

PRACTITIONER GUIDE FOR THE PROVISION OF TRAUMA-INFORMED CARE TO WOMEN AND CHILDREN EXITING VIOLENT EXTREMIST CONFLICT

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This practical guidance is a resource for mental health and psychosocial practitioners seeking to support women and children exiting from violent extremist conflict. It introduces common areas of need and provides resources for addressing these needs within the context of mental health and psychosocial service delivery. In addition, this guidance document encourages a phased approach to service delivery in accordance with the 5R framework. For more information on the 5R framework, please see "Supporting women and children returning from violent extremist contexts: Proposing a 5R framework to inform program and policy development" by Ellis and colleagues (Ellis BH, King M, Cardeli E, Christopher E, Davis S, Yohannes S, Bunn M, McCoy J, Weine S., 2023, Supporting women and children returning from violent extremist contexts: Proposing a 5R framework to inform program and policy development, *Journal of Terrorism and Political Violence*).

The table below provides an overview of needs commonly identified by women and children exiting violent extremist conflict. These needs may look different over the course of the reintegration process; "X"s in the table below indicate which needs are most relevant to each phase of re-entry in accordance with the 5R model. Further information describing each need is included below in addition to links to resources that might help practitioners address each need within the context of mental health and psychosocial service delivery. These resources were compiled in partnership with experts in trauma-informed care from the National Child Traumatic Stress Network. In April 2022, the authors of this guidance document led a trauma-informed working group meeting that included eight trauma experts selected for their extensive knowledge of trauma and for their expertise in service systems (e.g., juvenile justice system) and/or populations (e.g., unaccompanied children) that hold relevancy to work with women and children exiting from violent extremist conflict. The goal of the working group meeting was to reach consensus on specific methods for integrating trauma-informed best practice from diverse disciplines into a trauma-informed guidance manual for R&R practitioners. Potential adaptations for implementing these methods with women and children exiting from violent extremist conflict were also discussed. Resources recommended by the working group and project team were then compiled and reviewed to develop this practitioner guide.

Most relevant needs for each phase of re-entry in accordance with the 5R model

	5R Model: Phases of Re-entry			
Needs	Repatriation & Resettlement The initial work of bringing women and children back to their countries of origin	Reintegration Making return sustainable by helping build social networks to maintain conditions for a successful life	Rehabilitation Recovery through reducing risk for engaging or re-engaging in violent extremist activities	Resilience Capacity to adapt and maintain a non-violent life in the face of adversity, trauma, loss, and stress
Safety	X	X		
Reaching Developmental Milestones	X	X		X
Trauma Recovery	X	X	X	X
Grief Counseling	X	X	X	X
Family Relationships	X	X	X	X
Critical Thinking Skills			X	X
Social Connection	X	X		X
Identity Development		X	X	X

Safety

Safety needs are needs related to ensuring physical, psychological, and/or environmental safety of women and children exiting from violent extremist conflicts as well as overall public safety. When attending to safety, special considerations for this population include remembering that not all returning individuals were involved with violent extremist acts or ideology, so it is important to balance the need to assess for violence risk with the need to protect against stigma.

Safety needs at the **Repatriation** stage include attending to statehood, supporting basic needs of the individual (e.g. shelter, food, and access to critical resources and benefits), starting to build trusting relationships, and conducting assessments of individuals' risks and needs in order to inform individualized plans for subsequent stages of return. Psychological First Aid can be provided in the immediate aftermath and first weeks of an individual's return.

During the **Resettlement** stage, attention to safety needs may require assistance from child protection or other family welfare agencies to establish and maintain children's safety in their new home and/or to address pre-existing family conflict or household dysfunction that might have played a role in women leaving their country of origin. Teaching basic coping skills for emotion regulation or skills for seeking support from others may also be useful to help women and children navigate their transition home. Risk for child abuse and other forms of intrafamilial violence increases with significant stress and trauma, so careful consideration of child protection issues may be warranted.

