

DISCUSSION PAPER 23-005

# **Assessing Person-Centered Outcomes in Women and Children Returning from Violent Extremist Conflict**

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## SUMMARY

This discussion paper outlines a person-centered approach to outcomes based upon existing evidence and practice knowledge for use with returning women and children in rehabilitation and reintegration (R&R) programs. Being able to identify and assess outcomes, which are the intended accomplishments of these programs, are key for understanding change processes and developing strong programs. *Person-centered* means the outcomes should be selected and defined in a way that reflects the service users' personal characteristics, conditions, and preferences of the mothers and children themselves, with equal emphasis on areas of strength and vulnerability. The information in this paper should be useful for both practitioners and policymakers.

Multiple countries have developed R&R programs to work with repatriated children or spouses of foreign terrorist fighters. Ideally, these programs should be based on well-established peacebuilding, criminal justice, public health, and global mental health approaches. These programs should also be based on the existing evidence of relevant prior work with children and adults exposed to trauma and adversity, such as child soldiers. These programs should be able to assess and track key outcomes at multiple levels, including individual, family, community, and systems. However, little guidance currently exists regarding strategies for what outcomes should be assessed and how to do so.

We reviewed multiple sources of data, including: 1) recommendations, guidance, and other tools developed for R&R by multilateral bodies and platforms such as the United Nations, the Global Counterterrorism Forum, the Organization for Security Cooperation in Europe (OSCE), the European Union, and the Strong Cities Network; 2) recommendations and guidance from specific country R&R programs; 3) prior empirical research in the areas of refugee children, war-impacted children, child criminal gang members, child victims of maltreatment, and child victims of sex trafficking; and 4) several systematic reviews of juvenile justice outcomes and terrorist deradicalization programs. Additionally, we interviewed stakeholders and experts in R&R and convened two workshops with them and one with practitioners and returned women.

In comparison with child trauma and adversity research and juvenile justice research, little to no work has yet been done focused on identifying and measuring outcomes in R&R.

Identifying and measuring outcomes is challenging for several reasons, including gaps in the conceptual frameworks underlying R&R; limited data being collected; a heavy focus on security indicators as outcomes; a lack of easily administered data collection tools; challenges to validity across different experiences, cultures, and contexts; and an absence of input from service users and practitioners.

By drawing upon the existing evidence regarding outcomes from the reviews, other relevant prior work, and practice knowledge, we developed a new person-centered approach to outcome indicators for returning women and children. With input from returnees, practitioners, stakeholders, and experts, we also developed scales for adults and children and propose a method for their implementation and pilot testing in programs for women and child returnees.

## INTRODUCTION: WHAT IS R&R?

Historically, there have been many examples of fighting or participating in foreign conflicts, such as the Spanish Civil War. More recently, foreign fighters have been drawn to the conflicts in Afghanistan, Chechnya, Bosnia, Iraq, and Syria. The fighters either returned to their home countries or, in some cases, were prosecuted. They weren't necessarily considered a security threat, and there were no programs focused on their return to civilian life.<sup>1</sup>

The Islamic State (IS) drew nearly 30,000 men and women from more than 100 countries.<sup>2</sup> Many brought along their spouses and children, while even more married and gave birth to children while living in the conflict zone.<sup>3,4</sup> After a strong counteroffensive that depleted the majority of IS forces, many of the women and children were left behind, confined to refugee camps and detainment centers.<sup>5</sup> To the governments in many of their home countries, they are regarded both as victims of terrorism and as potential security threats.

Thus far, a relatively small number of children and spouses have been repatriated to their countries of origin. Kazakhstan, Kosovo, and North Macedonia are three countries that have taken back the largest number of returnees to date. Kazakhstan has repatriated more than 447 children and 161 women and developed a national rehabilitation and reintegration (R&R) program.<sup>6</sup> Kosovo has repatriated about 80 children, 38 women, and many more men. North Macedonia has also repatriated mostly men but also 16 children and six women. Many other countries have repatriated a portion of their citizens, such as the United States which has repatriated about a dozen persons out of an

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<sup>1</sup> Georgia Holmer and Adrian Shtuni. *Returning foreign fighters and the reintegration imperative*. Washington, DC: United States Institute of Peace, 2017.

<sup>2</sup> *Where are Isis's foreign fighters coming from?* (2016) NBER. Available at: [www.nber.org/digest/jun16/where-are-isiss-foreign-fighters-coming](http://www.nber.org/digest/jun16/where-are-isiss-foreign-fighters-coming).

<sup>3</sup> Joana Cook and Gina Amy Vale. "From Daesh to 'Diaspora': Tracing the women and minors of Islamic State." (2018).

<sup>4</sup> Serri Mahmood. "Challenges of children born by ISIS rape in Iraq." CERAH Working Paper 49, *Geneva: University of Geneva* (2017).

<sup>5</sup> Cook. "From Daesh to 'Diaspora.'"

<sup>6</sup> B. Heidi Ellis, Emma Cardeli, Mia Bloom, Zachary Brahmhatt, and Stevan Weine. "Understanding the needs of children returning from formerly ISIS-controlled territories through an emotional security theory lens: Implications for practice." *Child abuse & neglect* 109 (2020): 104754.

estimated 100 foreign terrorist fighters.<sup>7</sup> Other countries are still considering the risks of repatriation, such as Canada, which has facilitated the return of one orphan. Despite their varying degrees of commitment toward bringing their citizens back, many governments around the world have great interest in programs that will help rehabilitate and reintegrate these returnees.

These programs are typically referred to as R&R (an abbreviation we will continue to use in this paper) by governments and civil society organizations, but based on our familiarity with these programs, it is more accurate to speak of a 5Rs framework.<sup>8,9</sup> The first two Rs are *repatriation* and *resettlement*, which refer to enabling the return of persons to their country of origin or new country (in the case of children born outside), as well as meeting their immediate needs. The third R refers to *reintegration*, which can be defined as facilitating reentry or entry into family, community, and society. The fourth R refers to *rehabilitation*, which is helping persons to grow and change so they can heal from the potential impacts of having experienced violence, displacement, violations of human rights and other trauma, and continue to lead a life free of crime (given that most have not been involved in any criminal activities). The fifth R refers to *resilience*, which is the ability to navigate challenges and maintain a healthy, socially integrated, and crime-free life in the face of adversity. Resilience consists of various positive attributes (e.g., optimism) that can help an individual rapidly return to baseline functioning after a setback or stressors; in the context of R&R, it is important to note that the baseline of interest is that of successful, nonviolent integration in society. Thus, resilience is not simply or merely developing attributes of an individual that, in the case of someone involved in extremism, might also contribute to being a successful terrorist—rather, we refer to resilience in this context as achieving the attributes that will help an individual robustly sustain their post-extremism life.

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<sup>7</sup> Wright, Robin. “Despite Trump’s Guantánamo Threats, Americans Who Joined ISIS Are Quietly Returning Home.” *The New Yorker*, June 11, 2019. [www.newyorker.com/news/news-desk/americas-isis-members-are-coming-home](http://www.newyorker.com/news/news-desk/americas-isis-members-are-coming-home).

<sup>8</sup> “Good Practices on Strengthening National-Local Cooperation in Preventing and Countering Violent Extremism Conducive to Terrorism.” Global Counterterrorism Forum, no date. [www.thegctf.org/About-us/GCTF-framework-documents](http://www.thegctf.org/About-us/GCTF-framework-documents).

<sup>9</sup> Ellis, B. Heidi, Michael King, Emma Cardeli, Enryka Christopher, Seetha Davis, Sewit Yohannes, Mary Bunn, John McCoy, and Stevan Weine. “Supporting Women and Children Returning from Violent Extremist Contexts: Proposing a 5R Framework to Inform Program and Policy Development.” *Terrorism and Political Violence* (2023): 1-30.

There is no one type of person returning from violent extremist conflict and engaging in these programs. Both adults and children, and males and females, can participate. Some went willingly, and others were deceived into traveling. Some were trained to commit terrorist attacks, and others not. Some remain committed to extremist ideology, and others not. Some families have parents who were killed, while other families have members who are missing or in jail. Any R&R program has to deal with these many differences among the people it serves.

Some R&R programs are in countries that have established services that overlap with R&R, such as those working with refugees or human trafficking victims, whereas others are not. Countries with R&R also vary in terms of their governance, acceptance of religious diversity, practices of democratic policing, and psychosocial and mental health resources.

With the heightened attention from policymakers around the globe, multilateral bodies, and platforms such as the United Nations, the Global Counterterrorism Forum, the Organization for Security Cooperation in Europe (OSCE), the European Union, and the Strong Cities Network developed recommendations, guidance, and other tools to support government and nongovernmental actors as they look to strengthen existing, and develop new, tailored, multidisciplinary R&R programs.

While outcomes are rarely explicitly discussed in these documents, they do contain related principles that include: 1) relying on comprehensive, individualized assessments of beneficiaries' risks and needs; 2) ensuring an approach that is age- and gender-sensitive; 3) incorporating a well-articulated theory of change in the program, making it easier to measure impact and make adjustments, when appropriate, during the life of the program; and; 4) including a rigorous monitoring and evaluation framework to measure impact and help understand what is and isn't working throughout the project. Outcomes are central to all four of these points. Ideally, R&R programs should also be based on well-established peacebuilding, criminal justice, public health, and global mental health approaches as well as the existing evidence of relevant prior work with adults and children exposed to trauma and adversity.<sup>10</sup>

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<sup>10</sup> "Handbook—Children Affected by the Foreign-Fighter Phenomenon: Ensuring a Child Rights–Based Approach." United Nations Office of Counter-Terrorism, 2019. [www.un.org/counterterrorism/ctitf/sites/www.un.org/counterterrorism.ctitf/les/ftf\\_handbook\\_web\\_reduced.pdf](http://www.un.org/counterterrorism/ctitf/sites/www.un.org/counterterrorism.ctitf/les/ftf_handbook_web_reduced.pdf).

