

3-2023

Reintegration of Foreign Terrorist Fighter Families: A Framework of Best Practices for the U.S.

Austin C. Doctor
University of Nebraska at Omaha

Haroro J. Ingram
George Washington University

Devorah Margolin
Georgetown University

Andrew Mines
George Washington University

Lorenzo Vidino
George Washington University

See next page for additional authors

Follow this and additional works at: <https://digitalcommons.unomaha.edu/ncitereportsresearch>

Recommended Citation

Doctor, Austin C.; Ingram, Haroro J.; Margolin, Devorah; Mines, Andrew; Vidino, Lorenzo; National Counterterrorism Innovation, Technology, and Education; and Program on Extremism, George Washington University, "Reintegration of Foreign Terrorist Fighter Families: A Framework of Best Practices for the U.S." (2023). *Reports, Projects, and Research*. 1.

<https://digitalcommons.unomaha.edu/ncitereportsresearch/1>

This Report is brought to you for free and open access by the National Counterterrorism Innovation, Technology, and Education (NCITE) at DigitalCommons@UNO. It has been accepted for inclusion in Reports, Projects, and Research by an authorized administrator of DigitalCommons@UNO. For more information, please contact unodigitalcommons@unomaha.edu.



Authors

Austin C. Doctor; Haroro J. Ingram; Devorah Margolin; Andrew Mines; Lorenzo Vidino; National Counterterrorism Innovation, Technology, and Education; and Program on Extremism, George Washington University

Reintegration of Foreign Terrorist Fighter Families

A Framework of Best Practices for the U.S.

Austin Doctor | Haroro Ingram | Devorah Margolin | Andrew Mines | Lorenzo Vidino

MARCH 2023



ABOUT THE AUTHORS



Dr. Austin C. Doctor is the Director of Counterterrorism Research Initiatives at the National Counterterrorism Innovation, Technology, and Education (NCITE) Center, a Department of Homeland Security Center of Excellence, and a political scientist at the University of Nebraska at Omaha. He has served as a non-resident fellow with the Modern War Institute at the United States Military Academy at West Point as well as the National Strategic Research Institute, a Department of Defense University Affiliated Research Center. He earned his Ph.D. from the School of Public and International Affairs at the University of Georgia. His research focuses on militants, terrorism, and emerging threats.



Dr. Haroro J. Ingram is a Senior Research Fellow with the Program on Extremism at George Washington University, and an Investigator with the National Counterterrorism Innovation, Technology, and Education (NCITE) Center, a Department of Homeland Security Center of Excellence. His research primarily focuses on the role of propaganda and charismatic leadership in the evolution and appeal of violent non-state political movements; militant Islamist propaganda targeting English-speaking audiences; and the role of strategic communications in national security operations, strategy and policy, particularly in the areas of counterterrorism and countering violent extremism. Ingram's work draws heavily on primary source materials, most of which is collected during field research in countries across the Middle East, South, and Southeast Asia.



Dr. Devorah Margolin is the Blumenstein-Rosenbloom Senior Fellow at The Washington Institute for Near East Policy and an Adjunct Professor at Georgetown University. She earned her Ph.D. in international relations and security studies from the Department of War Studies at King's College London. Her research primarily focuses on terrorism governance, propaganda/strategic communications, countering and preventing violent extremism, and the role of women and gender in violent extremism. Margolin previously served as Director of Strategic Initiatives and a Senior Research Fellow at the Program on Extremism at George Washington University. Margolin has presented her research to academics, practitioners, and government officials around the world, has published her work in peer-reviewed journals and newspapers, and has provided commentary to media outlets.



Andrew Mines is a Research Fellow at the Program on Extremism at George Washington University, and an investigator with the National Counterterrorism Innovation, Technology, and Education (NCITE) Center, a Department of Homeland Security Center of Excellence. Mines' core research focuses on the global Islamic State movement, particularly its leadership and networks throughout Iraq, Syria, and the Afghanistan-Pakistan region. His co-authored book publication, *The Islamic State in Afghanistan and Pakistan: Strategic Alliances and Rivalries*, is available from Lynne Rienner Publishers, and he also publishes academic articles in journals like the *Journal of Conflict Resolution* as well as opinion pieces in outlets like NBC News, *The Conversation*, *The Washington Post*, *Dallas Morning News*, and more.



Dr. Lorenzo Vidino is the Director of the Program on Extremism at George Washington University and a principal investigator for the National Counterterrorism Innovation, Technology, and Education (NCITE) Center. His research over the past 20 years has focused on the mobilization dynamics of jihadist networks in the West; governmental counter-radicalization policies; and the activities of Muslim Brotherhood-inspired organizations in the West, including two books published by Columbia University Press. He earned his Ph.D. in International Relations from Tufts University's Fletcher School of Law and Diplomacy, and has held positions at Harvard University's Belfer Center for Science and International Affairs, the U.S. Institute of Peace, the RAND Corporation, and the Center for Security Studies (ETH Zurich).

Reintegration of Foreign Terrorist Fighter Families

A Framework of Best Practices for the U.S.

NCITE NATIONAL COUNTERTERRORISM
INNOVATION, TECHNOLOGY,
AND EDUCATION CENTER
A U.S. DEPARTMENT OF HOMELAND SECURITY CENTER OF EXCELLENCE

Program on Extremism
THE GEORGE WASHINGTON UNIVERSITY

ABOUT NCITE

The National Counterterrorism Innovation, Technology, and Education (NCITE) Center was established in 2020 as the Department of Homeland Security Center of Excellence for counterterrorism and terrorism prevention research. Sponsored by the DHS Science & Technology Office of University Programs, NCITE is the trusted DHS academic consortium of over 60 researchers across 26 universities and non-government organizations. Headquartered at the University of Nebraska at Omaha, NCITE is a leading U.S. academic partner for counterterrorism research, technology, and workforce development.

ABOUT THE PROGRAM ON EXTREMISM

The Program on Extremism at George Washington University provides analysis on issues related to violent and non-violent extremism. The Program spearheads innovative and thoughtful academic inquiry, producing empirical work that strengthens extremism research as a distinct field of study. The Program aims to develop pragmatic policy solutions that resonate with policymakers, civic leaders, and the general public.

ACKNOWLEDGEMENT

The research in this report was supported by the U.S. Department of Homeland Security (DHS) Science and Technology Directorate (S&T) under Grant Award No. 21STFRG00013-01-00: "Reintegrating the returning spouses and children of foreign terrorist fighters."

DISCLAIMER

Any opinions or conclusions contained herein are those of the authors and do not necessarily reflect those of DHS S&T, the University of Nebraska System, or The George Washington University.

EXECUTIVE SUMMARY

This report outlines a comprehensive framework of best practices in the reintegration of foreign terrorist fighter spouses and children (i.e., “the FTF family”). It collates and synthesizes a suite of interlocking principles to guide reintegration policy and implementation, covering practical challenges and programmatic objectives, the organizational structure and process of reintegration management in the U.S. context, the role of strategic communications and trauma-informed care, and the use of specialized risk assessment tools. Drawing on original work conducted in previous investigative streams, this report combines scholarly analyses from both theory and practice, interviews with practitioners and stakeholders, case study investigations, and the authors’ collective experiences in the field. Four key findings are central to this report.

First, overarching policy and programmatic planning must take into account a suite of core objectives that are central to the reintegration of FTF families. Four main categories of objectives emerge within which are a range of policy and programmatic goals: align domestic policy and programmatic responses with the scope and nature of the returnee problem, develop a strategically guided approach to reintegration, integrate existing legal bases and systems of reintegration, and consider how FTF management may be instrumentalized towards broader policy objectives. These core objectives provide a compass for guiding how policymakers and practitioners navigate through the complex and interrelated challenges associated with reintegration work. Moreover, in order to achieve the goals and objectives outlined above, this report has identified a set of best practices relating to the formal structures and roles and responsibilities assigned to the reintegration mission community in the U.S.

Second, we argue that the coordination and efficacy of reintegration activities can be improved with a greater focus on the role of strategic communications at the overarching planning and management level. It is broadly recognized that reintegration efforts should not be stovepiped. Less acknowledged is the role that a robust and integrated approach to strategic communications can play in helping to improve the sequencing and synchronicity of standard programming activities. This coordination issue also extends to how the age, gender and psychosocial needs of FTF returnees and their families are addressed.

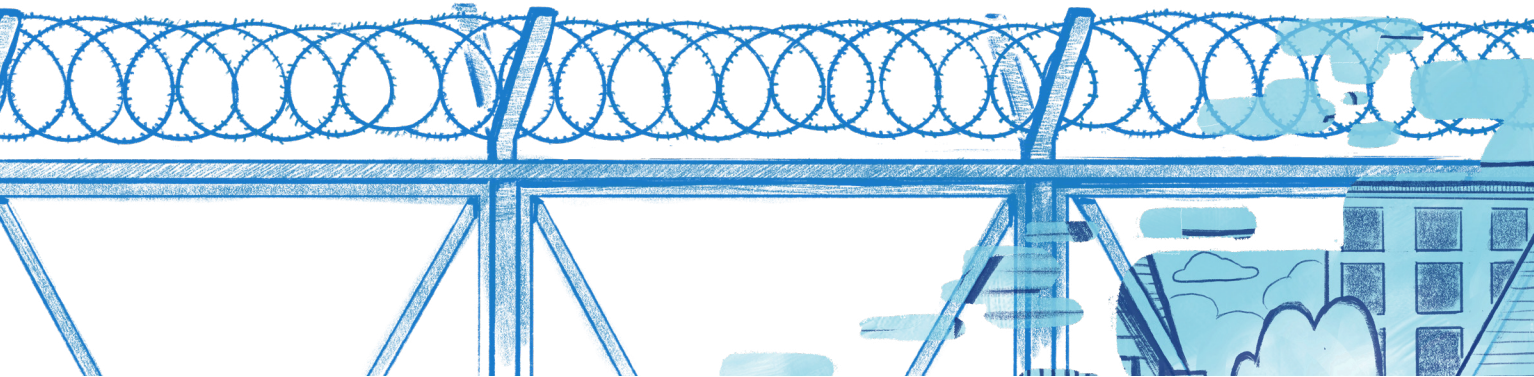
Third, we highlight the need for better incorporation of gender, age, and trauma-informed considerations at the program and case levels. The synthesis of trauma-informed approaches during the repatriation and reintegration process is vital and case managers must be appropriately equipped to develop tailored plans that harness gender, age, and familial factors too. Together, the coherent integration of compatible reintegration efforts and supporting activities will enable a more strategically focused approach.

Finally, this report presents the broad parameters of a risk assessment tool for assessing FTF returnees and their families based on the project’s multidisciplinary and multisectoral findings. The framework is underpinned by a rigorous methodology and an evidence-based theory of change. However, it also seeks to be accessible and adaptable to ensure usability. The development and further refinement of this risk assessment instrument presents a promising avenue for future applied research.



TABLE OF CONTENTS

Executive Summary	3
Table of Contents	4
Introduction	5
Part I: Practical Challenges & Programmatic Objectives	7
Practical challenges in FTF family reintegration	8
Programmatic goals and objectives	10
Conclusion	11
Part II: Organizational Structure & Process of FTF Family Reintegration in the United States	12
Stage 1: Repatriation, evaluation, and planning	13
Stage 2: Reintegration case management and implementation	13
Conclusion	14
Part III: Strategic Communications in FTF Family Management	15
Best practices in strategic communications	15
Conclusion	16
Part IV: Trauma-Informed Care for FTF Families	17
Challenges to the provision of trauma-informed care	17
Best practices in the provision of trauma-informed care	18
Conclusion	20
Part V: A Risk Assessment Framework for FTF Family Management	21
Existing risk assessment approaches	21
Best practices for risk assessment in the U.S. context	23
Conclusion	24
Conclusion	25
References	27
Endnotes	31



INTRODUCTION

An estimated 53,000 individual men, women, and minors, from 80 countries (excluding Syria and Iraq) traveled from around the world to support Islamic State (IS) activities between 2013 and 2019, including hundreds of individuals from the United States.¹ While many of these individuals traveled to the conflict zone with their families, others formed families in-theater. As IS's self-declared caliphate collapsed, many were captured and held by Kurdish forces, with men primarily placed in prisons, while women and minors were often held in detention camps.² In Syria, as of December 2022, an estimated 10,000 male foreign terrorist fighters (FTF) remain held including 2,000 men and boys from 60 countries outside Syria and Iraq.³ In addition, many detainee camps hold FTF-affiliated family members, including the al-Hol camp, the largest in northeast Syria, which holds approximately 56,000 displaced persons including about 28,000 Iraqi nationals, 18,000 Syrians, and 10,000 individuals from approximately 60 other countries.⁴

Across the past two presidential administrations, the United States has adopted and advocated for a policy of repatriation for FTFs and their family members, where the individuals detained in northeast Syria are to be returned to their countries of origin. According to a recent estimate by Save the Children, 517 women and minors were repatriated from the al-Hol and Roj camps in Syria by 12 different countries in 2022, which the NGO argues represents a 60 percent increase in repatriations compared to 2021 and an 84 percent increase from 2020.⁵ As of January 2023, the U.S. State Department had formally repatriated 39 persons back to the United States.⁶ However, more individuals returned through less formal channels.⁷ For children and those adults not convicted in the criminal justice system, the work of their social reintegration – i.e., the processes that aim to foster a sense of inclusiveness and belonging in the community and reduce the risk of offense, (re)engagement with, or recidivism into violent extremism – is underway.