During the **Reintegration** stage, attention to safety needs will require ensuring that safe spaces are cultivated, via schools and other community-based environments. Safety during this stage also includes securing the individual's place in the community, ensuring that community members do not create an unsafe environment through stigmatization or other exclusionary or discriminatory practices. Some communities may highly stigmatize returning individuals, leading to an unsafe environment for the individuals (e.g. bullying at school).

The resources below include guidelines for creating safe environments for families, both at home and at school. In addition, non-clinical models such as Psychological First Aid and Skills for Psychological Recovery are included to help practitioners address mental health needs that may arise immediately following repatriation due to prolonged exposure to conflict and living in unstable conditions.

Practitioner Resources for Addressing Safety Needs

- **[Psychological First Aid \(PFA\)](#)**: A set of practices that can be learned to help individuals in different post-disaster scenarios. The NCTSN provides a 5-hour interactive online course that teaches the core actions of PFA and describes ways to apply them with different survivors. PFA can also be culturally adapted, such as by being delivered through a local cultural broker or empowered community member. The [NCTSN PFA Culture-Specific Information Fact-Sheet](#) provides guidance on how to do so.
- **[Skills for Psychological Recovery \(SPR\)](#)**: Provides survivors of post-disaster trauma with skills that are crucial for managing distress and adversity.
- **[Culturally-sensitive Child Protection](#)**: Resources on this page provide child welfare practitioners with guidance on how to respond to child maltreatment in a culturally sensitive way. The Bridging Refugee Youth and Children's Services (BRYCS) also provides resources on how to determine child abuse and neglect across cultures.
- **[School Safety](#)**: The US government provides tools and resources for schools and school districts on how to improve school safety. Other school-based safety resources include the [National Center on Safe Supportive Learning Environments](#), which provides resources for teachers; the [National Parent-Teacher Alliance](#), which provides resources for parents; and the [National Association of School Psychologists](#), which provide information to school psychologists.

Reaching Developmental Milestones

Needs related to reaching developmental milestones center around understanding how exposure to war and chronic stress can impact how a child, adolescent, and young adult moves through different stages of development. Programs must therefore consider how psychosocial services can be used to address either developmental gaps or developmental accelerations.

During the **Repatriation and Resettlement** stages, attention to needs related to reaching developmental milestones includes evaluating the extent to which exposure to war/conflict or lack of access to education, nutrition, and other basic needs might have impacted an individual's physical, educational, social, or emotional development. This can be done through administration of validated screening tools, such as the Ages & Stages Questionnaires. As part of the evaluation process, it's important to gather information about an individual's developmental, medical, educational, and social history in addition to the age(s) at which a child may have been exposed to trauma. This will help practitioners to acquire a comprehensive understanding of developmental gaps and associated areas of need. Appropriate supports can then be delivered to help the individual learn skills to navigate daily life and support achievement of age-specific developmental milestones. Placement in school programming may need to be based on the child's developmental stage rather than his/her chronological age. When attending to reaching developmental milestones, special considerations for this population include paying attention to the child's developmental stage rather than their chronological age when determining placement into appropriate educational and social programs. Have awareness about the effects of deprivation and trauma in children. Trauma needs to be addressed so these problems, and unhealthy or prolonged responses to stress, do not affect development and lead to more harmful and delinquent behaviors.

During the **Reintegration** stage, it will be important to re-evaluate needs to ensure that interventions are sufficiently addressing developmental delays and to identify new needs that might arise as the child progresses through different stages of development. Fostering a safe, welcoming, comfortable, nurturing environment is an essential component.

The resources below include tools for assessing a child's current developmental level relative to his/her age. In addition, relevant resources for working with refugee populations have also been highlighted below due to the fact that refugees often experience similar gaps in access to basic needs, including medical care, housing, nutrition, and education.

Practitioner Resources to Help Children and Mothers Reach Developmental Milestones

- [Ages and Stages](#): Helps in assessment and evaluation of development through various questionnaires and [calculators](#).
- [Schools – BRYCS](#): Supports teachers and other school personnel working with refugee children and families by providing consultations, training, and other kinds of technical assistance.
- [Life Skills curriculum - Refugee Women's Alliance](#): Includes beginner and low/intermediate levels about communication, digital literacy, education, health, financial literacy, nutrition, etc.

