

## **The Need for Post-Conflict Rehabilitation: A Psycho-social Approach towards Curbing Extremism in Pakistan**

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### **Abstract**

Violent extremism (VE) has emerged as one of the most serious subjects in the contemporary world. A significant issue concerning extremism is the psychological rehabilitation of both the victims and the witnesses of violent extremist acts. This study aims to elucidate the psychological state of the surviving victims and witnesses of violent extremism and their current psychosocial stressors in Pakistan. The objective of the study is to investigate if the cycle of extremism perpetuates through victimization due to lack of post-conflict rehabilitation. Methodologically, the paper is based on the quantitative psychometric evaluation according to the Beck Depression Inventory (BDI) scale scoring on the victims of VE. This method is widely used for clinical and research practices. This study was carried out in two phases; the pilot phase measured the alpha reliability of the BDI through SPSS, while the main study identified the psychosocial stressors, according to DSM IV, and through history taking. A group of 70 victims of VE in Pakistan, were drawn through convenience sampling. Secondary data comprised of the published literature on post-conflict rehabilitation in Pakistan. According to the findings obtained through BDI scoring of research, most of the VE victims suffer from severe depression and exhibit the tendencies of extreme anger and vengeful behaviour. Such tendencies have made them more prone to engaging in a future conflict. The psychosocial stressors following the acts of extremism further contributed to their depressive state and heightened aggression towards society. The study strongly suggests that there is a dire need for the allocation of resources by the government and relevant authorities, to build post-conflict rehabilitation frameworks in order to sabotage the perpetual cycle of the spread of extremism through victimization. Anti-extremism policy recommendations are also provided based on the findings of the study.

### **Keywords**

Post conflict rehabilitation, Violent Extremism (VE), depression, aggression, Pakistan.

### **Introduction**

Violent extremism has recently emerged as one of the most serious security issues in the contemporary world (Sen, 2007). In the case of Pakistan, violent extremism in the

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form of sectarianism and terrorism has effectively seeped into the social fabric of the country, resulting in the destabilization of the country's socio-political structure. This has led to the birth of new internal security challenges. While these new internal security threats have presented novel challenges, the required state response has remained lacking. The state has retained an uncertain focus between internal and external security issues. As a result, internal security threats have been inadequately addressed. (Nawaz, 2016; Eatwell, 2012).

Generally, it is a practice of the local governments to provide the post-conflict victims of extremism with short-term support, and the mental health rehabilitation which can be in the form of psychosocial assistance. However, once the victims recover from their physical injuries, the support is withdrawn, and the victims start to suffer in silence and isolation, which leads to mental health issues like depression, aggression and PTSD. It has also been observed that depending upon the type of injury that the victim suffered from, he may need substantial psychotherapy. However, due to lack of post-conflict psychological rehabilitation, he remains untreated in the long term for that a comprehensive government public policy is needed (United Nations Counter-Terrorism Centre, 2016).

Appropriate follow-up of treatment of the victims of violence has also remained absent from Pakistan's post-conflict rehabilitation efforts. Meanwhile, violent extremism has continued to rise, entrenching itself deeply within the psyche of the people. Direct and indirect exposure to such violent extremism and related behaviors has resulted in several mental health problems. Such mental health problems have been linked with various psychosocial stressors among both urban and rural populations. Mental health problems have also been found to be positively correlated to the unstable socio-economic conditions resulting from violent extremism (Khalily et al., 2011). There has been an especially high propensity of such psychological stressors and disorders among the Afghan refugees in Pakistan (Gadit, 2011; Hussain et al., 2012).

Such alarming tendencies in the Pakistani population, are reflective of the pervasive psychological impacts of violence and extremism in the country. The present study analyzes the impact of exposure to violence on different groups of people in the country. Some of the major psychological issues and the manifestation of exposure to violence observed in the victims of VE include depression, aggression, PTSD and over-generalizing. These manifestations are examined in relation to the various psychological stressors that result from acts of violence. The initial sections of the paper outline the links between violence and mental health problems. The following sections present a detailed review of the methodology, including the main procedures, participants and measures used in the research. This is followed by a presentation of the results and their detailed discussion. The paper concludes with policy recommendations in light of the research findings.

### **Post-Traumatic Stress Disorder**

Post-traumatic stress disorder (PTSD) is a major mental disorder that people affected by extremist attacks suffer from. Studies indicate a discernible link between acts of violence and post-traumatic disorders. Various forms of political and religious-based violence result in altered behaviors and perceptions of the victims of such violence. Populations most at risk include the youth and other vulnerable segments of society.<sup>2</sup>

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<sup>2</sup> See e.g., Fayyaz, S. (2019). Impact of violent extremism on Pakistani youth. *South Asian Studies*, 34(2), 441-450.