In July 2021, the Department of Homeland Security Science and Technology Directorate (DHS S&T) funded a two-year effort by our research team – comprising the National Counterterrorism Innovation, Technology, and Education Center and the Program on Extremism at George Washington University – to pursue the following aims:

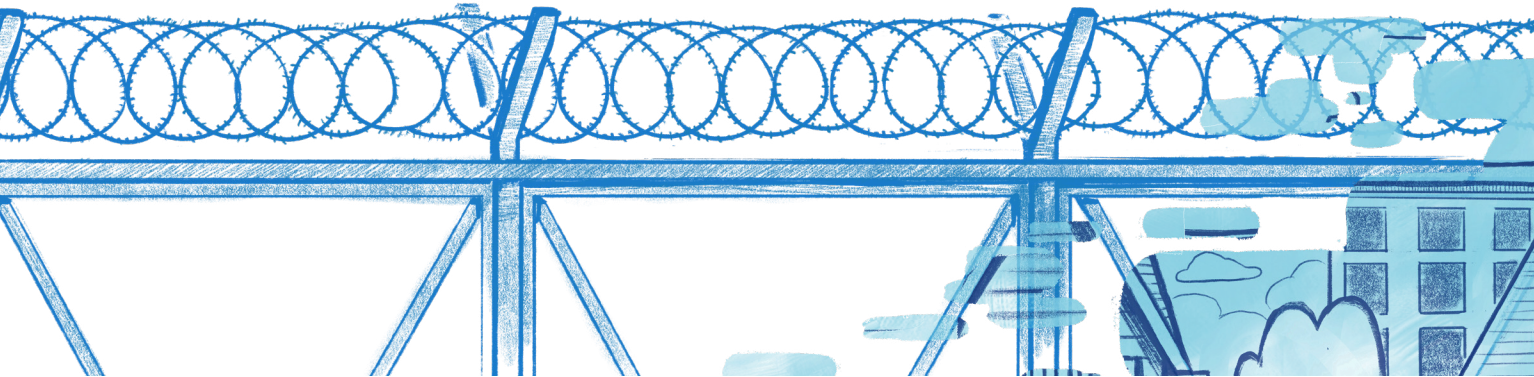
1. Comprehensively evaluate the existing knowledge and practice of the reintegration of spouses and children associated with foreign terrorist fighters
2. Promote evidence-based models, i.e., best practices, for the reintegration of returning FTF-affiliated spouses and children.

In support of this work, we present the following framework to serve as a decision support tool for policy makers and practitioners working to reintegrate returning FTF families into the United States.

The purpose of this report is to collate and synthesize a suite of interlocking principles to guide reintegration policy and practice of the FTF family. This includes covering practical challenges and programmatic objectives, the application to the U.S. case, the vital role of strategic communications and trauma-informed care, and the need for specific risk assessment tools. Throughout all these interlocking principles, this framework highlights

the prerequisite of evaluation mechanisms. This report represents the culmination of over 18 months of research, field work, and interviews with practitioners conducted by the project team. The overarching framework that emerges from this report is the result of integrating multiple frameworks developed from distinct but interconnected lines of effort spanning repatriation and reintegration policy analysis, strategic communications, trauma-informed care, multisectoral and multidisciplinary threat assessments, and evaluation approaches. This report thus serves as both a reference document as well as the foundation for training programs that will be delivered to DHS and U.S. government officials and their partner organizations. Each of the report's five parts features the broad parameters of the training materials that will be rolled out in mid-2023.

The report is structured into five parts. It begins by outlining the practical challenges that face policymakers and multisector PCVE practitioners before outlining the key programmatic objectives of reintegration activities (Part I). Part II presents a set of guiding principles to inform the establishment of the organizational structures and processes needed to translate reintegration policy into practice in the United States. The latter half of this report then outlines program-level best practices. Part III maps the vital need and core principles of an integrated and comprehensive approach to strategic communications in FTF and FTF-family management. Part IV is devoted to reviewing best practices in trauma-informed care and presenting a suite of guiding principles. Finally, drawing on a mix of research and interviews with policymakers and practitioners conducted throughout this project, Part V begins with a multisectoral and multidisciplinary overview of the fields of research and practice before outlining the broad parameters of a threat assessment framework for reintegration practitioners. A range of evaluation mechanisms for assessing reintegration program design and implementation are presented throughout the report to highlight the importance of gauging not only the reach and impact of measures but the need for comprehensiveness and sustainability. The report concludes by looking to the future and identifying promising avenues for building upon these foundational insights.



PART I: PRACTICAL CHALLENGES & PROGRAMMATIC OBJECTIVES

With regard to the reintegration of FTF-affiliated families, sustainable and actionable best practices will comprise a balance of proactive threat prevention, holistic psychological support, and resourced social services. In the case of returning FTF spouses and children, families are the baseline unit of analysis. Rather than persons assessed and returned on an individual basis, family members' prospects are mutually codependent. There is an inherent tension between the security and humanitarian concerns motivating the mass repatriation of detained FTF families and the security and humanitarian considerations that may complicate their reintegration and rehabilitation.

While navigating these complexities, policymakers and practitioners should align the logic of reintegration programming and principles of implementation with a robust understanding of the foundations of the foreign traveler phenomenon and existing knowledge gaps. Though a significant amount of research has been conducted over the past decade on the "foreign fighter problem" – much of which is excellent – a systematic review of the literature reveals three main knowledge gaps and blind spots that may undermine efforts to productively engage the FTF family and facilitate their successful repatriation and reintegration.

The first knowledge gap relates to the **interconnectivity of family members affiliated with the Islamic State**. Research of the repatriation process has often focused on the adult males, but this leaves blind spots in our understanding of women and children's unique experiences in-theater, in detention, and upon return. Studies that do focus on FTF spouses or children also tend to ignore the combatant. A 2019 report estimated that women and minors made up 36 to 42 percent of those who traveled to join the Islamic State from western Europe, and 46 to 54 percent of travelers from eastern Europe. Similarly, an estimated 27 to 39 percent of U.S. travelers were women and minors.⁸ It is vital to understand how the experiences of each family member inform those of the others, while also recognizing the distinct patterns of experiences associated with family roles. For instance, a parent's decision to travel with minor children is different from a minor who traveled on their own or as part of a group of peers. The repatriation and reintegration of the FTF family will require both an individual-specific and collective framework, with special attention to gender and age-based considerations.

The second knowledge gap relates to the **distinct pathways by which FTF family members may return**. While government policy and academic research often highlight the formal repatriation process, many individuals left the conflict zone before the collapse of the caliphate of their own accord. As of January 2023, the U.S. has formally repatriated 39 persons – 15 adults and 24 minors – from Iraq and Syria.⁹ However, by some estimates, over a dozen U.S. persons have returned from Syria and Iraq on their own, through independent channels.¹⁰ Focusing solely on formal repatriation can lead to blind spots and an under appreciation of the actual scope of the issue at hand, especially considering the mixed set of motivations that may compel a person or family to return. Finally, there is a need to address the gender and age-related biases that may either hinder or facilitate the returnee process in the first place.

The third knowledge gap inhibiting effective reintegration relates to physical and psychological **consequences of long-term detention**. Prior to return, many travelers spend months and years in local detention facilities. Physical security, social services, and access to food and water in these facilities is often extremely poor. In 2021, 226 people reportedly died in the al-Hol detention camp, 85 due to criminal related

activities.¹¹ In 2022, an estimated 42 individuals were killed.¹² In addition to the ongoing humanitarian crises and instability in many camps and prisons, several age and gender biases complicate this problem further. This includes the breaking up of family units, abuse of children, minors held alongside adults in prison facilities, minors with children of their own, and minors coming of legal age while remaining facing an uncertain future in detention. These dynamics can create new, compounding obstacles to successful reintegration and rehabilitation.

Research efforts, in support of FTF and FTF family reintegration efforts, should investigate and provide actionable recommendations on these important topics. Aware of these gaps, we build from the broad foundation of extant knowledge on the foreign terrorist fighter problem and our own research in the field to identify corresponding programmatic challenges related to the foreign travelers who departed, stayed, and/or returned not just as individuals, but often as part of a family unit.¹³

Practical challenges in FTF family reintegration

A systematic review of the literature and our original research indicates six key persistent programmatic challenges faced by governments engaged in the work of reintegrating FTF families. Each is highly relevant to the U.S. case. The complications to programming related to the reintegration of FTFs and their families tend to be rooted in the persistent knowledge gaps identified above, the diverse range of experiences of family members across the FTF lifecycle, and divided domestic political will. Below, we present the following nested programmatic challenges, starting with macro global contextual factors and winnowing down to more meso- and micro-level considerations. Best practices in the return and reintegration of FTF families will directly address these challenges.

Practical challenge 1

An evolving global threat environment

Since the territorial collapse of the Islamic State, the FTF phenomenon has continued to evolve – as has the broader global threat environment. The international community is grappling with the COVID-19 pandemic, the war in Ukraine, the rapid growth of transnational extremism in Africa and other regions, and escalating great power competition. It is important to evaluate FTF family management policy – i.e., their repatriation and reintegration – within this dynamic, saturated security context. In some cases, a state's posture on these issues will be shaped by the suite of issues challenging its national and homeland security, and the political and material resources it can bring to bear on the day.

Practical challenge 2

Domestic policy cascades and complexities

At home, FTF family management has both direct and second-order implications for a variety of domestic policy areas including counterterrorism, homeland security, preventing violent extremism, as well as immigration, criminal justice, social welfare, and public health. Identified best practices in the reintegration of FTF families should be integrated in such a way that they achieve their aim while also being compatible with existing proximate policies and practices at the national and local level. As certain countries and regions of the world face a larger load of returnees than others, these dynamics will vary on a state-by-state basis.

Practical challenge 3

Stigmatization and sensitive local politics

The management of FTF families, especially the nature of their placement in local communities, can be a controversial issue. In addition, it can create space for malign influence actors to negatively sow distrust through disinformation and propaganda, further hindering proper policy design. In some cases, repatriated families and even children will face stigma for their association. This can hamper successful implementation. Unfavorable media attention can exacerbate this further. By developing proactive messaging through strategic communications, synchronized across multisector actors, policymakers can explain complex threats and policy decisions to the public and socialize the values of reintegration.

Practical challenge 4

Coordinated action across the practitioner community

A common obstacle to effective reintegration is found in weakly specified roles and responsibilities across the constellation of government and non-government elements involved in decision making and implementation. At the national and policy level, clear left and right limits and sequencing between the multiple agencies involved is paramount. Similarly, at the regional and local levels, a common frustration is lack of coordination with national-level bodies overseeing broader reintegration policy. Poor cross-government coordination can result in a lack of the resources needed to facilitate holistic reintegration and heightened risks of reengagement with violent extremism.

Practical challenge 5

Synchronized parallel processes for offending parents and minor children

Gender and age-related biases have created knowledge gaps and blindspots that undermine efforts to productively engage the FTF family, their individual and collective repatriation, and social reintegration. For instance, many minor children will need to begin their reintegration programming while their parent is simultaneously processed through the criminal justice system. This is necessary, but can create logistical obstacles or hindrances to holistic reintegration of the family as a whole (e.g., extended physical separation). As such, in every possible instance, practitioners should establish synchronized parallel processes for offending parents and minor children at the national and local levels.

Practical challenge 6

Integrated programming for trauma-informed care

FTF families reintegrating have been exposed to a complex range of traumatizing experiences. How that trauma is processed, expressed, and treated will vary dramatically from person to person. However, symptoms and stigma can impede help-seeking behavior, identification of trauma, openness to care providers, and ultimately hamper the reintegration process. These dynamics are made more challenging by the fact that not all systems and settings are equally prepared to provide trauma-informed care. As a result, integrated programming for trauma-informed care needs to be sustainable, tailored to individual needs, and gender and culturally-sensitive, and as much as possible FTF families and individuals reintegrating need to be placed in appropriate settings that match their risks and needs.

The participation of foreign fighters in insurgencies worldwide is not new, and will continue. That said, the problem set presented by the scale of FTF family participation in the Islamic State campaign in Syria and Iraq during the 2013-2019 period necessitates that states evaluate and, in many cases, reconstitute their policies and practices of repatriation and reintegration. As described in this section, it is essential that those best practices extend from a robust understanding of the foundations of the FTF problem, existing related knowledge gaps, and common programmatic challenges. In order to successfully create a comprehensive framework of best practices in the reintegration of FTF families, it is important to first identify actionable objectives to help shape and sharpen the transition from reintegration policy to practice.



Programmatic goals and objectives

Given the aforementioned knowledge gaps and programmatic challenges, a suite of core objectives should play a central role in policy and programmatic approaches to FTF family repatriation and reintegration. As noted above, while repatriation is the process of bringing FTF families back to their countries of origin, reintegration is the set of processes that aim to foster a sense of inclusiveness and belonging in the community and reduce the risk of offense, (re)engagement with, or recidivism into violent extremism.¹⁴

Fundamentally, no reintegration program can be effective without a clear understanding of what “success” means and how it can be measured.¹⁵ With the population of returning FTF families, the primary goal of reintegration programming is that participating individuals disengage from previous involvement in extremist behaviors and choose not to commit an ideologically-motivated violent criminal offense or, in cases of prior conviction, reoffend. Other desirable second-order objectives relate to their holistic personal rehabilitation and social integration into their community.

The research team has identified four categories of supporting programmatic objectives that policymakers and practitioners must take into account throughout the design, planning, and implementation processes:

Objective 1

Alignment of domestic reintegration policy and implementation with the scope and nature of the returnee problem

As the majority of the individuals being repatriated today are women and minors, policy responses must take into account age and gender related considerations. Reintegration programming cannot be one-size-fits-all. While policymakers often draw upon the experiences of other states to inform their approaches, and common best practices certainly exist, what works in one country may not be expedient in another. One of the first goals in the design of any FTF returnee policy or program must be to identify the numbers of returnees, their demographic breakdown, and the opportunities and obstacles for repatriation and reintegration at both the domestic and foreign level. The scale and scope of a country’s “returnee problem” will shape the extent to which highly tailored versus more general programming will be more actionable. This also helps to establish a baseline measure from which the reach and impact of reintegration efforts can be evaluated.

Objective 2

Development of a strategically guided approach to reintegration

Throughout this project, the project team found that many states have been compelled to adopt an ad hoc approach to repatriation and reintegration. This can produce inefficiencies, inconsistencies, and, ultimately, counterproductive outcomes. A strategic approach will need to focus on distinguishing between formal and informal pathways of return and imbalances between repatriation and reintegration intent and capability. Moreover, a strategically guided approach to repatriation and reintegration programming for countries like the United States can include a proactive tailored approach to case management. This includes addressing stigmatization and sensitive local politics, coordinating action across the practitioner community, synchronizing parallel processes for offending parents and minor children, an integrated approach to strategic communications, and programming for trauma-informed care as a critical support to FTF family reintegration policy and practice. In every possible instance, these efforts should draw on already-present local systems, resources, and competencies.

Objective 3

Integrate existing legal bases and systems for reintegration

It is essential that repatriation and reintegration efforts are grounded in a rule of law approach and the use of existing systems. This requires consideration of not only extant laws and legal precedents but an assessment of how deferential courts have been to the politics and policies of the time to include conversations surrounding citizenship and/or nationality of repatriated individuals. Moreover, this includes identifying extant FTF management programs and lessons from other sectors. These factors also represent a checklist for evaluating the comprehensiveness of the legal foundations for repatriation and reintegration.