Trauma Recovery

Trauma recovery needs span across all the 5Rs and include a focus on managing traumatic stress reactions that may have arisen due to exposure to trauma and its secondary consequences (e.g., loss, financial difficulties, isolation, family separation, etc.).

During the **Repatriation and Resettlement** stages, trauma recovery needs include teaching distress tolerance and basic relaxation skills to increase sense of calm, regularly assessing the physical safety needs of women and children, advocating for women and children when they're in unsafe situations, and evaluating the extent to which exposure to trauma might have impacted regulation capacities. It may be helpful to administer validated screening tools such as the PTSD Checklist for DSM-5 or the Trauma Symptom Checklist for Children to understand the severity of traumatic stress responses.

During the **Reintegration and Rehabilitation** stages, attention to trauma recovery needs typically involves teaching emotion regulation and cognitive coping skills in order to reduce traumatic stress responses. In addition, it may be indicated to process past traumatic memories and support individuals in making meaning of these memories in new ways. Trauma recovery during the Reintegration and Rehabilitation stages might also include processing through fears of or concerns about government and authority.

During the **Resilience** stage, attention to trauma recovery needs may require clarifying future goals, strengthening hope and self-esteem, and supporting connections to positive social networks.

The resources below include best practice guidelines for assessing and responding to trauma-related needs in children and families. In addition, several evidence-based and evidence-informed trauma treatment models have been highlighted below for use with children, adults, and families. Of note, trauma treatment models such as *Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)*, Trauma Systems Therapy (TST), and Attachment, Regulation, and Competency (ARC) framework, provide extensive guidance for addressing trauma-related needs of parents and children concurrently.

Practitioner Resources for Addressing Trauma Recovery Needs

Screening Tools

- [PTSD Checklist for DSM 5 \(PCL-5\)](#): The gold standard for diagnosing PTSD is a structured clinical interview such as the Clinician-Administered PTSD Scale (CAPS-5)
- [Trauma Symptom Checklist for Children \(TSCC\)](#): Measures severity of posttraumatic stress and related psychological symptomatology (anxiety, depression, anger, dissociation) in children ages 8-16 years who have experienced traumatic events
- [UCLA PTSD Index DSM-5](#): Assesses a child's trauma history and the full range of *DSM-5* PTSD diagnostic criteria among school-age children and adolescents.
- [Trauma-informed Mental Health Assessment](#): Offers a structured framework for gathering information across several key domains of functioning, identifying and addressing the needs of children and families exposed to traumatic events, and coding and summarizing this information, so that it can be communicated to families and other providers.
- [All Measure Reviews](#): Includes reviews of tools that measure children's experiences of trauma, their reactions to it, and other mental health and trauma-related issues
- [Best Practices in Screening and Assessment of Refugee Youth](#): Highlights best practices in screening and assessment for refugee youth

Best practice guidelines for addressing trauma-related needs in children and families:

- [12 Core Concepts for Understanding Traumatic Stress](#): Provides foundational knowledge on how to approach trauma.
- [Assisting Parents and Caregivers in Coping with Collective Trauma](#): Offers strategies to help parents/caregivers cope with collective trauma.
- [What is Complex Trauma](#): Offers information about complex trauma, how it can impact youth, both good and harmful coping strategies, and ways to improve.
- [Think Trauma](#): Provides an overview for juvenile justice staff on how to work towards creating a trauma-informed juvenile justice residential setting.

Trauma Treatment Models for Use with Children & Families

- [Trauma-Systems Therapy \(TST\) and Trauma-System Therapy for Refugees \(TST-R\)](#) is a model of care for traumatized children that addresses both the individual child's emotional needs as well as the

social environment in which he or she lives. It is targeted for youth and families, especially youth ages 6-19. TST-R is a version of the original TST model that specifically focuses on refugee families and youth.

