

7. Coping with Trauma

Experiencing violent extremism, whether as victims, perpetrators, supporters, or bystanders, results in significant trauma. Women and girls in particular face physical and psychological effects from sexual violence and other gendered aspects of their experience such as unwanted pregnancy and motherhood. If left untreated, trauma can impact families and communities and be carried through future generations, even leading to future violence.¹⁹⁴

As discussed above, women and girls experience shame and stigma based on their association with violent extremist groups, breaking traditional gender norms, and experiences of sexual violence. These histories deter them from reintegrating and accessing needed services.¹⁹⁵ This can be a significant barrier to reintegration and requires a holistic approach of working with families, communities and the broader society to bring about attitudinal and cultural change.¹⁹⁶

For example, 90 women and girls from Borno state in Nigeria could not go home because the local community members were against their return, due to concerns about whether they still held beliefs consistent with the ideology of Boko Haram.¹⁹⁷ Peace educator and community leader Hamsatu Allamin, founder of the Allamin Foundation, conducted intra-community dialogue in schools and a radio programme with positive messaging to foster reintegration.

The psychological health of security actors, civil society practitioners, and other caregivers is also critical. In Indonesia, the organization Civil Society Against Violent Extremism (C-SAVE) collaborated with the Ministry of Social Welfare to develop standard operating procedures (SOPs) to guide the rehabilitation, and reintegration of returnees from violent extremist groups.¹⁹⁸ As C-SAVE staff trained social workers from the ministry, they observed how the social workers enjoyed religious discussions with clients, thereby becoming vulnerable to the ideology of returnees and jeopardizing their own psychological health and objectivity.¹⁹⁹

The human right to health includes the right to the highest possible standard of physical and mental health, and therefore equal access to adequate health services, including mental health, is critical.²⁰⁰ Yet, few legal and policy frameworks provide a mental health framework and psychological support for returnees. In some places psychological support and therapy is provided within a formal system, usually prison-based, which means that women and children affiliated with terrorist offenders may be overlooked. In other places community approaches incorporate psychological counselling.

Psychosocial interventions for returnees

Psychosocial and counselling interventions can be used with individuals, families, and groups. In addition, some programmes can work for both individuals and groups. Rescue Me in Lebanon pioneered work in prisons with returnees of different nationalities.²⁰¹ They applied aggression replacement therapy (ART) that frequently benefits aggressive youth in group settings to develop pro-social skills and emotional self-control. They also developed the “Houses of Healing” method specifically for incarcerated persons and drew upon art therapy to

¹⁹⁴ Speckhard, A., & Shajkovic, A. (2017), Drivers of Radicalization and Violent Extremism in Kosovo: Women's Roles in Supporting, Preventing & Fighting Violent Extremism (available at: https://www.researchgate.net/publication/316100318_Drivers_of_Radicalization_and_Violent_Extremism_in_Kosovo_Women's_Roles_in_Supporting_Preventing_Fighting_Violent_Extremism).

¹⁹⁵ Amnesty International (2008), Liberia: A flawed process discriminates against women and girls (available at: <https://www.amnesty.org/en/documents/AFR34/004/2008/en/>).

¹⁹⁶ Specht I., (2007), Red Shoes: Experiences of girl-combatants in Liberia, International Labour Organization (available at: http://www.ilo.org/employment/Whatwedo/Publications/WCMS_116435/lang--en/index.htm).

¹⁹⁷ Remarks by Hamsatu Allamin, Oslo Workshop, April 2018.

¹⁹⁸ Interview with Mira Kusumarini, April 2018.

¹⁹⁹ Remarks by Mira Kusumarini, Oslo Workshop, April 2018.

²⁰⁰ OHCHR International Standards (available at: <https://www.ohchr.org/EN/Issues/Business/Pages/internationalStandards.aspx>).

²⁰¹ Remarks by Nancy Yammout, Rescue Me, Oslo Workshop, April 2018.

provide a mechanism of expression when traditional “talk therapy” may not be useful. Rescue Me also observed that family therapy is most critical to support family members and address relationship concerns between returnees and their families.