To that end, the researchers previously reviewed the prior empirical research in the areas of refugee children, war-impacted children, child criminal gang members, child victims of maltreatment, and child victims of sex trafficking. Based on these considerations, the researchers developed and published the *Rehabilitation and Reintegration Intervention Framework (RRIF)*, which is the only known evidence-based framework for R&R.<sup>11</sup> This framework incorporates five levels of the social ecology (the interactions between people and their environment) that need to be considered (individual, family, educational, community, and societal) and identified five primary goals for R&R programming: 1) promoting individual mental health and well-being; 2) promoting family support; 3) promoting educational success; 4) promoting community support; and 5) improving structural conditions and protecting public safety. In each of these levels, there are risk and protective factors, some of which could also be considered as outcomes.

An additional challenge for R&R relates to their being *complex interventions*. A complex intervention is one that contains many interacting components.<sup>12</sup> This makes it hard to define the “active ingredients” and to isolate which component or combinations of components is more important, and which outcomes are the most important. The evaluation of complex systems calls for approaches different from evaluating a single intervention with a randomized control trial. Some different examples include *pragmatic randomized controlled trials*, *process evaluation*, and *realist evaluation*.<sup>13</sup>

R&R programs are part of a broader landscape of programs that many countries have established to prevent and counter violent extremism, including some referred to as deradicalization programs.<sup>14</sup> Overall, there is to date little prior research focused on identifying outcomes of such programs.<sup>15</sup> Evaluating these programs involves many challenges including gaining access to data,

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<sup>11</sup> Stevan Weine, Zachary Brahmatt, Emma Cardeli, and Heidi Ellis. “Rapid review to inform the rehabilitation and reintegration of child returnees from the Islamic State.” *Annals of global health* 86, no. 1 (2020).

<sup>12</sup> Peter Craig, Paul Dieppe, Sally Macintyre, Susan Michie, Irwin Nazareth, and Mark Petticrew. “Developing and evaluating complex interventions: The new Medical Research Council guidance.” *Bmj* 337 (2008).

<sup>13</sup> Michelle Campbell, Ray Fitzpatrick, Andrew Haines, Ann Louise Kinmonth, Peter Sandercock, David Spiegelhalter, and Peter Tyrer. “Framework for design and evaluation of complex interventions to improve health.” *Bmj* 321, no. 7262 (2000): 694–696.

<sup>14</sup> John Horgan, and Mary Beth Altier. “The future of terrorist de-radicalization programs.” *Georgetown Journal of International Affairs* (2012): 83–90.

<sup>15</sup> Ghayda Hassan, S. Brouillette-Alarie, S. Ousman, D. Kilinc, É. L. Savard, W. Varela, L. Lavoie et al. “and the CPN-PREV Team. 2021. A Systematic Review on the Outcomes of Primary and Secondary Prevention



relatively small numbers of participants, and a lack of well-established outcome indicators and measures.

## What Are Outcomes?

Outcomes can be defined as the intended accomplishments of a program. They can include short-term, intermediate, and long-term or distal outcomes. At an individual level, assessing outcomes is an essential component of practice. They are necessary for directly managing individual care and for developing best practices or evidence-based care. Outcomes are needed to compare the effectiveness of different intervention strategies. They provide a common language for a community of practice for assessing individual change. Outcomes also provide an opportunity for individuals receiving care to assess their own progress and to take responsibility for their care and well-being.

At a program level, outcomes are a key component of a logic model, which is an important tool for program development and monitoring and evaluation. The logic model is a visual depiction of the linkages between available resources within the community (e.g., human and financial); program activities to address a certain problem (e.g., violent extremism); and short-term, intermediate-term, and long-term outcomes resulting from the program activities, again based on an underlying set of programmatic objectives.<sup>16</sup> Presently, it appears that there are not well-developed publicly available logic models for R&R programs.

Outcomes should be easy to implement and communicate. The measures of outcomes should have validity, reliability, sensitivity, and generalizability (to be discussed later). They should reflect the values and principles underlying R&R programs. In R&R, there has been some tendency to emphasize violence risk assessment tools, but over-reliance on violence risk assessment measures, which themselves have limitations that must be considered, has also been criticized as being too narrow. Outcomes and their measures should not only emphasize extremist ideology or violence risk

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Programs in the Field of Violent Radicalization.” *Canadian Practitioners Network for the Prevention of Radicalization and Extremist Violence* (2021).

<sup>16</sup> Rossi, Peter H., Mark W. Lipsey, and Howard E. Freeman. *Evaluation: A Systematic Approach*. Thousand Oaks, CA: Sage, 2004.

guided by traditional security perspectives but should also encompass a broader range of outcomes consistent with R&R, let alone 5Rs.

Presently, although multiple R&R programs are being implemented or planned, there is no known discussion of outcomes of R&R, and there are no instruments that have been developed for this purpose. This discussion paper proposes such an instrument, based on answers to the following questions: 1) On the basis of existing scientific evidence and practice knowledge, what are key outcomes for women and children returning from violent extremist conflict? 2) What is a person-centered approach (see definition in the Summary and later) to measuring outcomes for women and children returning from violent extremist conflict and involved in R&R programs?

## METHODS

To address the first question, this paper incorporates reviews of several different types of pertinent sources regarding women and children who have been involved in R&R or other relevant programs (e.g., terrorist deradicalization programs and juvenile justice programs). It also includes sources of children who have been exposed to adversities that have some key overlap with those in R&R programs (refugee children, war-impacted children, child criminal gang members, child victims of maltreatment, and child victims of sex trafficking). Although these sources are not equivalent to women and children in R&R, in our opinion, the areas of overlap with respect to exposure and programs provide a broad basis in evidence for identifying potential items for outcomes measure. To review the extant literature, we drew from, and in some instances, integrated, rapid review and umbrella review methodologies. Rapid reviews are a way of gathering evidence to inform policy and program decision-making by streamlining the methods of a systematic literature review.<sup>17</sup> Compared with a systematic review, a rapid review is a more streamlined approach to knowledge synthesis, often involving the careful selection of a few key databases and where review processes are accelerated to complete the review more quickly. Umbrella reviews, also referred to as review of reviews,

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<sup>17</sup> Chantelle Garritty, Gerald Gartlehner, Barbara Nussbaumer-Streit, Valerie J. King, Candyce Hamel, Chris Kamel, Lisa Affengruber, and Adrienne Stevens. “Cochrane Rapid Reviews Methods Group offers evidence-informed guidance to conduct rapid reviews.” *Journal of clinical epidemiology* 130 (2021): 13–22.

synthesize findings from existing systematic reviews.<sup>18</sup> The approach to each review will be briefly summarized below.

## **Literature on R&R for Women and Children**

We conducted a rapid review of the literature on rehabilitation and reintegration on global programs for mothers and children returning to a home country from contexts of violent extremism. We aimed to summarize available information on global programs for these populations, including definitions of repatriation, rehabilitation and reintegration, approaches and theories that guide this work, program inputs, activities, and outcomes. To identify relevant published materials, we conducted searches of the Web of Science Core Collection (including Science Citation Index Expanded, Social Sciences Citation Index, Arts & Humanities Citation Index, and Emerging Sources Citation Index) and the following databases via a combined search on the ProQuest platform: PAIS Index, PsycINFO, World-wide Political Science Abstracts, Sociological Abstracts, and Dissertations & Theses Global. These databases were selected due to their extensive coverage of all types of published material including empirical studies, grey literature, book chapters, dissertations, and research reports. We developed search terms based on three conceptual domains of 1) women and children, 2) extremist conflict and terrorism, and 3) rehabilitation and reintegration, using keywords to describe each of these domains. Because of the nascent state of the field, we also conducted a supplemental search beginning with relevant materials identified, known and available to the research team and through consultation with expert colleagues in this area to identify additional published material. Lastly, backward citation searching was conducted to identify additional materials through reference lists.

This search yielded 1,121 citations; after removing duplicates, the final number of citations was 872. Citations were split among authors to determine eligibility based on a priori eligibility criteria. This process excluded an additional 795 citations due to nonrelevance with inclusion criteria, leaving 77 for full text review. After a full text review of these 77 citations, 68 were excluded because

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<sup>18</sup> Edoardo Aromataris, Ritin Fernandez, Christina M. Godfrey, Cheryl Holly, Hanan Khalil, and Patraporn Tungpunkom. “Summarizing systematic reviews: methodological development, conduct and reporting of an umbrella review approach.” *JBI Evidence Implementation* 13, no. 3 (2015): 132–140.

they fell outside the stated inclusion criteria (e.g., not related to women and children returning back to a home country from a different country, not focused on women and children, outside the scope of included sources, and women and children escaping other traumatic experiences). After full text review, a total of nine citations from the database searches were included for analysis. An additional 42 documents were gathered from stakeholders working in the field of R&R, through reference lists and additional supplemental searches, leading to a total of 51 citations included in the final analysis.

To analyze the data, we developed a standardized data extraction tool based on a sample set of R&R documents and citations that were split among the authors for review. Data were extracted verbatim, and we drew on tabulation and summative content analysis techniques to examine the frequency of particular aspects of the data.<sup>19</sup> We also used conventional content analysis techniques to analyze the narrative text, an inductive approach that allows categories to be derived from the data.<sup>20</sup> We conducted descriptive analyses to examine basic characteristics of the dataset, such as countries represented, included populations, and total of persons reported. Important for the focus of this paper, we examined outcomes at various levels of the social ecology following recommendations from Weine, Brahmatt, Cardeli, and Ellis, 2020.<sup>21</sup> Where possible, we clustered the data by country and region to enable examination of similarities and differences.