The survivors of violent assault are more likely to develop PTSD in comparison with those who survive natural disasters or other accidents. Such experiences can result in different forms of PTSD including acute (recovery within three months), chronic (symptoms lasting over months or years) and delayed (onset of symptoms after six months or more after actual experience), type of PTSD. Different individual and societal factors also determine the occurrence and type of PTSD experienced by survivors (Kaminer & Eagle, 2010). Nonetheless, social support remains a crucial factor in trauma treatment. Other treatments that are effective for PTSD include a combination of counselling and medication. Physical Medication and Rehabilitation therapies (PM&R) can also be utilized for the treatment of these individuals (Yehuda et al., 2015). If left untreated, continued stress can manifest in other forms of psychological disorders.

### **Over-Generalization**

Exposure to traumatic experiences can cause other kinds of behavioral patterns in victims, such as over-generalization. Prolonged exposure to violence has been proven to induce over-generalizing behaviors in those affected, whereby victims generalize their traumatic experience in every other situation. Such over-generalization is induced by stress, anxiety and depression. The famous ‘Little Albert’ experiment carried out in the 1920s was one of the earliest researches to prove a case in point. Psychologists Watson and Rayner conditioned an infant to be fearful of rats. The infant eventually came to fear any furry thing that resembled a rat. (Beck et al., 2009). This experiment holds true in defining the core of PTSD, as in the cases of PTSD, fear that is related to the violent extremist act also extends to safe situations, (furry things), that resemble a distressing situation. If this remains untreated, it becomes a continuous source for anxiety, aggression and depression, inculcating suicidal thoughts and constant fear in the victims of extremist acts. In some cases, these untreated victims go on to become perpetrators of violence themselves (Greco & Liberzon, 2016).

### **Depression and Aggression**

Depression and aggression are some of the related psychological manifestations of (prolonged or intense) exposure to violence. Although the perpetrators strategically plan the acts of violent extremism, such as terrorism, these acts are always an unexpected occurrence for the victims. This element of surprise and lack of any control over the situation exacerbates the psychological consequences of many folds (Moghaddam & Marsella, 2004). In addition to traumatic stress, distress responses and behavioural change, it can lead to severe and prolonged depression. Certain studies have employed various mechanisms to chart the link between acts of violence, resource loss and depression. A structural equation path model revealed that such symptoms were positively correlated with exposure to terrorism and related loss of psychological and other resources (Hobfoll, 1991; Hobfoll et al., 2006). Exposure to such kinds of events increases the possibility of physical and mental health problems in children, adolescents and adults alike (Comer & Kendall, 2007). Although different in many ways from other life events such as abuse or disaster, terrorism has also been identified as a traumatic life event (Shahar et al., 2009). It carries a significant impact on the victim’s life in the form of traumatic stress that has been identified as a

significant cause of depression. Such exposure makes them vulnerable to experience anxiety, worries, depression and anger. This feeling of depression results in behavioral change among survivors (Hussain et al., 2012). Contrastingly, certain standardized clinical classifications, such as the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification Disease (ICD) have postulated that trauma exposure may not always lead to significant depression. (Vitriol et al., 2014).

Nevertheless, as evident from the literature above, prolonged or intense exposure to violence, particularly terrorism can produce adverse psychological effects. This is especially true in the absence of appropriate public mental health systems. Such evidence points towards the pressing need for coordinated state response to address the psychological dimensions of violent extremism. An adequate response to violent extremism must take account of the victims’ psychological issues and emotional rehabilitation. The present study analyzes the various psychosocial effects of exposure to violent extremism. It makes a case for addressing the psychological dimension of post-conflict rehabilitation in Pakistan in order to improve the overall effectiveness of rehabilitation efforts.