- ART focuses on social skills and aggression control. The programme consists of 30 lessons covering three major topics: behavioural skills, anger control skills, and moral reasoning, values and thoughts. The process and sequencing are critical as it is important to address the feelings of anger underlying the motivation to join extremist groups, before moving to reintegration. Developed by Arthur Goldstein and Barry Glick for aggressive and violent adolescents, ART proved effective in reducing recidivism and aggression while increasing pro-social behaviour.²⁰² It has been used throughout the US as well as Germany, Sweden, Poland, the United Kingdom, Australia, Denmark, Russia and Canada to combat youth violence.²⁰³ ART is a multidimensional psycho-educational intervention designed to promote pro-social behaviour in chronically aggressive and violent adolescents using techniques to develop social skills, emotional control, and moral reasoning. Whereas ISIL promotes one option for people to express their anger and identity, ART and other therapeutic interventions expand the range of options to include journalism, drawing, photography, and sports. For example, when using ART with youth at risk Rescue Me sometimes provides referrals for them to train as professional athletes.
- Art therapy is relevant for many people, especially those who are not ready to talk, by allowing them to start working to express themselves through art. Art therapy can promote self-esteem, self-awareness, emotional resilience, and insight, while also enhancing social skills and one’s ability to resolve conflicts and distress.
- Cognitive Behavioural Therapy (CBT) originated in the 1960s with Aaron Beck who theorized that our thinking influences our attitudes, feelings, and behaviour.²⁰⁴ Applied across a variety of mental health and psychosocial problems, the literature indicates efficacy with adult and juvenile offender populations.²⁰⁵
- Family Functional Therapy is used with those who have family members either in the prison or visiting regularly. For example, as a pilot initiative Rescue Me has provided four women who are family members of returned fighters with psychosocial support, usually working with wives or mothers of the inmates. In some cases, they are afraid to approach the man and hug him, wondering if he is still the same. They also question whether they are ready to forgive him and are concerned about whether he is ready to forgive himself.
- The Houses of Healing method is a ground-breaking approach to prisoner healing and rehabilitation. “Houses of Healing deals directly with the root causes of crime, violence, and addiction and offers a practical approach to emotional growth that speaks specifically to the challenges facing incarcerated men and women.”²⁰⁶ The method creates a constructive challenge between the inmate and the inmate’s self, family and the warden.²⁰⁷

²⁰² Barry Glick (2003), Programming for Violent Youthful Offenders in Corrections Using Aggression Replacement Training and Creating a Behavior Management System. *Journal of Community Correcting*, and Matthew Curie et al. (2009), Aggression Replacement Training in Australia: Youth Justice Pilot Study. *Psychiatry, Psychology, and Law*, Vol 6, No 3.

²⁰³ Fitzroy Greene (2004), “ART Program Aimed at Aggressive Youth” (available at: <https://www.crimesolutions.gov/ProgramDetails.aspx?ID=254>).

²⁰⁴ Barry Glick (2003), Programming for Violent Youthful Offenders in Corrections Using Aggression Replacement Training and Creating a Behavior Management System. *Journal of Community Correcting*.

²⁰⁵ Matthew Curie et al. (2009), Aggression Replacement Training in Australia: Youth Justice Pilot Study. *Psychiatry, Psychology, and Law*, Vol 6, No 3.

²⁰⁶ Interview with Nancy Yammout, Co-founder and President of Rescue Me Association for Rehabilitation of Detainees, Lebanon, GSX workshop April 26-27, 2018 in Oslo, Norway.

²⁰⁷ Robin Casarjian (1995), *Houses of Healing: A Prisoner’s Guide to Inner Power and Freedom*.

Trauma healing for victims of sexual and gender-based violence

Trauma from sexual and gender-based violence (SGBV) requires specialized treatment. First, it requires abiding by the guiding principles of SGBV treatment: safety, confidentiality, respect, and non-discrimination. Safety involves prioritizing the safety of the survivor, while confidentiality ensures protecting the survivor and their information, and obtaining informed consent for all interventions. Respecting the choices, desires, and rights of the survivor is essential. Upholding the principles of non-discrimination, which ensures the survivor receives equal and fair treatment regardless of identity, is also critical. While following these principles, care for any survivor depends on the specific nature of the SGBV, the level of risk and contextual circumstances. For example, it is essential to consider the unique circumstances of a survivor's identity such as age, gender, sexual orientation, and ability. In Uganda, girl survivors of the LRA have needed non-verbal forms of expression like drawing, music, dance, and plays to begin to express themselves.²⁰⁸

