

**RAN REHAB***11/10/2021***CONCLUSION PAPER***RAN Rehabilitation Working Group Meeting**16 September 2021, digital*

# Returning FTFs and their families : Practitioners' insights on improving the return process

## Key outcomes

Since the beginning of the conflict in Iraq and Syria<sup>1</sup>, approximately 5 000 individuals from the European Union (EU) have travelled to join fighting groups in these countries. Depending on the EU Member State (MS), between 20 % and 50 % of all these 'travellers' are reported to have returned. There are also hundreds of Europeans currently being held in detention camps in northeast Syria.<sup>2</sup>

A number of European countries considered the threat emanating from returnees to be significant. The process of their repatriation, rehabilitation and reintegration poses a challenge to many European countries.

The RAN Rehabilitation Working Group meeting that took place on 16 September 2021 brought together practitioners from different European countries. The aim of the meeting was to develop a comprehensive understanding of the status of rehabilitation work with returnees and to discuss potential ways forward on improving the rehabilitation and reintegration process for returning FTFs and their family members.

Highlights and key recommendations of the meeting included the following:

- 1) **Early intervention** and the establishment of a smooth and consistent **prison-exit continuum** (prison – probation – reintegration) in rehabilitation.
- 2) The use of **a different approach for different generations/waves** of returning FTFs and their family members.
- 3) A **trauma management** and **trauma-informed** approach by all professionals.
- 4) Long-term **mental-health support** for both returnees and their family members.
- 5) (Local) **Communication strategy** that counter and prevent stigma and exclusion.

<sup>(1)</sup> EUROPOL, ['Terrorism Situation and Trend Report 2019 \(TE-SAT\)](#), 27 June 2019, p. 40.

<sup>(2)</sup> EUROPOL, ['Terrorism Situation and Trend Report 2021 \(TE-SAT\)](#), 22 June 2021, p. 18.

## Highlights of the discussion

### Setting the scene: Key context related to the return and rehabilitation of FTFs and their family members

Professionals working with returnees agree that the following general approaches are essential to their engagement with returnees.



*Image 1: Key actions to consider an overall approach to returnees<sup>3</sup>*

A comprehensive intervention is founded on the use of **immediate** and **long-term** risk and needs assessments. These are based on: information about the experiences of returnees in Syria and Iraq,<sup>4</sup> their level of trauma and mental health status, the degree to which they have been ideologically indoctrinated, their disillusionment with or commitment to jihadist groups or the 'caliphate' (the concept), their motivation for returning,<sup>5</sup> and the role their family/community is expected to play in their process of rehabilitation.

The social and community context in which returnees arrive is an important factor to consider. Current experience shows that returnees are often **excluded** and **stigmatised** even by their own families and communities. If returnees have **weak social ties** while suffering from **severe mental health issues** like post-traumatic stress disorder (PTSD), these can obstruct their successful rehabilitation and reintegration.

There are various different perspectives related to rehabilitation work with returning FTFs and supporting the reintegration of FTFs and their family members. To assess where improvements can be made, the topic needs to be approached from a multi-professional and multi-institutional perspective, in particular from the point of view of: (1) **rehabilitation practitioners** and (2) **education, police, and social work** professionals. Several of the main challenges and recommendations related to these practitioner groups are outlined below. This presentation is aimed at assisting the evaluation of how the return, rehabilitation, and reintegration processes have **unfolded** so far and what practitioners can learn, to be prepared for long-term rehabilitation work.

<sup>(3)</sup> RAN Manual, 'Responses to Returnees: Foreign Terrorist Fighters and their families', July 2017, p. 6.

<sup>(4)</sup> Whether they have combat experience or participated in torture and executions or other criminal activities, for example.

<sup>(5)</sup> The motivation for return is important, and varies from: disillusionment/remorsefulness, to opportunism (still driven by ideology, but seeking better living conditions), to the sense that more can be done for the *cause* in Europe (including a willingness to carry out terrorist attacks), to having been captured and returned unwillingly.

