide economic support for people (re)integrating. However, similar programs for reintegrating combatants after civil war may offer relevant examples and lessons.

Disarmament, demobilization, and reintegration (DDR) programs typically include some form of economic benefits or employment training or placement to support former combatants as they transition back to civilian life. Such efforts are intended to give them a stake in a peaceful society and to make them less likely to return to violent behaviors. Many people (re)integrating may find they have few economic opportunities, especially because community fear and stigma may obstruct access to employment. Research has suggested, however, that unemployment and economic hardship alone fail to explain engagement in extremist violence; a more salient factor is lack of status within communities.<sup>22</sup> Accordingly, employment, livelihood, and

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“Planned and meaningful positive contact between students from different groups can affect not only the children (re)integrating but also their families . . . [by] demonstrating more inclusive attitudes and behaviors.”

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economic assistance components of RISE programs should include efforts to create opportunities for social mixing and exposure to new ideas and group identities. Those goals can be furthered by fostering diversity and equity within workplaces, providing training in livelihood skills that facilitate employment and engagement in sectors that are not segregated, and targeting economic assistance to enable participation in activities that cut across social divides.

According to one study conducted in Burundi, economic programs that supported social reintegration increased favorable attitudes among former combatants toward broader social groups and the political order.<sup>23</sup> The benefits of such an approach seem likely to be replicated by programs aimed at people (re)integrating.

Employment, livelihood, and economic assistance programs can fuel community resentment, because assistance provided to people (re)integrating can be seen as rewarding people for their violent behaviors or diverting community resources away from other needs. Rather than targeting it exclusively to people (re)integrating, such assistance may be more effective when provided to a broader group of people so that it benefits the entire community. Alternatively, employment programs that place people (re)integrating into jobs that directly repair damage and harms resulting from extremist violence may assuage some of this resentment.<sup>24</sup>

### Gender Considerations



In some settings, social norms prohibit women from engaging in intergroup contact programs without male chaperones. In others, women have tended to defer to men, and thus women are less likely to provide input or voice opinions in community decision-making processes. Programs should identify local dynamics that could create barriers for women to participate. At the same time, programs should seek to address disparities in participation between women and men by incorporating consultation with, and project leadership by, both men and women.



## Monitoring and Evaluation

In each context where an intervention takes place, programs should work with local communities to identify relevant local indicators that can measure willingness and ability to engage with people (re)integrating and the social groups to which they belong. When measured before an intervention, these indicators can provide a baseline against which to gauge the effectiveness of an intervention by measuring the same indicators after the intervention concludes. The results can be used to identify ways to improve future programs.

Among the questions to consider that can help local partners identify salient indicators are the following:

- What are the local indicators of the home community's willingness to (re)integrate people, as well as the individual's willingness to (re)integrate? What is the level of tolerance within local communities for people from other cultural, religious, or ideological groups? Beyond self-reported attitudes disclosed on surveys, what indicators can measure shifts in people's behaviors that indicate increased social integration?
- How did these participants end up in your program? How are they different from the broader group from which they are drawn? Exploring questions that can indicate the magnitude of selection bias allows program managers to draw the appropriate limits on the generalizability of program results.
- In local public events, are people from different groups and genders mixing?
- What is the social network diversity for people (re)integrating? How many other cultural and affiliation groups do they connect with on a daily or weekly basis?
- Are members of the local community developing new forms or types of peace initiatives on their own?
- Do the attitudes of people (re)integrating shift during intergroup interventions toward greater support for government, democracy, and multiculturalism?
- Are there indicators of less marginalization of minority groups by mainstream society, media, or government?
- Are there indicators of people demonstrating resilience toward shocks, provocations, or violence?

## EXAMPLES

### Intergroup Soccer in Post-ISIS Iraq

A research study conducted by Salma Mousa, an assistant professor at Yale University who studies social cohesion after conflict, included the implementation of a program in Iraq to bring Iraqi Christians and Muslims displaced by ISIS together to play in a soccer league. Compared with a control group involving an all-Christian soccer team, mixed teams improved prosocial intergroup behaviors—such as signing up for a mixed team next season, training with out-group members six months later, and voting for an outgroup member to receive a sportsmanship award. These positive gains did not extend to social contexts outside soccer, however, or to strangers from the out-group. Attitudes toward the out-group—measured by surveys before and after the leagues—also did not change, although broader beliefs about the prospects for coexistence did improve. This lack of change in attitudes is possibly because of the difficulty of trusting outgroup strangers when instability and insecurity persists.<sup>25</sup>

### Social Enterprise and Belonging in Australia

In Melbourne, Australia, the nongovernmental organization (NGO) STREAT focuses on trauma-informed, strength-based prosocial integration to foster a sense of belonging and purpose for youth who are at risk of not only extremist violence but also other adverse outcomes such as crime, homelessness, social isolation, early school leaving, and chronic unemployment. The organization provides training and employment pathways in several businesses in the hospitality sector, fostering a sense of connection, safety, and belonging. By providing vocational training and employment, tailored personal support, and work-life skills, STREAT nurtures a renewed sense of empowerment and self-respect. The experience of being part of a work team combined with the public setting of a café encourages prosocial interactions with a wide range of community members. Paid jobs with carefully chosen employment partners are available to all graduates, and intensive postplacement support follows for another six months. STREAT's vision is to help build "young people who belong and are thriving with a healthy self, home and job."<sup>26</sup>

### **Building Social Cohesion in Jordan**

In Jordan, the international aid organization Mercy Corps and Berlin-based nonprofit research institute International Security and Development Center implemented a program to build trust, interaction, and cooperation between the Syrian refugee population and their Jordanian hosts. The program included two sets of activities: software components to facilitate prosocial engagement and strengthen conflict management skills between refugee and host groups, and hardware components to improve the capacity of local infrastructure and inclusivity of service delivery. An evaluation of the program found that though the software components were effective on their own at improving social cohesion, the combination of software and hardware projects had the most pronounced effect in terms of improving refugees' and hosts' attitudes and behaviors toward each other. These behavioral and attitudinal shifts included improved perceptions of out-groups, less approval for the use of violence against out-groups, increased interaction with out-groups, lower perceived tensions over the equity of government services, and successful nonviolent conflict management and dispute resolution.<sup>27</sup>

### **Educational Exchange in Croatia**

The Nansen Dialogue Center, a Croatian NGO, and the Croatian Education and Teacher Training Agency partner to address the deep social and ethnic divisions in former Yugoslav countries by inoculating young people against stereotypes that can lead to cross-group tensions. The program conducts joint activities, trips, and lessons with students from twenty-three predominantly Croat schools and from other schools that primarily serve children from other ethnicities. The model has proven successful at challenging exclusionary norms and socializing children in the value of diversity.<sup>28</sup>

### **Street Art in Niger**

In Niamey and Agadez, Niger, the International Organization for Migration and the France-based nonprofit Street Art Sans Frontières conducted a month-long street art project during which artists, migrants, and locals worked together to beautify the cities by painting public spaces and the local transit centers that house and serve migrants. The project paired artists with migrants staying at the transit centers to decorate their temporary homes. During the project, neighbors, local organizations, schools, and others passing by approached the painters and asked to be included. The project offered a way for migrants to give back to their host communities while creating opportunities for meaningful interactions with local community members.<sup>29</sup>

## RESOURCES

### ***The Power of Contact: Designing, Facilitating, and Evaluating Social Mixing Activities to Strengthen Migrant Integration and Social Cohesion between Migrants and Local Communities***

**International Organization for Migration, 2021**

<https://publications.iom.int/books/power-contact-designing-facilitating-and-evaluating-social-mixing-activities-strengthen>

This guidance note provides project managers and developers, as well as event organizers and facilitators, with guidance in fostering migrant integration and social cohesion through social mixing activities. It makes evidence-based recommendations that project managers and event facilitators can leverage to ensure maximum positive impact of social mixing activities.

### ***Designing, Implementing, and Evaluating the Impact of Social Mixing Programs***

**International Organization for Migration, 2022**

<https://publications.iom.int/books/designing-implementing-and-evaluating-impact-social-mixing-programmes-toolkit-iom-and-its>

The companion to IOM's *The Power of Contact* report, this toolkit provides detailed guidance for designing, implementing, and evaluating social mixing programs. The toolkit offers insights on theory and concrete steps for practical application.

### ***“The Ties That Bind: Building Social Cohesion in Divided Communities”***

**Catholic Relief Services, 2017**

<https://reliefweb.int/sites/reliefweb.int/files/resources/crs-ties-rev-08-03-2017-web.pdf>

This guide combines the Appreciative Inquiry framework (*discover, dream, design, and deliver*) with a peacebuilding methodology for social cohesion and resilience (*binding, bonding, and bridging*). The result is an approach for use within a people-to-people peacebuilding framework that can help groups, organizations, and communities to introspectively consider disagreements and disputes, find common ground, collaborate for mutual benefit, and envision a harmonious future.

**“Social Cohesion: A Practitioner’s Guide to Measurement Challenges and Opportunities”  
100 Resilient Cities—Pioneered by the Rockefeller Foundation, 2019**

[https://resilientcitiesnetwork.org/downloadable\\_resources/UR/Social-Cohesion-Handbook.pdf](https://resilientcitiesnetwork.org/downloadable_resources/UR/Social-Cohesion-Handbook.pdf)

This handbook is a practical guide for community entrepreneurs and urban practitioners interested in understanding how their peers are measuring social cohesion. It explores the qualities and values laden in the concept of social cohesion and discusses common approaches, metrics, and challenges for measuring change. The handbook helps arm practitioners from varying backgrounds—and with varying degrees of measurement experience—with the tools and vocabulary to articulate and measure the value of building social cohesion.

**“A Toolkit for Integrating Gender Equality and Social Inclusion in Design, Monitoring, and Evaluation”**

**World Vision, 2020**

<https://app.mhpss.net/?get=393/wvi-gender-equity-and-social-inclusion-toolkit.pdf>

This toolkit is designed to provide guidance and tools to support staff in integrating Gender Equality and Social Inclusion (GESI) perspectives in all stages of project Design, Monitoring and Evaluation. It includes practical guidance to help staff align programming with international GESI standards and best practices. The toolkit may be a useful resource for implementing partners and government stakeholders as they collaborate on GESI goals.

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# PART III



## TRANSFORMING CONFLICT AT THE STRUCTURAL LEVEL

Extremist violence is a form of violent conflict. Part III covers principles that address structural-level dynamics that contribute to successful disengagement from extremist violence, rehabilitation, and (re)integration into local communities. Fostering justice and reconciliation and building community resilience can build social capital to address legitimate grievances and fortify the social and political institutions that bridge divides and bring people together into a shared community.



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## MODULE 5

# FOSTER JUSTICE AND RECONCILIATION

*Michael belonged to a Republican paramilitary group in Northern Ireland that used violence to protest the presence of British security forces and fight for a united Ireland. James belonged to a Loyalist paramilitary group that fought for Northern Ireland to remain part of the United Kingdom.*

*Both men had grown up in families and communities that had given them a sense of identity and belonging. But this identity was rooted, in part, in the conflict narratives that pervaded each man's community and that portrayed the other community as violent aggressors and their own group as victims. They shared a deep sense of grievance against the "other" in Northern Ireland, even though each had a different conception of who the other was. A sense of humiliation and injustice, coupled with a belief that violence was the only way to defend their identity and values from assault, led both Michael and James to carry out violence against civilians from the other side of the conflict. Eventually, both found themselves in prison for their activities.*



*After release, Michael and James both struggled to reintegrate into their communities. They found that their neighbors viewed them with suspicion; they discovered that it was difficult to reconnect with their families and build new relationships; they struggled to find stable employment, and potential landlords would never respond to their inquiries for housing. Michael and James eventually found themselves participating in a program that uses restorative justice to address political grievances through community dialogue and foster new relationships across the lines of conflict.\**

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## SUMMARY

Extremist violence is targeted not only at individuals but also at entire societies or communities. The communities affected may well feel betrayed by, angry at, and fearful of those who have engaged in extremist violence. Healing these harms and offering a pathway for restoration and reconciliation requires people (re)integrating to be accountable to those communities.