## **Terrorist Deradicalization Programs**

We synthesized the available literature on deradicalization programs for foreign terrorist fighters, focusing on previously published systematic reviews. In order to identify previous reviews, PubMed was searched using keywords of deradicalization; foreign terrorist fighter and review and supplemental searches were conducted using Google Scholar, as well as through materials already known to the researchers. A total of four reviews were identified. We developed a standardized data

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<sup>19</sup> Hsiu-Fang Hsieh and Sarah E. Shannon. “Three approaches to qualitative content analysis.” *Qualitative health research* 15, no. 9 (2005): 1277–1288.

<sup>20</sup> Satu Elo and Helvi Kyngäs. “The qualitative content analysis process.” *Journal of advanced nursing* 62, no. 1 (2008): 107–115.

<sup>21</sup> Stevan Weine, Zachary Brahmatt, Emma Cardeli, and Heidi Ellis. “Rapid review to inform the rehabilitation and reintegration of child returnees from the Islamic State.” *Annals of global health* 86, no. 1 (2020).

extraction tool to enable examination of populations of focus; definition of deradicalization; philosophy; theory of change; dilemmas and challenges; inputs; activities; and outcomes.

### **Prior Empirical Research in the Areas of Refugee Children, War-Impacted Children, Child Criminal Gang Members, Child Victims of Maltreatment, and Child Victims of Sex Trafficking**

We also conducted a rapid review of the literature on refugee children, war-impacted children, child soldiers, child criminal gang members, child victims of maltreatment, and child victims of sex trafficking. A rapid review consists of focusing on review papers, rather than primary papers, and is an appropriate methodology for understanding overarching findings in established fields. These six areas were chosen because each one had adequate scientific literature and because children's exposure to trauma and adversity in each area overlapped significantly with that of children returning from the IS. In order to assess the relevant literature, PubMed and EBSCO were searched for English-language articles using the following keywords in various combinations: *refugees*, *war-impacted*, *child soldiers*, *terrorism*, *criminal gangs*, *maltreatment*, *sex trafficking*, *risk factors*, *protective factors*, and *research*. The reference sections of these articles were also examined to identify additional relevant articles. Given the first author's extensive prior work on this topic, files from past searches were examined and relevant articles included. A total of 73 articles or chapters were reviewed for possible inclusion, of which a total of 31 were chosen, including 14 reviews. For the purpose of this paper, we focused our data extraction on how outcomes are defined.

### **Juvenile Justice Programs**

We conducted a literature search to find previous reviews on juvenile justice programs. We used the keywords *juvenile justice measures* and searched in Google and PubMed. *Performance* and *outcome* were separately used in searches as additional keywords. These three final reviews were chosen. We then extracted data focusing on outcomes as well as the level at which the interventions were conducted.

## **Workshops and Individual Interviews with R&R Stakeholders and Experts and Service Users and Practitioners**

Lastly, this paper incorporates findings from interviews with select members of the R&R expert advisory group and other experts and stakeholders. These include professionals and experts from academia, NGOs, and government agencies from federal, state, or local jurisdictions who possess knowledge, experience, and abilities relevant to the R&R of returning spouses and children from conflict zones and regions impacted by terrorism. Multiple researchers on the team have extensive networks in many countries with active programs (e.g., Kazakhstan, Kosovo, Canada, and Macedonia) and key international organizations (e.g., UNOCT, UNODC, UNICEF, GCERT, and SCN), and U.S. government agencies (USAID, State Dept, USAID, and USIP) engaged in R&R work. The researchers convened two virtual meetings of the R&R expert advisory group, and other select experts and stakeholders. These were two-hour workshops focused on reviewing and refining the R&R best practice model. Lastly, we convened a two-hour workshop with service users and practitioners (psychologists, theologians, school psychologists, and program managers) in Kazakhstan to review and discuss the draft outcomes scales.

## **RESULTS**

Overall, the review findings confirmed that little work has been done focused on explicit identification and measurement of outcomes for women and children returning from violent extremist conflict and engaged in R&R programs. Yet, there were some notable exceptions among the literature reviewed pointing to a diverse range of outcome indicators that could be used to advance R&R evaluation moving forward. Comparatively, deradicalization programs, child trauma and adversity research, and juvenile justice research have explicitly addressed outcomes. Below, the results for each set of sources are summarized separately and then integrated together.

### **Women and Children Engaged in R&R**

A total of 51 documents were reviewed; and this included program-specific documents, country-level reports, NGO reports, and empirical literature. Of the total 51 documents, 43% (n=22) of

documents identified outcomes that were the potential targets of their programs, though in most cases these outcomes were only suggested, had not yet been implemented, and did not provide evaluation information about these proposed metrics (see Appendix Table 1). We identified a total of 18 different outcome indicators, and below these specific indicators are discussed in order of descending frequency.

*Mental health* and *social and community integration* were the most commonly identified outcome indicators for mothers and children, identified in 16% of documents (n=8). Mental health was described in different ways, including reductions in symptoms of common mental disorders (e.g., post-traumatic stress disorder [PTSD] anxiety, depression), alleviation of symptoms of trauma and loss (e.g., avoidant symptoms and diminishment of feelings of survival guilt), as well as more general mental health indicators not otherwise specified (e.g., psychosocial healing or mental health). For example, the Bulan Institute for Peace Innovations reviewed R&R programs in Kazakhstan, Kyrgyzstan, Tajikistan, and Uzbekistan for women and children returning from Syria and Iraq.<sup>22</sup> Programs identified different domains of mental health relevant for returning women, such as decreased aggressiveness, anxiety, depression, and avoidant behavior in both mothers and children. Social and community integration was described variously as reestablishing former social ties, overcoming trust issues, and being able to establish new relationships and social support networks, including with those who had different religious beliefs. A document by Farrell et al.<sup>23</sup> from the U.S Institute of Peace articulated social and community integration outcomes as the reestablishment of social ties and the ability to overcome wariness and mistrust of others, which perhaps contrasts with their lived experience when abroad.

*Skills development* was the second most common outcome area, indicated in 14% (n=7) of documents reviewed. This included the development of a diversity of skills considered important for reintegration, such as critical thinking skills, practical skills, and professional and leadership skills. A document by UN Women made explicit mention of the development of *leadership and political*

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<sup>22</sup> “The Repatriation, Rehabilitation, and Reintegration of Women and Children from Syria and Iraq: The Experiences of Kazakhstan, Kyrgyzstan, Tajikistan and Uzbekistan.” The Bulan Institute for Peace Innovations, June, 2021. <https://bulaninstitute.org/wp-content/uploads/2021/06/Report-on-Repatriation-in-Central-Asia-2.pdf>.

<sup>23</sup> Farrell, William B., Rustam Burnashev, Rustam Azizi, and Bakhtiyar Babadjanov. *Processes of Reintegrating Central Asian Returnees from Syria and Iraq*. United States Institute of Peace, 2021. [www.usip.org/publications/2021/07/processes-reintegrating-central-asian-returnees-syria-and-iraq](http://www.usip.org/publications/2021/07/processes-reintegrating-central-asian-returnees-syria-and-iraq).



*skills* for returning women from conflicts in East Africa, Nepal, and Colombia, as a means for promoting their reintegration and minimizing the risk of further engagement in terrorist activity.<sup>24</sup>

*Economic self-sufficiency* and *self-esteem* were the next most common outcome targets for R&R programs, in both cases indicated in 12% of documents (n=6). Economic self-sufficiency included developing economic capacities and being independent from financial support from the state or others. Self-esteem was described variously as having a sense of self respect, dignity, and personal empowerment. The Center on Excellence in Social Welfare in Helsinki, for example, described self-esteem-related outcomes specific to children that had to do with having the sense that their views and opinions mattered.<sup>25</sup>

*Ideology* and *community acceptance* were identified in 10% (n=5) of documents reviewed. Examples of ideology-related outcomes included diminished importance of ideology in one's life, changes in perspective related to past ideologies, and expression of mainstream views. A document on women and girls in violent extremism described outcomes related to ideology as acceptance of diversity and ability to challenge the idea of violence as a means of achieving religious or political goals.<sup>26</sup> Community acceptance included the extent to which receiving communities supported reintegration, limited community stigma, and the presence of a safe community context for returning mothers and children.

Several other individual, family, and community-level indicators were identified in fewer than 10% of documents, including: 1) health, 2) identity, 3) education, 4) employment, 5) recidivism/nonviolence, 6) diversity and openness, 7) future orientation, 8) quality of family relationships, 9) family support, and 10) responsible media. Though related to mental health, we deliberately

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<sup>24</sup> “Virtual discussion on gender and disarmament, demobilization & reintegration: Reintegrating female ex-combatants: good practices and lessons learned in the disarmament, demobilization and reintegration of women and girls.” United Nations International Research and Training Institute for the Advancement of Women, 2010. [www.peacewomen.org/sites/default/files/wps\\_onlinediscussions\\_instraw\\_2010\\_0.pdf](http://www.peacewomen.org/sites/default/files/wps_onlinediscussions_instraw_2010_0.pdf).

<sup>25</sup> Laure Yliruka and Noora Kivioja, “National modelling for arranging long-term support measures for children returning from conflict zones and their family members.” Socca—The Centre of Excellence on Social Welfare in the Helsinki Metropolitan Area, 2021. [www.socca.fi/files/9312/National\\_modelling\\_for\\_arranging\\_long-term\\_support\\_measures\\_for\\_children\\_returning\\_from\\_conflict\\_zones\\_and\\_their\\_family\\_members\\_Expert\\_report\\_\(2\).pdf](http://www.socca.fi/files/9312/National_modelling_for_arranging_long-term_support_measures_for_children_returning_from_conflict_zones_and_their_family_members_Expert_report_(2).pdf).