## Challenges

### Rehabilitation work with FTFs: Insights from rehabilitation practitioners supported by education, police and social work professionals

Expert practitioner discussions about early experiences of dealing with returnees reveal many challenges – ranging from the **management and organisational issues** (related to the care and support for individuals with widely varying needs and risks) and the **skills and dedication** needed by front-line practitioners so they can respond appropriately to the unique challenges of this work, as well as **working with families and (local) communities**. Other issues that require attention include the negative impact that a lack of deradicalisation programming for FTFs who remain in Syria and Iraq has on the effectiveness of such programmes following their return. This includes the importance of **differentiating among generations/waves** of returning FTFs in the context of rehabilitation. These generations may differ, for example, in their degree of radicalisation, levels of disillusionment with Daesh and other jihadist groups, as well as their motives for returning. As such, there are different challenges for rehabilitation work.

#### Management and organisational issues

While extremely difficult to achieve, long-term, sustainable rehabilitation would not be possible without the work of dedicated practitioners from a number of fields, including youth and family workers, local authorities, (mental) health professionals, police, and prison staff. Successful rehabilitation also demands **early intervention**; meaning that rehabilitation begins promptly and transitions from prison to probation to society (**prison-exit continuum**) are smooth and consistent. Hence, the problem of insufficient early rehabilitation in prisons (a process that should ideally even begin in Syrian or Iraqi prisons or camps), was raised during the meeting. This is complicated due to a **lack of staffing** in rehabilitation programmes (especially psychologists), **inadequate coordination** among the various services involved, and **inconsistency** in implementing the prison-exit continuum. Despite the awareness that information sharing and trusted partnerships among practitioners from different institutions are crucial, **challenges to information sharing** are a recurring problem.

An individual's rehabilitation process may endure for years, with limited results, making **assessment** and evaluation tools essential. However, there remains a lack of such tools to **evaluate** the effectiveness of programming. Additional problems are due to limited **financial** resources since rehabilitation is costly, especially in the long-term. Ultimately, these funding issues and the lack of a **long-term planning** approach to rehabilitation are obstacles to the successful reintegration of returnees in many countries.

#### The skill and dedication of front-line practitioners

Dealing with highly **traumatised** individuals who have been exposed to such traumatic experience from Syria and Iraq, often with **multiple traumas**<sup>6</sup> or **transgenerational transmission of trauma**, presents a persistent challenge for professionals, who are often faced with insufficient **training** and **skill development**. Other issues include:

- The need to address **fear and insecurity among practitioners**. If practitioners operate under certain assumptions, they may not approach the work in the most appropriate way.
- The necessity for full **dedication** and **continuity** from practitioners (i.e., this is not a job that ends when the workday ends) means that only the most committed professionals in social and mental health services are likely to develop the trust and level of engagement with returnees required for their successful rehabilitation.

#### Working with families and (local) communities

A lack of **long-term mental health support** to returnees and their family members increases the likelihood that potentially disruptive and debilitating symptoms related to fear, stigma, and trauma could re-appear in the months or years after their return.

Stabilising the **living situation** (job, education, housing etc.) of a returnee is an important factor in their rehabilitation. Strong support from family and the local community is crucial to accomplish this, but it is not always

<sup>(6)</sup> For example, a majority of Bosnian women returnees have suffered layers of trauma, first in childhood during the Bosnian war, then during their time in Syria and/or Iraq, and then again after their return, associated with the process of reintegration itself.

offered. It is extremely difficult to **build trust** with relevant actors, to guide them in creating a trustful environment (a **trauma-free zone**) for a returnee. This can be linked to prejudice about returnees, which is often fed by the media. Still, **state policy** also matters, and policies that centre on repatriation may negatively impact general perceptions of returnees and, consequently, their rehabilitation.

Clearly, the **stigmatisation** of returnees is a huge challenge, not only for returnees themselves but also for their families. It can result in **two types of isolation**, seen in both returnees and their families. Practitioners highlighted these two types during the meeting: (1) isolation imposed from the outside and (2) self-isolation.<sup>7</sup> Some family members of returnees choose **self-isolation** for various reasons, from a fear of being targeted by right-wing extremists, to the shame they feel as a relative of an FTF. In any case, family members are often highly traumatised, yet they suffer in different ways than returnees (some from severe **stress-based health issues**) and are not always included or considered in care and support programmes.

## Relevant practices

- **Grüner Vogel e.V.** is a Berlin-based civil society organisation<sup>8</sup> with many years of experience in the field of Islamist and/or jihadist radicalisation and deradicalisation. In their counselling, which is aimed at both radicalised people and their family members, they work to find ways that individuals can lead a self-determined life.
- **Deaconess Foundation** is a non-profit organisation in Finland aimed at helping people at risk of social exclusion by producing effective social welfare and health services that improve their day-to-day lives. Their current projects are related to rehabilitation and work with refugees.