**Methodology**

**Procedures**

This research is retrospective in nature and includes a psychometrical quantitative analysis. The research process was initiated by seeking permission to conduct psychological tests. Relevant authorities, at the various locations of research, were contacted for access to participants and data collection. The authorities were informed about the purpose of the study. Due to the volatile security situation, it was also mentioned that the names would be kept confidential, and information will be used only for the research purpose. The research was carried in two steps, i.e. pilot testing of the questionnaire and main study. The first step consisted of the pilot study which was carried out to assess the psychometric characteristics of Beck Depression Inventory (BDI), a psychological test for measuring depression among the victims of extremism and the psychosocial stressors as categorized in DSM IV. The alpha reliability of the Beck Depression Inventory was 0.94. Cronbach’s Alpha reliability is most generally used for the research that has multiple Likert questions in a survey/questionnaire that forms a scale. Also, it helps to determine if the scale is reliable. This is often used in the psychometric quantitative research tool that also helps to determine the results from the scale. Cronbach’s also helps to identify if the diverse sets of test items would give the same measurement outcomes. Cronbach’s above 0.90 is considered the best (Taber, 2018). For example, the Cronbach alpha reliability of Beck Depression Inventory scale used in this research is 0.94 (see table below).

Cronbach’s Alpha	No. of items
0.94	21

**Participants**

The sample size comprised of 70 victims of violent extremism from NWFP, FATA, Wah-Cantt, Rawalpindi, Lahore and Karachi (a few of them were Afghan refugees as well). This sample was acquired through convenient sampling. The BDI and questionnaire of psychosocial stressors, according to DSM IV, was administered on

70 victims of extremist acts along with their history taking. After getting their consent, Beck Depression Inventory and Psychosocial stressor, according to DSM IV, were administered on VE victims. The obtained data was analyzed psychologically through BDI scale scoring, and the alpha reliability of BDI was taken through SPSS.

**Sources**

This research was essentially deductive and inferential in nature. The deductions were compared with those available in independent western sources. Tertiary source information released by the family of people who conducted extremist acts was also analyzed. Books written by the renowned authors in the field of Psychoanalysis concerning terrorism and political science were another tertiary source. Help from the published papers of various think tanks available in the country and abroad was also sought. The primary source was the interviews and the responses of the victims of violent extremism which was collected through questionnaires, namely Beck Depression Inventory and Psychosocial stressor DSM IV. Important information about their behavior was also noted down during their interviews.

The analysis was based on a psychological research method, “Beck Depression Inventory Scale Scoring”, SPSS was used for the alpha reliability of the BDI scale and the psychosocial stressors were identified through history taking. Views and opinions expressed by local psychologists and foreign scholars towards the psychological impact of extremism were also gleaned. It was found that out of 70 participants, 44 victims were showing severe depression.

**Measures**

***Psychosocial Stressors According to Diagnostic Statistical Manual IV***

The main underlying reason to use psychosocial stressors from DSM IV in the questionnaire was to thoroughly understand the psychological state of the post-conflict victims because DSM IV provides the detailed psychosocial stressors. In this study, the psychosocial stressors that contributed to the aggressive and depressive state of the victims of VE were identified during their interviews. Psychosocial stressors (especially after any conflict or war) are the fuelling factors to increase psychological disturbances which can often result in extreme behaviour. Terrorist organizations often recruit young individuals who are dissatisfied from the psychosocial statuses and the young minds who are looking for some psychosocial opportunities for advancements (Taylor & Louis, 2004). Given below are the psychosocial stressors, according to DSM IV (American Psychological Association, 2000).

**Table 1:** Psychosocial Stressors according to DSM IV

Psychosocial Stressors related to Primary Support Group	The stressors related to the primary relations such as death or loss of a family member
Psychosocial Stressors related to Social environment	The stressors related to the inability to cope with the social environment or loss/death of a friend
Psychosocial Stressors related to Educational Problems	The psychosocial stressor associated with the educational problem such as inability to study due to traumatized mindset
Psychosocial Stressors related to Housing Problems	The psychosocial stressor associated with the neighbouring

Psychosocial Stressors related to Occupational Problems	The psychosocial stressor associated with the sustainability of Jobs.
Psychosocial Stressors related to Health Care	The psychosocial stressor associated with the provision of adequate physical or psychological health after any traumatic incident
Legal system/ Crime	The psychosocial stressors that involve the legally charged for any crime
Economic problems	The psychosocial stressors related to the financial issues after any traumatic incident
Other Psychosocial stressors	Other psychosocial stressors, according to DSM IV means any other psychological and social stressors related other than the above mentioned.