Finally, a holistic approach is often beneficial, providing access not just to trauma healing, but also to justice, health care, housing, and livelihoods. Kitgum Women's Peace Initiative (KIWEPI) provided livelihoods programmes, educational sponsorships, and land dispute mediation to their beneficiaries. In another example, in Iraq, the brother of a Yazidi woman brought her to a local organization for counselling after she escaped from ISIS where she experienced torture and rape. In addition to counselling to address suicidal ideation and trauma symptoms with a psychiatrist, she also needed a referral to a medical doctor for treatment of epilepsy, a lifelong condition exacerbated by her ISIS captivity.²⁰⁹

Psychosocial support for security actors and service providers

Security actors and humanitarian and service providers often witness poverty and violence, and struggle to find the balance between meeting the demands of their work while caring for their own well-being. Vicarious trauma triggers the same reactions in the provider as the one facing the critical incident. The impact of such work can be physical, emotional, and social, affecting health and relationships. It can also result in burnout, the exhaustion and alienation from cumulative stress. Therefore, psychosocial support is crucial for security and service providers. In addition to personal self-care practices, organizations can provide support through regular retreat and debriefing meetings, a comfortable work space, work breaks and balanced workload, supervision, and support from managers and co-workers. For example, at Neem Foundation in Nigeria, the staff hold a weekly debriefing meeting to discuss and reflect on their work, thereby alleviating some of the stress.²¹⁰ Field-based staff also regularly take a week off to provide a break and an opportunity for self-care.²¹¹

The necessity of mental health infrastructure

Effective programming to treat trauma often requires government and community infrastructure, financial resources, and human capacity to provide services. But in many contexts—particularly those affected by violent extremism and conflict—where the need for such care is most dire, the mental health infrastructure is woefully inadequate, lacking the necessary resources or skilled personnel to provide even basic services.



Singing in a choir helps women returnees in Uganda heal from trauma

²⁰⁸ Remarks by Gladys Canogura, Oslo Workshop, April 2018.

²⁰⁹ Case from ICAN's MHPSS programme which provides peer-to-peer training in trauma counseling through the WASL network.

²¹⁰ Remarks by Dr. Fatima Akilu, Oslo Workshop, April 2018.

²¹¹ Ibid.

Lack of public awareness or scepticism regarding mental health care is an additional barrier. Cultures and societies in which mental health issues have typically been hidden or addressed within the confines of the family can be tremendously reluctant about seeking assistance from external sources. This is particularly compounded for issues related to sexual violence for women and men. For example, women may not know how to formally report sexual violence and do not trust the police or other authorities.²¹² Where the police or state authorities are the perpetrators of violence, women have the added fear of retribution.



Young Iraqis discussing peace and security issues

While donors want to ensure strong humanitarian responses and programmes that provide rehabilitation and reintegration services, neither the work involved, nor the time required to develop capacity is quick or easy. It takes time for returnees to change their thinking and heal from the trauma and emotions they experienced. Therefore, programmes providing trauma counselling should function based not on timelines but on indicators of progress. Ministries, organizations, and communities need to collaborate to develop reasonable indicators of change over generous time periods.

each other and taking coffee. Kareemat uses the opportunity to share psycho-educational information and support women discussing SGBV or other sensitive topics.

At the same time, some are exploring indigenous practices for coping with trauma. For instance, in Turkey, Kareemat implements a programme where Syrian women gather in a safe space for coffee and conversation.²¹³ This approach draws upon the traditional practices of Syrian women visiting

Community-level mental health infrastructure is important for sustainability, especially given the way violent extremism erodes social networks. Many women and girls do not return to their own communities. They are isolated and without support networks upon reintegration, which poses particular challenges to psychological health. In Nigeria, Hamsatu Allamin is a trusted maternal figure for youth returning from Boko Haram. Recognizing her kinship with them, she says, "I look at what happened to the boys in my society. Nobody else was doing anything, so I said, this is a period where someone has to engage with them. This mad circle of violence has to be stopped."²¹⁴ She offers emotional and economic support and connects returnees with schools, communities to live, and other social networks.



Members of a women's peace group or TOLANA in Pakistan

[W]here the need for such care is most dire, the mental health infrastructure is woefully inadequate, lacking the necessary resources or skilled personnel to provide even basic services.

²¹² UNICEF, & International Alert. (2016), "Bad blood": Perceptions of children born of conflict-related sexual violence and women and girls associated with Boko Haram in northeast Nigeria.

²¹³ Interview with Najlaa Sheekh, Kareemat Association, 2018.

²¹⁴ Interview with Hamsatu Allamin, 2018.