<sup>26</sup> Sanam Naraghi Anderlini, Melinda Holmes, and Nika Saeedi. “*Invisible Women: Gendered Dimensions of Return, Rehabilitation and Reintegration from Violent Extremism.*” United Nations Development Programme 2019. [www.undp.org/publications/invisible-women](http://www.undp.org/publications/invisible-women).



categorized identity as a separate outcome area for women and children, given the task of reestablishing a sense of self and life upon return to their country.

## **Terrorist Deradicalization Programs**

In terrorist deradicalization programs, women and children were mentioned as distinct risk groups requiring specialized approaches. However, outcomes are rarely explicitly mentioned in these documents and not mentioned at all in a systematic way (see Appendix Table 2). They were sometimes mentioned in relation to program activities at an individual level from which we can draw inferences about outcomes. For example, vocational training was an activity most commonly emphasized in all the reviews (n = 4) due to its importance in providing a means for long-term economic integration and economic empowerment. Thus, employment status and economic self-sufficiency are implied as positive outcomes of deradicalization programs.

The next most frequent outcomes discussed were re-offense (n = 1) and emotional well-being (n = 1). Altier discussed that children who had participated in violent activities or grown up in armed groups may have never known anything else, or what peaceful participation in society may look like, after being exposed to violence at such a young age.<sup>27</sup> Thus, these children may require special attention to partake in prosocial behaviors and develop healthier coping strategies. The United Nations Office on Drugs and Crime looked at the needs of children of foreign terrorist fighters and explicitly indicated that the most important outcome for children was their emotional well-being (n = 1).<sup>28</sup> The activities recommended by the UNODC and Altier together included school and individual interventions such as mental health resources, sensitization of teachers, mental health practitioner training, and mental health support. Thus, though not explicitly indicated, the effectiveness of these activities can be assessed using individual-level outcomes such as the occurrence of trauma responses of children and their reinvolvement in violence. The UNODC underscored the importance of evaluating physical symptoms of trauma such as headaches, gastrointestinal complaints, nightmares,

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<sup>27</sup> Mary Beth Altier. “Violent extremist disengagement and reintegration: Lessons from over 30 years of DDR.” Resolve Network 17 (2021).

<sup>28</sup> “Roadmap on the treatment of children associated with terrorist and violent extremist groups.” United Nations Office on Drugs and Crime, 2019. <https://shop.un.org/books/unodc-end-vac-roadmap-treatment-87946>.

and other PTSD symptoms, implying these as potential outcome measures (n = 1). They also suggest evaluating timely achievement of social-emotional developmental milestones. Thus, these may be inferred as potential outcomes as well.

### **Refugee Children, War-Impacted Children, Child Criminal Gang Members, Child Victims of Maltreatment, and Child Victims of Sex Trafficking**

The review indicated that among adversity-exposed children, outcomes should be identified at multiple levels that coincide with program activities: community, school, familial, and individual (see Appendix Table 3). Many of the risk and protective factors identified in the prior published review could be reframed as outcomes.

The absence of psychological illness-related symptoms and adverse mental health outcomes were discussed for all groups but most frequently for refugee children (n = 10). For these children, outcomes included self-esteem, social flexibility, forgiveness, perception of self-control, perception of retributive justice, and spirituality/religiosity (individual level). Absence of psychological symptoms was discussed for child victims of maltreatment (n = 5) and war-impacted children (n = 3). For child victims of sex trafficking, the main outcome addressed was emotional recovery from trauma and improved health. Also mentioned in relation to trauma were substance abuse, shame, dissociation, and detachment.

Prosocial behaviors were mainly mentioned as outcomes for war-impacted children (n = 4) and included pursuing education, political participation, and religious and cultural affiliations (community level). For child criminal gang members, the main outcome discussed was desistance from gang activity, which falls under prosocial behavior as well (n = 1).

Finally, resilience, or the ability to bounce back from adversity and even thrive in the face of challenges was discussed as a positive outcome for child victims of maltreatment (n = 2), refugee children (n = 3), and war-impacted children (n = 3). Protective factors such as positive self-esteem and optimism served as outcomes at the individual level, while vengefulness was specified as a negative outcome.

In regard to mental health outcomes, Walker-Williams & Fouché discussed the effectiveness of both introspective and externally focused strengths-based interventions for women survivors of

childhood sexual abuse in a program called S2T (Survivor to Thriver).<sup>29</sup> They noted that the women who coped most successfully after trauma were the ones who successfully reframed their inner destructive thoughts to constructive ones, transitioning them from the role of victim to survivor and even healer. They specifically mentioned post-trauma thriver identity, personal strengths, improved personal relationships, appreciation for life, hopefulness about the future, and deepened spirituality as positive outcome measures of this cognitive restructuring, which fall under the broader umbrella of mental health outcomes.

For child criminal gang members, Melendez-Torres indicated that programs aiming to reduce repeat criminal offenses require different outcomes than programs addressing prosocial and emotional skills development.<sup>30</sup> Prosocial behavioral outcomes included cultural awareness, academic achievement, community service involvement, and daily life skills such as health and hygiene skills. The interventions they reviewed suggested that keeping former child gang members involved in school was a way to avoid “antisocial behaviors,” implying that prosocial behavior was the main outcome of interest among these children.

Additionally, while many of the outcomes identified are at the individual level, the importance of healthy family support and positive family functioning is highlighted in all groups: refugee children, war-impacted children, child criminal gang members, child victims of maltreatment, and child victims of sex trafficking.

## **Juvenile Justice**

The overarching goal of juvenile justice programs was focused on the rehabilitation of children in safe, stable environments. Among explicitly addressed outcomes, educational achievement (n=2), employment after finishing school (n=2), and engagement in prosocial recreational activities such as volunteering (n=2) and mental health (n=1) were used as positive indicators (see Appendix Table 4). All three articles reviewed also mentioned substance abuse as an outcome measure.

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<sup>29</sup> Hayley Walker-Williams and Ansie Fouché. “Resilience enabling processes and posttraumatic growth outcomes in a group of women survivors of childhood sexual abuse.” *Health SA Gesondheid* 23, no. 1 (2018): 1–9.

<sup>30</sup> G.J Melendez-Torres, Kelly Dickson, Adam Fletcher, James Thomas, Kate Hinds, Rona Campbell, Simon Murphy, and Chris Bonell. “Systematic review and meta-analysis of effects of community-delivered positive youth development interventions on violence outcomes.” *J Epidemiol Community Health* 70, no. 12 (2016): 1171–1177.

Spiranovic specifically argued against using rates of recidivism as the primary outcome measure of program success. Using instances of re-offense are not effective outcome measures, as they do not follow up over a sufficient period of time and use only one data point—the number of arrests.<sup>31</sup> Spiranovic points out that the level of juvenile offenses tends to rise in adolescence regardless of any interventions, so in order to use re-offense as an outcome, it must be measured against a baseline level. Most important, using re-offenses as an outcome disregards the importance of health, well-being, education, and employment, which likely have longer-term effects on criminal behavior and recidivism than instances of re-offense.

Vincent, while less specific, also emphasized the need to continually reassess mental health and risk of re-offense rather than use one-time baseline measures to dictate necessary intervention.<sup>32</sup> However, all of the reviews acknowledged that long-term follow-up periods are difficult to implement because of political and financial limitations. Bazemore suggested that training parents and utilizing community figures from the beginning can aid in increasing accountability and promote long-term monitoring of adolescent and juvenile re-offenses.

## **Integrative Analysis of the Review Findings**

Although the direct scientific evidence on women and children exiting violent extremist conflict is itself sparse, the researchers have drawn upon the grey literature and other relevant bodies of scientific evidence to compile an integrative analysis of possible outcomes.

Our analysis identified patterns of outcome indicators across the different datasets analyzed. Both education and health-related indicators were seen in all the literatures. As indicated in Table 1, eight indicators were seen in two literatures, and six indicators were seen in only one literature.

Another pattern to emerge from these reviews is that the outcomes should focus on a range of outcomes (e.g., individual, family, community) beyond the realm of national security; 16% (n = 8) of R&R

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<sup>31</sup> Caroline Spiranovic, Helen Cockburn, Lorana Bartels, and Roberta Julian. “Outcome measures for evaluating the effectiveness of juvenile justice programs.” *Victoria UL & Just. J.* 5 (2015): 23.

<sup>32</sup> Gina Vincent. “Screening and assessment in juvenile justice systems: Identifying mental health needs and risk of reoffending.” Technical Assistance Partnership for Child and Family Mental Health, 2012. [www.ojp.gov/ncjrs/virtual-library/abstracts/screening-and-assessment-juvenile-justice-systems-identifying](http://www.ojp.gov/ncjrs/virtual-library/abstracts/screening-and-assessment-juvenile-justice-systems-identifying).