***Beck Depression Inventory Scale (BDI) II and Scoring***

BDI is a 21-item psychological scale that is used to measure the psychological/clinical depression by psychologists. This questionnaire was initially designed to be administered by the practising psychologist/trained interviewers. However, it can be self-scored as well, but in the presence of a trained psychologist/mental health professional (Beck et al., 1996). Furthermore, the BDI II contains the 21 items on a 4-point scale from 0-3 (0, 1, 2, 3) — 0 (the absence of depressive symptoms) and 3 (severe depressive symptoms). The cognitive decline (lack of emotional control, impulsivity, and aggression), emotional disturbances and asexual symptoms are also covered in it reflecting the DSM IV- criteria for major depressive scoring. The scoring is achieved by adding the marked number (0-3) by the research subjects. The minimum score of depression which indicates the minimal depression category is 0, and the highest depression score is 63: higher the score, higher the range of depression. In Non-clinical populations such as post-war victims, post-conflict victims; scores above 20 indicate the presence of depression (Kendall et al., 1987).

In subjects diagnosed with depression, 0-13 represents minimal depression. Score from 14-19 indicates mild depression, whereas score from 20-28 represents moderate depression and scores between 29-63 represent the severity of depression (Beck et al., 1996).

**Results**

Through psychometric evaluation under the Beck depression inventory scoring, the following were the findings of this research. The total number of victims of violent extremism in the study were 70. Out of 70, 44 victims of extremism (such as suicide bombing and drone attacks) were observed to be severely depressed and had aggressive tendencies towards the society.

This research paper focuses on severely depressed victims of violent extremism as they showed a higher level of aggression and dissatisfaction towards society, which led them to have violent behaviour. The severely depressed victims of VE desired to be engaged in violent activities because the post-traumatic and psychological effects of violent extremism were not addressed or treated adequately by the authorities and by the health care departments. Thus, the cycle of extremism and victimization continued to perpetuate. Figure 1 highlights the psychosocial

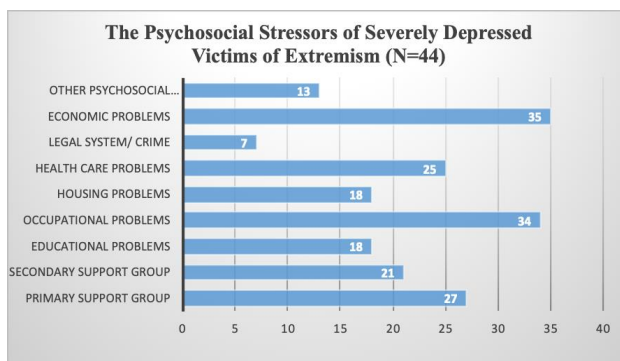
stressors in ascending order as reported by the victims of violent extremism during their interviews.

**Table 2:** Level of Depression among Victims of Violent Extremism (N=70)

<i>Post Extremism Psychological Effect Variable (Depression)</i>	<i>Victims of Violent Extremism (N=70)</i>
Severe Depression	44
Minimal Depression	6
Moderate Depression	15
Mild Depression	5
<i>Grand Total</i>	<i>70</i>



**Figure 1:** Stressors in Their Increasing Order as Reported by the Victims of VE



**Figure 2:** The Psychosocial Stressors of Severely Depressed Victims of Extremism as reported by the Victims of VE (N=44)

### **The Effects of Various Psychosocial Stressors Leading to Severe Depression and Violent Aggression**

After reviewing and critically analyzing the results as presented in Figure 2, it can be inferred that the victims of extremism mostly suffer from four main categories of psychosocial stressors: economic problems, occupational problems, primary support group and healthcare problems. Victims of these extremist attacks suffer tremendous economic burden even before being victims of these attacks due to their socio-economic status. For example, they may rely on construction jobs or odd jobs to get by as a daily wage worker. This requires their health to be excellent. Therefore, when these individuals have their worlds turned upside down as a consequence of violent acts, their psychological state and physical state does not allow them to perform their routine businesses adequately. Some of these individuals may have suffered a physical injury which renders them useless in their respective workforce as a daily wage worker and they are resultantly forced to re-live their traumatic experiences.

Furthermore, the lack of a primary support group where family members can compensate for the economic hardship for the individual does not exist. It is due to this fact that they are also victims of the same attacks and are in the same socio-economic group. These four leading psychosocial stressors are very much interconnected and create a domino effect where the presence of one stressor leads to the emergence of next.

These stressors emphatically have a long-lasting detrimental effect on the psychology of the post violent extremism victims if not adequately treated. Majority of the surviving victims of violent extremism (treated as a sample for this study) were suffering from severe depression after the attack, and most of them had health problems in the family. About 35 out of 44 severely depressed victims of Violent Extremism (VE) reported that they suffered from economic problems due to a physical and psychological disability and others reported that they lost a family member to violent extremist acts such as suicide bombings. Consequently, the whole family or a few members of the family became victims to it by proxy. A linear relationship was observed among the permanent physical/psychological disability and intensity of depression and aggression towards the society. For example, one of the victims was found suffering from severe depression and reported sexual abuse after the incident.