○ For more information see the [Trauma and Community Resilience Center](#)

- [Trauma-Focused Cognitive Behavioral Therapy \(TF-CBT\)](#) is an evidence-based treatment for children and adolescents impacted by trauma and their parents or caregivers. It is delivered by a trained, certified therapist over 8-25 sessions.
- [Attachment Regulation Competency \(ARC\)](#) is a flexible, components-based intervention developed for children and adolescents who have experienced complex trauma, along with their caregivers
- [Kid Narrative Exposure Therapy \(KidNET\)](#) is a version of regular Narrative Exposure Therapy (NET) that has been adapted for refugee youth populations. Training and manuals are available through contacting the creator of the program (Frank Neuner, Email: frank.neuner@uni-bielefeld.de; Phone: (495) 211-0644 x93)
- [Strengthening Family Coping Resources \(SFCR\)](#) is a family-based intervention and treatment model for families that have experienced high rates of trauma
- [Child-Parent Psychotherapy \(CPP\)](#) is an intervention model for children aged 0-6 years who have experienced trauma. The intervention includes parents or caregivers

Trauma Treatment Models for Use with Adults

- [Cognitive Processing Therapy \(CPT\)](#) has been shown to be effective in reducing PTSD symptoms related to a variety of traumatic events including child abuse, combat, rape and natural disasters.
- [Eye Movement Desensitization and Reprocessing \(EMDR\)](#) is a psychotherapy treatment designed to alleviate distress associated with traumatic memories.
- [Narrative Exposure Therapy \(NET\)](#) is a short-term treatment for multiple or complex traumas.
- [Common Elements Treatment Approach \(CETA\)](#) is an intervention model that addresses multiple mental health problems, including trauma.

Grief Counseling

Grief counseling needs are specific to addressing grief and bereavement related to a real or perceived loss of a loved one, home, social group, way of life, etc.

During the **Repatriation and Resettlement** stages, grief counseling needs are typically addressed through assessment of women and children's bereavement experiences and an assessment of their resultant grief responses. Validated screeners to assess grief include the Prolonged Grief Disorder Checklist and the Grief Intensity Scale. Evaluations should include attention to ambiguous loss—or losses where there's no verification of death or uncertainty regarding whether or not a person will come back. Indeed, many women and children exiting violent extremist conflict have reported experiences of being uncertain about what has happened to their loved ones in Iraq and Syria. This includes children who may be unaware of their fathers' imprisonment and have not received clear information about where their fathers are currently and why. If left unaddressed, this uncertainty can lead to separation distress (unhealthy ways of connecting with the deceased or missing person), existential/identity distress (feeling the need to carry on the legacy of the deceased or missing person, even if that legacy involves violence), and/or circumstance-related distress (preoccupation with circumstances related to the person's absence, including imagining the worst case scenario).

During the **Reintegration** stage, tailored supports can be designed in accordance with assessment results to ensure that women and children's resultant grief does not become a barrier to meaningful participation in activities, including vocational- and school-based opportunities. Tailored supports could include peer mentorship or activity-based women's groups to help individuals feel less alone with their grief.

During the **Rehabilitation** stage, grief counseling may be indicated to treat complicated or prolonged grief disorders. During the **Resilience** stage, attention to needs related to bereavement and grief may include supporting ongoing memorialization of loved ones.

The resources below include screening tools to better understand the characteristics and severity of women and children's grief responses. In addition, Trauma & Grief Component Therapy has been highlighted below as an evidence-based, manualized intervention that addresses the complex needs of older children and adolescents contending with trauma, bereavement, and/or traumatic bereavement.

Practitioner Resources for Addressing Grief-Related Needs

Validated Screening Tools for Assessing Grief Reactions

- [Prolonged Grief Disorder \(PGD\) Checklist \(PG-13\)](#) is a 13-item diagnostic tool for PGD. It must be administered by a MH professional.
- [Grief Intensity Scale](#) is a risk screening measure for grief that assesses the intensity of an individual's response or reaction to a loss.