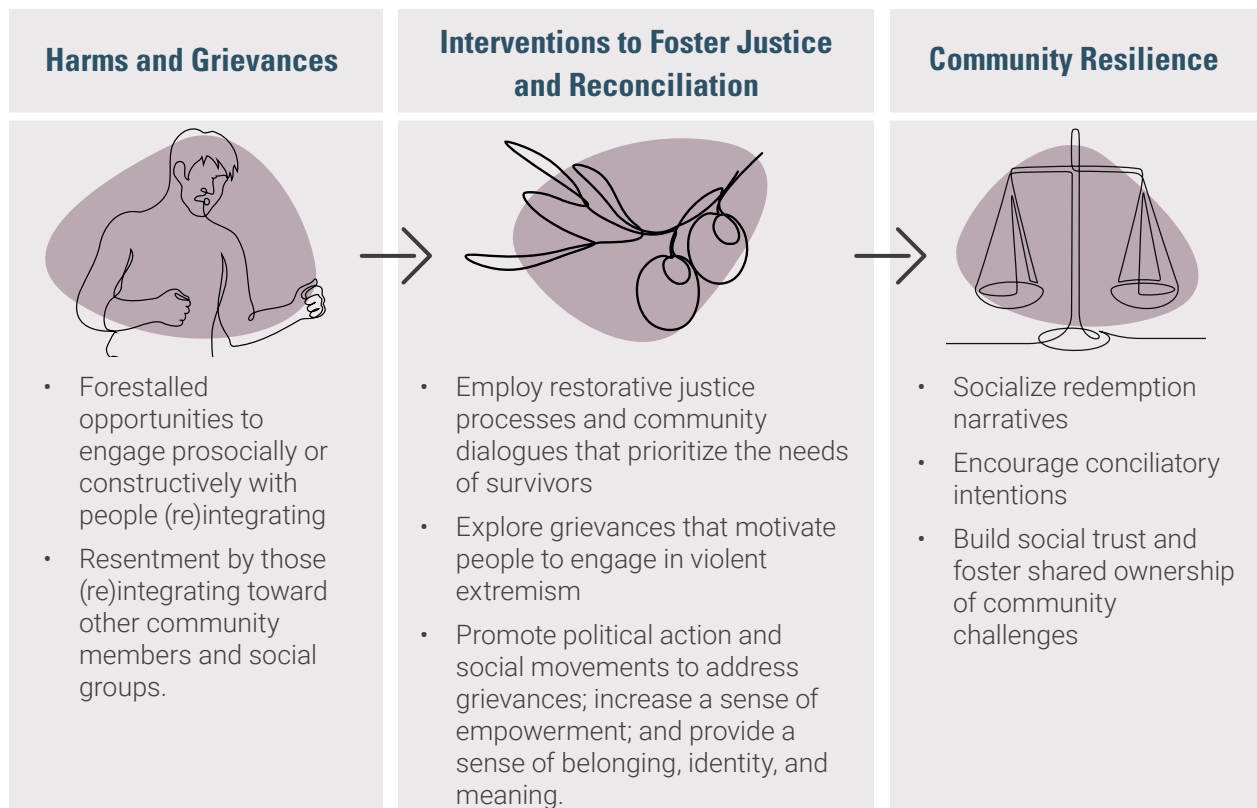
Within a restorative justice framework, facilitating these outcomes also means interrogating the grievances that are part of the cycle of violence and the perceptions of victimization that contribute to extremist violence. People who perceive themselves as victims often will resort to violence to retaliate or punish others or to express frustration about their grievances when legitimate or nonviolent channels are not seen as viable.

Restorative justice mechanisms can drive redemption narratives, transform identities into new shared ones, begin the healing process, and give expression and meaning to human experiences to enable communities and people (re)integrating to move forward together. This module explores restorative justice as an approach that can help foster justice and reconciliation. This strategy can lower barriers to disengaging from extremist violence and reconciling communities.

As shown in figure 5.1, restorative justice processes and reconciliation mechanisms that prioritize the needs of people and communities harmed by extremist violence while exploring the legitimate grievances that contribute to extremist violence can drive redemption narratives and conciliatory intentions for people (re)integrating. These narratives, combined with actions and behaviors that demonstrate conciliation, can begin to heal those harms, build trust, and open a willingness in affected communities to accept people (re)integrating.

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\* The authors are grateful to the thematic adviser for this module: Rebecca Littman, PhD, assistant professor, University of Illinois Chicago.

**Figure 5.1. Fostering justice and reconciliation: A theory of change**

## KEY CONCEPTS

**Cycle of violence** is the self-perpetuating character of community violence, featuring connections between a person's perceptions of being victimized and their choice to perpetrate violence against others in response.

**Restorative justice** is a process for addressing harms that focuses on the needs and voices of survivors to address the harms against them; supports those who have harmed others to be accountable through a community process that seeks healing for

both survivors and the person who caused harm; and examines the broader context to explore whether people who cause harm also might have experienced larger structural forms of violence or cycles of violence.

**Survivors** or **people who have been harmed** and **people who have caused harm** are terms used to describe those harmed (survivors) and those harming others; because of the cycle of violence, survivors can also cause harm, and those who cause harm may also be survivors.

## WHY FOSTER JUSTICE AND RECONCILIATION?

Fostering justice and reconciliation helps lower barriers to (re)integration and supports behavioral change. A peacebuilding approach to extremist violence looks for an exit from the cycle of violence. This exit includes efforts to achieve justice and reconciliation both for people (re)integrating after disengaging from extremist violence and for the people and communities harmed by extremist violence. Echoing themes related to in-group and out-group identities discussed in modules 3 and 4, this module explores themes related to justice and reconciliation between groups, as well as individuals (re)integrating. The challenge is to interrupt the cycle of violence by supporting communities to come to envision what they want for future generations.

### Relationship to Extremist Violence

*People who participate in violent extremist movements often believe they are the ones seeking justice from others.* People who engage in extremist violence often hold strong grievance narratives that relate to a sense of harm and humiliation they may have experienced themselves or may perceive as directed toward an identity group to which they belong. Individuals may perceive themselves as being socially marginalized or victims of structural violence that discriminates against or harms individuals and groups through policies and institutions. Victim narratives often oversimplify complex phenomena by linking a personal hardship with a social, political, or economic trend or grievance. Linking the narratives of personal and societal victimization can lead to justifications for extremist violence.<sup>1</sup> For example, ISIS grievance narratives often centered on the perceived humiliation of having US forces interfere in Muslim countries, which ISIS members and supporters viewed as an assault on their sacred values related to Islam and Islamic law.<sup>2</sup> Boko Haram's grievance narratives include a conviction that Islam is being undermined by democracy, Western education, and other non-Muslim belief systems.<sup>3</sup> Similarly, the grievance narratives of violent white supremacists often involve fear of loss of status, with steps to counter racism and foster equity being perceived as assaults against their social standing and cultural identity.

*Violence is frequently an attempt to do justice or undo injustice.* Most people who commit violence against another person or group have a rationale that makes sense of their violence. Often, the narrative that someone holds to justify their violence relates to their efforts to overcome feelings of shame and humiliation and to create a sense of justice.

Trying to understand what makes people use violence should not be seen as an attempt to excuse or justify the violence. Understanding the narratives people use to explain their violence is important to understanding the relationship between violence and perceptions of justice. Responding to extremist violence requires us to ask the appropriate questions of the narratives used to justify violence.

*Extremist violence and punishment share a similar logic.* Punishment often aims to deter people from perpetrating particular harms by causing pain, whether physical or psychological. But such pain can also be a cause of violence; in fact, some research suggests that not only does punishment not inhibit, prevent, or deter violence but also the more punishment a society uses, the higher its rate of violence.<sup>4</sup> There is little reason to believe that punishment is more effective at deterring extremist violence than any other form of violence.

### Relationship to RISE

*Public demands for accountability and justice are opportunities, as well as potential obstacles, for community reconciliation with people (re)integrating after extremist violence.*

Harms from extremist violence affect not only individual victims but also entire communities and societies, which may be traumatized by terrorism, live in fear of violence, or harbor anger at and feel betrayed by those who engage in it. (For more on healing collective trauma, see module 2, “Support Trauma Recovery.”) Because extremist violence represents violence against entire societies, public and political pressure is often strong for people who engaged in extremist violence to spend time in prison as punishment for their harms. Although that is often a warranted response, prosecution may be imprudent, inappropriate, or impossible. For example, children who were taken to or born into violent extremist conflict zones should be considered survivors of human trafficking and violence despite crimes they may have committed while they lived under the rule of a violent extremist group.

Similarly, many people may have been coerced—even kidnapped—to engage in extremist violence. Many others may have quickly become disillusioned with the cause they joined, at times without having committed violence, but unable to exit the extremist setting. If they were unable to escape, they may have been forced to conform to survive. In many instances, violent extremist groups also engage in bridge-burning exercises by forcing newcomers to commit serious and traumatizing acts of violence, disseminating propaganda showing evidence of these acts, and coercing members to remain engaged.<sup>5</sup>

At the same time, communities often have urgent and legitimate demands for accountability and justice. In these situations, a lack of formal justice and accountability—including meaningful expressions of regret from people (re)integrating—will affect restorative justice efforts at the

### Gender Considerations



Research suggests that one reason most violence is committed by men against other men is due to the fear of appearing weak and the desire to overcome humiliation by using violence to prove one’s conception of manhood.\*

\* James Gilligan, *Violence: Reflections on a National Epidemic* (New York: Random House, 1997), 225–240.

community level. Survivor families may refuse to engage in restorative justice processes until formal justice and accountability mechanisms play out and until they receive compensation. In these cases, restorative justice processes may be contingent on first meeting community demands for formal justice and accountability.

In short, many people will present as a gordian knot of both victim and perpetrator—a knot that justice systems may find difficult to untangle. Moreover, it is challenging to gather evidence from a foreign battlefield in a way that upholds judicial standards, often making prosecution difficult. As a consequence, many people will (re)integrate into local communities without first undergoing a period of incarceration, and in some contexts they may remain in extended limbo in holding facilities because judicial systems lack the tools to process them promptly.



Even when prison is part of the process for a person (re)integrating after extremist violence, it may make (re)integration more difficult because of the stigma related to incarceration and because of the possibility that prisoners who encounter poor conditions and treatment will feel validated in their justifications for and commitment to extremist violence and may even encounter additional trauma while in custody.

*Restorative justice is a process gaining increasing attention as relevant for people (re)integrating after extremist violence.* Restorative justice is distinct from most criminal justice processes in two ways. First, it illuminates the experiences and needs of those who have survived harm rather than focusing the inflexible lens of the state on the person on trial and whether a law has been broken. Second, it focuses on repairing harms rather than on determining punishment. The process of restorative justice begins with three assumptions:

- When people and relationships are harmed, needs are created.
- The needs created by harms lead to obligations.
- The obligation is to heal and “put right” the harms.

Three questions follow:

- Who has been hurt? (versus what rules were broken?)
- What are their needs? (versus who did it?)
- Who has the obligation to address the needs, to put right the harms, and to restore relationships? (versus what do they deserve?)<sup>6</sup>

In the context of extremist violence, a restorative justice process is relevant to three groups of people:

- Those who have been harmed by extremist violence.
- Members of a community or society affected by extremist violence.
- Those (re)integrating who may have been motivated to engage in extremist violence by a desire for justice for social or political grievances, or who may even have been coerced into engaging in extremist violence.

The challenge is to address the harms and needs of all three groups. The government and the community or society may have obligations toward the person (re)integrating if their identity group was marginalized or oppressed before they engaged in extremist violence. The person (re)integrating will have obligations both to those who have been harmed and to the wider society. It is important, however, not to place a burden of responsibility on people who have been harmed by extremist violence.

It is not uncommon for communities to be concerned about crimes committed against an individual within it rather than against the community as a whole. However, such concern will often be amplified in cases that involve extremist violence, because extremist violence targets not just individuals but entire communities and societies as well. Rather than being a crime committed by an individual against an individual, extremist violence is waged in the name of an entire group against another group or civilian population, raising the stakes for everyone.

The three underlying values that provide the foundation for restorative justice are respect, responsibility, and relationship. *Respect* for human dignity and the ability for an individual to change and become a better person that can contribute to their community is central to a restorative justice approach. *Responsibility* includes the duty to “put right” or make amends to individuals and the broader society who have been harmed. *Relationship* refers to the power that people have when they work together to creatively solve problems and transform a tragedy into an opportunity for healing.

Each of these values is important for extremist violence disengagement, rehabilitation, and (re)integration. Respect is a prerequisite for promoting prosocial engagement across social divides. Responsibility is needed to repair harms caused by engaging in extremist violence as well as to identify legitimate grievances that contributed to that engagement and to illuminate a pathway for redemption. However, responsibility can sometimes be complicated in contexts of extremist violence, such as for people who were coerced into harming others. They may themselves have a need for others to acknowledge the harm done unto them, as well as a responsibility to repair harms they have caused to others (even if not by choice). Building relationships can begin to expand conceptions of *we* and offer a sense of community belonging.

Three principles of restorative justice reflect these values of a just response to harms:

- *Restoration* entails acknowledging and repairing the harm caused by, and revealed by, wrongdoing.
- *Accountability* entails encouraging appropriate responsibility for addressing needs and repairing the harm.
- *Engagement* involves those affected, including the community, in the resolution.