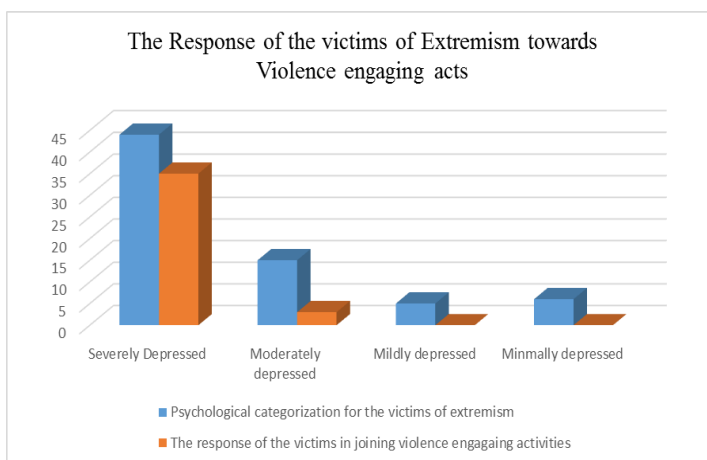
Thus, it can be deduced that there is a remarkable rise in psychosocial stress, which leads to severe depression and violent behaviour due to a lack of coping mechanism. During their research interviews and BDI administration, aggression was also analyzed, and the simple deduction was that higher the depression, higher the level and patterns of aggression. These victims reported that they witnessed the death or a loss of a friend during violent extremist attacks, and they reported inadequate social support after an act of violent extremism took place.

A few of the victims reported that the death or loss of a friend or loved one increased their depression and aggression because they had seen them dying in front of their eyes, yet the post-conflict psychological rehabilitation was not given to them. This depression led them to the poor coping ability with society, and they sought to project their aggression towards it. This Depressive illness remains untreated due to the lack of post-conflict psychological rehabilitation, which can result in violent thoughts and violent behaviours. Such as, in the sample of the study, it was observed that the emotional rage in the victims of VE became severe. Consequently, there was a tremendous rise of aggression or vengeful behaviour because of non-availability of the post-conflict or post extremism psychological rehabilitation. A few of them



reported that they displaced their aggression to the common public, such as mass shootings or target killing. One of the victims of suicide bombing stated, “If I am not happy, why them? If I suffered, why not them?”

The phenomenon of ‘Displacement’ is a common psychological phenomenon of displacing anger on the innocent. It refers to satisfying one’s desire for revenge (Freud, 1937). Such as in the case of suicide bombings, or terrorist attacks. The most unaddressed area in the field of Peace and Conflict Studies (PCS) is understanding the underlying causes of violent behaviour. It is observed that if the victims of a terrorist attack or an extremist attack remain psychologically untreated, they may join hands with any extremist organization to displace their anger for the sake of revenge. Mostly, the common public becomes the target in this process of their anger displacement.



**Figure 3:** The Response of the victims of Extremism towards Violence Engaging Acts

As it is shown in the above Figure 3, the rise in depression among the victims of extremism led them towards behavioural hostility. Another significant finding of the study is that the severely depressed victims of extremism showed a linear relationship with the violent engaging behaviour (as shown in Figure 3). This finding helps us to understand that if the victims of extremism are left without post-conflict psychological rehabilitation, their chances to engage in violence significantly increases. The more psychologically untreated victims of extremism a country has, the more extremism can flourish there. However, previous research state that depression can seldom be the cause of violence. Extremism is a psychopathological illness. In order to manage or resolve conflict, it is essential to understand the underlying cause and nature of it. Anti-extremism policies cannot reach their designated goals unless peace psychology is taken under account. One of the most important but the least focused consequences of such violent acts is the psychological effects of extremist acts on the victims and witnesses and their potentially harmful long-term effects. Many researchers have confirmed this observation (e.g., Almog, 2004). Unfortunately, underlying factors such as psychological effects and psychological nature of the conflict has been the most neglected area of research in the field of Peace and Conflict studies. However, this research addresses the primary and essential study of conflict management and peace studies.