## Recommendations

The following recommendations were offered in the meeting by practitioners working in rehabilitation, education, social work, and the police. They discussed how to improve:

### Long periods of imprisonment, both in Syria and Iraq or after return, without access to rehabilitation/deradicalisation services

- Rehabilitation programmes should begin as **early as possible** and psychological teams should be included as early as possible. It would be best to reach FTFs while still in Syria and Iraq, to initiate early rehabilitation and deradicalisation programming and to do this on an ongoing basis.
- Smooth and consistent transition management – the **prison-exit continuum** – is crucial to the rehabilitation process of violent extremist and terrorist offenders. It is essential that various actors coordinate and cooperate during this period.

### Coordination and cooperation among different actors

- Levelled collaboration and a good **working structure** are key (a good practice from Germany: returnee coordinators). The creation of an **intervention action plan** also helps define what to do and who should do it, by coordinating actors. **Stable, long-term** guidance and counselling structures are necessary.
- There should be a greater focus on **multi-disciplinary** teams. **Networks** of practitioners should be built on the national level (see Anchor model<sup>9</sup>, Finland).

(7) In some societies, the entire families of returnees are stigmatised as Daesh-affiliated, despite some members never having supported the group; and these families may even be functionally expelled from society. In others, family members suffer little impact for their association with a returnee, and their community exhibits an understanding that they could not have prevented/are not responsible for the actions of the returnee.

(8) Grüner Vogel is part of the federal German advisory network of the Radicalization Advisory Center of the Federal Office for Migration and Refugees (BAMF) and works nationwide with offices in Berlin and Bonn.

(9) The Anchor model brings together social workers, youth workers, psychiatric nurses and police to prevent adolescents in risk groups from crossing over to criminal activity or violent radicalisation. In addition to the primary professionals involved in Anchor,

### Building trust and information sharing

- To improve **information sharing**, case conferences should be organised (to discuss cases with other relevant actors), or informal meetings should be held in which key findings can be cross-referenced to help other actors learn from examples in practice.
- When enlarging the scope of people who play a role in the reintegration process, clear parameters should be set as to **what can be said** (less fear will result in more trust). Interpersonal relations are often difficult to establish in the beginning; a greater focus on shared successes and capacities, with less focus on what has gone wrong, can help build rapport. Mutual support of this kind tends to lead to solution-oriented thinking.
- A **lack of trust in institutions** on the part of returnees must be acknowledged as an important piece of the rehabilitation puzzle. Practitioners must also accept that they cannot solve everything, that everybody makes mistakes, and that every individual is different. They must be up front with returnees that the rehabilitation and reintegration processes take a long time, and that there is no guarantee of success.

### Psychological support structures and trauma-informed approaches

- Long-term **psychological support structure** is essential not only for returnees, but also for their extended families,<sup>10</sup> as well as **training on resilience**.
- A **trauma-informed approach** is crucial to this work. In multi-disciplinary teams, all relevant stakeholders must be trained to be trauma-informed and sensitive.
- Since the process of rehabilitation often takes years, **professionalism** and **continuity** (especially when it comes to social and mental health services) are key to success.
- It must also be acknowledged that an individual can be both a **victim** and a **perpetrator**.<sup>11</sup> For this reason, professionals with a **variety of skills** should be involved in rehabilitation. The practice of using psychologists who are also police officers has proven very effective in some contexts (as in Italy); highlighting the need for police officers with academic backgrounds in different fields.
- Use a **tailored approach for children**.
  - The specific **needs** of each child depend on the level of trauma(s) they experienced in the warzone and after return, their age (their responses to trauma will vary by age and developmental level), and the relationships they have built both in Syria and with their extended family back home.
  - The Belgian experience demonstrates that trauma can be triggered in child returnees by ordinary-seeming situations. A discussion in Arabic in school was enough to trigger a young female returnee who suffers from PTSD, for example. Every such problem or scenario simply cannot be predicted and controlled, thus **support programming for schools** on how to work with returnee children was recommended as a vital practice.
  - There are many risks for children, and a **comprehensive evaluation tool** tailored to assess children and their environments would be useful for a number of relevant services (including care providers and security services). In the absence of such a tool, the **Bronfenbrenner model**<sup>12</sup> offers an example of good practice from Belgium, where it is used to assess the needs of children and to plan their tailored rehabilitation.