Restorative justice mechanisms for people (re)integrating, then, should include an acknowledgment by the person (re)integrating of the harms they have done to individual victims and the broader society by participating in extremist violence. People (re)integrating should also explain how they intend to repair those harms. For example, an individual could make a video or issue a public statement in which they recognize those harmed and take responsibility for addressing the needs created by those harms. A ritual or public ceremony of lament and repentance may be appropriate in some cultures. The community could participate by offering opportunities for a person (re)integrating to volunteer in community activities that would allow the individual a way to contribute to the community.

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“Respect is a prerequisite for promoting prosocial engagement across social divides. Responsibility is needed to repair harms . . . to identify legitimate grievances . . . and to illuminate a pathway for redemption.”

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## HOW TO FOSTER JUSTICE AND RECONCILIATION

### Planning and Design Considerations

The objective of restorative justice is to engage people affected by, in this case, extremist violence in the restoration of the harms they have experienced and to address those harms in a way that resonates with them. Thus the elements involved and the program design should be tailored to the particular context.

Even though some community members may want severe punishment for individuals who have participated in extremist violence and may view any sort of restorative justice process with suspicion or anger, research shows that the ubiquity of the “vengeful victim” who insists on punitive justice to be mostly a myth. In fact, many survivors may prefer compensation or a sincere apology to punishment.<sup>7</sup> Abiding by two key principles for planning and design, however, can help overcome these tensions and generate community buy-in.

First, a *survivor-centered approach* is necessary.<sup>8</sup> Survivors of extremist violence should never be manipulated or coerced into participating in restorative justice processes. In some cases, mediations between survivors and people (re)integrating may both help those reintegrating take responsibility for the harm they have caused and help survivors gain a sense of justice, healing, or answers to their questions about what happened. In other cases, however, such meetings can be retraumatizing and threatening. If a survivor does not want to meet with someone who caused harm to them, they should not be forced to do so. When a survivor is reluctant but willing, the involvement of a well-trained facilitation team will be essential, as described, to ensure that any meeting proceeds in a way that limits the risks of retraumatization or verbal attack by prioritizing a respectful, safe, and open dialogue that is responsive to the comfort level and boundaries of participating survivors.

Second, *community involvement at all stages and in all discussions* about justice and reconciliation with people (re)integrating is essential. Communities may need to be introduced to the concept of restorative justice. Offering workshops and public engagement opportunities to reassure community members that public safety concerns have



been taken into account via discussions with security sector authorities, where such actors are credible in the affected communities, and presenting research that demonstrates the exceptionally low recidivism rates among people who have disengaged from extremist violence can help generate buy-in for restorative justice processes.<sup>9</sup> The involvement of local communities early on in restorative justice processes can help ensure that they are aligned with local customs and can give community members a chance to get answers to questions such as the following:

- What do justice, accountability, reconciliation, and redemption look like in the local context?
- What types of ceremonies or rituals already exist that could help support a justice process?
- What is the role of outsiders in supporting justice and reconciliation?
- Is there a role for people who have already disengaged from extremist violence and (re)integrated into the community? What can they do to support justice?
- How will community justice processes relate to state criminal justice processes?

Community leaders can help bring legitimacy for these efforts and encourage broader public support. Community involvement can ensure that the progress made by people (re)integrating is sustainable and resilient to shocks or stressors they are likely to face (see module 6, “Build Community Resilience”). Advice from the community can help program designers ensure that the framing, messaging,

## Do No Harm



Extensive work with people (re)integrating after extremist violence before they participate in a restorative justice process can seek to ensure that they are ready to take responsibility for the harms toward others and that they pose no further danger to people. This can be particularly complicated in cases when the person (re)integrating was coerced into extremist violence. Such work will require the involvement of trained psychologists who can assess behavioral risks using evidence-based and scientifically validated criteria. In contexts where such professionals are unavailable or inappropriate, culturally appropriate community authorities—such as tribal leaders or tradition-based healers—with experience assessing risks posed by individual community members can be involved instead. These interactions will never truly be zero-risk, but careful involvement by trained professionals and community authorities can go a long way in risk reduction and management.

It is important not to prioritize the grievances and needs of some affected groups over others, which can lead to “competitive victimhood” over who has suffered more. For example, disproportionately large international assistance for Christian and Yazidi communities in Iraq has generated resentment among nearby Sunni Muslim communities that also suffered under ISIS rule but that have received less support.

and naming of restorative justice projects, as well as the shape that those projects take, fit local cultural and religious contexts. Community members can advise on how to approach survivors about the option they have to meet with people who may have caused harm to them or their families, friends, and neighbors. Outsiders should be careful not to make promises about the outcomes of an intervention or otherwise create expectations about the restorative justice process that they cannot guarantee will be met.

## Interventions and Activities

### ***Participants and Formats***

Restorative justice practices may take several forms. The most common models are mediation, conferencing, and circles:

- In *mediation*, survivors and people (re)integrating meet (directly or indirectly) to discuss their experiences, share emotions and concerns, and reach agreement about a way forward for each party.
- In *conferencing*, a large group of affected people meet to discuss what happened and find solutions for the future.
- In *circles*, a structured dialogue is established to address a specific conflict and strengthen relationships and communities.<sup>10</sup>

Restorative justice processes are most effective when participants are sincere and open; thus, except in cases where a (re)integrating person has submitted to the process as part of a court ruling, participation should be voluntary.

The facilitators should arrange several separate meetings to prepare each group of stakeholders—survivors, community members, and people (re)integrating after extremist violence—in advance of any dialogue or other mechanism designed to promote justice and redemption. These advance meetings can help answer participants’ questions, build trust, and clarify expectations and goals for each of the stakeholders.

In some cases, all stakeholders may meet together in a community justice conference, but restorative justice does not require a meeting be held between survivors and those who caused harm. A survivor may choose, for example, to make a video, which protects their identity but communicates the impact of extremist violence on their lives. A person (re)integrating after extremist violence can also acknowledge harms and demonstrate accountability via video, radio, or posts in news media and on social media. Testimonials by survivors, community members, and those (re)integrating about their experiences can serve as a possible prelude to catharsis and

healing. Facilitators should ensure that all participants are aware that any participant can exit the restorative justice process at any time. This freedom to exit the process extends to facilitators as well as to community members and people (re)integrating.

Virtual conferences can occur if, for example, survivors do not want to meet in person or are geographically distant. In virtual conferencing, facilitators may ask people (re)integrating to talk to survivors as if they were in the same room; the facilitators may ask a person (re)integrating what they would say to the survivors, how the survivors might respond, and how the person (re)integrating might acknowledge and attempt to repair harms with them.

### ***Facilitation and Survivor Support***

All of these restorative justice processes rely on skilled facilitation. Professional, trained facilitators are necessary to ensure that the survivors' needs remain central to the process and that the needs of the person (re)integrating never drive the process. In addition to standard training in facilitation—which can include learning how to structure a dialogue, draw out quiet participants, and manage disruptions—restorative justice facilitators also require training on trauma, forms of hate speech, and extremist violence.

Facilitators should be careful to prioritize survivor support and empowerment, ensure survivors are protected from further intended or unintended harm, and take steps to prevent any form of coercion of survivors to participate in the process and to prevent anyone from experiencing retaliation for voicing the harms they experienced. Ideally, at least one of the facilitators in the team will be from the same identity group as the person or group harmed by extremist violence.

Face-to-face meetings should take place in locations that can ensure both the physical and emotional safety of participants and foster a sense of neutrality so that all participants in the process feel welcomed. Facilitators will begin the face-to-face process by presenting a set of ground rules for participation that everyone can contribute to and do agree to uphold.

### **Do No Harm**



It is important for programs to be aware that participation in restorative justice activities can have negative consequences for participants' mental health, aggravating symptoms of depression, anxiety, and post-traumatic stress disorder. This highlights the importance of linking reconciliation interventions with behavioral health and trauma recovery initiatives (see modules 1 and 2).

Whether proceedings and rituals are held face-to-face or virtually, collective trauma in communities affected by extremist violence, as well as individual trauma, may need to be addressed during restorative justice processes. (For more on this topic, see module 2, “Support Trauma Recovery.”)

Facilitators can provide regular updates on the process to survivors, community members, and people (re)integrating to enable everyone to understand the process and to avoid or counter the spread within the community of any false rumors or the dissemination of disinformation on news media or social media. Facilitators should have a plan for how they will respond quickly and forcefully to any such efforts to derail a restorative justice process.

### ***Finding a Way Forward***

The restorative justice process for survivors, people (re)integrating, and community members will include opportunities for each stakeholder to voice the harms they have experienced and the needs they have for justice and reconciliation. The facilitators will encourage others to actively listen and to acknowledge and demonstrate understanding of what is said. The facilitators will lead the process toward steps that the person (re)integrating after extremist violence can take to make amends toward survivors and the community.

The community may also agree to take steps to address specific grievances that may have been part of a person’s original motivation to join a violent extremist movement. For example, a community may set up an anticorruption task force if government corruption helped fuel a person’s decision to engage in extremist violence.

### ***Ritual, Ceremony, and Labeling***

Rituals, ceremonies, and rites of passage that symbolically mark a person’s transition back into society are integral to restorative justice processes as they reify healing and reconciliation at the community level. Symbolic ceremonies can provide a tangible break from past actions and identities by ascribing new meaning to past transgressions, creating new shared identities, and healing wounds from conflict and crime. Existing community- and tradition-based rituals that involve respectful dialogue can drive credible narratives of redemption by emphasizing respect, solidarity, and active responsibility. Redemption narratives can encourage those who have caused harm to repair the damage caused while minimizing defensive responses among survivors of those harms.<sup>11</sup>

People tend to conform to the expectations associated with the labels that society gives them because those labels identify opportunities and funnel people into certain roles.<sup>12</sup> When people disengage from extremist violence, they face a crisis of identity that catalyzes finding new meaning in life, reassigning meaning to past experiences, and searching for a new social identity. This crisis presents opportunities when communities are open to providing that new meaning and new identity; simply labeling a person as “rehabilitated” or as “a member of society” can contribute to the disengagement, rehabilitation, and (re)integration process.<sup>13</sup> Rituals involving the community have the ability to give expression and meaning to human experiences and to nurture human relationships by enabling both individuals and communities to envision each other as *we*.<sup>14</sup>

### ***Relationships and Sustainable (Re)integration***

The relationships built through restorative justice processes may enable a community both to heal from past violence and to organize itself to address the grievances that motivated some people to join violent extremist movements in the first place. Restorative justice processes are a form of community organizing in which community members analyze the problems they face and build a sense of empowerment that they can do something to change their community. The examples from Sierra Leone and Northern Ireland in the next section illustrate how community reconciliation processes can help spark a social movement for broader transformation.

## **Gender Considerations**



People with different gender identities may have different experiences and different needs in a restorative justice process. A gender-sensitive restorative justice process for people (re)integrating after extremist violence should consult with community members at every step of the process to ensure adequate support and space to address gender-specific needs.

Nonstate and community-based justice mechanisms (particularly tribal justice in the case of Iraq, where honor killings are a major concern for women formerly associated with ISIS) can be harmful to women. They also often are closed to women. Restorative justice programs that use tradition-based justice mechanisms should interrogate those practices and amend them to provide equal access for all and ensure that they do not inflict harm on any particular group of people.

Working with tribal actors is necessary and sometimes beneficial in contexts when state justice institutions are ineffective or illegitimate, but needs to be done carefully and with attention to concerns about the participation and protection of women.

Restorative justice processes can open up important conversations around masculinity narratives that may at times contribute to violence.

These relationships are also important in ensuring that prosocial engagement between people (re)integrating and community members is sustained after the person's participation in a restorative justice program runs its course. Programs can consider follow-on activities to help nurture these relationships beyond the confines of the program and cultivate a more fulsome (re)integration into community life, making the transformation of identity more sustainable and guarding against reengagement with violent extremist groups.

## Monitoring and Evaluation

Programs such as the Community Restorative Justice Ireland have demonstrated that tailored interventions can reduce instances of violent conflict.<sup>15</sup> Monitoring and evaluation for such programs can benefit from including a mixed-methods approach.

Quantitative measures include gathering statistics on instances of violence before and after interventions to identify where additional resources (funding, trained professionals) are needed. Qualitative measures include conducting periodic interviews with key stakeholders from all facets of the intervention to assess progress and provide some indication of whether the intervention is working. Questions to ask might include the following:

- What is the level of community involvement?
- How inclusive is community involvement?
- What reparations or amends have been made to the community?
- How do survivors, victims, and community members feel about the reparations?
- Do community members believe that they have achieved a measure of justice and accountability?
- How do people (re)integrating after extremist violence feel about the process? Do they perceive it as contributing to their reintegration and community acceptance?