Treatment Models and Other Interventions for Use with Children:

- [Trauma and Grief Component Therapy for Adolescents \(TGCT-A\)](#) is a manualized group or individual treatment program for trauma-exposed or traumatically bereaved youth aged 12-20 that may be implemented in school, community mental health, clinic, or other service settings. There are 4 modules, each with a variety of components, lasting over 8-24 sessions.
- [Creative Interventions for Bereaved Children](#): provides exercises describing art- and play-based exercises for supporting children with processing their grief.

Family Relationships

Family relationship needs are specific to increasing family trust, safety, connectedness, and communication. Attending to family relationships can include working directly with children and the caregivers who live with them; it can also include working with caregivers who may be separated from family members and with extended family members.

During the **Repatriation** stage, attention to family relationships includes making sure that families stay together as much as possible and receive support in their initial transition back home.

During the **Resettlement** stage, supporting healthy family relationships includes conducting home visits and family assessments to better understand the nature of current family relationships and determine the level of supports that families will need, such as social services to attend to practical needs, parenting supports or parent-child therapy approaches. Assessing and understanding family dynamics that may have contributed to the individual leaving for ISIS will be an important part of this process. To support healthy family relationships during the Resettlement phase, it is also valuable to provide information and education to returning families to orient them to challenges that may emerge in their family relationships (parent-child and with extended family) and to identify family strengths or resources that will be useful for their adjustment and healing process (e.g., accessing support from family, utilization of positive family communication strategies, making family time and connection a priority). It is especially helpful to talk with parents about challenges that children might experience during resettlement (e.g., adjusting to a new school environment, peer relationships, etc.) and discuss approaches that parents can use to support their children during this time of transition and adjustment. This includes empowering parents to stay engaged with their child's school and education process. When attending to healthy family relationships, special considerations for this population include assessing and understanding family dynamics that may have contributed to the individual leaving for ISIS.

During the **Reintegration** stage, healthy family relationships will focus on building social networks between and within families to enable families to draw needed supports that are important for adjustment. This may be accomplished through social services that may include informal groups for resettling families (e.g., cooking groups, skills groups, etc.) or formal mental health programming such as multiple family group models. These socialization goals can also be accomplished through case management supports that aim to link families with existing networks in their communities, such as through their child's school, local library or other local organizations. Similarly, building healthy relationships within families may focus on encouraging quality time between parents and children by identifying and connecting through things that they like to do together.

During the **Rehabilitation** stage, attention to family relationships needs may include intensive family mediation or family therapy to address trauma and conflict that has happened/is happening within the family system. Depending on the nature of relationships with extended family, family mediation or family therapy may include a focus on managing interpersonal challenges or ruptures in extended family systems. Additional family-based interventions—such as fostering intrafamilial communication, reflective listening, accountability taking, and developing shared family stories about life experiences—could also be integrated into the work.

Finally, during the **Resilience** stage family relationship needs can be addressed in an ongoing way through community-based supports such as sustaining ongoing participation in community groups and activities, or engagement through resources that are locally available through neighborhoods, places of worship, schools and places of employment.

The resources below feature several psychosocial models that provide specific techniques for improving family relationships. Many of the models highlighted below have been used effectively with families struggling in the aftermath of trauma and loss as well. Practitioner Resources for Strengthening Family Relationships can be borrowed from already existing strategies to help children of incarcerated parents. Several interventions for strengthening family coping resources are listed below.

Practitioner Resources for Family Relationship Needs

- [Multiple-Family Group Therapy \(MFGT\)](#) combination of family and group psychotherapy in which several families meet simultaneously at agreed upon intervals with therapists present.
 - For more information see [Gritzer, P. H., & Okun, H. S. \(1983\)](#).
- [Family Trauma Treatment](#) is led by a clinical who coordinates individual family therapy.
 - For more information, see [Boyer, W. \(2019\)](#).
- [Strengthening Family Coping Resources](#) is an empirically-supported manualized intervention that focuses on skill-building within a family format.