### Working with families and communities

- The role of **family** matters quite a lot, but it can take different forms - positive or negative - that must also be taken into consideration by practitioners. Some individual may also exhibit a **toxic loyalty** to radicalised family members and must cut family bonds, which is very hard but otherwise puts their rehabilitation at risk. Assessing the dynamics within the families of returnees is therefore crucial to providing appropriate services.<sup>13</sup>

other collaboration partners are selected based on individual needs, e.g. other agencies, schools or non-governmental agencies (NGOs). [RAN Collection of Approaches and Practices](#), 2019 Edition, p. 616-617

<sup>(10)</sup> A case from BiH: they use personality testing to detect a personality disorder and provide guidance.

<sup>(11)</sup> One of the issues is related to the lack of evidence and unreliable witnesses. Guidelines on how to prepare witnesses for testimony in court could help address the reasons why witnesses have tried to avoid testifying, including psychological issues such as PTSD or other manifestations of trauma.

<sup>(12)</sup> To learn more about this model, see: <https://www.simplypsychology.org/Bronfenbrenner.html>

<sup>(13)</sup> For example, some women returnees escaped dysfunctional families and domestic violence by travelling to Syria and Iraq but are returning to the same family environments they fled.

- Family counselling<sup>14</sup> and the creation of **self-help groups for families of returnees** (e.g., forums where people gather to support each other, helping participants understand they are not alone and reducing feelings of exclusion).
- **Communications strategies**, especially at the local level, are needed to counter and prevent stigma and exclusion, and to increase engagement within communities.
- Notably, however, overcoming stigma and reintegrating returnees is not only the responsibility of communities. It is essential that individual returnees also take ownership of the success of their reintegration, and that they show their intentions through deeds, not only by stating their desire to reintegrate into the community.

## Follow up

Rehabilitation is intended to be a long-lasting process, diverse and dynamic in scope. This poses many challenges at different stages. Therefore, success requires the continuous exchange of lessons learned, good practices, and recommendations among professionals from different fields. The main gaps highlighted in the meeting, which should be a priority for further development, are related to **gender sensitivity, assessment models** for women and children, **trauma awareness**, and **staff training**.

In future meetings, discussions should focus on the following issues: the key differences in effective rehabilitation programming for different sexes and age categories (men and women on one side, and adults and youth<sup>15</sup> on the other); how the gender and (professional) background of practitioners impacts their effectiveness with female returnees and minors; how current rehabilitation programming is addressing the traumatic experiences of female returnees and minors, both in Syria and Iraq and after return; the challenges faced by prison systems in handling the unique needs of female prisoners; and finally, how specific challenges related to the prosecution of female offenders should be addressed. Knowledge sharing among prison staff/management regarding their experiences in dealing with violent extremist and terrorist offenders versus regular offenders is also recommended. Skills training for prison staff/management should include topics such as trauma awareness, teamwork, communication styles (non-violent communication, verbal de-escalation and confrontation techniques), and expertise in areas like theology, dealing with pressure associated with the detention of violent extremist and terrorist offenders etc.

In addition, future meetings should continue to draw on the findings from other Working Groups in order to be updated on relevant developments. Joint meetings with other RAN working groups (e.g. RAN Prisons, RAN Local, RAN Family, Community & Social Care WGs) would also be beneficial to all stakeholders.

## Further reading

- 1) RAN Conclusion Paper (2021). ['Practitioners' questions and needs for the future, based on experiences in dealing with Foreign Terrorist Fighters and Violent Extremist or Terrorist Offenders'](#)
- 2) RAN Ex Post Paper (2019). ['Radicalised and terrorist offenders released from prison: Community and family acceptance'](#)
- 3) RAN (2020). ['Rehabilitation Manual'](#)
- 4) RAN Ex Post Paper (2019). ['Safeguarding troubled refugee children in the classroom'](#).
- 5) L. Coppens, M. Schneijderberg and C.v.Kregten (2016). 'Teaching traumatised children. A practical handbook for primary education'<sup>16</sup>

<sup>(14)</sup> See 'RAN Collection of Approaches and Practices', 'Family Counselling – Support for parents of 'foreign fighters' or youths at risk to be radicalised', 2019 Edition, p. 520-521

<sup>(15)</sup> Do not consider youth as gender neutral.

<sup>(16)</sup> A book about trauma-sensitive teaching. It provides practical knowledge and skills to deal well with the behaviour of traumatised children.