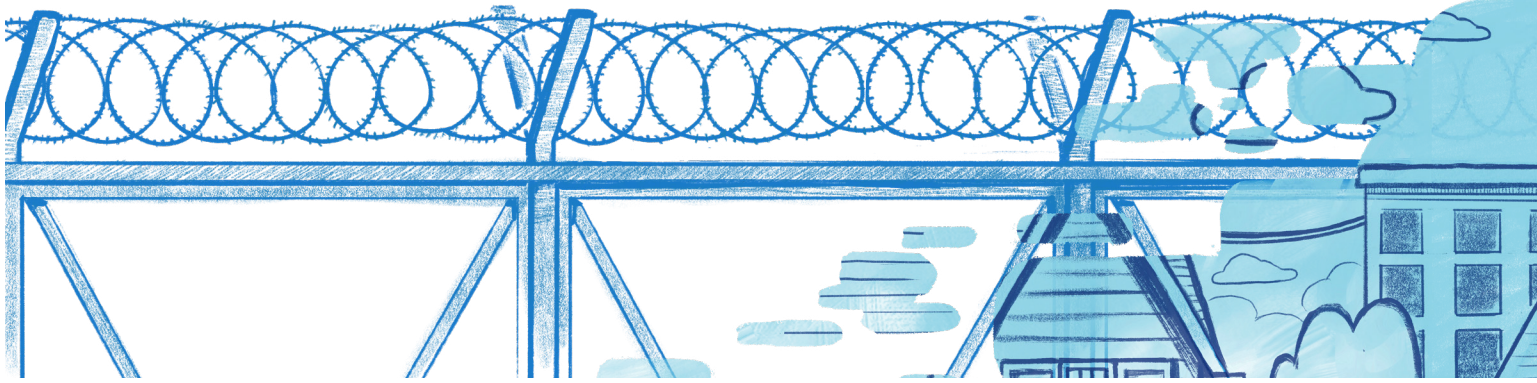
Objective 4

Coordinate the reintegration of FTF families with related policy objectives

Policy cascade is not just a symptom but a feature of FTF family management and so its implications for other policy areas must not be ignored. Indeed, the connectivity of FTF management to tangential policy areas needs to be incorporated in planning and implementation as another set of key objectives. From a domestic policy perspective, states need to establish goals for how FTF management will support other policy commitments such as homeland security, civil rights and liberties, resilient communities, and rule of law. This also includes the development of risk assessment tools to support practitioners to make empirically informed decisions about risks and threats of FTF returnees and their families. From an evaluation perspective, the objectives that emerge from this category will need to reflect and synchronize with broader foreign and public policy aims.

Conclusion

Overall, the core sets of objectives and the range of considerations within them offers policymakers and practitioners a practical and holistic means to confront the problems and challenges associated with FTF family management. It should also be clear that these reintegration objectives also support policymakers and practitioners to develop evaluation mechanisms for gauging the reach, impact, comprehensiveness, and sustainability of their repatriation and reintegration activities. First and foremost, this suite of objectives offers a methodical and measurable checklist for assessing the comprehensiveness of FTF family management policy and strategies. These objectives provide an evaluation framework through which to measure how holistically a government is confronting these problems and challenges at a macro-level. This suite of objectives also provides a framework through which the legal, policy, and programmatic components may be specifically assessed.

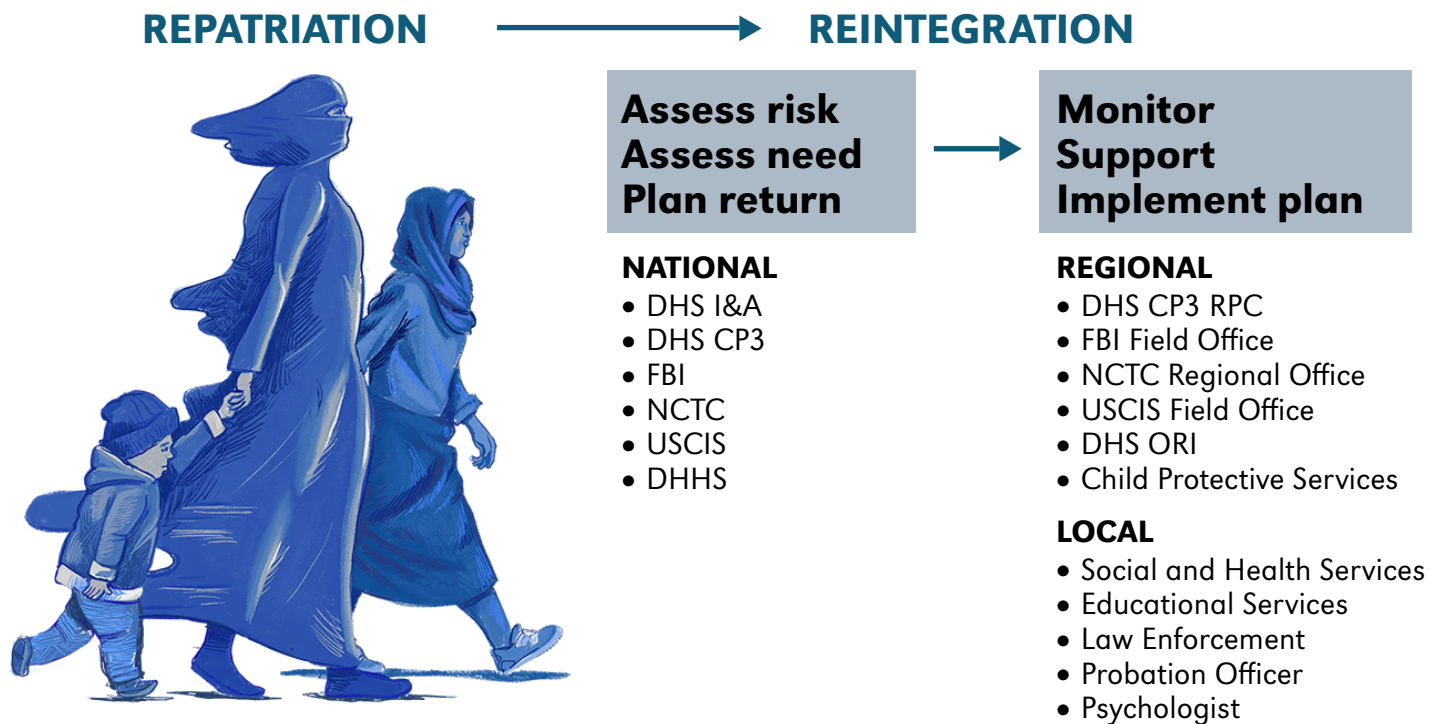


PART II: ORGANIZATIONAL STRUCTURE & PROCESS OF FTF FAMILY REINTEGRATION IN THE UNITED STATES

In order to achieve the goals and objectives outlined above, we have identified a set of best practices relating to the formal structures and roles and responsibilities assigned to the reintegration mission community. In the United States, adult returnees may take a number of pathways. Most adults will be processed through the criminal justice system and sentenced to time in prison. They will eventually be released, placed on probation, and undergo the reentry and reintegration process. This pathway is likely to be the most typical for U.S. adults repatriated from Syria or Iraq. Other adult returnees will not be charged and/or convicted of a crime and will reenter American society more promptly. The vast majority of minor children will be repatriated from Syria and Iraq without criminal prosecution and immediately begin the process of reintegration. Special consideration will need to be given to those who traveled to Iraq and Syria as minors who came of age in-theater or while in detention.

Our research suggests a number of best practices in the administrative structure and process of placement and reintegration. The variety of pathways through which FTF families may progress has implications for the range of government agencies and multi-sector stakeholders involved in the process. These can be summarized across a two-stage process overseen by three key elements, which coincide with different tiers of government: a national advisory team, a regional coordinating committee, and local implementation partners (see Figure 1).

Figure 1. The Reintegration Process



Stage 1: Repatriation, evaluation, and planning

In the first stage, the reintegration process begins with a national advisory team responsible for overseeing the initial reception and evaluation of all returning FTF spouses and children as well as the determination of each individual's return plan. The national advisory team will require a whole-of-government approach, with active interagency and multi-sector participation and cooperation. To execute the specific roles and responsibilities, we assess that there will be need for involvement from the U.S. intelligence community, federal law enforcement, citizenship and immigration, the court system, clinical psychology experts, and health care specialists. Across the case management process, the national advisory team will work to ensure coherence of policies and measures across government agencies and to facilitate cooperation and information exchange with regional and local multi-agency coordinators.

The evaluation period, in which this interdisciplinary and interagency team conducts a thorough risk and needs assessment, may last up to a few months. In addition to formally assessing the security risks posed by returnees, the national advisory team should facilitate an evaluation of their needs relating to housing, employment, personal health, psychological trauma, education, language and customs fluency, and other factors that may require attention. The concentration of this work at the national level will allow for centralizing and circulating relevant information into an assessment and facilitate a more tailored response for each returnee.

Following a thorough risk and needs assessment, the national advisory team is also responsible for determining the details of each returnee's relocation and developing a tailored blueprint for their reintegration.

Each return plan will include, among other points:

- The assessment of security risks posed by the returned individual
- The identification of an optimal community for relocation
- The identification of suitable housing
- The identification of employment and job training opportunities for adults
- The identification of a probation officer for offending adults
- The establishment of parallel processes for parents and children
- The identification of a legal guardian for minor children
- The identification of an education provider for minor children
- The identification of a provider for basic health and social services
- The identification of a provider for psychological care

Following the assessment process and the determination of a return plan, the returnee will begin the process of resettlement, reentry, and reintegration.

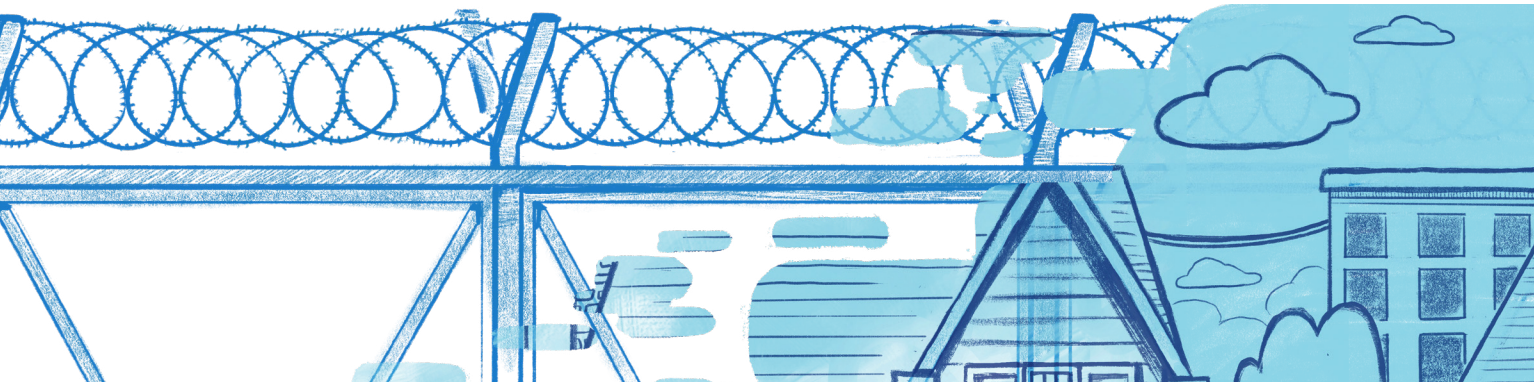
Stage 2: Reintegration case management and implementation

In the second stage, returning FTF spouses and children relocate to a host community and begin their return plan. This process is managed and implemented by two bodies – one regional, one local – who work in tandem. Facilitating the information flow between the national and local levels, the regional coordinating committee should be composed of government agencies that serve a multi-state territorial region and oversee the management of the returning FTF family cases within it. The research team has identified the need for involvement from nearby regional offices associated with federal law enforcement, national intelligence agencies, and administrative services. The regional group assumes primary responsibility for coordinating the monitoring and support of adult returnees and the protection and support of minor returnees. The processes of returning adults and minors from the same family should be interconnected. Both adults and children require a tailor-made approach based on individual risk and needs assessment, each case should have its own background, dynamics, risks and opportunities for reintegration, all of which would be reflected in a returnee's risk and needs assessment.

This will require direct communication and synchronization with a wide range of organizations at the state, local, and tribal levels, including those from the private sector. At this level, the set specific implementation partners will vary by location, but we envision that it will generally include local health and human services providers, school leaders, local law enforcement, psychological service providers, and, in some cases, members of a returnee's family. This constellation of local implementation partners is responsible for day-to-day service provision as well as security monitoring and continued assessment. At the local level, the selected group of implementation partners will support each returnee's relocation and execute the reintegration blueprint articulated in each tailored return plan. All efforts should incorporate returnee reintegration elements with existing local structures and systems, where possible, specifically with established structures like police, education, and child protection services.

Conclusion

An evidenced-based structure, with clearly specified roles and responsibilities for involved components, is necessary to ensure effective and efficient execution of reintegration policy. The initial leadership of an interagency national-level task force will protect from inconsistencies in case management, lapses in monitoring and security, weak information sharing, and poor implementation of returnees' plans for reentry and reintegration. Regional and local ownership over case management will improve chances that each case receives the support and resources that they need to thrive in their new host communities. In the U.S., local government agencies in close collaboration with key private sector partnerships will be best suited to carry out the essential, daily and weekly tasks involved in reintegrating FTF family members. As such, clear communication and coordination between federal, state, local, and tribal parties is critical.



PART III: STRATEGIC COMMUNICATIONS IN FTF FAMILY MANAGEMENT

So far, this report has highlighted how the management of FTF returnees and their families is characterized by intersecting challenges related to policy cascade, multisectoral coordination, the complicated nature of the problem, and a general lack of consensus around policy solutions. This is a mix of factors that inevitably generates controversies that can be exploited by stigmatizing media coverage, inflammatory political discourse, and malign influence actors. Reintegration requires not only a willing participant but also a willing community. Media and social media reports stand to influence societies' openness to the reintegration of returnees. Thus, it will be important to adopt a centralized, crosscutting, and integrated approach to strategic communications as a critical support to FTF family reintegration policy and practice.