**Table 1.** Integrative Analysis of the Review Findings

	<b>RR Women and Children</b>	<b>Deradicalization</b>	<b>Children in Adversity</b>	<b>Juvenile Justice</b>
Mental Health	x	x	x	x
Education	x	x	x	x
Work/Financial Independence	x	x		x
Physical Health	x	x		
Ideology	x	x		
Social Support		x	x	
Optimism/Hope	x		x	
Family Support	x		x	
Sense of Belonging	x		x	
Nonstigmatizing Environment	x		x	
Self-Esteem & Identity	x		x	
Drug and Alcohol Free			x	x
No Criminality			x	x
Diversity & Openness	x			
Life Skills	x			
Social & Community Integration	x			
Family Relationships	x			
Religious Literacy		x		
Law Abiding			x	
Community Acceptance	x			

documents explicitly suggested multilevel outcomes. For example, some outcomes should pertain to actions or attitudes of the individual service user, whereas other outcomes should pertain to actions or attitudes of communities or organizations. Though not the focus of this paper, in a companion paper<sup>33</sup>

<sup>33</sup> Stevan Weine, Mary Bunn, Enryka Christopher, Chloe Polutnik Smith et al., “Rehabilitation and Reintegration of Women and Children Returning from Violent Extremist Contexts: A Rapid Review to Inform Program and Policy Development,” *Terrorism and Political Violence* Vol 35 (March 2023): 1-33, <https://doi.org/10.1080/09546553.2023.2169143>.

we examined activities used in rehabilitation and reintegration programs for women and children across multiple levels of the social ecology (e.g., individual, family, school, community, and macro). The majority of documents (82%, n=42) indicated the need for or use of multilevel outcomes to assess these services that go beyond national security.

Another takeaway is that there is support for including both objective and subjective indicators. For example, evaluating sense of belonging and coping may be relatively subjective yet influence other domains of individual outcomes such as involvement in productive activities like school and work.

### **Expert, Program, Practitioner, and Service User Input**

Based upon ongoing communications with service users and multidisciplinary service providers, as well as stakeholder and expert interviews and workshops in several countries, we have heard many different perspectives and considerations relative to R&R outcomes. In addition to the results of the rapid reviews, these also need to be understood and considered in relation to developing a model for outcomes.

One challenge expressed by many is that R&R is a complex intervention that involves simultaneous multidimensional change processes, for example, at both the individual, family, and community levels. Beyond that, there is a set of indicators at the individual level (e.g., health status and mental health status) but progress in those dimensions is very much linked to indicators at the ecological or systemic levels (e.g., community reception or available job opportunities). As one service user asked, “Are you asking about what I do to manage this problem or what kind of support I am or should be getting from others?”

Another complexity is that R&R involves both adults and children. As they are at different life stages, different outcomes are appropriate. Most experts, practitioners, and service users called for using separate measures for adults and children. Regarding children, there were special concerns raised regarding adolescents, some of whom are presenting with more complex problems. While adolescents can respond to assessment instruments themselves, outcome assessments for younger children would need to be completed by their mother or other caregiver.

Additionally, R&R encompasses repatriation, resettlement, reintegration, rehabilitation, and resilience, which invoke different disciplinary lenses, from social services to education to mental

health to national security. To a certain extent, national security perspectives, from criminal justice or terrorism studies, have dominated the field, which has not necessarily been beneficial in terms of developing a broader multidisciplinary perspective on outcomes.

Another related challenge expressed is that different stakeholders often want different things from outcomes. While different providers often recognize the interacting nature of different outcomes (e.g., a mental health professional recognizes the importance of educational success and vice versa), the outcomes emphasized within, and the tools familiar to, different disciplines are often distinct. These potential divergences underscore the importance of multisectoral services and multidisciplinary teams to integrate diverse and interrelated outcomes into a coherent 5R program.

Another area of some controversy is the extent to which outcomes are focused on negative indicators (e.g., threat of violence and mental illness) rather than on strengths (e.g., self-esteem, well-being, and coping strategies). This difference is particularly important if the women and children themselves are to be aware of outcomes and to assume responsibility for them as indicators of where they are in their change journey and what they want for their lives. Persons are believed to be more highly motivated for change if they receive positive reinforcement focused on functioning (e.g., how their child is doing at school and socially) from their practitioners, as well as if the targeted goals are relevant and meaningful to them. Outcomes of importance to returning women and children often center on what will help them achieve a quality life, such as having legal documents in order regarding citizenship and residency for themselves and their children; having a place to live, and a source of income and/or employment. They are also concerned with being accepted by their extended family and reestablishing good relationships with them.

Regarding their children, the women in Kazakhstan are concerned with whether they are succeeding at school. This includes children with interrupted education catching up academically and performing at grade level and making friends at school. A sensitive topic for some returnees in some countries is the extent to which the women (who are often young, in their 20s and 30s) decide to continue their relationships with their husbands who are in prison or are interested in pursuing other romantic relationships.

For adolescents, who are developmentally in a period of transition to adulthood, relevant life goals include formulating a plan for education and career, and developing a positive sense of self so they are capable of achieving these goals.<sup>34</sup> Relationships with peers are important for all age groups, and particularly for adolescents who are developing a sense of identity in relation to their families and social groups. In general, in addition to having formal sources of support to rely on for tangible and emotional support, to establish a sense of normalcy, the women, children, and adolescents need to have meaningful relationships with friends and family that they can turn to for support and also have fun with.<sup>35</sup> These were mentioned by women returnees themselves in Kazakhstan as markers of successful integration.

Another key aspect of these different stakeholder perspectives is how much emphasis is placed upon assessing ideology versus other dimensions. Multiple experts have argued that ideology has been given too much emphasis, and that overfocusing on ideology can unintentionally create other problems in the working alliance with service users. Service recipients do not want to be seen only in relation to a single issue, such as ideology.

In the countries where R&R programs are underway, there is not yet a systematic, let alone scientifically rigorous approach, to identifying and measuring outcomes (e.g., utilizing formative qualitative methods). This in part reflects a lack of adequate resources in the countries themselves and investment from the international community and the complexity of R&R as a field. It is important to keep in mind that in many low- and middle-income countries, the mental health and psychosocial services are under-resourced and underdeveloped. It is also a consequence of the aforementioned complexity. What would help to overcome these obstacles?

Based upon our discussion with policymakers and practitioners in multiple countries, it is important that any measurement strategy be easy to administer, adaptable to local sociocultural contexts, not dependent upon specialists, multidimensional in scope, and meaningful and motivating to service users. Many measures require payment in order to access, which poses an additional barrier to broader implementation of outcome assessment.

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<sup>34</sup> Hazel Markus and Paula Nurius. "Possible selves." *American psychologist* 41, no. 9 (1986): 954.

<sup>35</sup> Laura Simich, Morton Beiser, and Farah N. Mawani. "Social support and the significance of shared experience in refugee migration and resettlement." *Western journal of nursing research* 25, no. 7 (2003): 872–891.



Practitioners' ease of administration is another important quality for a measure. Common obstacles to ease of administration involve the cost of instruments, the length of time to implement the instrument, and the need for training to use the instrument. For these reasons, measures with no cost, with simple instructions for scoring that do not require specialists, and that take less than half an hour to administer, are favored.

Instruments should involve service users in their development, providing feedback to the experts who are developing the measure. Service users bring valuable lived experience and perspectives that practitioners may not hold. Service users in Kazakhstan raised the issue of whether persons would honestly respond to some questions, such as those related to abiding by the law. Service users wanted to add items regarding religious freedom as well as acceptance of religious practices from their families and communities. Service users also said it was important to have separate scales for adults and children.

Longitudinal assessment of outcomes is a priority for both practitioners and program managers. They want to be able to demonstrate change over time for adults and children, and the impact of the program and its specific activities. It would be helpful to have outcome indicators that could reflect longitudinal change, so as to identify areas of change or no change.

Because R&R is practiced in multiple different countries and languages, it is also important that outcomes and their metrics are readily adaptable and translatable.

## **Other Pertinent Literature Regarding Outcome Measures**

In building on the expert, program, practitioner, and service user input, and the literature reviews, to develop this model, the researchers were also informed by several existing approaches to identifying and measuring outcomes that are summarized below.

### ***Outcomes Stars***

The “Outcomes Star” model developed by the Triangle Consulting Social Enterprise in the UK (<https://www.outcomesstar.org.uk/>) has generated 38 different specific outcome stars across a spectrum of different circumstances, including the Integration Star (for refugees and asylum seekers), the Justice

Star (for persons involved in the criminal justice system), and the Recovery Star (for persons with serious mental illness). It is an evidence-based approach that incorporates person-centered, strengths-based, and co-production approaches. By co-production, they mean, “the service user is seen as an active agent in their own life and a valuable source of expertise and knowledge rather than a passive sufferer of an affliction that the professional, with their expertise and knowledge, will cure.” Each star consists of 10 or so outcomes that the worker and service user complete together, rating each on a scale. Each of the outcome’s stars was developed through participatory research approaches, which are interactive processes involving the direct participation of service users and practitioners. Each of the stars has been piloted and assessed in terms of their reliability and consistency.

### ***Refugee and Immigrant Core Stressors Toolkit***

This free, web-based toolkit was developed to educate providers and to support assessment of the socioecological factors influencing their health ([www.childrenshospital.org/programs/trauma-and-community-resilience-center/refugee-trauma-resilience/resources-providers-communities](http://www.childrenshospital.org/programs/trauma-and-community-resilience-center/refugee-trauma-resilience/resources-providers-communities)). It is based upon the Four Core Stressors Framework, which involves trauma, acculturative stress, resettlement, and isolation constructs. Providers respond to questions related to each of these constructs for a particular youth, and the toolkit then provides a rating (low, moderate, or high risk), and suggest intervention strategies that correspond to their stressors.