Survey questions about highly abstract concepts and outcomes such as levels of community trust, forgiveness, and reintegration may elicit responses that are not very informative. It is important to ask specific and realistic questions about observable implications of these outcomes—for example, “Would you allow your children to be friends with the children of someone formerly associated with an armed group?”

A method that can be applied to measure outcomes is “outcome harvesting,” which can be used to help monitor changes in perception for a particular intervention.<sup>16</sup> Outcome harvesting provides a six-step method for collecting evidence on what has been achieved and informing how interventions have promoted change.

## EXAMPLES

### Community-Led Reconciliation in Sierra Leone

In Sierra Leone, the National Truth and Reconciliation process focused on large cities and neglected rural areas, where some of the root causes of its 1991–2002 civil war continued to exist. By 2007, community leaders in Sierra Leone began to recognize the need for rural community participation in the national decision-making process. An initiative called Fambul Tok (Family Talk) invited communities to participate in the design of processes through which people who had taken part in violence against communities could acknowledge wrongdoing to survivors through a locally oriented reparations program. Fambul Tok continues to mobilize communities to design programs as part of postwar reconciliation in Sierra Leone and several other countries.

The Fambul Tok approach involves several elements. Fambul Tok uses the People’s Planning Process to create opportunities for all people—with special attention to the needs and experiences of women and youth—to take an active role in reconciliation. After community consultation, Fambul Tok runs a pilot program to test the community’s ideas. Lessons from the pilot are identified and incorporated into the version of the reconciliation process that the community implements. Training for community stakeholders helps members to learn skills in facilitation, mediation, and trauma healing.

A reconciliation ceremony is a central part of Fambul Tok processes. Many communities plan a Fambul Tok bonfire to create a ritual space where survivors can voice harms. In many of the bonfires, for example, women share experiences of sexual abuse and publicly accuse the people who assaulted them. “Peace mothers” are female guides who help communities meet the unique needs of women harmed by sexual violence. Fambul Tok sustains the reconciliation process through follow-up activities such as sports games and community farming. Research on Fambul Tok’s program in Sierra Leone shows that it increases forgiveness of perpetrators and strengthens social capital.<sup>17</sup>



## Restorative Justice Programs in Northern Ireland

In Northern Ireland, a variety of programs aim to reduce sectarian violence and sectarian hate crimes while supporting individuals (re)integrating into the community. The Bridge program challenges people who have committed a criminal offense to self-examine so as to understand the impacts of their behavior on others and to spark their willingness to improve their social skills. The program begins by recognizing that people who have engaged in extremist violence have a sense of injustice and shame for belonging to a violent group. For example, members of Loyalist groups say they often feel stuck between, on the one hand, supporting a political cause they believe to be righteous and, on the other, recognizing the negative image of Loyalism among the public. The Bridge program seeks to create a space for politically motivated people who have engaged in extremist violence to critically reflect on their impact on people and communities. The process also helps them understand nonviolent responses to conflict, such as social movements aimed at addressing their political grievances. Dialogue facilitators ask participants to weigh the benefits and costs of using a violent strategy to achieve their goals. Facilitators use role play to explore nonviolent options.

The program has also involved courses at the University of Ulster for seventy Republican and Loyalist activists who had been involved in extremist violence in the past. The course prepares them to lead restorative justice processes in intercultural settings. In the Young Men and Violence project, people who have already (re)integrated into the community after belonging to violent groups in the past lead programs for other young men from militant areas where there is sectarian violence. The leaders challenge the “glamour of violence” by sharing their personal experiences and reflect on how much they lost through their involvement in extremist violence. They argue that peaceful political strategies are more effective than violence in achieving their goals.<sup>18</sup>

## RESOURCES

### **“Restorative Justice in Cases of Violent Extremism and Hate Crimes”**

#### **European Forum for Restorative Justice, 2021**

[www.euforumrj.org/en/working-group-restorative-justice-and-violent-extremism](http://www.euforumrj.org/en/working-group-restorative-justice-and-violent-extremism)

A practitioner’s guide that offers advice and cautions for designing programming, including mediation, community justice conferencing, and community circles.

### **Restorative Dialogue Against Violent Radicalization**

#### **Restorative Justice for All International Institute**

<http://restoratedialogue.org>

This project presents an alternative approach to responding to extremist violence based on dialogue and restorative justice. Its resources include a training handbook and several e-courses for professionals and volunteers who may work with people at risk of engaging in extremist violence.

### **“Grassroots Solutions for Radicalized Youth and the Addictive Process of Extremism,” special issue of the Internet Journal of Restorative Justice**

#### **Tara Sheppard-Luangkhot, Restorative Justice for All International Institute, 2020**

[www.rj4allpublications.com/product/special-issue-grassroots-solutions-for-radicalized-youth-and-the-addictive-process-of-extremism/](http://www.rj4allpublications.com/product/special-issue-grassroots-solutions-for-radicalized-youth-and-the-addictive-process-of-extremism/)

This commentary proposes alternatives to punitive means to combat youth engagement in extremist violence. It uses positive psychology to intervene with young people at risk of engaging in extremist violence and focuses on positively perceived identity and well-being.

## NOTES

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- 9 Thomas Renard, “Overblown: Exploring the Gap Between the Fear of Terrorist Recidivism and the Evidence,” *CTC Sentinel* 13, no. 4 (April 2020): 19–29; Andrew Silke and John Morrison, “Re-offending by Released Terrorist Prisoners: Separating Hype from Reality,” Policy Brief (The Hague: International Centre for Counter-Terrorism, September 2020), <https://www.icct.nl/publication/re-offending-released-terrorist-prisoners-separating-hype-reality>; Omi Hodwitz, “The Terrorism Recidivism Study (TRS): An Update on Data Collection and Results,” *Perspectives on Terrorism* 15, no. 4 (August 2021): 27–38.
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## MODULE 6

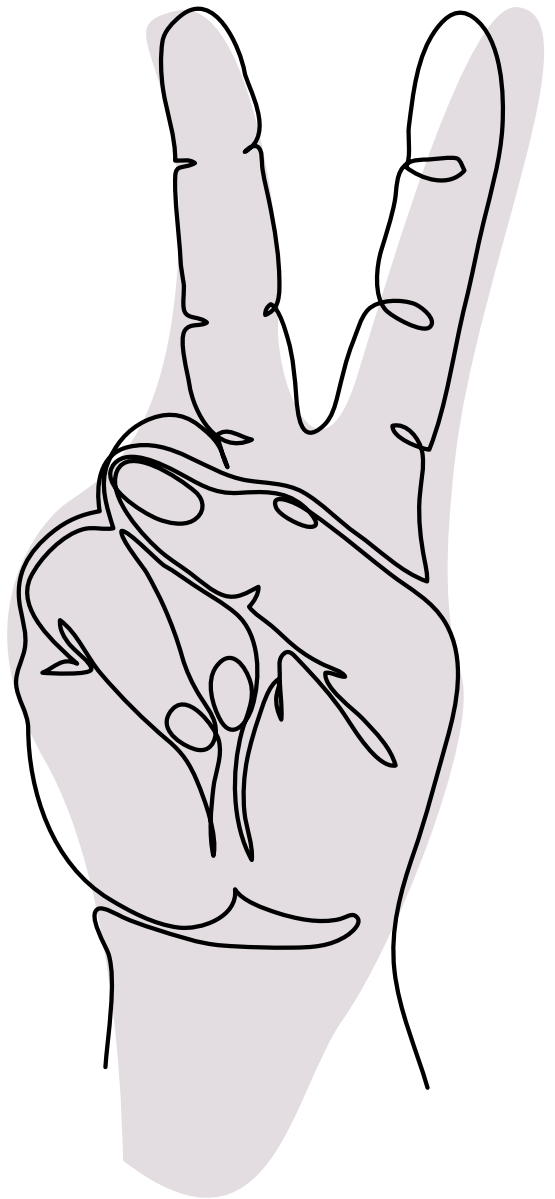
# BUILD COMMUNITY RESILIENCE

*When she was a child, Marium's sister and parents were killed in a mosque in North Cotabato province, Philippines. She is still not sure who committed the massacre: members of the Philippine Constabulary, Christian extremists dressed as constables, or perhaps a mix of both?*

*Raised by her grandparents, Marium grew up in a Muslim-majority barangay (neighborhood) that affirmed her identity as Muslim. But even though her barangay voted to join the Autonomous Region in Muslim Mindanao (ARMM), its wishes were ignored because of its status as an exclave situated in a Christian-majority municipality and province. Her lived experience as a Muslim woman in the southern Philippines has consistently entailed marginalization and discrimination.*

*That's what was so magnetic about the Bangsamoro Islamic Freedom Fighters (BIFF)—they wanted to build a home for her. They, too, knew people killed by Christian militants. They, too, resented the lack of Muslim political representation. They, too, suffered from military operations that displaced tens of thousands of people; killed thousands more; and left the region faced with food insecurity, inadequate medical care, and sporadic energy supply. So she was happy to provide the BIFF with shelter, transportation, and food to support the cause.*

*When some of the BIFF leadership she exalted announced an alliance with ISIS in 2015, she wasn't so sure. What did ISIS know about their plight in North Cotabato? Then she was taken aback when the BIFF supported another Muslim separatist group as they held the city of Marawi captive for five months while the*



*Philippine military carried out devastating airstrikes to dislodge them. She knew family members in Marawi who lost their homes and livelihoods and were starving as a result. Had she fed the BIFF fighters that were allegedly involved? Housed them? Had she played some part in Marawi's suffering?*

*So, in 2019, when the ARMM was dissolved and the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) was established, and her barangay was included, Marium rejoiced. Peace and rebuilding would not be easy after decades of fighting or in the face of environmental, security, and health crises. But she has seen people she admires mobilizing to implement the peace agreement. She has been involved in dialogues to express what peace looks like to her—and she feels empowered to have a voice. Some separatist groups are still fighting for a complete split from the Philippines, and Marium wonders sometimes whether maybe they are right. Yet maybe the BARMM can succeed where fighting has failed, building the peace required to support the well-being of her, her family, and her community.\**

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## SUMMARY

In this module, *community resilience* is defined as the everyday capacities that communities mobilize and adapt to effectively address a shock or long-term stressor, in this case, one that causes or increases the risk of extremist violence. Seminal research on community resilience to violence and extremist violence has identified several core capacities that resilient communities have:

- *Bonding capital* is the ability of a group to identify in-group risk for mobilization into extremist violence and support for violent extremist movements and to develop preventive or countering strategies.
- *Bridging capital* is the ability of members of groups to work together across conflict lines building a level of trust (social capital) that is used to prevent or mitigate violent extremist operations in the community or retributive violence after a violent extremist attack.
- *Linking capital* is the social relationship between citizens and the institutionalized nodes of power and authority that can aggregate, articulate, channel, and meet the needs and preferences of citizens. When related to addressing extremist violence, linking capital relates to the capacity of communities to manage or mitigate predation, exploitation, and intimidation by the state. Heavy-handed state responses to at-risk communities or those perceived to be associated with extremist movements—and predatory or corrupt actions by politicians that strip marginalized groups of assets, services, status, or agency—reduce the ability of communities to counter extremist violence (their resilience) while increasing risk. Communities that harness linking capital to manage the state are more resilient to extremist violence.

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People (re)integrating often do so in the same environment where their engagement in extremist violence began, interacting with the same social network and facing the same challenges that drove them toward violence. Unless communities can develop the resilience to offer a different experience to those who have been drawn toward extremist violence, people (re)integrating may find it difficult to sustain their disengagement.

Building resilience includes *shielding* those people most at risk of extremist violence by fostering their agency, identity, and belonging in the face of systemic, political, and state violence against them; *connecting* people by developing social capital that can be leveraged to prevent mobilization into, presence of, and activities related to extremist violence in a community; and *transforming* people, communities, and conflicts by creating and leveraging community capacities to address the core grievances violent extremist elements exploit to gain entry into and influence communities.

