

Case Management of Iraqi Adult Returnees in al-Amal: Drawing Lessons from Comparable Contexts

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Since 2021, the Government of Iraq has pursued one of the most proactive repatriation efforts globally, returning thousands of nationals, many with a perceived ISIS-affiliation, to the al-Amal Centre for Psychological and Social Rehabilitation in Ninewa Governorate. This brief paper focuses on a key policy challenge within this process: how to design an effective case management system that can support these returnees' rehabilitation and reintegration while respecting human rights and avoiding further stigma or securitisation. It is a summary of a classified 42-page paper (15,000 words) produced by ICCT in 2025.

Case Management and al-Hol returnees

The population of Iraqis returning from al-Hol is highly diverse. While some individuals had family members who joined armed groups, many were civilians who lived under ISIS-controlled territory, were displaced by conflict, or were exposed to extremist ideology without participating in violence. Despite this, they often face fear, suspicion, and social exclusion upon return. The al-Amal Centre provides temporary, centre-based rehabilitation intended to prepare families for return to their communities. A comprehensive case management system has been proposed to support this work as there remain some gaps in how individual needs are assessed, coordinated, and followed over time.

To address these gaps, the classified report explores how case management has been implemented in other conflict-affected contexts – Nigeria and Somalia - and considers what lessons might be useful to reflect on in the case of Iraq. It emphasises that Iraq's situation is distinct: returnees at al-Amal are civilians cleared of criminal charges, not former low-level associates of the groups. Yet notably they often face similar challenges as those in Nigeria and Somalia such as stigmatisation, discrimination in employment and housing, and high levels of female-headed households, amongst others.

Case management, as described in the report, is a structured social-work approach used to support individuals with complex needs. It typically includes four phases: an in-depth assessment upon entry into a programme, tailored rehabilitation services, an assessment before exit, and after-care support once individuals return to their communities. The report distinguishes this process from security screening, which occurs earlier and determines whether someone should face prosecution or is eligible for rehabilitation.

Nigeria: Case Management of Individuals Associated with Boko Haram

Nigeria's experience offers an important example of how governments have attempted to manage the return and reintegration of large numbers of people associated with violent extremist groups in the context of an ongoing conflict. For over a decade, Nigeria has faced violence from Boko Haram and its splinter factions, which controlled territory, displaced millions, and forcibly recruited civilians. As

increasing numbers of individuals began surrendering or leaving group-controlled areas, Nigerian authorities were confronted with the challenge of distinguishing between fighters, coerced associates, and civilians while managing public fears and limited resources.

The federal government's primary response was Operation Safe Corridor, a structured rehabilitation programme designed for men assessed as "low risk." Participants undergo screening, followed by a period of centre-based rehabilitation that includes mental health support, education, vocational training, and religious counselling. A notable strength of this programme is its use of individualised assessments to guide support and its emphasis on preparing communities through outreach and family engagement. Graduates receive certificates and reintegration assistance, which some communities perceive as an official endorsement that helps reduce stigma.

Alongside this more intensive programme, Borno State developed a faster, lower-intensity approach to manage mass returns, known as the "Borno model", which focused on low-risk males, women, and children. This model prioritised speed and scale, allowing tens of thousands of people to return to communities quickly, with rehabilitation support that included mental health and psychosocial support (MHPSS), education, and vocational training. While this helped ease pressure on overcrowded facilities, it raised concerns about whether individuals' needs were adequately addressed before reintegration.

The Nigerian case highlights key tensions relevant to Iraq: the trade-off between thorough, individualised case management and the need to process large numbers efficiently; the risks of oversimplified screening categories; and the significant gaps in support for women, who often returned without the legitimacy or assistance afforded to men. These experiences underscore the importance of clarity, coordination, and equity in rehabilitation systems.

Somalia: Case Management of al-Shabaab Associates

Somalia provides a contrasting but equally instructive example of case management in a context where violent extremist groups continue to operate and where rehabilitation has been explicitly framed as part of a peacebuilding strategy. The Somali government, with international support, established rehabilitation programmes for individuals assessed as low risk, including both men who defected from al-Shabaab and women associated with the group via The Defector's Rehabilitation Programme.

A defining feature of the Somali approach was its strong emphasis on individualised case management. Participants were assigned social workers who support them throughout rehabilitation, develop tailored plans based on detailed assessments, and acted as a bridge between individuals, families, and communities. Rehabilitation programmes focused heavily on addressing trauma, restoring basic skills, and preparing participants for social and economic reintegration. Unlike detention-based models, participation was intended to be voluntary, and centres were not formally treated as detention centres.

Somalia also developed a specific programme for women, recognising that many were not fighters but had lived under al-Shabaab control or were connected through marriage or family ties. This programme combined rehabilitation with practical support such as childcare, livelihood assistance,

and engagement with women's organisations. The aim was not only to support women's recovery but also to reduce community fears and prevent further marginalisation.

Despite these strengths, Somalia's experience also reveals limitations. The programmes were resource-intensive and difficult to scale, reintegration support after exit was uneven, and screening processes lacked transparency. Nonetheless, Somalia demonstrates how case management rooted in social work principles—rather than security logic alone—can help address complex needs while supporting longer-term stability.

Applicability of cases to Iraq

Drawing on these experiences, the classified report argues that Iraq should not copy models from Nigeria or Somalia wholesale. However, the comparative cases offer valuable lessons about what to do—and what to avoid—when building a comprehensive case management system. These include the need for individualised assessments that directly inform service delivery, and the value of linked-up continuity from arrival at al-Amal through to community reintegration.

The report finds that Iraq already has some elements of case management in place, such as pre-return screening, intake processes, rehabilitation services, and limited post-return follow-up. However, these elements are not yet fully coordinated into a single, end-to-end system. Assessments at al-Amal tend to collect information without consistently translating it into tailored rehabilitation plans, services are delivered by multiple actors without centralised coordination, and after-care support varies widely depending on location and available resources.

To address these gaps, the report recommends developing a consolidated, government-owned case management framework for returnees. This framework should include thorough individual assessments upon entry, regular reviews during rehabilitation, clear criteria for exit, and targeted after-care for those with greater needs. It should also account for gender-specific challenges, especially for female-headed households, and prioritise community preparedness to reduce stigma and resistance to return. Capacity-building for Iraqi staff, realistic timelines, and careful data protection are emphasised as essential to success.

Conclusion

Overall, the report argues that effective case management is not just a technical exercise but a central component of sustainable reintegration. When done well, it can help individuals recover from prolonged displacement, rebuild their lives, and return safely and with dignity to their communities. When done poorly, it risks deepening marginalisation, reinforcing suspicion, and undermining long-term stability. By learning selectively from other contexts while grounding its approach in local realities and human rights standards, Iraq has an opportunity to strengthen one of the world's most significant repatriation and reintegration efforts.

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