### ***Recovery-Oriented Outcome Instruments for Measuring Mental Health Recovery***

To build and strengthen recovery-oriented mental health care, Sklar et al. have called for outcome measures that are recovery-oriented.<sup>36</sup> Recovery-oriented measures shift away from emphasizing “clinical” definitions, and toward “service-user” based definitions that “pertain to the person leading a meaningful, purposeful life, even in the face of a mental illness.” Sklar et al. reviewed existing instruments based upon three criteria: 1) service-user involvement in development; 2) ease of administration, which means accessible without fees, and takes less than 30 minutes to use; and

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<sup>36</sup> Marisa Sklar, Andrew Sarkin, Todd Gilmer, and Erik Groessl. “The psychometric properties of the Illness Management and Recovery scale in a large American public mental health system.” *Psychiatry research* 199, no. 3 (2012): 220–227.

3) sound psychometric properties.<sup>37</sup> They reviewed 21 instruments and identified three that were strong in all three dimensions.

All three models were reviewed and drawn upon in developing a model for identifying and assessing R&R outcomes.

## **A Person-Centered Model for Outcomes among Women and Children Returning from Violent Extremist Conflict**

Based in part on this literature, the researchers identified the following principles, which should underline the approach to identifying and measuring outcomes.

### ***Evidence-Based***

The identification of outcomes should be informed by existing scientific evidence, such as by formative qualitative research. Given the limited evidence on women and children exiting violent extremist conflict, it is necessary to draw upon related fields, including deradicalization, children in adversity, and juvenile justice, which we have gathered in the prior reviews and through other published research articles.

### ***Person-Centered***

The outcomes should be selected and defined in a way that reflects the service users' personal characteristics, conditions, and preferences of the mothers and children themselves, with equal emphasis on areas of strength and vulnerability.

### ***Ecological***

The outcomes should reflect a holistic view of the person in the environment that recognizes that the health and well-being of women and children is a reflection of, and dependent upon, interactions with multiple levels and aspects of their environment.

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<sup>37</sup> Marisa Sklar, Erik J. Groessl, Maria O'Connell, Larry Davidson, and Gregory A. Aarons. "Instruments for measuring mental health recovery: a systematic review." *Clinical psychology review* 33, no. 8 (2013): 1082–1095.

## *Collaborative*

The rating of outcomes should be done by the service user but informed by an explicit discussion with their practitioners in a manner that helps both to make improvements in the outcomes that matter to the service user.

Based upon the integrative analysis of the review, and the expert and stakeholder service user input, the researchers selected 19 factors that were key to R&R for either women or children (see Table 2).

Several of these outcomes are associated with one dimension of R&R, and others apply to more than one (see Table 3). Two outcomes are associated exclusively with repatriations and resettlement: Citizenship and Basic Needs. Four outcomes are associated exclusively with reintegration: Daily Living Skills, Parenting, Work, and Education. Three outcomes are associated exclusively with rehabilitation: Non-aggression, Belonging, and Religious Freedom. No outcomes are associated exclusively with resilience. Four outcomes associated with all multiple dimensions: Access to Services, Emotional Health, Hope, and a Safe and Nonstigmatizing Environment. In sum, this analysis demonstrates both areas of overlap and areas of distinction for outcomes relevant to the multiple domains of the 5Rs.

The researchers developed three scales for rating each of these outcomes from 1 to 5 (Appendix Tables 5, 6, and 7). We developed an 18-item scale for adult service users. We developed an additional nine items for the adult service user to rate their children (age 13 and below), and 15 items for adolescent service users (age 14 and above) to rate themselves. For each of the above factors, the researchers articulated first-person statements that service users could read and then rate themselves or their children on. Additional questions ask the service user to rate which items are the most important to them in terms of improving their life. Ideally, the rating should be done by the service user in collaboration with their service provider in a face-to-face meeting where they discuss the rating for each item. The overall goals are to promote the service user as an active agent with respect to their participation in the R&R program and to promote the service provider in engaging in assessment and management on all of these domains.

**Table 2.** Multidimensional R&R Outcomes

<p><b>Citizenship.</b> This refers to the legal status of being a citizen in your country, which includes access to all government-issued documents necessary to ensure your ability to work, enroll in school, and access government welfare programs.</p>
<p><b>Basic Needs.</b> This refers to essential resources required to thrive as a person, including housing, food, finances, job training, and school.</p>
<p><b>Access to Services.</b> This refers to the ability to access services in the community, including social services, health services, mental health services, child and family services, and job training services.</p>
<p><b>Health.</b> This refers to the current state of complete physical health, including managing any injuries, disabilities, or chronic illnesses. Being physically healthy can help prevent diseases and chronic illness as well as improve a person’s quality of life.</p>
<p><b>Emotional Health.</b> This refers to the current state of mental well-being, including the ability to regulate emotions and manage symptoms of mental illnesses, such as feelings of anxiety, depression, stress, or fear. Mental health affects how you feel, think, and behave, especially in relation to how you cope with events in your life.</p>
<p><b>Hope.</b> This refers to a feeling of expectation and optimism about the future. Believing in a brighter future can help a person take steps to reach their goals.</p>
<p><b>Safe and Nonstigmatizing Environment.</b> This refers to feeling safe, accepted, and a part of the community and society where a person lives, and that it poses no threats or adversities.</p>
<p><b>Daily Living Skills.</b> This refers to being able to interact and communicate with others effectively and manage routine activities that relate to a person’s everyday functioning, such as grocery shopping, cooking, cleaning, personal hygiene, transportation, and other demands encountered on a day-to-day basis.</p>
<p><b>Family Acceptance.</b> This refers to feeling accepted by a person’s immediate and extended family, or other close important relationships, and whether they accept and value your differences.</p>
<p><b>Social Network.</b> This refers to having strong social ties and close connections with friends.</p>
<p><b>Social Support.</b> This refers to having people around who can be counted on for emotional and tangible support and help in times of need.</p>
<p><b>Self-Esteem.</b> This refers to self-worth and self-respect. Having high self-esteem allows someone to effectively handle setbacks and develop coping skills.</p>
<p><b>Parenting.</b> This refers to providing emotional, physical, social, and intellectual support for children under a person’s guardianship. The way a child is raised impacts their development and future health.</p>
<p><b>Work.</b> This refers to how work, in or outside of the home, achieves a purpose or results. Work can help form a sense of identity.</p>
<p><b>Education.</b> This refers to resuming school that may have been interrupted, or continuing schooling to attain skills to enhance vocational options. For children, this refers to meeting educational milestones and benchmarks.</p>

*(continued)*

**Table 2.** (continued)

<b>Non-aggression.</b> This refers to not being involved in making any type of violent actions or threats and following all legal requirements as a citizen regarding a person’s status as a returnee.
<b>Belonging.</b> This refers to feelings of connectedness, identity, and a sense of place as a member of a community and country.
<b>Openness &amp; Diversity.</b> This refers to a person tolerating and interacting with people who are different from themselves, and how accepting a person is of those who have different views from their own. This exposes people to new ideas, allows for the exchange of different worldviews, and helps create a safe and cohesive society.
<b>Religious Freedom.</b> This refers to a person’s right to practice and follow their religion without interference from their community or family.

## Adapting the Scales

We recommend that practitioners and service users in R&R programs engage in a process of adaptation and translation prior to utilizing this scale in their programs. Regarding adaptation, several issues should be considered.

The measure will have to be translated from English into other languages. As language and culture are intertwined, translation will result in adapting the measure to fit the particular socio-cultural or programmatic context. Translation is a complex process that often reveals cultural differences in meaning of concepts. Some phrases simply do not sound good in translation, while others have a slightly different meaning or connotation. Inevitably, the process of translation unearths questions that may not work well for the culture or do not get at the original intent if translated verbatim. Therefore, the translation process should follow well-established procedures for adapting measures.

One method is back translation by two translators: one translates from English into the new language, and the other translates the translation back to English. Once the back translation is done, the two translators compare and discuss discrepancies and come to a consensus. Another approach does not require a formal back translation. Instead, a group assumes responsibility for identifying the most appropriate way to translate and culturally adapt items to the local language and context.<sup>38</sup>

<sup>38</sup> Richard W Brislin. “Back-translation for cross-cultural research.” *Journal of cross-cultural psychology* 1, no. 3 (1970): 185–216.

**Table 3.** Outcomes Associated with Domains of the 5Rs

	<b>Repatriation/ Resettlement</b>	<b>Reintegration</b>	<b>Rehabilitation</b>	<b>Resilience</b>
Citizenship	x			
Basic Needs	x			
Access to Services	x	x	x	x
Health	x	x		
Emotional Health	x	x	x	x
Hope	x	x	x	x
Safe and Nonstigmatizing Environment	x	x	x	x
Daily Living Skills		x		
Family Support	x	x		x
Social Network and Support		x	x	x
Self-Esteem		x	x	x
Parenting		x		
Work		x		
Education		x		
Non-aggression			x	
Belonging			x	
Openness & Diversity		x	x	
Religious Freedom			x	

To use a group consensus process, it may be sufficient to have one professionally done translation as long as the group includes at least one other bilingual member in addition to the translator. The small group should also include those who work with this population and the women themselves. Once a translation is available and the group is convened, group members review the translated version, discuss, and identify items that do not sound right in translation, and where there are discrepancies in meaning between the original and the translation. Going over the translation in the

group and comparing each item to the original measure will likely raise a number of questions about the intended meaning of the original, and suggestions for multiple ways to translate it or revise the question. It is important that the group works to come up with a translation that stays as true to the meaning of the original item as possible.

Often during this process, group members may wish to change the specific meaning of an item or identify additional questions that should be asked. While any group is free to make any changes they believe are indicated, there is also value in not making major modifications so that the experience of using the scale can be compared across sites. In order to preserve the ability to make comparisons with data collected in other languages, it is important to keep the structure of the questionnaire the same by using the same response choices. It is possible to add items that capture something specific to the context that is not reflected in the measure. If changes must be made to existing items, it is best to change as few as possible, leaving the rest the same or approximately the same. Keeping many items equivalent will make it possible to compare groups across different countries even if a few items are different across versions.