Resilient communities adapt and learn, applying their responses from one shock to another. This guide lays out a strategy for managing the shock of (re)integration by strengthening specific community and individual capacities and avoiding outcomes—such as recidivism, violence, stigmatization, intimidation, and marginalization—that make communities and individuals more fragile. Many community capacities to respond effectively to extremist violence—bonding capital, bridging capital, linking capital—can also be adapted to manage the shock of (re)integration. Likewise, community competence in the (re)integration of people disengaging from extremist violence can be used to prevent or counter extremist violence

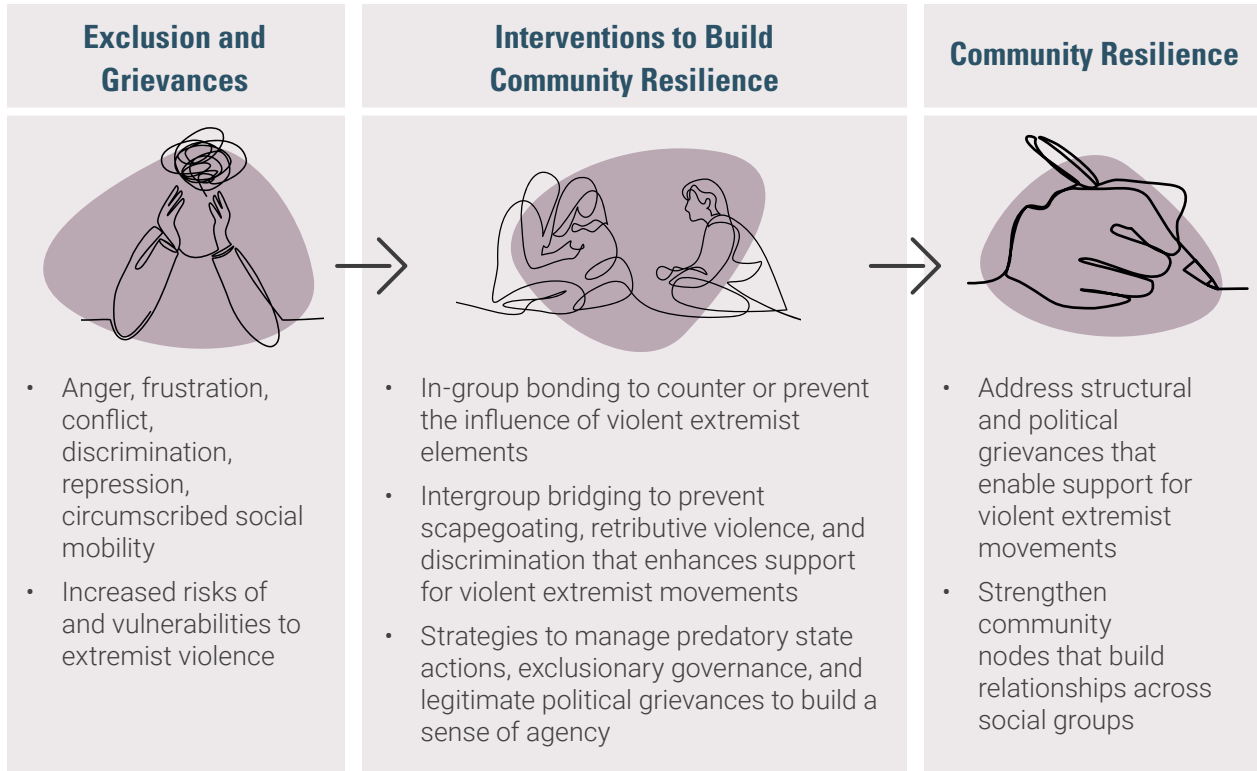
As shown in figure 6.1, the increase in social trust and cohesion between conflict groups can lower barriers to prosocial engagement by reducing perceived threats to identity groups.

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“People (re)integrating often do so in the same environment where their engagement in extremist violence began, interacting with the same social network and facing the same challenges that drove them toward violence.”

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**Figure 6.1. Building community resilience to extremist violence: A theory of change**



## KEY CONCEPTS

**Fragility** refers to a community’s lack of capacity to respond to, adapt to, manage, absorb, or survive stressful or disruptive events or shocks, due in large part to a lack of social trust in other groups and in public trust between government and citizens.

**Resilience of a community** refers to a community’s ability to respond to, adapt to, manage, absorb, or survive stressful conditions and disruptive events, or shocks, by fostering social trust between groups and public trust in institutions that can sustain their well-being.

**Resilience of an individual** refers to a state in which an individual has the abilities and necessary supports in the social environment to respond to, adapt to, manage, absorb, or navigate crises or severe change, relying on positive relationships, networks, and strategies for stress management and emotion regulation.

**Shocks** are unexpected crises and events that disrupt an individual’s or community’s ability to survive and flourish.



**Social capital** is the stock of tangible and nontangible resources—including networks of relationships, norms, and institutions—in a social unit that promote cooperation, belonging, connection, and identity and enable the effective functioning of a society.

**Social cohesion** is the sense of shared purpose, identity, and trust among members of a group or residents of a locality and the willingness of those members or residents to cooperate with one another in the advancement of the common good. Social cohesion can exist across several dimensions: *social bonding* involves connection between people who share an identity, as in a family; *social bridging* involves connection between people who are in different groups; *social linking* refers to connection between communities and governing institutions.

**Social movements** are sustained, organized, collective efforts that focus on some aspect of promoting fair and equitable distribution of wealth, opportunities, and privileges within a society.

**Stressors** are ongoing or chronic factors that increase fragility or vulnerability to extremist violence, such as political, economic, or social exclusion and discrimination.

**Well-being of a community** refers to the constellation of social cohesion, social capital, and health and resilience factors that enable people to flourish, fulfill their potential, and cope with shocks and stressors in constructive, healthy ways.

## WHY BUILD COMMUNITY RESILIENCE?

### Relationship to Extremist Violence

Why do some individuals and communities become vulnerable to extremist violence yet others do not? The answer lies in part with two broad sets of factors that help explain the relationship of resilience to extremist violence. The first set consists of chronic stressors such as persistent structural violence by the state or dominant political group, resulting in group or individual marginalization; systemic political corruption stripping targeted groups of agency, status, and belonging; and systematic exploitation of particular groups by political actors to maintain their political and economic power. The second set includes political, economic, social, and environmental shocks that can aggravate existing stressors and disrupt well-being and create new vulnerabilities. When traditional leaders sell communal lands for personal profit, people can experience an immediate shock of loss of status, agency, and well-being. When security forces commit extrajudicial killings, disappearances, and human rights abuses, the acute distress can cause people to lose faith in the state and its authority. Building resilience requires both *addressing stressors and sources of fragility* and *preparing for shocks*. Community conditions that allowed extremist violence to take root in the first place may make (re)integration more difficult if they continue to exist unaddressed. This module explores community resilience as a factor in preventing engagement or reengagement in extremist violence.

### ***Stressors, Fragility, and Extremist Violence***

Both fragility and resilience appear at societal, communal, familial, and individual levels. Earlier modules in this action guide focus on individual resilience. This module explores community resilience.

Research identifies a clear correlation between structural injustice and extremist violence. Grievances related to feelings of isolation, marginalization, and injustice, along with exposure to state-perpetrated violence, are significant motivations for mobilizing to engage or reengage in extremist violence.<sup>1</sup> Moreover, violent extremist groups typically recruit based on shared grievances, which are key contributors to *societal fragility*.



According to the Global Terrorism Index, the more that a society's policies and institutions socially and politically exclude and prey on some groups, the more likely it is that that a society will experience extremist violence.<sup>2</sup> Social divides and structural discrimination can contribute to engaging in extremist violence, which can affect people (re)integrating into communities that experience such divides and discrimination.

Modules 4 and 5 discuss the dynamics of in-group and out-group membership. Individuals who experience social and political exclusion may use violence in response to perceived marginalization, which they may experience as a form of humiliation or as an assault against and threat to their social identity and political rights. A person engages in extremist violence in response to this perceived or actual injustice, leading to a cycle of violence that reinforces in-group and out-group distrust and exclusion.

For example, perceived or actual Islamophobia and marginalization of Muslims, along with sometimes-repressive security policies that target Muslim communities, may engender frustrations that contribute to an individual's rejoining a violent extremist movement. In turn, this pattern of recruitment could reinforce perceptions that Muslims are threats, reciprocally amplifying Islamophobia and driving up engagement in anti-Muslim extremist violence.

Social and economic exclusion also contribute to *communal fragility*, which reduces a community's capacity to organize across conflict lines, making discrete communities within a broader society more vulnerable to extremist violence. A community that discriminates against some of its members and uses us-versus-them narratives will likely generate grievances related

to exclusion. Violent extremist groups may draw on these grievances in their recruitment. Individuals experiencing discrimination and marginalization may look to violent extremist groups for a sense of belonging, agency, and identity that they cannot find in the mainstream of their communities. Counternarratives crafted by governments, security forces, or the mainstream media cannot build resilience to violent extremist groups' recruitment narratives if those narratives articulate legitimate grievances against the state.<sup>3</sup>

### ***Shocks and Extremist Violence***

A complex ecology of political, social, environmental, and economic shocks or crises can make (re)integration more difficult, especially as they interact with existing stressors. Fragility often diminishes a community's ability to respond to shocks, and grievances can accumulate in the absence of resilience factors that could mitigate adverse effects of shocks. This does not mean that these shocks cause extremist violence. Instead, these shocks can exacerbate existing fragilities or create new fragilities and reduce community resilience. Shocks may make (re)integration more difficult or even may contribute to more vulnerability to mobilization into extremist violence.

For example, dispossessing people of their land is an example of an *economic shock*. A natural disaster or pandemic that reinforces existing inequalities can also create economic shocks.

*Security shocks* such as a violent attack by government forces or a terrorist attack that targets a specific group or results in retributive violence can also increase vulnerability to engaging in violent behaviors.

*Information shocks* include false, deceptive, and us-versus-them narratives that may seek to dehumanize or fuel violence between groups.

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“Counternarratives crafted by governments, security forces, or the mainstream media cannot build resilience to violent extremist groups' recruitment narratives if those narratives articulate legitimate grievances.”

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Examples of *corruption shocks* include political leaders engaging in corrupt practices that strip certain groups of their livelihoods and status within the community. For instance, traditional leaders who exploit communal land regulations to profit from land sales that dispossess community members create a corruption shock.

State predation occurs when an elite class exploits state institutions meant to address collective needs in order to extract community wealth and resources. *Political shocks* occur when pillars of government—political parties, institutions of justice, and so forth—are co-opted to prey on, discriminate against, or scapegoat particular groups (ethnic and religious groups, youth, women) to maintain elite political or economic control. This erodes faith in state authority. Support for violent extremist movements can increase because they offer the dispossessed opportunities for social or economic mobility and to express agency to address these grievances.

Climate change, migration, and the COVID-19 pandemic are examples of *social shocks* that can disrupt communities. Such shocks often interact with other kinds of shocks. For example, climate changes in Central America and North Africa are increasing migration to the United States and Europe, and some political elements have driven disinformation campaigns that misplace blame for complex challenges such as scarcity of resources, public services, and jobs on these migrants. In some areas, white supremacist violent extremist groups recruit new members with these anti-immigrant narratives. In these communities, it may also be more difficult to shield people of color because of growing white supremacist threats against them. Likewise, research suggests that the COVID-19 pandemic has fueled trauma, isolation, uncertainty, health inequities, and grievance narratives that could increase vulnerability to extremist violence.<sup>4</sup>

Although these shocks do not cause extremist violence, they can weaken community resilience by aggravating many of the risk factors for extremist violence while weakening protective factors that facilitate social connection.



## Relationship to RISE

In this action guide, resilience describes the ability of communities and society to respond to sources of fragility, stressors, and shocks in ways that support people (re)integrating after extremist violence. This module describes the factors that make communities vulnerable to mobilization into extremist violence and narratives and how communities on the front lines of resisting extremist violence are organizing against these pressures. Similarities between how communities successfully manage the shock of (re)integration, and how communities are collectively resilient to the shock of violent extremist coercion and violence are numerous. The relationship between community resilience to extremist violence and RISE can take three forms, with resilience acting as a shield, as a connection, and as transformation.<sup>5</sup>

### ***Resilience as Shield***

When communities are resilient, they tap into and strengthen existing networks of trust that bond and bridge groups for collective action against the specific threat of extremist violence. Extremist violence is perceived as a common menace necessitating mobilization across many groups. Resilient communities do not blame or stigmatize a particular group. The community proactively shields or protects the most vulnerable with activist strategies, such as community monitoring networks, engagement with local government and security officials to organize protection, and the promotion of positive narratives that enable people to view their identity with a sense of pride while recognizing the benefits of learning from other cultural groups. Cultural identity and cultural heritage provide meaning and belonging through beliefs, traditions, celebrations, and norms.

In many polarized societies, violent extremist groups mirror the us-versus-them and good-versus-evil narratives used by state and community leaders. Resilient communities seek to transform mainstream narratives that marginalize, or “other,” certain groups. Rather than countering extremist narratives, a transformative approach to resilience seeks to model positive narratives of community inclusion. Mechelen, a city in Belgium, preempts social alienation with inclusive programs for youth and families and the use of public narratives to foster a sense of unity and cohesion.

Resilience as a shield also includes the ability to mobilize resources quickly and effectively to help the most vulnerable members of a community faced with stressors and shocks. For example, stockpiling foods, creating mutual support groups, and saving money can help shield communities and community members from the worst consequences of a pandemic, political coup, or natural disaster. Communities with existing networks that include a diverse array of community members and groups to respond to crises can often adapt these response networks to other shocks, such as extremist violence.