- [Child-Parent Psychotherapy \(CPP\)](#) is an intervention for young children (aged 0-6) who have experienced trauma to strengthen the relationship between a child and caregiver.
- [Parent-Child Interaction Therapy \(PCIT\)](#) is an evidence based practice to help parents learn skills to enhance their relationship with their child and promote positive behavior.

Resources to Help Support Children of Incarcerated Parents

- [Youth.gov](#)
- [Children's Bureau Learning and Coordination Center](#)
- [Child Welfare Information Gateway](#)
- [NCTSN Children with Traumatic Separation](#)

Critical Thinking Skills

Needs related to critical thinking skills center on fostering the ability to analyze personal experiences and observations to guide further beliefs and actions.

Critical thinking skills needed at the **Rehabilitation** stage include exercises aimed to diminish “us versus them” worldviews, increase awareness of alternative perspectives, and promote non-violence through improving cognitive flexibility, capacity for problem solving, and emotion regulation. When attending to critical thinking skills, special considerations for this population include the use of religious or peer mentorship models to help highlight inconsistencies between extremist ideology and more moderate interpretations of Islam. The literature supports holistic programs that used religious counselors to draw not only on religion, but also identity, purpose, culture, and history, to coalesce meaningful and dignified livelihoods. These models are much more effective than those that treat ideological beliefs as separate from other aspects of an individual’s life. It is important to not be seen as trying to promote a “correct” view of thinking, but rather to meet the individual where he/she is by engaging in discussion around already existing or developing doubts about their extremist ideology. Borrowing from the criminal justice literature, cognitive restructuring is often employed to improve cognitive skills and develop more adaptive reasoning patterns that discourage the use of violence.

During the **Resilience** stage, critical thinking skills will need to continue to be fostered through exposure to and engagement with individuals of diverse backgrounds, with the goal of increasing tolerance and acceptance of diversity. Self-efficacy, or the belief in one’s own capacity to achieve success and ability to deal with difficult situations without engaging in specific problem behaviors is essential to lasting behavior change.

The links below feature resources to help bolster critical thinking skills through cognitive restructuring, adaptive reasoning patterns, and increasing exposure to a wide range of ideas. There are also some resources related to religious ideology and information on rehabilitative programs already in use by the Department of Justice.

Practitioner Resources to Improve Critical Thinking Skills

- [National Institute of Corrections](#): provides a page dedicated to rehabilitative programs that have been used
- **Critical Thinking worksheets and exercises**
 - For more information, see [The Foundation for Critical Thinking](#)
 - For exercises, see [The Critical Thinking Workbook](#)
- **Integrative Complexity (IC) Thinking**: The Social Educational Economic Development (SEED) Foundation has created a program currently being used in the Kurdistan Region of Iraq that focuses on IC thinking, which aims to increase an individual’s ability to integrate multiple perspectives.

Social Connection

Social connection needs include identifying and maintaining positive relationships with other community members to help promote belonging and build social supports.

During the **Repatriation and Resettlement** stages, attention to social connection needs includes prioritizing trust building and taking a person-centered approach to identifying and addressing the needs of women and children exiting violent extremist conflicts.

Building social connection maps and identifying pre-existing trusting relationships through interventions like Skills for Psychological Recovery or Circles of Trust may be helpful during the **Resettlement** stage. Fostering social connections between families who have come from similar contexts is also important, as women and children may experience difficulty in forming trusting relationships with individuals from “mainstream” society at first. In addition, addressing social connection needs during the Resettlement stage will also require enrolling children in school and connecting families with community- and faith-based organizations in their neighborhoods that reinforce a sense of community.

During the **Reintegration** stage, social connection can be continually fostered through offering opportunities for interactions with community members through local vocational and educational programming or civic activities. It will also be crucial to address bullying or discrimination in schools and the community at large so that women and children exiting violent extremist conflicts feel more welcome in their new communities and like they belong. Maintaining ethnic and racial pride, while also separating from the violence and the trauma that they've experienced related to their cultural experiences, may be a challenge. Individuals may need help separating themselves from violent groups, building self-responsibility, and understanding cultural competence regarding the current cultural situations they're in where they may be also exposed to violence and oppression. Allowing families to honor traditions from their past and helping them understand that they don't have to leave everything behind in their culture will help to model cultural norms that will help foster success. In this regard, it may be helpful to partner with cultural brokers, or individuals who share the same ethnic, linguistic and cultural background as the beneficiaries of psychosocial services who can support social connection needs by acting as a trusted liaison between families and new institutions, such as schools or mosques.