## **Implementing the Scales**

The scale should be completed by women or adolescent service users (age 14 and above) either on their own or in the presence of a practitioner who works with them. In the latter case, the service user and practitioner can discuss each item and reflect upon what each knows of the service user's relevant experiences. The service user should choose which rating to give each item. The service user should rate their status for each of the items over the past month.

When used as part of an R&R program, the scale can be utilized to assess the changes in the 5Rs of service users over time, such as quarterly or once or twice a year. Then the ratings can be compared to track the person's progress.

The scale is designed to be completed by individual service users, not programs. However, the results for individual service users can be anonymously pooled to provide information on the range of outcome indicators contained in these scales, which can be useful to programs. Average scores



across service users on specific items can help programs identify areas of program strengths and possible gaps in services.

## **Next Steps in Scale Development and Utilization**

This scale needs to be piloted to assess its psychometric properties, including validity and inter-rater and test-retest reliability. Pilot testing can be conducted simultaneously in different countries and languages where R&R programs exist. Once translated into each language, small groups of translators and experts can come together to discuss the measure item by item, checking for conceptual equivalence of the translated versions across languages. This can result in creating a “de-centered” version of the measure that has cross-cultural equivalence, and potentially clarify and enrich the original version, as questions are likely to become more specific and precise as a result of having to convey meaning across languages.<sup>39</sup> However, negotiating equivalence across multiple languages is a complex and lengthy process and may be a longer-term goal. In the short term, different language versions developed independently will likely have subtle differences, yet it is possible to make general comparisons between measures in different languages as long as the structure of the questionnaire remains the same.

## **Limitations**

There are several limitations of this discussion paper. Because these were rapid reviews using the selection of a few key databases, some relevant articles may have been missed in the review process. Another limitation is that this paper is not based upon rigorous research on outcomes with women and children from R&R programs. Additionally, the outcome scales have not been pilot tested. In utilizing such scales, service users may not be honest in reporting on their outcomes because of their desire to present themselves as better off than they are, which can introduce bias. Another limitation is that this scale was not designed to assess the community or systems level processes, which can impact returning women and children.

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<sup>39</sup> Andrey Vinokurov, Daniel Geller, and Tamara L. Martin. “Translation as an ecological tool for instrument development.” *International Journal of Qualitative Methods* 6, no. 2 (2007): 40–58.

## **FURTHER CONSIDERATIONS AND RECOMMENDATIONS**

It is impossible to imagine progress in working with women and children returning from violent extremist conflict and who may have participated in violent extremist organizations without making major leaps forward in identifying and measuring outcomes. Without identifying outcomes and measuring them, there can be no comprehensive progress on logic models, no evidence-based treatment, and no quality improvement. Therefore, it is highly recommended that policymakers and practitioners invest more in outcomes and their measurement.

Not any outcomes will do. Although there are limitations in the evidence base for identifying outcomes for women and children returning from violent extremist conflict, the existing evidence supports a person-centered approach to outcomes. This involves being supportive of the change process of women and children and the practices of their providers and programs. Better documenting this range of outcome indicators over time will likely place greater burdens on governments, civil society organizations, service organizations, and practitioners, to address the outcomes programmatically. However, having this evidence should also help with prioritization and with advocacy for funding, especially in resource-limited settings.

## APPENDIX

**Table 1.** Outcomes for Rehabilitation and Reintegration of Mothers and Children

Document	Country/ Region	Outcomes			
		Individual	Family	School	Community
Anderlini, S.N. & Holmes, M. (2019)	General	<p><b>Self-esteem:</b> Self-esteem, self-awareness, emotional resilience, and insight</p> <p><b>Social and community integration:</b> Women learn cooperation and sharing, overcome mistrust, develop positive social behaviors</p>			<p><b>Community Acceptance:</b> Acceptance of the returnees</p>
Blair, G. et al. (2021)	Northeast Nigeria				<p><b>Community acceptance:</b> Changing minds and shifting norms surrounding the acceptance of former fighters</p>
Brooks, N., Honnavalli, V., & Jacobson-Lang, B. (2021)	General	<p><b>Identity:</b> Construct a new understanding of who they are and who they want to become, establishing positive autonomy</p> <p><b>Social and community integration:</b> Promote prosocial behavior and help in developing social relationships</p>			

**Table 1.** (continued)

Document	Country/ Region	Outcomes			
		Individual	Family	School	Community
Bulan Institute for Peace Innovations. (2021)	Central Asia	<p><b>Ideology:</b> Expression of mainstream views, relaxing dress codes</p> <p><b>Financial/economic independence:</b> Self-reliant and financially independent</p> <p><b>Ideology:</b> Revising ideas about Islam</p> <p><b>Mental health:</b> Less PTSD, aggressive, anxious, depressed, or avoidant, and less guilt about surviving when loved ones had died, more joy from women and children</p> <p><b>Self-esteem:</b> Self-confidence</p> <p><b>Skill development:</b> Professional skill set</p> <p><b>Social and community integration:</b> Belonging</p>			<p><b>Responsible media:</b> Plight of children visible, consistent media messages</p>
Capone, F. (2019)	General	<p><b>Mental health:</b> Psychological recovery</p> <p><b>Health:</b> Physical recovery</p>			
Farrell, W. B. et al. (2021)	Central Asia	<p><b>Ideology:</b> Disillusionment with past experiences, readiness for reintegration</p> <p><b>Skill development:</b> Navigate conflicts</p>			

**Table 1.** (continued)

Document	Country/ Region	Outcomes			
		Individual	Family	School	Community
		<p><b>Social and community integration:</b> Returned to environment, reestablished social ties, overcame wariness of others</p>			
Fink, N. C., Barakat, R., & Shetret, L., (2013)	General	<p><b>Recidivism/ Nonviolence:</b> Prevent women from becoming first-time offenders</p>			
Gielen, A.-J., (2018)	Netherlands	<p><b>Economic self-sufficiency:</b> Able to undertake meaningful activities; getting a part-time job  <b>Education:</b> Going back to school  <b>Future orientation:</b> Focuses on future  <b>Identity:</b> Proper sense of self and life history  <b>Ideology:</b> No identification with extremist group and does not hold radical views  <b>Mental Health:</b> Understanding of push-and-pull factors and trigger events for travel  <b>Recidivism/non-violence:</b> Does not consider violence a legitimate method, no longer wants to travel to ISIS</p>	<p><b>Quality of family relationships:</b> Positive relationship with family</p>		

**Table 1.** (continued)

Document	Country/ Region	Outcomes			
		Individual	Family	School	Community
		<p><b>Skills development:</b> Able to address personal issues, respects other worldviews</p> <p><b>Social and community integration:</b> Friendly relationships with non-Muslims and no contact with former extremist network</p>			
Global Counterterrorism Forum. (2018)	General	<p><b>Skills development:</b> Critical thinking</p> <p><b>Social and community integration:</b> Social intelligence</p>			
Global Solutions Exchange. (2018)	General	<p><b>Economic self-sufficiency:</b> Employment</p> <p><b>Education:</b> Higher education goals</p>	<p><b>Family support:</b> Provide their family members with support, and facilitate their eventual successful reintegration</p>		
Klein, A. et al. (2020)	France	<p><b>Skills development:</b> Good level of development, with skills appropriate for their age group</p>			

**Table 1.** (continued)

Document	Country/ Region	Outcomes			
		Individual	Family	School	Community
Kusumarini, M. (2019)	Indonesia				<b>Community acceptance:</b> Community is a safe space in which the children can be accepted and be able to live their normal lives without stigmatization
Proteau, S. (2020)	France	<b>Mental health:</b> Recover from any diagnosis <b>Future orientation:</b> Pursuit of a happy and healthy life			
Radicalisation Awareness Network. (2017)	General	<b>Mental health:</b> Mental health <b>Health:</b> Health	<b>Family support:</b> Family support		
Saripi, N. I. B. (2015)	General			<b>Education:</b> Pick up where they left off in education	
Social Welfare, Academics and Training for Pakistan. (2014)	Pakistan	<b>Future orientation:</b> Motivation to achieve goals across diverse areas <b>Ideology:</b> Ideology becomes less important		<b>Education:</b> Academic and vocation	<b>Community acceptance:</b> A safe, secure, and well-operated custodial setting

**Table 1.** (continued)

Document	Country/ Region	Outcomes			
		Individual	Family	School	Community
The PRIO Centre for Gender, Peace and Security. (2018, April 26–27)	General	<p><b>Diversity and openness:</b> Acceptance of diversity</p> <p><b>Economic self-sufficiency:</b> Financial independence</p> <p><b>Identity:</b> Forgiveness for past experiences, coping with loss of identity</p> <p><b>Ideology:</b> Challenge violence as a means of achieving religious and political ideology</p> <p><b>Mental health:</b> Find calmness within, psychosocial healing</p> <p><b>Skill development:</b> Practical skills development, critical thinking</p> <p><b>Social and community integration:</b> Begin to heal rifts in community</p>		<p><b>Education:</b> Participation in formal school</p>	
United Nations. (2017)	General	<p><b>Social and community integration:</b> Rebuild social network</p>			
United Nations. (2006)	General	<p><b>Economic self-sufficiency:</b> Economic self-sufficiency</p> <p><b>Social and community integration:</b> Engage in reintegration activities that enhance security</p>		<p><b>Education:</b> Reduce irregular school attendance</p>	



**Table 1.** (continued)

Document	Country/ Region	Outcomes			
		Individual	Family	School	Community
United Nations International Research and Training Institute for the Advancement of Women. (2010)	General	<b>Skill development:</b> Promote leadership and political skills			<b>Community acceptance:</b> Reduce social stigma
United Nations Security Council. (2017)	General	<b>Mental Health:</b> Well-being of children <b>Recidivism/non-violence:</b> Sustainable peace and security			
Yliruka, L., & Kivioja, N. (2021)	Finland	<b>Health:</b> Health <b>Identity:</b> Develop understanding of life situation, who they are, how they got here, meaning making (for children), learn that they can influence things, views, and opinions matter <b>Mental health:</b> Coping skills and self-management strategies for managing distress <b>Self-esteem:</b> Self-respect, dignity, empowerment			

Note: Only documents that explicitly identified outcomes are included in this table.