Best practices in strategic communications

The primary role of strategic communications in the management of FTF returnees and their families must be to directly support the accomplishment of policy objectives. Thus, strategic communication activities should seek to maximize the reach and impact of FTF returnee programs, support risk and expectation management needs across time and different target audiences, as well as be prepared to engage in crisis communication plans in response to a range of potential contingencies.

The first step in this process is ensuring that strategic communications is explicitly acknowledged in policy as an important function in FTF family management. At present, it is too-often absent or insufficiently addressed in policy documents.¹⁶ This is the case despite the fact that in practice government officials are constantly engaging in public messaging around FTF management policy objectives and practice.¹⁷ Without policy cover, government officials who are nevertheless expected to develop and deploy public messaging strategies are left vulnerable. These vulnerabilities are further compounded by the policy cascade and controversies that characterize FTF management issues. With policymakers facing an increasingly fluid and volatile threat environment¹⁸ and the potential for an ideologically diversifying returnee threat,¹⁹ it will be all the more important that strategic communications have a central and integrated role in multisector FTF returnee management strategies. Below, we highlight several best practices to inform a holistic approach to strategic communication in FTF family management as follows:

Best practice 1

Establishment of an overarching method

Adopting an approach to strategic communications that integrates campaign, message, rollout, and evaluation principles is crucial for ensuring a methodical, evidence-based, and persuasive approach. A shared overarching framework of principles can also help to synchronize communications activities across interdepartmental and multisectoral efforts. There can be a tendency in policy circles to see strategic communications as either an afterthought once a course of action has been devised and/or a reactive tool deployed largely for counternarrative purposes. This is a reductive understanding of persuasive messaging that greatly limits its potential utility. Instead, one of the primary objectives of strategic communications should be to proactively champion policy objectives while seeking to project credibility to target audiences. To achieve this, public messaging needs to be timely, accurate, and deploy messengers that are trusted by target audiences. It also needs to appropriately balance across intragovernmental and multisector efforts.

Best practice 2 Management of expectations

Strategic communications are an essential tool for managing the expectations of target audiences. Deploying persuasive messaging as an expectation management tool requires a careful calibration of policy/programmatic design with messaging and action plans. Often, expectation management strategies will need to focus on ensuring that public messaging factually and persuasively explains policy and programmatic objectives while clearly and soberly addressing risks. At times, however, it will be necessary to draw on baseline evaluations of audience perceptions to design and deploy messages that manage expectations according to policy objectives.

Best practice 3 Development of a media strategy

Media coverage of FTF and FTF family issues often has an agenda-setting effect on public discourse. If the media fixates public attention on cause célèbre cases, it can disproportionately skew discourse onto certain issues (often related to age and gender) to the detriment of an appropriately fact-based understanding of the issues and government activities. Respecting the media and building relationships of trust and transparency are vital for both government and multi-sector actors. To do so, it is important to map the media environment, understand which actors and networks are most impactful among key target audiences, and develop communication plans that include proactive and reactive contingencies.



Best practice 4 Mindfulness that language matters

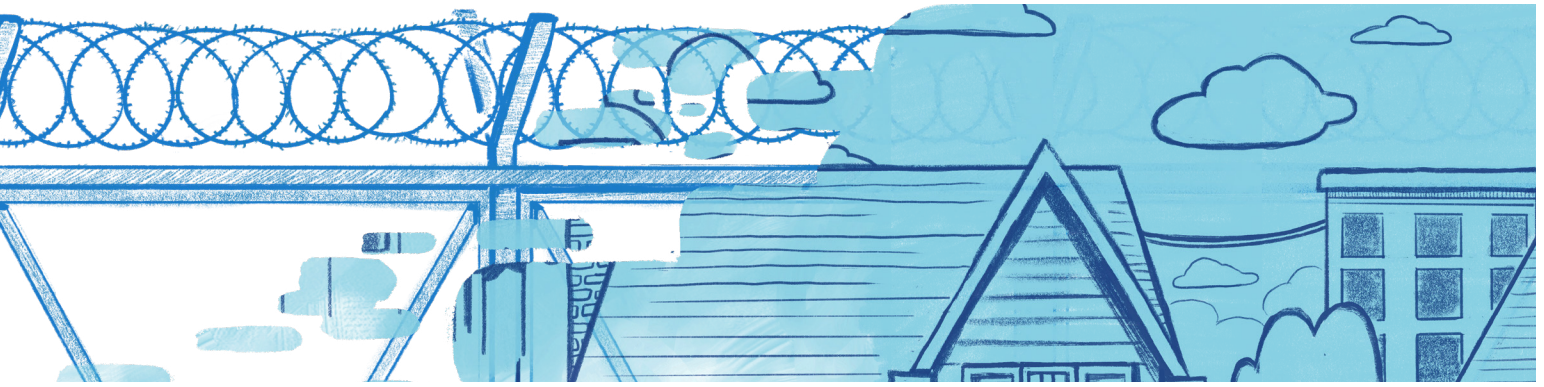
The language used in FTF management must be carefully considered by policymakers and practitioners in close collaboration with stakeholders and target audiences. As discussed at the start of this paper, the term “FTF returnee” associates any returnee with a foreign terrorist organization and engagement in fighting. However, there is no singular profile of a returnee (they include adult men and women, as well as minors) and travelers may have engaged in a range of different roles. Moreover, with the prospect of a more ideologically diverse returnee problem in the future, strategic communication efforts may benefit from a broader term like “foreign conflict returnee” as a generic reference to travelers.

Best practice 5 Integration of evaluation tools

Evaluating the reach, impact, and retention of a strategic communications effort is essential for not only improving future performance but demonstrating the value of public messaging to senior decision makers. For evaluation efforts to be useful they need to be integrated across all aspects of campaign, message, and rollout efforts. This must include the establishment of baseline metrics associated with key attitudinal, behavioral, reach and impact indicators as a first step for gauging future shifts in the target audience. After all, persuasive messaging seeks to either reinforce/sustain or change attitudes and behaviors in target audiences. This is simply not possible without establishing an original point of reference for subsequent evaluation results.

Conclusion

The picture that emerges from this analysis is that there is considerable space for a broadening of strategic communications beyond just counternarrative, alternative narrative, and post-incident messaging. After all, these are all fundamentally responsive rather than proactive activities. Rather, priority should be given to proactive messaging to shape how audiences perceive FTF management activities in a holistic approach that includes an established overarching method, expectation management, media strategy, mindfulness of language, and a clear integration of evaluation tools. Affording deeper consideration to strategic communications also encourages policymakers and practitioners to reflect on the nuances of their approaches.



PART IV: TRAUMA-INFORMED CARE FOR FTF FAMILIES

FTF returnees and their families have been exposed to a complex range of potentially traumatizing experiences while overseas and as part of the repatriation and reintegration process. If those traumas go unaddressed, then stakeholders are likely to encounter substantial roadblocks in reintegration programming over the short and long term. A key principle to successful reintegration programming must therefore be to ensure that trauma-informed care is afforded for FTF returnees and their families. Trauma-informed care is an approach that acknowledges the pervasive nature of trauma and advocates for understanding, respecting, and appropriately responding to the effects of trauma at all levels and across multiple settings.²⁰ The following section identifies four challenges and associated best practice considerations for a trauma-informed care approach to FTF family reintegration programming.

Challenges to the provision of trauma-informed care

While a number of positive advances have been made in trauma treatment and trauma-informed care more broadly, the field is still evolving and a number of challenges persist. Several of these challenges will affect the application of providing trauma-informed care to FTF family management, just as the FTF family context poses its own unique challenges. Based on the team's review and interviews with mental health and psychosocial support (MHPSS) professionals, four key challenges were identified:

Challenge 1

FTF families reintegrating have been exposed to a complex range of potentially traumatizing experiences

For FTF families reintegrating in the U.S., the range of possible trauma exposure is immense, and the key question will not be if they have been exposed to potentially traumatic incidents, but to which types. In addition to adverse childhood experiences (ACEs) like verbal abuse and physical neglect,²¹ FTF families reintegrating may also have been exposed to traumatizing incidents with varying impacts on individual health and well-being including rape and sexual slavery;²² war traumas like exposure to conflict-related death,²³ child soldiering,²⁴ and coerced or volunteered participation in violent acts;²⁵ trauma from forced separation and extended detention in camps;²⁶ and others.

Challenge 2

How trauma is processed, expressed, and treated varies dramatically from person to person

The effects of traumatic experiences are not uniform, and how a person responds to and exhibits symptoms of trauma will vary across settings and individuals. Different types of traumatic experiences can lead to different symptom presentations, with even identical or near-identical traumatic incidents leading to different responses.²⁷ Some victims may exhibit multiple types of symptoms associated with trauma and trauma disorders, whereas others may exhibit fewer symptoms or conceal their symptoms.²⁸ Some may go on to develop post-traumatic stress disorder (PTSD) or complex PTSD (CPTSD) following an incident or series of incidents, others may not. Young children may exhibit unique symptoms of trauma that are distinct from older children and adults.²⁹ Gender dynamics and cultural factors, too, play a major role in conditioning how individuals perceive and respond to traumatic incidents.³⁰ This variation is made more challenging by the fact that the onset of trauma-related symptoms is dynamic and can occur well after initial exposure.³¹

Unfortunately – if left untreated or unaddressed – the maleffects of trauma on sleep, concentration, memory, behavior, and mood can severely disrupt and impede vital parts of the reintegration process.³² Psychological screening and assessment will likely occur for people reintegrating, but tends to be concentrated within certain systems or at certain junctures,³³ which can inadvertently lead to the failure to identify trauma-related symptoms or to track progress over time. What is more, trauma treatment itself can vary substantially,³⁴ and treatment that is not tailored to the unique needs of the individual can be less effective or even harmful in certain scenarios.³⁵ And just as age, gender, and cultural factors can drastically shape the way individuals experience and respond to traumatic stress, they can also shape how individuals respond to treatment or attempts to provide treatment.³⁶

Challenge 3

Symptoms and stigma can impede help-seeking behavior, identification of trauma, and openness to care providers

Among the many symptoms of trauma and trauma disorders are specific symptoms that can impede help-seeking behavior, efforts to identify trauma, and openness to care providers, particularly symptoms associated with avoidance. Although trauma treatment can provide remediation and coping skills to help individuals confront or manage their trauma, symptoms of avoidance can prevent treatment from occurring in the first place or being effective. Other trauma-related symptoms like negative changes in thinking and mood can lead to negative thoughts about oneself, depression, and hopelessness, all of which factor into another dynamic that can impede the trauma recovery process: stigma.³⁷ Stigma can impede individuals from seeking help or being open and honest during assessment and treatment. And for those reintegrating whose best placement is determined to be with family members, stigma expressed either by the family or key members in the family's community can also shape how willing they are to support those reintegrating in seeking and accepting treatment.

Challenge 4

Not all systems are equally prepared to provide trauma-informed care

As this report has highlighted, FTF families reintegrating may engage with a number of systems and settings as part of the reintegration process. Involvement with some – including prison facilities – may be unavoidable, but has the potential to trigger or newly traumatize people reintegrating, especially those who have spent extended time in detention overseas. Facilities also have varying rules in terms of visitation and calling rights, some of which could restrict opportunities to form healing relationships with family members and others during the reintegration process.³⁸ On the flip side, connection with parents and family members who are justice-involved, as well as placement in some family settings, has the potential to either contribute to new traumatic experiences or trigger older ones. And while the number of communities that have experienced jihadist-related violence or similar collectively traumatizing events is relatively small in the U.S.,³⁹ placing people reintegrating into or near these communities has the potential to be incredibly harmful to both parties if not managed appropriately. In addition, case managers and MHPSS providers and services in many communities across the U.S. are still experiencing crippling shortages and chronic understaffing as a result of the global pandemic.⁴⁰

Best practices in the provision of trauma-informed care

Without addressing these challenges, stakeholders will likely face major roadblocks in reintegration programming for FTF families over both the short and long term. To address each of these challenges, our research identifies five best practices to ensure that case managers, MHPSS providers, and other stakeholders invested in the reintegration process have the tools and support they need.

Best practice 1

Equip case managers and providers with expert consultation and resources

As much as possible, case managers and MHPSS providers should be equipped with expert consultation and/or resources from authoritative sources who have researched and analyzed the Islamic State phenomenon. This might include understanding the unique mechanisms of violence and coercion used by the Islamic State, and mapping the full range of traumatic experiences to which individuals may have been exposed, with a

specific emphasis on age and gender related experiences. Subject matter expertise on the Islamic State can and should augment the capacities of existing frameworks, guidelines, and other tools and approaches used by case managers and MHPSS providers.

Best practice 2

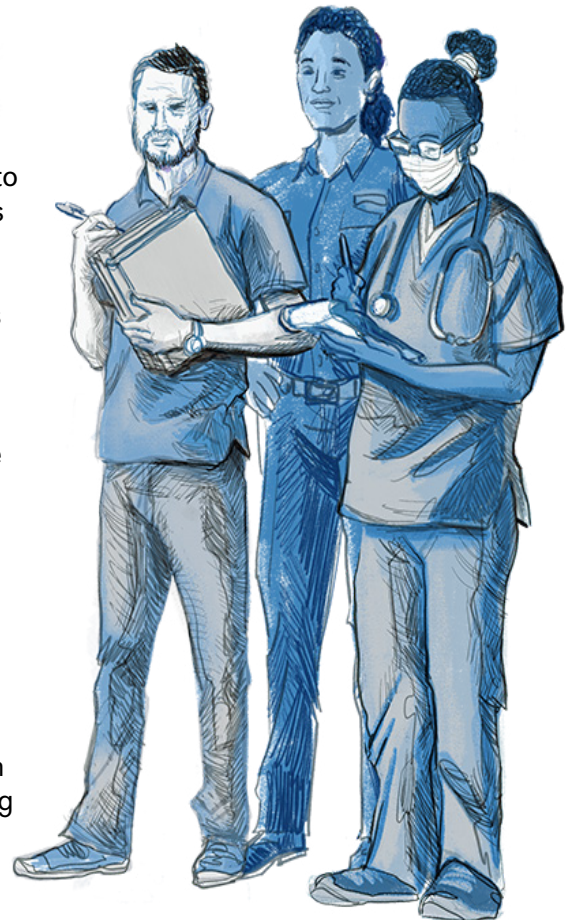
Ensure the process for identifying and treating trauma-related symptoms and disorders is sustainable and tailored to individual needs

Sustainable trauma-informed care should afford longevity to formal identification, assessment, and treatment efforts, including well after initial arrival or intake. Case managers, MHPSS providers, and other stakeholders will need to commit to the long haul to ensure those needs are met, and to acknowledge that some individuals may require extensive time and additional support. Stakeholders will also need to coordinate closely to ensure that trauma treatment – if undertaken – is intelligently sequenced with other services depending on individuals’ needs. Moreover, for trauma-informed care to be age, gender, and culturally-sensitive, these considerations need to factor not just into treatment planning, but also into key decisions that will shape individuals’ broader social ecology upon repatriation. Perceptions of security, safety, trust, and hope are heavily conditioned by culture in particular and represent key dynamics that can help or hinder trauma management. Formal treatment is not the only route to achieve progress on each of these dynamics, but should always feature among the available options.