During the **Resilience** stage, attention to social connection includes supporting sustained engagement in school and extracurricular activities that promote a sense of competency and belonging. Building and maintaining authentic social relationships and anticipating being comforted when distressed is also central to positive adjustment. Peer-to-peer support can be used again at this stage to maintain resilience through community-based means.

The resources below include interventions that can be used at the child, adult, family, and community-levels to foster connection and increase individuals' social networks. Several of these resources are designed to be trauma-informed, including Skills for Psychological Recovery and the Circle of Trust tool. There are also resources to help program developers create peer-to-peer spaces designed to attend to psychosocial needs.

Practitioner Resources for Increasing Social Connection

- [Skills for Psychological Recovery \(SPR\)](#): Provides survivors of post-disaster trauma with skills that are crucial for managing distress and adversity, including identifying existing social relationships.
- [Circle of Trust](#): A tool to help visualize the role of close friends, family and other connections in one's community.
- **Peer-to-Peer Family Supports**: These are parent discussion and skill building with peers and/or paraprofessionals, centered on trust building. These supports can help with racial/ethnic socialization by providing culturally-competent care.
 - For more information on peer supports in psychosocial health, see:
 - [The Family Counseling Center](#)
 - [SAMHSA Bringing Recovery Support Supports to Scale](#)
 - [SAMHS The Benefits of Family Peer Support Services](#)

Identity Development

Identity development needs are related to helping individuals reshape, explore, and define their identities outside of their affiliation or engagement with violent extremist groups. It is important to consider the ways in which caregivers' ethnic, religious, or other identity may impact the child's identity development in both positive and negative ways. Development of a life book or other interventions that encourage reflection on one's past, present, and future may be helpful for clarifying aspects of one's identity.

During the **Reintegration** stage, attention to identity development can include encouraging participation in various social, cultural, and recreational activities that may help to introduce women and children to different aspects of their ethnic and cultural identities that they may have been more disconnected from while living under ISIS control. Participation in these activities may help increase individuals' openness to new ways of being and diverse perspectives. Identifying hobbies and interests and encouraging participation in competency building activities may also be helpful during this stage.

In **Rehabilitation**, attention to identity development needs may include examining push and pull factors that contributed to involvement in extremist movements and how those factors relate to unmet needs (e.g., quest for significance, desire for meaning, or search for community). It could also include the use of cognitive interventions to explore how past traumatic experiences may have led to unhelpful self-perceptions or a more fragmented sense of self. Open discussions of ideology and religion may be helpful to incorporate into these interventions. It will be important for psychosocial practitioners to partner with theologians and religious leaders in this work; however, practitioners should consider challenges of credibility and legitimacy, as many participants may not immediately trust religious mentors who espouse moderate views.

During the **Resilience** stage, interventions that support identity development could include encouraging participation in a diverse array of activities that help to strengthen someone's sense of self and to build self-esteem. This could include offering opportunities for volunteering, mentorship, peer gatherings, and exploring new hobbies and interests.

The links below include resources on interventions to develop a healthy identity and information on theories of identity development.

Practitioner Resources for Healthy Identity Development:

- **Healthy Identity Intervention:** This is a holistic and flexible intervention that is delivered on a one-to-one basis. It allows an individual space for participants to evaluate their past decisions and reflect on who they want to be and what they want to do in the future, while acknowledging the factors or circumstances that can lead to offending.
 - For more information on healthy identity development, see:
 - [Adolescent Psychology, Identity Development Theory](#)
 - [ACT for Youth Adolescent Identity Development](#)
 - [ACT for Youth Identity Development Toolkit](#)

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