**Table 2.** Outcomes for Terrorist Deradicalization Programs

Author (year)	Outcomes			
	Individual	Family	School	Community
Altier (2021)	Re-offense Children’s lack of agency in their own reintegration			
Zeuthen (2021)	Financial independence		Acceptance by peers	Ostracism
Grip and Kotajoji (2019)	Ideological convictions	Family network	Social network	Voluntarism Paid employment and opportunities
UNODC (2019)	Trauma symptoms Trauma responses			

**Table 3.** Outcomes for Refugee Children, War-Impacted Children, Child Criminal Gang Members, Child Victims of Maltreatment, and Child Victims of Sex Trafficking

Author (year)	Outcomes			
	Individual	Family	School	Community
<b>Refugee Children</b>				
McFarlan et. al (2010)	Depression Self-esteem	Parent-child relationship	Academic achievement Study habits	Peer relationships Social network
Ajdukovic & Ajdukovic 1998	Coping abilities Depression Optimism/hope Trauma symptoms	Parent-child relationship	Study habits	
Foka et al. (2020)	Depression Self-esteem Trauma symptoms Optimism/hope			Social network

**Table 3.** (continued)

Author (year)	Outcomes			
	Individual	Family	School	Community
Chase (2013)	Optimism Skills Depression Trauma symptoms Self-esteem	Parent-child relationship	Academic achievement	Safe environment Employment Participation in social activities
<b>War-Impacted Children</b>				
Bosqui & Marshoud (2018)	Depression Resilience Self-confidence Optimism/hope Trauma symptoms Sense of safety			
Tol et al. (2012)	Depression Hope Trauma symptoms Non-aggression			
Jordans et al. (2016)	Depression Hope Trauma symptoms Non-aggression	Sibling relations	Participation in school activities Relationship with peers	
<b>Child Criminal Gang Members</b>				
Melendez-Torres et al. (2016)	Non-aggression and violent crimes Criminal arrest rate Gang involvement			
Harper et al. (2008)	Depression Loneliness Gang involvement Non-aggression Substance use and abuse			

**Table 3.** (continued)

Author (year)	Outcomes			
	Individual	Family	School	Community
Koffman et al. (2009)	Mood disturbances Depression Criminal arrest rate		Academic achievement Social suspension rates for disruptive and defiant behavior	
<b>Child Victims of Maltreatment</b>				
Early et al. (2014)	Trauma symptoms Depression Hope			
Gorey et al. (2001)	Depression Shame Self-esteem			
Williams & Fouché (2018)	Shame Hope Emotional self-regulation Daily living routine Desire to help others		Strong interpersonal relationships	Engagement in social support Participation in religious activities
<b>Child Victims of Sex Trafficking</b>				
Muraya & Fry (2017)	Physical health Mental health			
Evans (2019)	Recovery from trauma Improved health			
Abu-Ali & Al-Bahar (2011)	Absence of trauma-related symptoms			

**Table 4.** Outcomes for Juvenile Justice Programs

Author(year)	Outcomes			
	Individual	Family	School	Community
Bazemore (2006)	Substance use			Voluntarism
Spiranovic (2015)	Substance use Pro-criminal attitudes Mental health symptoms	Family functioning	Receiving education	Employment
Vincent (2012)	Delinquency Completion of probation Drug screen			

**Table 5.** Reintegration and Rehabilitation Assessment Scale for Adults

<b>Adult version (ages 18 and over)</b>						
Below is a list of statements that describe how people feel about their lives. Please read each one carefully and circle the number that best describes the extent to which you agree or disagree with the statement. Answer regarding your situation over the past month. Circle only one for each statement, and do not skip any items. Then, please also indicate which of these 18 statements are the most important ones for you in terms of making changes that will improve your life. Put a check in each “Most Important” box that applies, as many as you want.						
	Absolutely Disagree	Disagree	Not Sure	Agree	Absolutely Agree	Most Important
1. I have legal status as a citizen and all necessary papers.	1	2	3	4	5	
2. My basic needs are met, such as housing, food, finances, work, and school.	1	2	3	4	5	
3. I am able to access the services I need, including health, mental health, social services, and job training.	1	2	3	4	5	
4. Any health problems I have (illnesses, disabilities, injuries) don’t interfere with living the life I want.	1	2	3	4	5	
5. Any emotional problems I have (depression, anxiety, fear) don’t interfere with living the life I want.	1	2	3	4	5	

**Table 5.** (continued)

	<b>Absolutely Disagree</b>	<b>Disagree</b>	<b>Not Sure</b>	<b>Agree</b>	<b>Absolutely Agree</b>	<b>Most Important</b>
6. I believe in my future.	1	2	3	4	5	
7. I feel safe and accepted in the neighborhood and community where I live.	1	2	3	4	5	
8. I know how to manage the current demands and challenges in my life.	1	2	3	4	5	
9. My family accepts me as I am.	1	2	3	4	5	
10. I have friends I enjoy spending time with.	1	2	3	4	5	
11. I have people outside of my family I can count on for support.	1	2	3	4	5	
12. I like who I have become.	1	2	3	4	5	
13. I keep my children safe and well and help them grow.	1	2	3	4	5	
14. I am satisfied with the work I do, either in or outside the home.	1	2	3	4	5	
15. I am managing my emotions in ways that do not lead to verbal or physical aggression toward others.	1	2	3	4	5	
16. I feel like I have a place in this country.	1	2	3	4	5	
17. I get along with people with different views, beliefs, and backgrounds.	1	2	3	4	5	
18. I can freely practice my religion.	1	2	3	4	5	

**Table 6.** Reintegration and Rehabilitation Assessment Addendum for Each Child

<b>Child version (up to and including age 17)</b>						
Below is a list of statements that describe how people feel about their children’s lives. Fill out one form for each of your children. Please read each one carefully and circle the number that best describes the extent to which you agree or disagree with the statement. Answer regarding one of your child’s situations over the past month. Circle only one for each statement, and do not skip any items. Then, please also indicate which of these nine statements are the most important ones for you in terms of making changes that will improve your life. Put a check in each “Most Important” box that applies, as many as you want.						
	<b>Absolutely Disagree</b>	<b>Disagree</b>	<b>Not Sure</b>	<b>Agree</b>	<b>Absolutely Agree</b>	<b>Most Important</b>
1. My child has legal status as a citizen and all necessary papers.	1	2	3	4	5	
2. My child’s basic needs are met, such as housing, food, finances, and school.	1	2	3	4	5	
3. I am able to access the services my child needs, including health, mental health, social services, and education.	1	2	3	4	5	
4. Any health problems my child has (illnesses, disabilities, injuries) don’t interfere with living the life they want.	1	2	3	4	5	
5. Any emotional problems my child has (depression, anxiety, fear) don’t interfere with living the life they want.	1	2	3	4	5	
6. My child is safe and accepted in the neighborhood and school.	1	2	3	4	5	
7. I am satisfied with my child’s performance in school or preschool.	1	2	3	4	5	
8. My child manages emotions in ways that do not lead to verbal or physical aggression toward others.	1	2	3	4	5	
9. My child gets along with people with different views, beliefs, and backgrounds.	1	2	3	4	5	

**Table 7.** Reintegration and Rehabilitation Assessment Scale for Adolescents

<b>Adolescent version (ages 13 and older)</b>						
Below is a list of statements that describe how young people feel about their lives. Please read each one carefully and circle the number that best describes the extent to which you agree or disagree with the statement. Answer regarding your situation over the past month. Circle only one for each statement, and do not skip any items. Then, please also indicate which of these 15 statements are the most important ones for you in terms of making changes that will improve your life. Put a check in each “Most Important” box that applies, as many as you want.						
	<b>Absolutely Disagree</b>	<b>Disagree</b>	<b>Not Sure</b>	<b>Agree</b>	<b>Absolutely Agree</b>	<b>Most Important</b>
1. Any health problems I have (illnesses, disabilities, injuries) don’t interfere with living the life I want.	1	2	3	4	5	
2. Any emotional problems I have (depression, anxiety, fear) don’t interfere with living the life I want.	1	2	3	4	5	
3. I am developing a plan for my future in terms of education and profession.	1	2	3	4	5	
4. I am safe and accepted in the neighborhood and community where I live.	1	2	3	4	5	
5. I know how to manage the current demands and challenges in my life.	1	2	3	4	5	
6. My family accepts me as I am.	1	2	3	4	5	
7. I have friends I enjoy spending time with.	1	2	3	4	5	
8. I have people outside of my family I can count on for support.	1	2	3	4	5	
9. I like who I am becoming.	1	2	3	4	5	
10. I have friends at school.	1	2	3	4	5	
11. I am satisfied with my school performance.	1	2	3	4	5	
12. I am managing my emotions in ways that do not lead to verbal or physical aggression toward others.	1	2	3	4	5	
13. I feel like I have a place in this country.	1	2	3	4	5	
14. I get along with people with different views, beliefs, and backgrounds.	1	2	3	4	5	
15. I can freely practice my religion.	1	2	3	4	5	