Best practice 3

Incorporate assessment tools, education, and credible messengers to overcome trauma-related symptoms and stigmas

The symptoms and stigmas associated with trauma must factor into what tools and measures are used for assessment. Case managers and MHPSS service providers will have a number of standard and validated tools at their disposal, but those that rely solely or mostly on self-reporting may not be comprehensive enough for this population. Structured interviews with people reintegrating and collateral sources that incorporate trauma-informed questioning may yield important and helpful information, including with professional sources both in and outside the U.S. Educating people reintegrating and their surrounding support networks may help to ease barriers to seeking and accepting help, to include priming individuals’ families and other key stakeholders in placement communities prior to release or arrival. NGOs and community-based organizations with experience in reintegrating other populations can be incredibly powerful resources for supporting these efforts. They also have experience in connecting people reintegrating to mentors or older peers, working with families and community leaders, and establishing relationships of trust that can also serve as vehicles for breaking down self-stigma and supporting help-seeking behavior and openness to treatment.



Best practice 4

Match people reintegrating to appropriate settings

In matching people reintegrating to the right settings, stakeholders must first do no harm. This involves taking into account the needs and risks of people reintegrating, their families, and the nature of placement settings and communities as best as possible. If justice system involvement is unavoidable, facility selection, proximity to family, visitation rights, and other dynamics must be given careful consideration. At the same time, the premium placed on family unification or reunification by some systems and processes must be weighed against potentially harmful situations discussed above, whether the triggering or re-traumatizing of children and youth, perpetuation of stigma surrounding MHPSS services and help-seeking behavior, or others. For those

who are justice-involved, their case managers will likely be their biggest advocates in addition to or in lieu of family throughout the reintegration process.⁴¹ As a result, assigning case managers who have more manageable caseloads and some applicable experience can go a long way to ensuring needs related to trauma-informed care are met. So, too, can placement in settings where MHPSS services are strong and where providers have comparable experience. Finally, as much as possible, people reintegrating should be placed in communities that provide them with a sense of safety and minimize the risks of predictable triggering or traumatizing incidents.

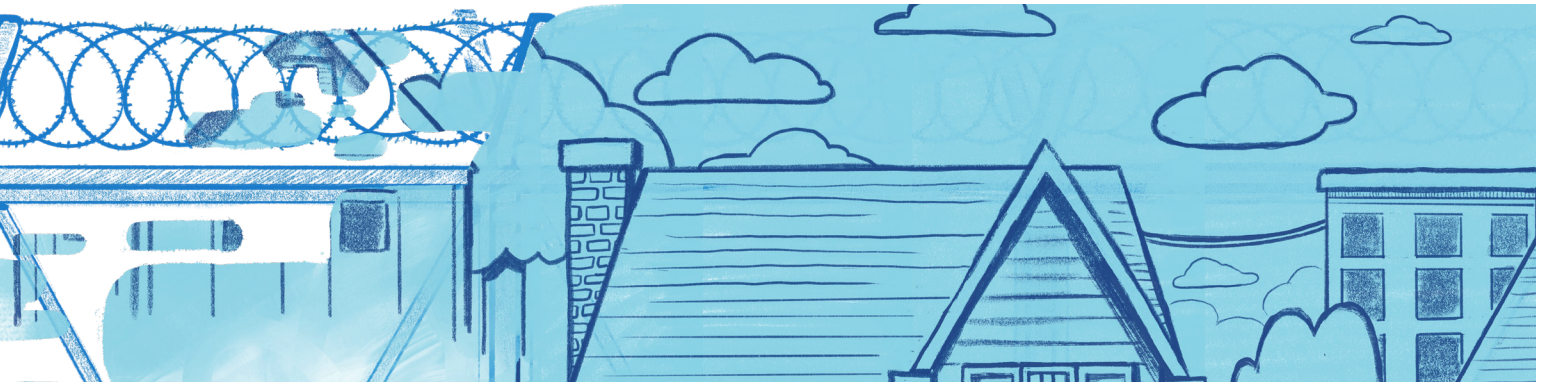
Best practice 5

Integrate evaluation early and throughout the reintegration process

Evaluating efforts to provide trauma-informed care must be done on a case-by-case basis. Just as the exposure to, impact, expression, and treatment of trauma is unique and varies from person to person, establishing baseline metrics to track progress needs to be similarly unique and tailored to individuals. The earlier a formal assessment can be administered and baseline metrics established in the reintegration process, the better. It is also important to acknowledge that completing a treatment program is not a sole metric of success. Trauma is dynamic, and some individuals may struggle with their trauma for many years. Completing therapy cannot be a box-checking exercise, but one of multiple indicators used to evaluate progress. Tailoring evaluation efforts to individuals also means acknowledging that success may look different from case to case. For some individuals, opting in to therapy even once may be the most successful achievement of their reintegration process from a trauma-informed care perspective. For others, measurable progress in symptom expression and management over time may be the best outlook. And for others still, formal treatment may never be sought or accepted, and the most stakeholders can do is to help those individuals meet other needs.

Conclusion

If not appropriately addressed, the traumas carried by FTF returnees and their families can be one of the most crucial barriers to their reintegration. When implemented effectively, efforts to provide trauma-informed care can avoid re-traumatizing individuals or contributing new traumas, be transformative, and serve as a key driver of a successful reintegration process. To do so, integrated programming for trauma-informed care needs to be sustainable, cohesive, tailored to individual needs, and age, gender, and culturally-sensitive. As much as possible, FTF returnees and their families need to be placed in appropriate settings that match their risks and needs.



Part V: A Risk Assessment Framework for FTF Family Management

The development of assessment tools to support practitioners to make empirically informed decisions about risks and threats spans a multitude of fields. From business managers and economists to various health practitioners, criminologists, and security practitioners, solving the challenges associated with developing, validating, and applying such models remains elusive. Irrespective of the field, researchers and practitioners are confronted with myriad interconnected challenges associated with identifying how to understand the problem, what criteria are most appropriate for the framework, how to appropriately balance the priority and weighting afforded to those criteria, what underlying methodology drives the model's processes, and issues of applicability related to who should apply the model and when.

With this in mind, we advocate for a framework that is simple for practitioners to use and adaptable as either a primary assessment tool or, if other models are being used by partner agencies, as an evidence-based supplement. Simplicity and adaptability are important features of an assessment framework for two reasons. First, the interdepartmental and multisectoral nature of FTF management necessitates an approach that not only methodically incorporates the expertise and experience of different practitioners and assessors but potentially their use of different assessment models. Second, the security environment is fluid and the threat posed by returnees from foreign conflicts is likely to ideologically diversify. This section begins with a broad analysis of the latest trends in the fields of research and practice to ultimately identify a suite of lessons for developing a risk assessment framework for FTF returnees and their families. It then presents the broad parameters of a potential framework as the foundation for further practitioner engagements and future applied research.

Existing risk assessment approaches

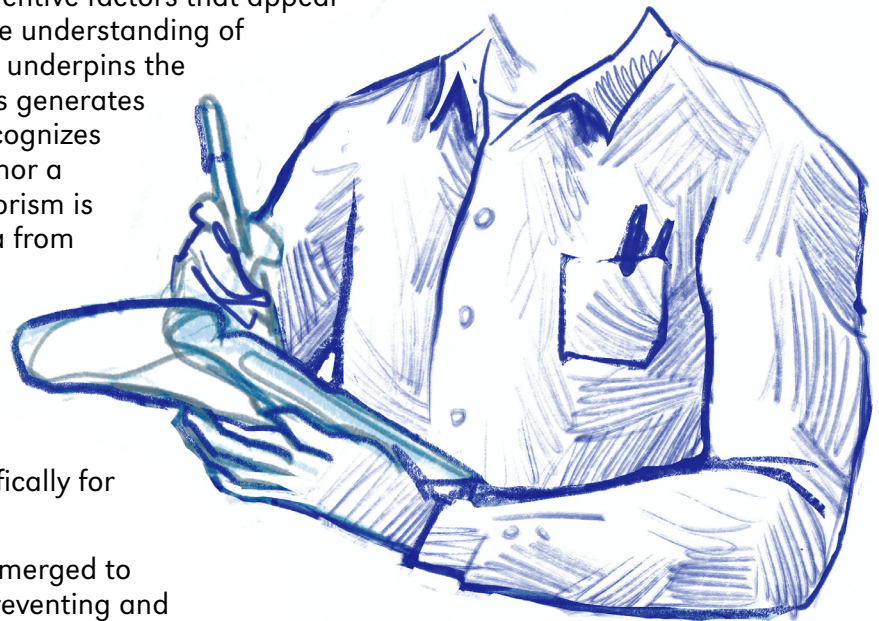
All risk assessment tools serve the fundamental purpose of providing a framework through which to collect data to inform judgments about the likelihood of certain behaviors and outcomes to support decision makers. In crime and national security contexts, risk assessment tools typically focus on keeping the community safe by assessing not only the likelihood that an individual or group will engage and/or re-engage in certain actions but often also their potential to reform/rehabilitate. The field's understanding of risk and how to assess it has evolved, especially in recent decades. Over the course of four generations of development in risk assessment, new approaches sought to correct for inaccuracies stemming from evaluator biases while also balancing the need for qualitative judgments from experts. Throughout the second and third generations of risk assessment, new instruments were introduced, validated, and refined. Second-generation actuarial measures based on static factors gave way to third-generation measures that incorporated dynamic factors and needs assessment. Third-generation tools are giving way to today's fourth-generation approach that integrates risk and needs assessment with case management.⁴² This fourth-generation approach is rooted in the risk-need-responsivity (RNR) model, which holds that services and supervision should be matched to levels of risk (risk), that treatment services should target dynamic risk factors and criminogenic needs (need), and that interventions should both incorporate general social learning styles and also be tailored to individuals' specific characteristics to maximize program outcomes (responsivity).⁴³

In short, where practitioners had previously focused on risks as individual traits that were largely static, the field generally understands risks to be fluid and interdependent on a variety of not only individual and

contextual factors but also transformable via targeted and timely interventions. This shift in how risk is understood has meant that assessing risk is now largely seen as an ongoing process of tracking changes over time and making judgments about what those patterns may mean for community safety, the risk an individual or group poses, and opportunities for intervention.

There are generally three broad criterion types that tend to characterize risk assessment measures: risk factors, indicators, and protective factors.⁴⁴ While risk factors are linked to an increased likelihood of an adverse outcome or behavior and protective factors are linked to a decreased likelihood, indicators suggest the adverse outcome is already present. The relationships within and between these categories of criteria are not necessarily causal. For example, some risk factors may be present in the general population without adverse outcomes while other risk factors may be absent in the case history of a perpetrator. The relationship between risk factors, indicators, and protective factors (if applicable) also need to be incorporated into the assessment and its underlying methodology. For example, a model that assumes linear cumulative risk – i.e. that overall risk increases with the presence of more risk factors – may not necessarily reflect reality. The presence or particularly the absence of indicators may disproportionately skew the assessment process unless this potential is incorporated into the model. This leads to the next important issue.

The mix of risk factors, indicators, and preventive factors that appear in any risk assessment model will reflect the understanding of the problem and the theory of change that underpins the tool. In the context of violent extremism this generates significant challenges. The field broadly recognizes that there is no single profile of a terrorist nor a common trajectory of radicalization.⁴⁵ Terrorism is rare, offering a relatively small pool of data from which to develop and test assessment tools. Risk assessment models of violent extremists need to be purposefully designed to encapsulate a unique variety of risk factors, indicators, and protective factors. Even within this specific context it may be necessary to develop models specifically for FTF family management.



Several major risk assessment tools have emerged to prominence in the counterterrorism and preventing and countering violent extremism field.⁴⁶ While it is beyond the scope of this analysis to canvas these tools in full, a number of key challenges have emerged concerning their utility and application to FTF returnee and family management in the U.S. context:

- Existing terrorism and violent extremism risk assessment tools tend to be third rather than fourth generation, in that they are less focused on considerations for responsivity to treatment and integration with case management, but rather on static risk factors and, to a growing extent, dynamic risk factors and indicators.
- While promising new validation studies have emerged in the last few years for these tools,⁴⁷ validation is still ongoing and more work is needed.
- These tools tend to be focused on specific behaviors – particularly ideological violence and lone actor terrorism – and tend not to capture the full range of behavior exhibited by American FTF families, nor how terrorism-related behaviors are enumerated and criminalized in federal and state codes, which carries important implications for how recidivism is defined and measured.
- Not enough consideration is given to how these tools interact with other tools used in the U.S. justice system and adjacent systems, and how they overlap, differ, and can support one another.

Best practices for risk assessment in the U.S. context

The team identified six best practices to help overcome risk assessment challenges in FTF family management. These six practices serve as a guiding framework, and should support the development and application of a new risk assessment tool that is specific to FTF family management in the US context.

Best practice 1

Leverage existing instruments

Given the interdepartmental and multisector nature of FTF family management, a risk assessment tool should incorporate the findings of other instruments into its assessment processes. In the U.S., existing assessment instruments may already feature in the reintegration process,⁴⁸ and a tool developed specifically for FTF family management should have the flexibility to incorporate results from existing tests if administered. Over-testing individuals throughout the reintegration process can be taxing and negatively impact participation in future assessment and other programming aspects. Leveraging existing instruments will also help to incorporate a fourth-generation approach that encapsulates a full spectrum of static and dynamic risk factors, indicators, and protective factors.