**Resilience as Connection and Social Cohesion**

Community members who are more vulnerable to mobilizing to engage in extremist violence may be more resilient against extremist violence if they can develop a strong sense of connection to their communities. Resilient communities have greater social cohesion and more social capital than communities that are fragile or more vulnerable to division and extremist violence. Social capital is a term describing the networks that allow individuals to access tangible and intangible resources. According to the United Nations' definition, "Social cohesion is the extent of trust in government and within society and the willingness to participate collectively toward a shared vision of sustainable peace and common development goals."<sup>6</sup> Social cohesion and social capital can increase trust, reduce fear, and open communities to (re)integration.

A study of societal resilience in the face of terrorist attacks found that countries with high levels of horizontal social trust between groups and of vertical trust between governments and the public were less likely to be fearful after a terrorist attack.<sup>7</sup> Fear can deepen social divides, prevent prosocial engagement, and harden communities against reconciling with people (re)integrating. The European Commission's 2016 report on violent extremism describes societies that are resilient to extremist violence as those that "combat social exclusion and discrimination and promote social justice and protection."<sup>8</sup>

An individual who feels Included and has relationships with diverse groups is more resilient than someone who feels isolated. A family that has robust and healthy ties among its members is more likely to be resilient than families whose members are unable or unwilling to support one another. A community or society that fosters cross-cutting ties between social groups and actively resists us-versus-them narratives that target and dehumanize some groups is more likely to be resistant to extremist violence, to prevent other forms of fragility, and to recover from shocks.

**Do No Harm**

Shielding people from exclusion or discrimination is an important element of resilience. However, counternarratives that aim to shield people from hearing narratives that are critical of the state or community leaders may be ineffective. Extremist narratives often express legitimate grievances against political, economic, and social exclusion. The source of fragility and extremism might be the social order itself. Resilience requires political action to reduce such exclusion, not to hide people from narratives that describe it.\*

\* William Stephens and Stijn Sieckelinck, "Being Resilient to Radicalization in PVE Policy: A Critical Examination," *Critical Studies Terrorism* 13, no. 1 (2020): 148–156; Scott Atran, *Talking to the Enemy: Faith, Brotherhood, and the (Un)Making of Terrorists* (New York: HarperCollins, 2010).

Social trust and cohesion exist when a community or society

- shares fundamental values in the inherent human dignity of all people;
- encourages trusting relationships between people who belong to different identity groups through engaging in dialogue and collective problem-solving (also called *horizontal* or *bridging* social capital);
- takes action to speak out against or prevent violence; and
- empowers people to influence public institutions that serve diverse groups equitably and demonstrates that public goods such as safety, healthcare, and education are accessible (also called *vertical* or *linking* social capital).

### ***Resilience as Transformation***

Resilient communities provide opportunities for people to have agency and build capacity for transforming the stressors and fragilities that violent extremist movements exploit.

Extremist violence is just one manifestation of structural injustice. Systemic inequities can also play a part in driving violent conflict, communal violence, health outcome disparities, economic inequality, poverty, interpersonal violence, intimate partner violence, crime, harmful substance use, and self-harm. Government policies that discriminate or encourage political, economic, or social exclusion are significant drivers of extremist violence and other forms of violence. Resilient communities empower their members to address root causes rather than symptoms. It may be difficult or impossible to reduce any form of violence without addressing structural injustices.

Exposure to political violence is another factor that creates wells of support for violent extremist movements. Communities that organize election violence monitoring and response processes are able to reduce the level of violence around elections and overall. Citizen–security force dialogues that create channels of communication and trust can moderate police and military interactions, introduce broader ideas of human security, and improve community monitoring of and response to state-sponsored violence and intimidation.

Resilient communities seek to transform rather than accept, adapt to, or withstand social, political, and economic exclusion and violence that puts them at risk for exploitation by violent extremist forces. Many of the capacities and strategies that communities adopt to prevent or resist violent extremist mobilization, incursion, or entrenchment are applicable to community approaches to RISE. Community activism that protects at-risk individuals from engaging in extremist violence also addresses the dynamics that trap people into remaining engaged in extremist violence. A community that can tap into reservoirs of trust and cohesion to organize collective strategies and actions to resist the appeal of violent extremist movements, reject the stigmatization of individuals

and groups in the community, and stop retributive violence after a terrorist attack can adapt these capacities to core activities of RISE on stigmatization and social belonging. Addressing the structural, economic, and political grievances that violent extremist movements exploit transforms community conflict dynamics and establishes important linkages between extremist violence prevention and mitigation programs with disengagement, rehabilitation, and (re)integration.

## Gender Considerations



Strengthening community resilience to extremist violence requires a clear-eyed assessment of the risks of extremist violence to specific individuals and groups. Extremist groups manipulate gender identities to mobilize supporters for their efforts to establish alternative political orders violently. Yet many programs that address women's and men's roles in violent extremist groups and attempt to counter gender-based violent extremist appeals are consistently reductionist. They make stereotypical assumptions of women as victims or peacebuilders and typically cast men as violent actors and perpetrators. As a result, P/CVE and (re)integration strategies and programs often underestimate the power of violent extremists organizations' gendered approaches to strengthening the cohesion of their group and its ability to exercise violence.

Recent research has advocated for a better understanding of gender and extremist violence in order to enhance policy and programmatic interventions. Strategies to strengthen community resilience to extremist violence must deeply integrate gender in order to shield members from effective mobilizations that promise transformative gendered roles; to strengthen social cohesion with a more nuanced understanding of the roles women play not only in preventing extremist violence but also in affirming and supporting violent extremist movements; and to transform local conflict dynamics by addressing their intersectional impacts (women and ethnic, socioeconomic, and generational identities) that are creating openings for violent extremist groups to mobilize and recruit.\*

\* Sara Mahmood, "Negating Stereotypes: Women, Gender, and Terrorism in Indonesia and Pakistan," in *Perspectives on the Future of Women, Gender, and Violent Extremism*, ed. Audrey Alexander (Washington, DC: George Washington University, 2019), 11–21, <https://extremism.gwu.edu/sites/g/files/zaxdzs2191/f/Negating%20Stereotypes-%20Women%20Gender%20and%20Terrorism%20in%20Indonesia%20and%20Pakistan.pdf>.



## HOW TO BUILD COMMUNITY RESILIENCE

### Planning and Design Considerations

Community participation is key to designing culturally relevant programs to foster resilience. As detailed throughout this action guide, the participation of diverse members of a community is important because people may see different ways to improve resilience based on their personal experiences. Community members may brainstorm and prioritize an action plan to determine how they might best build resilience at the individual, family, community, and societal levels.

Among the questions that local people can consider as they begin to draw up plans are the following:

- What does resilience look like in the local context?
- What capacities and strategies have communities used to address community shocks and stressor in the past?
- Has the community been able to adapt these responses to other, different shocks?
- What types of resilience might be critical to preventing or resisting extremist violence? Can these resiliencies be strengthened?
- What are possible indicators of resilience to extremist violence? How might the community gather information to measure the indicators?
- What stressors and conflict dynamics in the community undermine its resilience capacities and activities?
- What types of violent and extremist crises or shocks might occur in the local context?
- What types of vulnerabilities might affect the openness of the community receiving people (re)integrating?

Given that resilience can manifest across societal, communal, familial, and individual dimensions, programs should assess the entire social ecology of target communities to identify entry points that can be leveraged to build resilience. To do so, programs should begin with an assessment of the available positive community resources that could represent resilience factors. Such resilience factors may be at the individual, familial, communal, or societal levels. Rather than predesigning programs that rely on potential assets that some communities may not have, program designers should identify existing assets and shape programs that consider local realities, are culturally congruent, are strength based, and do not rest on potentially false assumptions.<sup>9</sup>

Once positive community resources are identified, programs can map the transactions and interactions that exist among those factors to identify leverage points that can influence multiple dimensions simultaneously; targeting these nodes can amplify program impact. Moreover, program designers should use the results of this mapping exercise to make sure the constellation of activities included in a program cover every level of the social ecology. For example, community-

based trauma recovery programs can build resilience at the individual level as well as at the communal level, by increasing community capacity to address collective traumas. Likewise, stigma-reduction programs can result in improvements at the individual level by reducing self-stigma, at the communal level by reducing prejudice and improving social cohesion, and at the structural level by influencing the development of more inclusive policies. A program that includes a combination of collective action campaigns to change policies, steps to build spaces to celebrate and share cultural identity, employment training and livelihood components, and community-based behavioral health services builds resilience across societal, communal, familial, and individual levels of the social ecology.<sup>10</sup>

### **Interventions and Activities**

Building community resilience requires diverse efforts to reduce vulnerabilities and risks while promoting protective experiences and conditions that support connection and transformation.<sup>11</sup> The more sources of resilience that an individual, family, community, or society has, the less likely that it will be vulnerable to extremist violence or the overall erosion of community cohesion during a shock or crisis. Interventions can help foster all three forms of relationships between resilience to extremist violence and (re)integration.

#### ***Interventions That Protect and Shield***

Interventions can strengthen the sources of resilience that help protect people from reengaging in extremist violence by protecting people from us-versus-them narratives that separate an in-group from an out-group.

***Building spaces for cultural identity and belonging.*** Community leaders can build community resilience by celebrating cultural identities while reaffirming that “everyone belongs.” Violent extremist groups offer a sense of belonging and provide solidarity for individuals who are often accustomed to facing humiliation, discrimination, or marginalization. Interventions that include workshops, dialogues, public education events,

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“Community-based trauma recovery programs can build resilience at the individual level as well as at the communal level, by increasing community capacity to address collective traumas.”

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outreach, advocacy, and awareness-raising campaigns can create opportunities to develop and offer compelling narratives of identity, belonging, and working together toward a nonviolent vision of a better world, society, or community. In Nigeria, for example, research found that trusted authorities such as religious leaders can be effective messengers for promoting peace.<sup>12</sup>

**Fostering a sense of agency.** People may join a violent extremist movement to express agency. Resilient individuals, families, and communities need to provide alternative, nonviolent ways for people—especially those from marginalized groups—to express agency. Agency refers to power to influence a situation. Interveners can conceive of agency as a core element of all programming by asking whether a program increases a sense of agency to work toward a nonviolent vision for a better world. For instance, programs that promote nonviolent movements or civic engagement opportunities may present nonviolent opportunities for people to express agency to address grievances.<sup>13</sup>

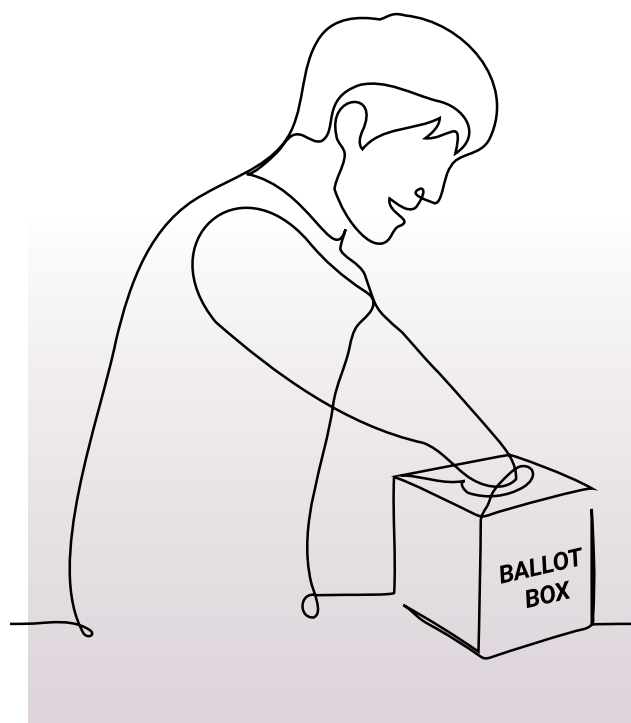
### **Interventions That Build Connection**

Other interventions can strengthen the sources of resilience that bridge social divides and build social cohesion, enabling communities and societies to equitably ensure well-being for all.<sup>14</sup>

**Strengthening family bonds.** When people have strong relationships within their family and between their family and other families, they may be able to support one another, which can be a source of resilience. In some contexts, extremist violence spreads within the family. As with any of these interventions, family bonding may not be enough by itself to foster resilience, but family support programs can offer useful education and valuable resources to families seeking to prevent members from supporting or engaging in extremist violence.