Best practice 2

Ensure simplicity and adaptability

Simplicity and adaptability are crucial features of a risk assessment tool if it is to be effectively and efficiently applied by practitioners. Ensuring that an appropriate understanding of the problem, the theory of change, and methodological nuances are built into the framework is the responsibility of the architects. However, it is vital that the end product must be usable by the FTF family management practitioner or practitioners, which means incorporating a manageable number of questions and standardizing the instrument to better facilitate information sharing.

Best practice 3

Tailor definitions of risk and associated criteria and questions to the FTF family context

While existing assessment instruments have the benefit of years of scientific review and implementation, those instruments may have limitations in their ability to identify specific recidivism risks. Clear and specific definitions of risk that are tailored to FTF family management will significantly aid the development and scope of any related assessment tool. As much as possible, abstract and subjective criteria (e.g. naivety, little ideological knowledge, need for belonging/meaning, lifestyle changes) should be avoided. Rather, the framework should focus on specific criteria that can be linked to demonstrable behaviors or the presence of particular psychosocial vulnerabilities identified by a qualified expert. This will mean understanding and incorporating the full range of known terrorism-related behaviors, informed by a systematic review of related cases and how those behaviors relate to existing U.S. federal and state codes. It will also mean balancing and de-conflicting family risks and needs against those of individuals, particularly for justice-involved families.⁴⁹ Ensuring that those unique risks and needs are incorporated will be crucial to the risk assessment tool's success.

Best practice 4

Appropriately weigh indicators against risk factors and protective factors

Efforts to develop a FTF family management risk assessment tool should avoid methods that assume linear cumulative risk across the model. After all, while linear cumulative risk assumes that the more traits an individual has the higher the risk, it also assumes that the fewer traits an individual has the lower the risk. Both contingencies cannot be assumed as a matter of course for two reasons. First, evaluators cannot assume that they have access to all the necessary data needed to make an assessment. Second, indicators/warning signs should significantly outweigh both risk factors and protective factors categories in the underlying methodology. This helps to offset the potential for practitioners to want to demonstrate that interventions are working (i.e. overemphasize protective factors) or to dismiss the presence of an outlier indicator/warning sign when risk factors are assessed as low (i.e. assuming risk factors present a fuller picture).

Best practice 5

Incorporate gender, age, culture, and trauma-informed considerations

Assumptions and biases related to gender, age, and culture will significantly stunt the risk assessment process for FTF families. In many respects, FTF families have defied prevailing norms and assumptions, and their lives are multi-faceted and diverse.

Children in particular have been exposed to varying levels of coercion, manipulation, and trauma, and a child's age, as well as gender, ethnicity, religion, nationality, social position, and legal status can all affect their experiences. Foreign children who left their home countries and joined the Islamic State should be seen primarily as victims, but they also show differing levels of agency in their response to militant groups' recruitment and educational programs. Some foreign children will have both been perpetrators and survivors of violence, complicating efforts to assess risk, support their reintegration, and treat their trauma. While the presence of trauma-related symptoms and disorders should not itself be equated with risk, failure to address trauma-related needs can have negative cascading effects on the reintegration process and potentially result in risky or risk-seeking behaviors. Because existing instruments that measure trauma-related symptoms and disorders tend to be relatively brief,⁵⁰ stakeholders developing a FTF family risk assessment tool may consider implementing these instruments—in whole or in part—into or in tandem with the risk assessment process.

Best practice 6

Plan for assessment continuity and longevity

Assessing FTF families early in the reintegration process can help practitioners to establish a more accurate baseline before tracking change over time. Dynamic criteria and questions should be incorporated as much as possible in order to identify both general and specific improvement or worsening of factors and indicators, as well as the pace at which those changes are occurring. Practitioners will need to plan accordingly to ensure continuity of assessment over defined intervals in order to accurately track change, and also to ensure the longevity of assessment even as individuals move through different systems and settings.

Conclusion

This section established the broad parameters of a risk assessment framework for specific application to FTF returnees and their families. Future applied research should be devoted to developing the risk assessment tool and testing its efficacy and applicability in collaboration with reintegration practitioners. From a design perspective, three interrelated tranches of work will be crucial. First, the specific criteria within each category of risk factors, indicators, and protective factors needs to be identified and appropriately weighted across the scale reflecting the empirical research, a theory of change, and clear methodology of the model. Second, any tailored framework should draw on case study comparison to identify how the behaviors within the model both reflect real-world examples and link to U.S. federal and state codes. Third, while a risk assessment of the family unit may simply be the sum of the individual members, more work needs to be done to examine the nuances of the underlying methodology. From a practical sense, being synchronized with the delivery of training, it is important to ensure that the risk model is not only rigorous in design and method but applicable to a broad range of cases and usable for practitioners.



CONCLUSION

This report presents an evidence-based comprehensive framework of principles for guiding the policy and practice of FTF family reintegration. It is designed to serve as a decision support tool, covering persistent programmatic challenges, key goals and objectives, and recommended instruments such as strategic communications, trauma-informed care, and risk assessment approaches. The results are based on an interdisciplinary research effort, including a synthesis of the academic literature, case study analysis, quantitative data evaluation, and field work interviews with practitioners in multiple countries across Europe, the Middle East, and North America.

Sponsored by the Department of Homeland Security Science and Technology Directorate (DHS S&T), this study places a special focus on the application of the identified best practices to the case of the United States. Yet many of the factors discussed in this report may very well be equally relevant and useful to reintegration programming in countries with similar parameters and commitment to FTF spouses and children.

Four key findings are central to this report. First, the primary goal of reintegration programming for FTF families is that participating individuals disengage from any previous involvement in extremist behaviors and choose not to commit an ideologically-motivated violent criminal offense or, in cases of prior conviction, reoffend. Other desirable second-order goals relate to their holistic personal rehabilitation and social integration into their community. We identify multiple supporting programmatic objectives to guide how policymakers and practitioners navigate through the complex and interrelated challenges associated with reintegration work (Part I). Relatedly, in order to achieve the goals and objectives outlined above, we present a set of best practices relating to the formal structures and roles and responsibilities assigned to the reintegration mission community in the United States (Part II).

Second, we argue that the coordination and efficacy of reintegration activities can be improved with a greater focus on the role of strategic communications at the overarching planning and management level (Part III). It is broadly recognized that reintegration efforts should not be stovepiped. Less acknowledged is the role that a robust and integrated approach to strategic communications can play in helping to improve the sequencing and synchronicity of standard programming activities. This coordination issue also extends to how the age, gender and psychosocial needs of FTF returnees and their families are addressed.

Third, we highlight the need for better incorporation of gender, age, and trauma-informed considerations at the program and case levels (Part IV). The synthesis of trauma-informed approaches during the repatriation and reintegration process is vital and case managers must be appropriately equipped to develop tailored plans that harness gender, age, and familial factors too. Together, the coherent integration of compatible reintegration efforts and supporting activities will enable a more strategically focused approach.

Finally, based on the project's multidisciplinary and multisectoral findings, this report presents the broad parameters of a risk assessment framework for assessing FTF returnees and their families (Part V). The framework is underpinned by a rigorous methodology and an evidence-based theory of change. As described in this report, it is best practice to incorporate a systematic and repeated risk assessment into the reintegration process. While several major risk assessment tools are used by the prevention and

counterterrorism workforce, a number of key challenges have emerged concerning their utility and application to FTF returnee and family management in the U.S. context. The population of FTF spouses and children – and the circumstances surrounding their reentry – likely feature unique characteristics that may warrant the development of a bespoke assessment approach. We advocate a framework that is simple for practitioners to use and adaptable as either a primary assessment tool or, if other models are being used by partner agencies, as an evidence-based supplement.

Based on our findings, we identify the following opportunities for scientific contribution to this important policy issue. The project, as described in this report, comprises a research and development initiative. It is important that DHS S&T or other involved government agencies support efforts to further develop, test, and evaluate the implementation of reintegration protocol and practice. We make these recommendations:

1. Development of a standardized training program for practitioners

It is likely that the workforce responsible for implementing reintegration policies and programs in the United States and beyond will require not just a common mental model and access to shared supporting resources, but training specific to this population and problem set. The practitioners involved in the work of reintegration will include government agencies at the federal, state, local, and tribal levels as well as partners in the private sector (e.g., nonprofit agencies). Given the multisector, multilevel nature of this effort, it is important that all involved in reintegration programming be given access to a standardized training program established on evidence-based best practices. Under the current study, our research team will next develop a set of instructional materials pertaining to the reintegration of FTF spouses and children. The transition of this knowledge into the development of a credentialed and/or licensed training program would make for a valuable next step. Relatedly, there may be an opportunity to formalize this effort with other related programmatic efforts, such as resettlement of those fleeing conflict or the reintegration of other populations exposed to violent extremism.

2. Refinement of the risk assessment framework in collaboration with practitioners and international partners

As described in this report, it is best practice to incorporate a systematic risk assessment into the reintegration process. In many cases, existing tools may not be well suited to the task. In other words, the population of FTF spouses and children – and the nature of their reentry – likely feature notable unique characteristics that may warrant the development of a bespoke assessment approach. The assessment framework in this proposal would benefit from additional refinement and development, and in collaboration with practitioners and international partners.

This report assesses the common challenges faced in the repatriation and reintegration of foreign terrorist fighter families and presents evidence-based goals, objectives, and practices to ensure the most effective management of their return. Future efforts should continue to develop and evaluate instruments to support this important mission and research area.

REFERENCES

- Ahram, A. I. (2015). Sexual Violence and the Making of ISIS. *Survival*, 57(3), 57-78.
- Ahram, A. (2019). Sexual violence, competitive state building, and Islamic State in Iraq and Syria. *Journal of Intervention and Statebuilding*, 13(2): 188.
- Altier, M. B. (2021). Criminal or terrorist?: Fear, bias, and public support for prisoner reentry programs. *Terrorism and Political Violence*, 1-22.
- Associated Press. (2023, January 8). Alabama Woman Who Joined IS Hopes to Return From Syria Camp. VOA. Retrieved from <https://www.voanews.com/a/alabama-woman-who-joined-is-hopes-to-return-from-syria-camp/6910068.html>
- Bettmann, J. E., Taylor, M. J., Gamarra, E., Wright, R. L., & Mai, T. (2017). Resettlement experiences of children who entered the United States as Refugees. *Social Development Issues*, 39(3), 1-18.
- Bonta, J., & Andrews, D. A. (2007). Risk-need-responsivity model for offender assessment and rehabilitation. *Rehabilitation*, 6(1), 1-22.
- Bunn M, Christopher E, Polutnik-Smith C, McCoy J, Hanneke R, King M, Ellis BH, Cardeli E, Weine S. (2023, Working Paper). Rehabilitation and Reintegration of Women and Children Returning from Violent Extremist Contexts: A Rapid Review to Inform Program and Policy Development.
- Casey, P. M., Elek, J. K., Warren, R. K., Cheesman, F., Kleiman, M., & Ostrom, B. (2014). Offender risk & needs assessment instruments: A primer for courts. National Center for State Courts. Center for Sentencing Initiatives.
- Castonguay, L. G., Boswell, J. F., Constantino, M. J., Goldfried, M. R., & Hill, C. E. (2010). Training implications of harmful effects of psychological treatments. *American Psychologist*, 65(1), 34.
- Choi, K. R., & Graham-Bermann, S. A. (2018). Developmental considerations for assessment of trauma symptoms in preschoolers: A review of measures and diagnoses. *Journal of Child and Family Studies*, 27, 3427-3439.
- Chulov, M. (2018, May 22). 'They deserve no mercy': Iraq deals briskly with accused 'women of Isis'. *The Guardian*. Retrieved from <https://www.theguardian.com/world/2018/may/22/they-deserve-no-mercy-iraq-deals-briskly-with-accused-women-of-isis>
- Cook, J., & Vale, G. (2018). From Daesh to 'Diaspora': Tracing the Women and Minors of Islamic State International Center for the Study of Radicalisation. Retrieved from <https://icsr.info/wp-content/uploads/2018/07/ICSR-Report-From-Daesh-to-%E2%80%98Diaspora%E2%80%99-Tracing-the-Women-and-Minors-of-Islamic-State.pdf>
- Cook, J., & Vale, G. (2019). From Daesh to 'Diaspora' II: The Challenges Posed by Women and Minors After the Fall of the Caliphate. Combating Terrorism Center at West Point. Retrieved from <https://ctc.westpoint.edu/daesh-diaspora-challenges-posed-women-minors-fall-caliphate/>
- Corner, E., & Pyszora, N. (2022). The Terrorist Radicalization Assessment Protocol-18 (TRAP-18) in Australia: face validity, content validity, and utility in the Australian context. *Journal of Policing, Intelligence and Counter Terrorism*, 17(3), 246-268.
- Corrigan, P. W., & Rao, D. (2012). On the self-stigma of mental illness: Stages, disclosure, and strategies for change. *The Canadian Journal of Psychiatry*, 57(8), 464-469.
- Doctor, A. (2022, March 7). "Making the most of foreign volunteers in Ukraine", *War on the Rocks*. <https://warontherocks.com/2022/03/making-the-most-of-foreign-volunteers-in-ukraine/>
- Ellis, B. H., Cardeli, E., Bloom, M., Brahmhatt, Z., & Weine, S. (2020). Understanding the needs of children returning from formerly ISIS-controlled territories through an emotional security theory lens: Implications for practice. *Child abuse & neglect*, 109, 104754.
- Ellis BH, King M, Cardeli E, Christopher E, Davis S, Yohannes S, Bunn M, McCoy J, Weine S. (2023, Working Paper). Supporting women and children returning from violent extremist contexts: Proposing a 5R framework to inform program and policy development.