### **Bridging relationships and social trust.**

Meaningful relationships between people from different identity groups can be a source of resilience. For example, one study of intercommunal violence in India found that communities with institutionalized systems that supported conflict transformation and



peace could respond to shocks without resorting to violence.<sup>15</sup> Another study in communities vulnerable to extremist violence in Kenya found bridging structures to be valuable.<sup>16</sup> A third study comparing communities that were resilient to violence with those that were not found that communities with strong intragroup relationships were more likely to work together to analyze a given situation, strategize together, and respond using transparent and inclusive processes. These communities were resilient because they could innovate together a response to a shock such as violence. They organized early warning signals and maintained community life by adapting to the changing circumstances.<sup>17</sup> In Mali, researchers found that communities built social capital through public games in informal clubs where members practiced equity and reciprocity in face-to-face regular interactions with diverse members of the community.<sup>18</sup> Interveners can help create public spaces that foster intergroup relationship building. Community decision-making forums that practice equity in the process of distributing resources can be developed to help foster resilience through connections that build a bridge between identity groups and nurture social trust.

***Providing sustainable employment.*** Job training and livelihood creation programs are often an element of preventing and countering extremist violence efforts because they offer financial and social integration and support agency in the community and in individuals' own lives. Researchers warn against simplistic understandings of employment, however. In some cases, no correlation is found between job status and support for political violence.<sup>19</sup> As module 4 notes, employment programs for people (re)integrating can stoke resentment in affected communities, where they can be perceived as a form of special treatment; the level of resentment is likely to be especially high in communities where other community members experience unemployment or underemployment. Rather than providing employment for the sake of employment, developing "virtuous enterprises" that aim not only to provide employment but also to cultivate among workers a sense of meaning, belonging, and connection can transform workplaces into sites for intergroup social cohesion and prosocial interactions critical to resilient communities.<sup>20</sup>

***Supporting civic engagement and community service.*** When people are involved in activities to improve their community, such as local community organizations, mutual support groups, sports clubs, business associations, and labor unions, this can be a source of resilience. Interventions to support civic engagement may help build trust across identity groups and illustrate that collective action can help build resilience, address grievances, and improve people's lives. Mercy Corps conducted two studies in Somalia on whether education reduces support for and engagement in violence. Both studies demonstrated the importance of civic engagement, and despite some differences in their findings, a consistent result was that education combined with opportunities for civic engagement reduced support for violence. In Somaliland, this combination also decreased engagement in political violence. One explanation for this decline is that youth gained skills with which to engage their communities and governments to affect change.<sup>21</sup>

**Creating communication channels.** When people have a way of communicating during a crisis, they are better able to share information, make collective decisions, and take collective action, which can be another source of resilience. For example, a community might start a weekly forum for intergroup dialogue at the town meeting space or online. Facilitators can help set an agenda for dialogue that might help a community respond quickly in the face of a shock or respond insightfully to shared grievances. Establishing an ongoing forum for community-police dialogue, for example, can help build an enduring communication channel that will help a community address grievances related to policing or safety issues.

### **Interventions That Foster Transformation**

A third category of interventions can strengthen the sources of resilience that enable communities to address legitimate grievances and transform violent conflict into dialogue or cooperation.

**Designing inclusive narratives.** In polarized communities, both violent extremist groups and mainstream leaders rely on good-versus-evil or us-versus-them narratives that can dehumanize and marginalize groups. To address the pervasive social problems that such narratives can cause, community leaders can develop their own shared metaphors and terms to signal community inclusion and narratives that emphasize common ground. It is important for communities to demonstrate those narratives by strengthening social institutions—such as places of worship, schools, community centers, and public spaces—that are inclusive and bring together an array of social groups.

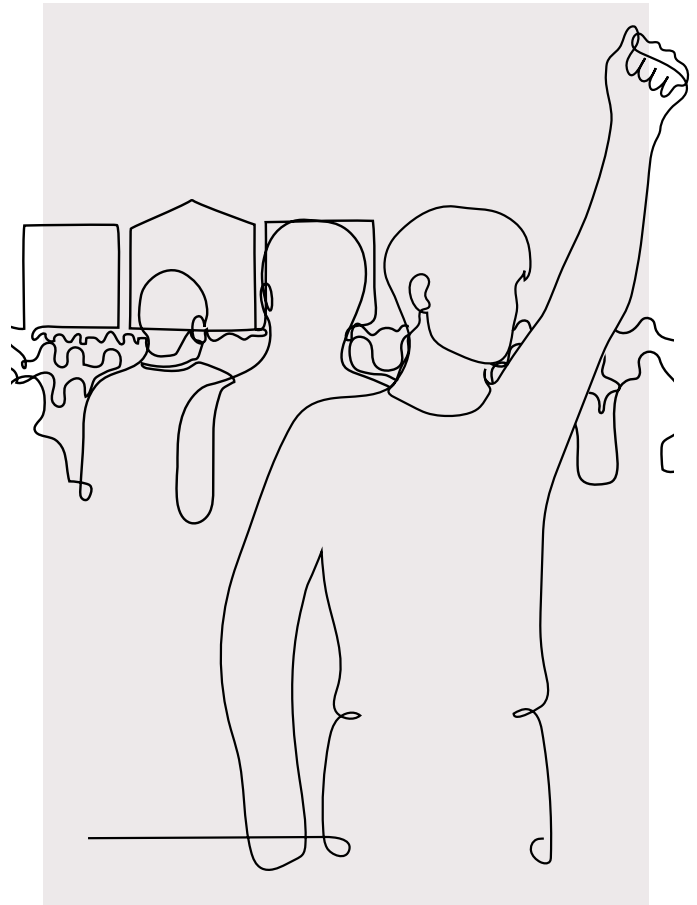
**Teaching flexibility, innovation, and adaptation.** Communities with adaptive leaders can help facilitate resilience by facilitating creative problem-solving to respond to shocks, inviting diverse people to help assess the costs and benefits of different options, and reaching out to bridge divides with other identity groups.<sup>22</sup> Training in adaptive leadership skills could help community leaders to be more resilient to shocks.

**Taking collective action.** People's believing that they have the power to effect change in their lives can be a source of resilience, especially when people act together. Collective action refers to people's decision to act not just as individuals but also in coordination with others to change their collective circumstances. Research in Iraq found that communities were resistant to recruitment by sectarian groups when citizens were able to self-organize and work together toward a common purpose.<sup>23</sup> Research in Somalia found that a program that helped people work together to address injustice and grievances against the government correlated with reduced support for extremist violence. The reduction in support of violence was related to an increase in responsiveness from the government.<sup>24</sup> Research in Kenya also found that community competence—the ability of a community to use collective action to respond to a shock by, for example, tapping into its economic resources or organizing a peace march to send a message to the government—helped it to be resilient to extremist violence.<sup>25</sup>

Nonviolent movements that can offer people a sense of belonging and identity, as well as a mission to achieve justice for some greater social good, may be an effective way to build resilience while addressing some of the psychosocial needs of people (re)integrating. Grievances against the state often contribute to extremist violence, and people who engage in extremist violence are often looking for a sense of agency and empowerment to address structural forms of violence. Individuals who join violent extremist movements are also often in search of a sense of belonging and a new group identity.<sup>26</sup>

Political activism and social movements can help address these dynamics.<sup>27</sup> First, social movements can catalyze more just and inclusive forms of governance. Social movements can help address government corruption or policies that marginalize certain groups in society. For example, in Brazil, a social movement highlighted government corruption and was able to pressure the parliament to pass new laws preventing corrupt politicians from running for office.<sup>28</sup> Second, social movements provide a sense of empowerment. “People power” refers to the ability of individuals to work together to overcome military or economic forms of power through collective action. Tactics such as economic boycotts, strikes, and candlelight vigils leverage mass action. Third, social movements provide a sense of belonging, identity, and meaning. Using symbols such as a flag, a fist in the air showing resistance, or the yellow umbrellas that were a hallmark of Hong Kong’s social movement in 2014, social movements offer people an opportunity to feel part of something much larger than themselves. Training in nonviolent action and social movements might provide communities with ideas for what kinds of activities to undertake to address grievances and build community resilience.

**Engaging the state.** A key factor in individual mobilization into extremist violence is the actions of the state—particularly state repression.<sup>29</sup> Similarly, a strong correlation has been established between political corruption and countries with high levels of extremist and political violence, even while the specific nature of this relationship remains in need of further study.<sup>30</sup> Communities that are resilient to extremist violence often have developed methods for moderating heavy-



handed state responses, created relationships of trust and communication with local and national government officials, and established institutions and processes for citizen-government engagement on preventing and countering violent extremism (P/CVE). Linking capital is thus a core component of community resilience, strengthening and improving governance locally and nationally. In Kenya, in line with political reforms to devolve power to local governments for the prevention of large-scale violence, the National Counterterrorism Center has mandated the development of county-level P/CVE action plans. The involvement of local communities and governments recognizes that all communities experience the threat of extremist violence differently and that civil society organizations and local governments, working together with the national government, are critical for adaptive and context-sensitive responses.<sup>31</sup> Other governance-focused programs have supported the development of local government P/CVE strategies, which encourage citizen engagement on government mandates, policy frameworks, and the necessary institutional infrastructure to support them.<sup>32</sup> Parliamentarians from a range of contexts globally have recognized the importance of their role in advancing victim-centered policies and programs and have gathered internationally to promote model legislation for the protection and support of victims and survivors of terrorism.<sup>33</sup>

### Do No Harm



In places where dissent is violently repressed or security forces have a history of abusing nonviolent movements, programs should consider alternative methods for the expression of agency that do not put participants at risk of harm.

## Monitoring and Evaluation

A variety of research tools are available to measure and evaluate whether resilience is increasing or decreasing. For example, Everyday Peace Indicators, an organization that works with communities to generate their own indicators of complex ideas and concepts, asks communities to assess what extremist violence, resilience, and peace mean to them and guides the development of indicators based on local knowledge, experience, and conceptions of well-being.<sup>34</sup> The BRAVE Research Tool is a self-reporting measure using a five-point scale that runs from “strongly disagree” to “strongly agree” to assess different categories related to resilience. Community organizations can promote the use of this tool to identify vulnerabilities.<sup>35</sup> COSA, the Committee on Sustainability Assessment, has developed a series of indicators that measure resilience during shocks, particularly shocks produced by conflict or climate change.<sup>36</sup> The Building Regional Resilience Indicators measure resilience at the societal level.<sup>37</sup> Community indicators include how much people communicate and relate to one another across social identity groups. Societal indicators include measures of economic inequality and civic participation. One way to measure resilience is to compare the speed at which a community and society can recover from shocks. For example, a community that can quickly organize itself to provide food and water to all its members after an attack by

government forces is more resilient than a community that does not have the relationships in place to organize these services. A society that responds quickly to hold abusive security forces accountable for such an attack is more resilient than one that does not.

Even though the response to shocks cannot be part of an M&E plan, because it is impossible to know whether and when a shock will happen, it is possible to learn how communities respond to shocks if they do occur. Accounting for shocks often requires donors to be flexible in funding research and researchers to be able to return to a community in which an intervention has taken place after a shock has happened. This type of analysis is difficult to conduct in the absence of a comparative example of communities that did *not* receive that intervention. In a case in north central Nigeria, the extent to which communities involved in an eighteen-month peacebuilding program were able to cope with a conflict shock became evident only after those communities were compared with communities that had suffered the same conflict shock but had not experienced the peacebuilding intervention.