- European Commission. (2020, July 24). Communication from the Commission to the European Parliament, the European Council, The Council, The European Economic & Social Committee and the Committee of the Regions on the EU Security Union Strategy. <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52020DC0605&from=EN>
- European Parliament. (2018). "The return of foreign fighters to EU soil: Ex-post evaluation", European Parliamentary Research Services (EPRS). [https://www.europarl.europa.eu/RegData/etudes/STUD/2018/621811/EPRS_STU\(2018\)621811_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2018/621811/EPRS_STU(2018)621811_EN.pdf)
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American journal of preventive medicine*, 14(4), 245-258.
- Home Office. (2019). "Counter-Terrorism and Border Security Act 2019", Home Office; RTI International. Countering Violent Extremism: The Application of Risk Assessment Tools in the Criminal Justice and Rehabilitation Process. RTI Project Number 0214428.004.
- Horgan, J. G., Taylor, M., Bloom, M., & Winter, C. (2017). From cubs to lions: a six stage model of child socialization into the Islamic State. *Studies in Conflict & Terrorism*, 40(7), 645-664.
- Horgan, J., Gill, P., Bouhana, N., Silver, J., & Corner, E. (2016). Across the universe? A comparative analysis of violent radicalization across three offender types with implications for criminal justice training and education.
- Hosin, A. A. (2001). Children of traumatized and exiled refugee families: Resilience and vulnerability a case study report. *Medicine, Conflict and Survival*, 17(2), 137-145. Human Rights Watch. (2022, December 15). Syria: Repatriations Lag for Foreigners with Alleged ISIS Ties. Human Rights Watch. Retrieved from <https://www.hrw.org/news/2022/12/15/syria-repatriations-lag-foreigners-alleged-isis-ties>
- Ibrahim, R. and N. M. Aldoori. (2019). "Post-Traumatic Stress Disorder in Relation to Social Support among Adolescents in Mosul City." *Indian Journal of Public Health Research & Development*, 10(10),: 3949-3954.
- Ingram, H. (2020). Pandemic Propaganda and the Global Democracy Crisis. War on the Rocks. <https://warontherocks.com/2020/05/pandemic-propaganda-and-the-global-democracy-crisis/>
- Ingram, H., Coleman, J., Doctor, A., & Margolin, D. (2022). The Repatriation & Reintegration Dilemma: How states manage the return of foreign terrorist fighters & their families. *Journal for Deradicalization*, (31), 119-163. <https://journals.sfu.ca/jd/index.php/jd/article/view/605>.
- Kizilhan, J. I. and Noll-Hussong, M. (2018). "Post-traumatic stress disorder among former Islamic State child soldiers in northern Iraq." *The British Journal of Psychiatry*, 213(1): 425-429.
- Kupper, J., & Meloy, J. R. (2021). TRAP-18 indicators validated through the forensic linguistic analysis of targeted violence manifestos. *Journal of threat assessment and management*, 8(4), 174.
- Langer, P. C., Ahmad, A. N., Majidi, K., Abdelnabi, S., Natsiku, M. O., Shmoil, M., Maasom, J., Ameen, B. B., Ghafoor, S. B., Tofeeq, C., & Arezi, M. (2020). Psychosocial needs of former ISIS child soldiers in Northern Iraq. Research report. Retrieved from <http://www.ipu-berlin.de/professoren/langer-phil-c>.
- Lilienfeld, S. O. (2007). Psychological treatments that cause harm. *Perspectives on psychological science*, 2(1), 53-70.
- Lindencrona, F., Ekblad, S., & Hauff, E. (2008). Mental health of recently resettled refugees from the Middle East in Sweden: the impact of pre-resettlement trauma, resettlement stress and capacity to handle stress. *Social psychiatry and psychiatric epidemiology*, 43, 121-131.
- MacNair, R. (2002). *Perpetration-induced traumatic stress: The psychological consequences of killing*. Greenwood Publishing Group.
- MacVicar, I. (2020). What About the Camp Followers—and their Children?. *Journal for Deradicalization*, (22), 319-378.
- Margolin, D., & Doctor, A. C. (2022, February 2). Thousands of men, women and children remain in detention

because of their former ties to ISIS. The Washington Post. Retrieved from <https://www.washingtonpost.com/politics/2022/02/02/thousands-men-women-children-remain-detention-because-their-former-ties-isis/>

- Meleagrou-Hitchens, A., Hughes, S., & Clifford, B. (2020). *Homegrown: ISIS in America*. I.B. Tauris.
- Meloy, J. R., & Gill, P. (2016). The lone-actor terrorist and the TRAP-18. *Journal of Threat Assessment and Management*, 3(1), 37.
- Moss, I. (2022, October 20). The Importance of Detained Fighters and Displaced Persons in Northeast Syria to the Future of Isis. U.S. Department of State. Retrieved from <https://www.state.gov/the-importance-of-detained-fighters-and-displaced-persons-in-northeast-syria-to-the-future-of-isis/>
- Office of Justice Programs. (2022). History of Risk Assessment. US Department of Justice. Available at: <https://bja.ojp.gov/program/psrac/basics/history-risk-assessment>
- Office of the Director of National Intelligence. (2021). US Violent Extremist Mobilization Indicators 2021 Edition. ODNI Office of Strategic Communications. Retrieved from <https://www.dni.gov/index.php/nctc-newsroom/nctc-resources/item/2272-u-s-violent-extremist-mobilization-indicators-2021>
- Perešin, A., & PISOIU, D. (2021, June). Repatriated foreign terrorist fighters and their families: European Experiences & Lessons for P/CVE. Radicalisation Awareness Network . Retrieved from https://home-affairs.ec.europa.eu/networks/radicalisation-awareness-network-ran/publications/repatriated-foreign-terrorist-fighters-and-their-families-european-experiences-lessons-pcve-june_en
- Pineles, S. L., Street, A. E., & Koenen, K. C. (2006). The differential relationships of shame-proneness and guilt-proneness to psychological and somatization symptoms. *Journal of Social and Clinical Psychology*, 25(6), 688-704.
- Pressman, D. E., & Flockton, J. (2012). Calibrating risk for violent political extremists and terrorists: The VERA 2 structured assessment. *The British Journal of Forensic Practice*, 14(4), 237-251.
- Radicalization Awareness Network (RAN) (2017a). Preventing Radicalisation to Terrorism and Violent Extremism: Approaches and Practices. Available at https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-wedo/networks/radicalisation_awareness_network/ran
- Radicalization Awareness Network (RAN) (2017b). Responses to Returnees: Foreign Terrorist Fighters and Their Families. Available at https://home-affairs.ec.europa.eu/system/files_en?file=2020-09/ran_br_a4_m10_en.pdf
- Reeves, E. (2015). A synthesis of the literature on trauma-informed care. *Issues in mental health nursing*, 36(9), 698-709.
- Roberts, K., & Horgan, J. (2008). Risk assessment and the terrorist. *Perspectives on Terrorism*, 2(6), 3-9.
- Rometsch, C., Denkinger, J. K., Engelhardt, M., Windthorst, P., Graf, J., Gibbons, N., Pham, P., Zipfel, S., & Junne, F. (2020). Pain, somatic complaints, and subjective concepts of illness in traumatized female refugees who experienced extreme violence by the “Islamic State”(IS). *Journal of psychosomatic research*, 130, 109931.
- RTI International. (2018). *Countering Violent Extremism: The Application of Risk Assessment Tools in the Criminal Justice and Rehabilitation Process*. RTI Project Number 0214428.004.
- Save the Children International. (2023, January 10). Spain Repatriates 13 Children and Two Women from North East Syria Camps. Save the Children International. Retrieved from <https://www.savethechildren.net/news/spain-repatriates-13-children-and-two-women-north-east-syria-camps#:~:text=Last%20year%2C%20a%20record%20517,2020%2C%20Save%20the%20Children%20saidiii.&text=Save%20the%20Children%20provides%20protection,%2C%20including%20child%2Dfriendly%20spaces>
- Schuurman, B., & Bakker, E. (2016). Reintegrating jihadist extremists: evaluating a Dutch initiative, 2013–2014. *Behavioral sciences of terrorism and political aggression*, 8(1), 66-85.
- Shahali, S., Shariati, S., & Montazeri, A. (2020). Sexual violence against women by so-called Islamic state of Iraq and Syria (ISIS): protocol for a systematic review. *Systematic reviews*, 9, 1-6.

- Tummala-Narra, P. (2007). Conceptualizing trauma and resilience across diverse contexts: A multicultural perspective. *Journal of aggression, maltreatment & trauma*, 14(1-2), 33-53.
- Ungar, M. (2013). Resilience, trauma, context, and culture. *Trauma, violence, & abuse*, 14(3), 255-266.
- Vale, G. 2022. "You are no longer cubs, you are now lions': examining the constructed masculinities of Islamic State child executioners and their victims." *Critical Studies on Terrorism* 4, no. 15: 823-845.
- van Ginkel, B., & Entenmann, E. (Eds.). (2016). *The foreign fighters phenomenon in the European Union: profiles, threats & policies*. The Hague: International Centre for Counter-Terrorism.
- Victoroff, J. (2005). The mind of the terrorist: A review and critique of psychological approaches. *Journal of Conflict resolution*, 49(1), 3-42.
- Vidino, L. & Marone, F. (2022, September 6). *Jihadist Attacks in the West: 2014-2022*. The Program on Extremism at George Washington University. Access: https://extremism.gwu.edu/sites/g/files/zaxdzs2191/f/Jihadist-Attacks-in-the-West_Vidino-Marone_September-2022.pdf
- Williams, M. B., & Sommer, J. F. (2002). *Simple and complex post-traumatic stress disorder*. New York: Haworth Maltreatment and Trauma Press.
- World Health Organization. (2021). *Al Hol Camp Annual Mortality Report 2021*. WHO Syria. Retrieved from https://www.emro.who.int/images/stories/syria/Al-Hol-Camp-Mortality-Annual-Report-2021_Syria_02.06.22.pdf?ua=1

ENDNOTES

- ¹ While there are many datasets on the foreign fighter phenomenon, the only dataset to apply a gender and age related lens is that of Cook and Vale. See: Cook, J., & Vale, G. (2018). From Daesh to 'Diaspora': Tracing the Women and Minors of Islamic State. International Center for the Study of Radicalisation. Retrieved from <https://icsr.info/wp-content/uploads/2018/07/ICSR-Report-From-Daesh-to-%E2%80%98Diaspora%E2%80%99-Tracing-the-Women-and-Minors-of-Islamic-State.pdf>; Cook, J., & Vale, G. (2019). From Daesh to 'Diaspora' II: The Challenges Posed by Women and Minors After the Fall of the Caliphate. Combating Terrorism Center at West Point. Retrieved from <https://ctc.westpoint.edu/daesh-diaspora-challenges-posed-women-minors-fall-caliphate/>
- ² While the majority of women and minors are held in detention camps in northeast Syria, some women were arrested and put on trial in Iraq. Please see: Chulov, M. (2018, May 22). 'They deserve no mercy': Iraq deals briskly with accused 'women of Isis'. The Guardian. Retrieved from <https://www.theguardian.com/world/2018/may/22/they-deserve-no-mercy-iraq-deals-briskly-with-accused-women-of-isis>
- ³ The language used in foreign terrorist fighter (FTF) management has policy implications. For example, the term "FTF" associates an individual with a designated foreign terrorist organization (FTO) and engagement in fighting. However, as this report highlights, there is no singular profile of a traveler or returnee (they include adult men and women, as well as minors) and these individuals may have engaged in a range of different roles, not just combat. As such, this paper will use the term FTF families to refer to spouses and minors associated with IS. The use of this term does not denote agency, or lack thereof, but rather refers to the individual's association with a designated FTO and the fact the individual(s) are travelers who went to join the group in-theater.
- ⁴ Moss, I. (2022, October 20). The Importance of Detained Fighters and Displaced Persons in Northeast Syria to the Future of Isis. U.S. Department of State. Retrieved from <https://www.state.gov/the-importance-of-detained-fighters-and-displaced-persons-in-northeast-syria-to-the-future-of-isis/>
- ⁵ Save the Children International. (2023, January 10). Spain Repatriates 13 Children and Two Women from North East Syria Camps. Save the Children International. Retrieved from <https://www.savethechildren.net/news/spain-repatriates-13-children-and-two-women-north-east-syria-camps#:~:text=Last%20year%2C%20a%20record%20517,2020%2C%20Save%20the%20Children%20sa-idiii.&text=Save%20the%20Children%20provides%20protection,%2C%20including%20child%2Dfriendly%20spaces>
- ⁶ Associated Press. (2023, January 8). Alabama Woman Who Joined IS Hopes to Return From Syria Camp. VOA. Retrieved from <https://www.voanews.com/a/alabama-woman-who-joined-is-hopes-to-return-from-syria-camp/6910068.html>
- ⁷ Margolin, D., & Doctor, A. C. (2022, February 2). Thousands of men, women and children remain in detention because of their former ties to ISIS. The Washington Post. Retrieved from <https://www.washingtonpost.com/politics/2022/02/02/thousands-men-women-children-remain-detention-because-their-former-ties-isis/>
- ⁸ Cook, J., & Vale, G. (2019, July). From Daesh to 'Diaspora' II: The Challenges Posed by Women and Minors After the Fall of the Caliphate. Combating Terrorism Center at West Point. Retrieved from <https://ctc.westpoint.edu/daesh-diaspora-challenges-posed-women-minors-fall-caliphate/>
- ⁹ Betts, T.A. (2022, July 13). Resolving the Detainee Dilemma: What Next for the Men, Women & Children of the Islamic State. US Department of State. <https://www.state.gov/resolving-the-detainee-dilemma-what-next-for-the-men-women-children-of-the-islamic-state-2/>.
- ¹⁰ Margolin, D., & Doctor, A. C. (2022, February 2). Thousands of men, women and children remain in detention because of their former ties to ISIS. The Washington Post. Retrieved from <https://www.washingtonpost.com/politics/2022/02/02/thousands-men-women-children-remain-detention-because-their-former-ties-isis/>
- ¹¹ World Health Organization. (2021). Al Hol Camp Annual Mortality Report 2021. WHO Syria. Retrieved from https://www.emro.who.int/images/stories/syria/Al-Hol-Camp-Mortality-Annual-Report-2021_Syria_02.06.22.pdf?ua=1
- ¹² Human Rights Watch. (2022, December 15). Syria: Repatriations Lag for Foreigners with Alleged ISIS Ties. Human Rights Watch. Retrieved from <https://www.hrw.org/news/2022/12/15/syria-repatriations-lag-foreigners-alleged-isis-ties>
- ¹³ For groups like the Islamic State – i.e., those with state-building aspirations and related intentions to rearrange society – families serve an important function. Indeed, the ISIS leadership and bureaucracy was highly attuned to the "importance of marriage and family bonds to their state-building efforts." See: Ahran, A. (2019). Sexual violence, competitive state building, and Islamic State in Iraq and Syria. *Journal of Intervention and Statebuilding*, 13(2): 188.
- ¹⁴ It is important to acknowledge that there is not a singular definition of successful reintegration. For example, some programs measure success based on reducing the chance of recidivism among target groups. (See: Schuurman, B., and Bakker, E. "Reintegrating jihadist extremists: evaluating a Dutch initiative, 2013–2014." *Behavioral Sciences of Terrorism and Political Aggression* 8.1 (2016): 66-85.) However, as work by Mary Beth Altier highlights, "many disengage from terrorism without abandoning their belief in a radical ideology; some involved in terrorism are not motivated by the ideology to begin with; and many who are committed to the ideology do abandon it or 'de-radicalize.'" (See: Altier, M.B. "Criminal or Terrorist?: Fear, Bias, and Public Support for Prisoner Reentry Programs." *Terrorism and Political Violence* (2021): 1-22.)
- ¹⁵ See: Schuurman, B. & Bakker, E. (2016). "Reintegrating jihadist extremists: Evaluating a Dutch initiative, 2013–2014." *Behavioral Sciences of Terrorism and Political Aggression*, 8(1), 66-85.
- ¹⁶ This trend is particularly evident across EU member states. For more see, Perešin, A., & Pisiou, D. (2021, June). Repatriated foreign terrorist fighters and their families: European Experiences & Lessons for P/CVE. Radicalisation Awareness Network. Retrieved from https://home-affairs.ec.europa.eu/networks/radicalisation-awareness-network-ran/publications/repatriated-foreign-terrorist-fighters-and-their-families-european-experiences-lessons-pcve-june_en; Additionally, see Van Ginkel, B., and Entenmann, E., (eds), 2016, "The Foreign Fighters Phenomenon in the European Union: Profiles, Threats & Policies", International Centre for Counter-Terrorism - The Hague 7 no.2. Access: https://icct.nl/app/uploads/2016/03/ICCT-Report_Foreign-Fighters-Phenomenon-in-the-EU_1-April-2016_including-AnnexesLinks.pdf; European Parliament, 2018, "The return of foreign fighters to EU soil: Ex-post evaluation", European Parliamentary Research Services (EPRS). May 2018. Access: [https://www.europarl.europa.eu/RegData/etudes/STUD/2018/621811/EPRS_STU\(2018\)621811_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/STUD/2018/621811/EPRS_STU(2018)621811_EN.pdf)
- ¹⁷ Interviews with EU policy officials conducted by the authors.
- ¹⁸ European Commission, 2020a, Communication from the Commission to the European Parliament, the European Council, The Council, The European Economic & Social Committee and the Committee of the Regions on the EU Security Union Strategy (EU Security Union Strategy 2020-2025). Brussels, 24 July 2020. Available online: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52020DC0605&from=EN>; Haroro J. Ingram, 2020, "Pandemic propaganda and the global democracy crisis", War on the Rocks (18 May 2020). <https://warontherocks.com/2020/05/pandemic-propaganda-and-the-global-democracy-crisis/>
- ¹⁹ Doctor, A. (2022) "Making the most of foreign volunteers in Ukraine", War on the Rocks (7 March 2022); Cook, J., & Vale, G. (2018). From Daesh to 'Diaspora': Tracing the Women and Minors of Islamic State. International Center for the Study of Radicalisation. Retrieved from <https://icsr.info/wp-content/uploads/2018/07/ICSR-Report-From-Daesh-to-%E2%80%98Diaspora%E2%80%99-Tracing-the-Women-and-Minors-of-Islamic-State.pdf>; Cook, J., & Vale, G. (2018). From Daesh to 'Diaspora': Tracing the Women and Minors of Islamic State. International Center for the Study of Radicalisation. Retrieved from <https://icsr.info/wp-content/uploads/2018/07/ICSR-Report-From-Daesh-to-%E2%80%98Diaspora%E2%80%99-Tracing-the-Women-and-Minors-of-Islamic-State.pdf>
- ²⁰ Trauma-informed care is not the same as the formal diagnosis and treatment of trauma-related symptoms and disorders, which involves an assessment by a licensed psychologist, and an established treatment intervention through medication, psychotherapy, or some combination of the two. Formal diagnosis and treatment can be part of a trauma-informed care approach, but the two are distinct concepts. Reeves, E. 2015. "A Synthesis of the Literature on Trauma-Informed Care." *Issues in Mental Health Nursing* 36, no. 9: 698-709.
- ²¹ Felitti, V. J. et al. 1998. "The Adverse Childhood Experiences Study." *American Journal of Preventive Medicine* 14, no. 4: 245-258.
- ²² Ahran, A. I. 2015. "Sexual Violence and the Making of ISIS." *Global Politics and Strategy* 57, no. 3: 57-58; Shahali, S. et al. 2020. "Sexual violence against women by so-called Islamic state of Iraq and Syria (ISIS): protocol for a systematic review." *Systematic Reviews* 9, no. 239.
- ²³ Ellis, B. H. et al. 2020. "Understanding the needs of children returning from formerly ISIS-controlled territories through an emotional security theory lens: Implications for practice." *Child Abuse & Neglect* 109; Ibrahim, R. and N. M. Aldoori. 2019. "Post-Traumatic Stress Disorder in Relation to Social Support among Adolescents in Mosul City." *Indian Journal of Public Health Research & Development* 10, no. 10: 3949-3954.

- 24 Horgan, J. G. et al. 2015. "From Cubs to Lions: A Six Stage Model of Child Socialization into the Islamic State." *Studies in Conflict & Terrorism* 40, no. 7: 645-664.
- 25 Kizilhan, J. I. and Noll-Hussong, M. 2018. "Post-traumatic stress disorder among former Islamic State child soldiers in northern Iraq." *The British Journal of Psychiatry* 213, no. 1: 425-429.; Vale, G. 2022. "You are no longer cubs, you are now lions": examining the constructed masculinities of Islamic State child executioners and their victims." *Critical Studies on Terrorism* 4, no. 15: 823-845.
- 26 MacVicar, I. C. 2020. "What About the Camp Followers – and their Children?" *Journal for Deradicalization* no. 22: 319-378.
- 27 For example, participating in Islamic State-sanctioned violence can lead to perpetrator-induced traumatic stress (PITS) in one person where for another it might lead to positive feelings (i.e. appetitive aggression), which can provide resilience against the development of PTSD. See: Macnair, R. M. 2010. *Perpetration-induced traumatic stress: The psychological consequences of killing* (Santa Barbara, CA: Greenwood Publishing, 2010); Langer, P. C. et al. 2019. *Psychosocial Needs of Former ISIS Child Soldiers in Northern Iraq* (Berlin: International Psychoanalytic University Berlin, 2019).
- 28 Pineles, S. L. et al. 2006. "The Differential Relationships of Shame-proneness and Guilt-proneness to Psychological and Somatization Symptoms." *Journal of Social and Clinical Psychology* 25, no. 6: 688-704.
- 29 See, for example: Choi, K. R. and S. A. Graham-Bermann. 2018. "Developmental considerations for assessment of trauma symptoms in preschoolers: a review of measures and diagnoses." *Journal of Child and Family Studies* 27: 3427-3439.
- 30 Tummala-Narra, P. 2008. "Conceptualizing Trauma and Resilience Across Diverse Contexts." *Journal of Aggression, Maltreatment & Trauma* 14, no. 1-2: 33-53.
- 31 For example, symptom onset can occur either as part of the resettlement process, or even several months to years later after the pragmatic demands of meeting basic human needs diminish, and other needs surface in a more observable manner. See, Bettmann, J. E. et al. 2017. "Resettlement Experiences of Children Who Entered the United States as Refugees." *Social Development Issues* 39, no. 3: 1-18; Lindencrona, F. et al. 2008. "Mental health of recently resettled refugees from the Middle East in Sweden: the impact of pre-resettlement trauma, resettlement stress and capacity to handle stress." *Social Psychiatry and Psychiatric Epidemiology* 43: 121-131.
- 32 Hosin, A.A. 2001. "Children of traumatized and exiled refugee families: Resilience and vulnerability, a case study report." *Medicine, Conflict and Survival* 17, no. 2: 137-145; Rometsch, C. et al. 2020. "Pain, somatic complaints, and subjective concepts of illness in traumatized female refugees who experienced extreme violence by the "Islamic State" (IS)." *Journal of Psychosomatic Research* 130.
- 33 To include prison facilities, psychiatric facilities, youth facilities, community programming and counseling, in-home therapy, different services within the child welfare system, and others. Authors' interviews with US justice system case managers, November 2022.
- 34 Even for PTSD alone, a range of treatments are recommended to varying extents. See, for example: van der Kolk, B. A. et al. 2002. *Simple and Complex Post-Traumatic Stress Disorder: Strategies for Comprehensive Treatment in Clinical Practice*. (New York: Routledge, 2002).
- 35 Lilienfeld, S. O. 2016. "Psychological Treatments That Cause Harm." *Perspectives on Psychological Science* 2, no. 1; Castonguay, L. G. et al. 2010. "Training implications of harmful effects of psychological treatments." *American Psychologist* 65, no. 1: 34-49.
- 36 Ungar, M. 2013. "Resilience, Trauma, Context, and Culture." *Trauma, Violence, & Abuse* 14, no. 3.
- 37 Stigma involves the complex interplay between negative public attitudes associated with mental illness and those struggling with it (public stigma) and how individuals internalize those public attitudes (self-stigma). Corrigan, P. W. and D. Rao. 2012. "On the Self-Stigma of Mental Illness: Stages, Disclosure, and Strategies for Change." *The Canadian Journal of Psychiatry* 57, no. 8: 464-469.
- 38 Authors' interviews with US justice system case managers, November 2022.
- 39 Vidino, L. and F. Marone. 2022. *Jihadist Attacks in the West: 2014-2022*. (Washington, D.C.: The Program on Extremism at George Washington University, 2022); Meleagrou-Hitchens et al. 2020. *Homegrown: ISIS in America*. (London: Bloomsbury, 2020).
- 40 Authors' interviews with US justice system case managers, November 2022. These interviews also highlighted that many case managers and MHPSS providers who remain are experiencing burnout and face intense caseloads. While advances in virtual care have provided some amelioration and expanded access to healthcare—including trauma treatment—there are also distinct limitations in the quality of that care and its application to a number of scenarios, including with this population.
- 41 Authors' interviews with US justice system case managers, November 2022.
- 42 Office of Justice Programs. "History of Risk Assessment." US Department of Justice. Available at: <https://bja.ojp.gov/program/psrac/basics/history-risk-assessment>.
- 43 Bonta, J., & Andrews, D. A. (2007). *Risk-need-responsivity model for offender assessment and rehabilitation* (Ottawa: Public Safety Canada, 2007).
- 44 Radicalization Awareness Network (RAN) (2017a). *Preventing Radicalisation to Terrorism and Violent Extremism: Approaches and Practices*. Available at https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation_awareness_network/ran-bestpractices/docs/ran_collection-approaches_and_practices_en.pdf; RTI International (2018). *Countering Violent Extremism: The Application of Risk Assessment Tools in the Criminal Justice and Rehabilitation Process*. RTI Project Number 0214428.004; Victoroff, J. (2005). *The mind of a terrorist: A review and critique of psychological approaches*. *Journal of Conflict Resolution*, 49(1), 11-16, 22-30.
- 45 Radicalization Awareness Network (RAN) (2017b). *Responses to Returnees: Foreign Terrorist Fighters and Their Families*. Available at https://ec.europa.eu/homeaffairs/sites/homeaffairs/files/ran_br_a4_m10_en.pdf; Horgan, J., Gill, P., Bouhana, N., Silver, J., & Corner, E. (2016). *Across the Universe? A Comparative Analysis of Violent Behavior and Radicalization Across Three Offender Types With Implications for Criminal Justice Training and Education*. Available at <https://www.ncjrs.gov/pdffiles1/nij/grants/249937.pdf>
- 46 These include the Violent Extremism Risk Assessment, Version 2 Revised (VERA-2R), the Extremism Risk Guidance tool (ERG 22+), the Terrorist Radicalization Assessment Protocol (TRAP-18), and the IAT8 in the United Kingdom's Channel program. Roberts, K., & Horgan, J. (2008). *Risk assessment and the terrorist*. *Perspectives on Terrorism*, 2(6), 3-9; Pressman, D. E., & Flockton, J. (2012). *Calibrating risk for violent political extremists and terrorists: The VERA 2 structured assessment*. *The British Journal of Forensic Practice*, 14, 237-251; Meloy, J. R., & Gill, P. (2016). *The lone-actor terrorist and the TRAP-18*. *Journal of Threat Assessment and Management*, 3(1), 37-52; Corner, E. 2022. "The Terrorist Radicalization Assessment Protocol-18 (TRAP-18) in Australia: face validity, content validity, and utility in the Australian context," *Journal of Policing, Intelligence and Counter-Terrorism* 17, no. 3; Home Office, 2019, "Counter-Terrorism and Border Security Act 2019", Home Office; RTI International (2018). *Countering Violent Extremism: The Application of Risk Assessment Tools in the Criminal Justice and Rehabilitation Process*. RTI Project Number 0214428.004.
- 47 Particularly TRAP-18 in the US context. See, for example: Kupper, J. and Meloy, J. R. (2021). "TRAP-18 indicators validated through the forensic linguistic analysis of targeted violence manifestos." *Journal of Threat Assessment and Management* 8, no. 4: 174-199.
- 48 Level of Service Inventory-Revised (LSI-R) and corresponding Youth Level of Service Inventory, the US Violent Extremist Mobilization Indicators. See, for example: https://www.ncsc.org/_data/assets/pdf_file/0018/26226/bja-rna-final-report_combined-files-8-22-14.pdf; Office of the Director of National Intelligence. (2021). *US Violent Extremist Mobilization Indicators 2021 Edition*. ODN Office of Strategic Communications. Retrieved from <https://www.dni.gov/index.php/nctc-newsroom/nctc-resources/item/2272-u-s-violent-extremist-mobilization-indicators-2021>.
- 49 For example, in courts weighing visitation rights and isolation vs. limited contact vs. separation
- 50 For example, the official PTSD measurement tool (PCL-5) is a brief 20 questions.

NCITE NATIONAL COUNTERTERRORISM
INNOVATION, TECHNOLOGY,
AND EDUCATION CENTER

A U.S. DEPARTMENT OF HOMELAND SECURITY CENTER OF EXCELLENCE

ncite@unomaha.edu | ncite.unomaha.edu | 402.554.6422