## EXAMPLES

### Supporting People (Re)integrating in Indonesia

In Indonesia, the civil society group Yayasan Prasasti Perdamaian (International Peace Building) offers holistic support to families (re)integrating after extremist violence. Noor Huda Ismail, who started the organization in 2008, disengaged from his own experience with extremist violence. Ismail wanted to show that it is possible to help people disengage and reconcile with their communities through a peacebuilding approach rather than by relying on prison or violent counterterrorism approaches. Ismail states, “No one is born a terrorist; they are shaped by the people they associate with and the culture that surrounds them. . . . Most terrorists are driven by the need for friendship and meaning, and if they can’t find that when they leave prison, they will regroup and go back to their old ways.” Ismail started a restaurant called Dapoer Bistik (Beefsteak Kitchen) that employs more than a dozen people (re)integrating after extremist violence.<sup>38</sup> Individuals in the program report increased self-respect and dignity, which helps them with prosocial behaviors and attitudes, including shifting their perceptions of other groups and feeling part of the wider community.<sup>39</sup> The program includes trauma healing therapy, dialogue among people (re)integrating, communication skills training, and employment support to foster entrepreneurship with day-to-day coaching and start-up funding.<sup>40</sup> The program also works with the wives and families of people (re)integrating, offering an average of \$500 to help women start their own businesses. In a society in which family kinship ties are culturally important, such family support may help the broader family system be resilient in terms of reconnecting with the community.<sup>41</sup>

### Improving Trust in Uganda

A Ugandan-based NGO, United Religious Initiative–Great Lakes, ran a project called Building the Capacity of Religious and Community Actors in the Rehabilitation and Reintegration of Violent Extremist Offenders and Returning Foreign Terrorist Offenders in Uganda. The project aimed to improve social trust between security personnel and local community and religious leaders as they attempted to address the needs of community safety and people (re)integrating after extremist violence. The project facilitated community dialogues that emphasized the need to support families and communities during (re)integration processes. Participants became less mistrustful of each other than they had been before the project and demonstrated more enthusiasm for reconciliation and a greater willingness to listen and learn about the complex factors related to extremist violence.<sup>42</sup>

### **Strengthening Governance Capacity in Indonesia**

The Indonesian Muslim Crisis Center (IMC2) was initially associated with the Ministry of Human Rights and Law through another NGO intermediary, but has now transitioned to an independent, partnered relationship with the attorney general and local courts. It monitors the activities of local courts and encourages their adherence to human rights and justice by advocating for and providing legal assistance to those accused of terrorist acts. The organization, which is youth-led, also works with families and communities targeted by violent extremist groups to prevent mobilization while also (re)integrating people who have disengaged from extremist violence. Taken as a whole, its work advances democratic governance and respect for human rights in Indonesia.<sup>43</sup>

### **Building Resilience in Mechelen, Belgium**

Some cities in Belgium saw high numbers of immigrants travel abroad to join ISIS in 2014–16. But not the city of Mechelen. Mechelen's mayor recognized that young immigrants often felt isolated and marginalized. He set out to strengthen social cohesion within the city through youth programs, in-school programs, family support, and urban planning to help immigrants to feel welcome in all areas of their life. For example, the town created new youth centers and other public spaces where people of different ethnic backgrounds could mix socially and connect with one another.<sup>44</sup>

### **Building Social Cohesion in the Philippines**

In the Philippines, the civil society organization Balay Mindanaw developed a program called Advancing and Sustaining Good Governance and Community Action toward Resilience and Empowerment for people disengaging from the violent extremist group Abu Sayef.<sup>45</sup> The program, which was launched in 2017, offered participants family support, trauma recovery, mental health support, training in agricultural skills, and religious education. It also introduced the individuals disengaging to local government officials to begin to build trust and relationships.<sup>46</sup> Balay Mindanaw also trained military leaders in peacebuilding, which helped them develop a “peace lens” for responding to extremist violence in the region.<sup>47</sup>

## RESOURCES

### ***SNAP: Synergizing Nonviolent Action and Peacebuilding—An Action Guide***

**United States Institute of Peace, 2019**

[www.usip.org/publications/2019/04/snap-synergizing-nonviolent-action-and-peacebuilding](http://www.usip.org/publications/2019/04/snap-synergizing-nonviolent-action-and-peacebuilding)

This action guide seeks to build bridges between peacebuilding and nonviolent action practitioners so that methods are used strategically and effectively on the path toward conflict transformation. It shows how dialogue, direct-action skills, and other approaches for nonviolent movements can be synergized to advance justice and sustainable peace. This guide is designed for trainers, facilitators, and other practitioners serving the many organizers, activists, mediators, negotiators, and peacebuilders who want to learn more about how to integrate nonviolent action and peacebuilding strategies in their work.

### **“Strengthening Social Cohesion: Conceptual Framing and Programming Implications”**

**United Nations Development Programme, 2020**

[www.arabstates.undp.org/content/rbas/en/home/library/Dem\\_Gov/strengthening-social-cohesion--conceptual-framing-and-programmin.html](http://www.arabstates.undp.org/content/rbas/en/home/library/Dem_Gov/strengthening-social-cohesion--conceptual-framing-and-programmin.html)

This document provides knowledge and practical guidance about assessing and designing effective social cohesion programs and projects by identifying challenges, risks, and dilemmas, and implications for programming. It explores ways in which social cohesion assessments methodologies and measurements can be developed and adapted for different settings. Theories of change in social cohesion programming are explored and critically assessed and practical considerations are offered to guide more impactful, more integrated policy and programming at different levels of engagement.

### **“Harnessing Local Sources of Social Cohesion in Niger”**

**USAID, REAL, and Mercy Corps, 2021**

<https://www.mercycorps.org/sites/default/files/2021-04/HarnessingLocalSourcesofSocialCohesionNiger.pdf>

This brief seeks to improve programming by using baseline survey data from USAID’s “Preventing violent Extremism Actions through increased social Cohesion Efforts” (PEACE) program in the Tillabéri region of Niger to examine which factors contribute to local-level variations in social cohesion. The survey measures six dimensions: trust, tolerance, inclusion, cooperation, interactions between groups, and collective action. Additionally, the survey analyzes contextual factors—such as governance, the participation of women and youth in conflict management and peacebuilding, and patterns of peace and security within the community—that are associated with variations in local social cohesion.

## **“Social Capital and Social Cohesion Measurement Toolkit for Community-Driven Development Operations”**

### **Mercy Corps and the World Bank Group, 2020**

[https://collaboration.worldbank.org/content/sites/collaboration-for-development/en/groups/community-driven-development-global-solutions-group/documents.entry.html/2020/04/03/social\\_capital\\_and-social-cohesion-measurement-toolkit-for-community-driven-development-operations](https://collaboration.worldbank.org/content/sites/collaboration-for-development/en/groups/community-driven-development-global-solutions-group/documents.entry.html/2020/04/03/social_capital_and-social-cohesion-measurement-toolkit-for-community-driven-development-operations)

The purpose of this toolkit is to facilitate the measurement of social capital and social cohesion, particularly in the context of evaluating community-driven development programs in settings affected by fragility, conflict, migration, and forced displacement. The toolkit is designed to measure the multiple underlying dimensions of each concept and to be easy for evaluators and researchers to use.

## **The Building Resilience Against Violent Extremism (BRAVE) Measure**

### **Resilience Research Centre**

<https://brave.resilienceresearch.org>

This brief questionnaire tool can be used to assess risk and protective factors for young people’s resilience to extremist violence. The BRAVE gives an overall measure of an individual’s resilience to violence extremism. It also provides scores across five domains important to resilience to extremist violence: cultural identity and connectedness, bridging capital, linking capital, violence-related behaviors, and violence-related beliefs.

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### Thematic Advisers

**Theresa S. Betancourt, ScD**

Director of the Research Program on Children and Adversity, Boston College

**B. Heidi Ellis, PhD**

Director of the Trauma and Community Resilience Center, Boston Children's Hospital

**Nafees Hamid, PhD**

Senior Research Fellow, International Centre for the Study of Radicalisation, King's College London

**Kim Hartog**

Researcher on Stigma Reduction, War Child Holland

**Tarela Ike, PhD**

Lecturer in Criminology and Policing, Teesside University

**Brandon Kohrt, MD, PhD**

Charles and Sonia Akman Professor of Global Psychiatry, The George Washington University

**Rebecca Littman, PhD**

Assistant Professor, University of Illinois Chicago

**Jaremey McMullin, PhD**

Senior Lecturer, University of St. Andrews

**Salma Moussa, PhD**

Assistant Professor of Political Science, Yale University

**Lauren Van Metre, PhD**

Director for Peace, Climate and Democratic Resilience, National Democratic Institute

**Stevan Weine, MD**

Director of the Centers of Global Medicine and Global Health, University of Illinois Chicago

**Rebecca Wolfe, PhD**

Senior Lecturer, University of Chicago



## Workshop Participants

**Aynabat Atayeva, MD**

United Nations Office of Counter-Terrorism,  
International Hub for Behavioral Insights to  
Counter Terrorism

**Fatima Akilu, PhD**

NEEM Foundation

**Hamsatu Allamin**

Allamin Foundation for Peace and Development

**Fatima Azam**

Clinical Psychology Registrar

**Luljetta Berisha Gollopeni**

Kosovo Rehabilitation Centre for Torture Victims

**Mia Bloom, PhD**

Georgia State University

**Klubosumo John Borh**

Network for Empowerment and Progressive  
Initiatives

**Gladys Faddy Canogura**

Kitgum Women Peace Initiative

**John Caulker**

Fambul Tok

**Ora Musu Clemens**

Creative Associates International

**Andrew Craig**

International Organization for Migration

**Emmanuelle Crane, PhD**

Université de Paris

**Celina de Sola, MSW, MPH**

Glasswing International

**Kyle Dietrich**

Equal Access International

**S. Benedict Dossen**

The Carter Center

**Mehreen Farooq**

Counterpart International

**Graziella Fourez, PhD**

Université Saint-Louis—Bruxelles

**Debora B. Freitas López**

University Research Co., LLC

**Ali Gohar**

Just Peace Initiatives UK-Pakistan

**Ghayda Hassan, PhD**

Université du Québec à Montréal

**Tabea Hässler, PhD**

University of Zurich/University College Dublin

**Lisa Inks**

Mercy Corps

**Vivian Khedari DePierro, PhD**

Beyond Conflict

**Sharon Kniss**

United States Institute of Peace

**Sabrina Laribi**

United States Institute of Peace

**Cheryl Lubin, JD, PhD**

California Department of Corrections and  
Rehabilitation

**Josh Martin**

Beyond Conflict

**Rev. Gary Mason, PhD**

Rethinking Conflict

**Jesse Morton**

Parallel Networks

**Hollie Nyseth Nzitatira, PhD**

The Ohio State University

**Rowda Olad, PhD**

Mandeeq Mental Health

**Siobhan O’Neil, PhD**

United Nations University

**Stefania Paolini, PhD**

University of Newcastle

**Jacqueline Parry, PhD**

International Organization for Migration

**Kristina Pecora, PsyD**

United States Institute of Peace

**María Elisa Pinto-García**

Prolongar Foundation

**Mossarat Qadeem**

PAIMAN Alumni Trust

**Kenneth Reidy, PhD**

United Nations Office of Counter-Terrorism,  
International Hub for Behavioral Insights to  
Counter Terrorism

**Mara Revkin, JD, PhD**

Georgetown University Law Center (on leave  
with the United Nations Assistance Mission for  
Iraq)

**Nika Saeedi**

United Nations Development Programme

**Stacey Schamber**

International Civil Society Action Network

**Guglielmo Schinina**

International Organization for Migration

**Tara Sheppard-Luangkhot, MMFT**

Restorative Justice 4 All

**Ruth Simpson**

International Alert

**Leslie Snyder, MD, MPH**

MHPSS Collaborative for Children, Youth and  
Families and Adversity (Save the Children)

**Carl Stauffer, PhD**

United States Institute of Peace

**Rev. Gopar Tapkida, PhD**

Africa Peacebuilding Institute

**Linda Tropp, PhD**

University of Massachusetts Amherst

**Lee Tucker**

United States Institute of Peace

**Paul Turner**

MSI Worldwide

**Michael Wessells, PhD**

Columbia University

**Angi Yoder-Maina, PhD**

Green String Network

**Maggie Zraly, PhD**

MHPSS Collaborative for Children, Youth and  
Families and Adversity (Save the Children)

---

## ABOUT THE AUTHORS

**Dr. Lisa Schirch** is Richard G. Starmann Sr. Endowed Chair and professor of the Practice of Peacebuilding at the University of Notre Dame's Keough School of Global Affairs. Schirch was a Fulbright Fellow in East and West Africa and has worked in Afghanistan and twenty other countries. Schirch is the author of eleven books, including *Conflict Assessment and Peacebuilding Planning*, *Local Ownership in Security*, *Synergizing Nonviolent Action and Peacebuilding*, and a *Handbook on Human Security: A Civil-Military-Police Curriculum*. Schirch is also the editor of the book *The Ecology of Violent Extremism: Perspectives on Peacebuilding and Human Security*.

**Chris Bosley** is the acting director of the Program on Violence and Extremism at the United States Institute of Peace (USIP). Since 2017, he has led the Institute's work supporting governments and communities affected by people disengaging from extremist violence or exiting violent extremist conflicts. Bosley came to USIP from the Office of the Director of National Intelligence (ODNI), where he served as senior adviser for counterterrorism, combating violent extremism, and political instability to the National Intelligence Manager for East Asia. Prior to ODNI, Bosley served for a decade as a United States Navy intelligence officer; his assignments included the Joint Staff, the Defense Intelligence Agency, and the USS *Carl Vinson*.

**Michael Niconchuk** is a program lead at the Wend Collective and serves on the Advisory Board of the Counter Extremism Project. Previously, he served as program director for Trauma & Violent Conflict at Beyond Conflict. He has worked for more than a decade in the Middle East and Central Asia to support local capacities to offer and scale evidence-based care for persons affected by violent conflict, extremism, and displacement, including supporting the return and rehabilitation of the families of foreign terrorist fighters. He is the author of *The Field Guide for Barefoot Psychology* and numerous publications on trauma, extremism, and migration.

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