**Figure 4:** The Cycle of Extremism through Victimization

## Discussion

The occurrence of extremist acts like suicide bombings, drone attacks and other acts of extremism have increased drastically over the past few years. During the interviews conducted, it was noticed that victims of violent extremism such as drone attacks and suicide bombings were more threatened of the extremist acts. The primary cause of worry for the victims was the unpreparedness of the government and system to deal with extremism and to build an effective post-conflict rehabilitation program. Most of the victims thought that acts of extremism are also psychological in nature because they cause psychological suffering. They create more anger, fear, stress and depression than any other natural disaster. The interviews and the results of the psychological tests showed that victims were not satisfied with the psychological rehabilitation offered in their respective conflict-ridden areas due to non-availability of any socially integrated policy for such victims.

The study conclusively shows that almost all of the victims suffered from depression in the immediate aftermath. Alarmingly, victims remained depressed even after a long time had passed. According to the Beck Depression Inventory, most of the victims unexpectedly fell in the range of severe depression due to the increased psychosocial stressors and their poor psychological capability to cope up with them. A strong linear relationship was noted between depression and psychosocial stressors among the victims of violent extremism in Pakistan. These victims, especially those who suffered from the severity of depression (if left without post-conflict rehabilitation) could potentially be motivated to conduct violent acts and harm the society further, which has the potential of creating more victims and the cycle might eventually perpetuate. The survivors of any conflict who faced psychological disturbance and increased psychosocial stressor were more vulnerable to get involved in violent activities, conflict or even suicide bomb attacks (Cardenas et al., 2003).

Acts of violent extremism significantly affected the mental and psychological capability of individuals which caused stress, depression, anxiety and fear in them that ultimately affected their behaviour (Borum, 2014). People who were victims of violent extremist acts like terrorist attacks and drone strikes were found to be emotionally upset, threatened, nervous, stressed-out and sad most of the time. Frequent occurrences of extremist acts like suicide bombings and terrorist attacks made them more worried about their own and their family’s security. These victims experienced a high degree of severe depression and related altered perception of reality.

Appropriate and timely identification and amelioration of such stressors and their related symptoms are imperative in the context of post-conflict rehabilitation. Mental health professionals can play a crucial role in this regard. For instance, providing advice and guidelines to medical and surgical staff regarding post-traumatic reactions and helping in identifying the symptoms that could be due to psychological reaction to any stress. Similarly, prioritizing victims for the specialist psychiatric care can prove helpful in advising the authorities on the management of anxious, aggressive and distressed behaviors of the victims of any traumatic incident (Weine et al., 2017).

While previous researches have measured depression using only one of the psychosocial stressors (Coid et al., 2016), this research has analyzed all of the psychosocial stressors with the categories of depression according to BDI scoring such as minimal depression, moderate depression, mild depression and severe depression. The data collected in this study can be used to prioritize the victims according to their needs by keeping in view the ascending level of psychosocial stressors. It prioritizes the psychosocial stressors to know which one is playing a pivotal role in elevating the depressive illness and aggression through the psychometric evaluation as given in BDI scoring. This study strongly emphasizes on the fact that in conflict zones there is a severe lack of mental health care facilities and the government and relevant authorities need to take the initiative for the provision of this facility to victims of extremist acts in specific and all the population in general. The government needs to allocate proper funding for this cause. There is a need to offer an empathetic, non-judgmental, collaborative approach to help these ailing individuals to achieve a better level of adjustment by the government or authorities (Bhui et al., 2014).

### **The Dilemma: Post-conflict Rehabilitation in Pakistan**

Pakistan is severely deprived of mental health rehabilitation that is linked to the violence in Pakistan and the disruption of its social infrastructure. Hence, the cycle of extremism can only perpetuate further (Mumford et al., 2000). Psychological rehabilitation of both victims and witnesses of violent extremist acts is an absolute necessity. The practice of psychological rehabilitation has been formally accepted since the 20<sup>th</sup> century and has been a part of the treatment of post-war and trauma victims.

Most of the victims and witnesses of extremist acts go through a post-trauma period in which they continuously re-experience the moment of suffering, and that leads to several mental disorders including, severe depression and aggression. Apart from medicine, they also need post-conflict mental rehabilitation approaches to bring them back to their healthy life (Ginges et al., 2011). So, that they can assimilate back into society and again be a productive part of the community.

Mental health services for the victims of extremism has been a serious issue in Pakistan as the mental health workers are under-resourced and under-trained, especially in the areas like erstwhile FATA and Swat (Saeed, 2001). There are very few mental professionals (psychiatrists, psychologists and social workers) in Pakistan (Khalily, 2010). Most of the victims of violent extremism live in urban centres. Available facilities are not adequately utilized due to the social stigmas attached with mental health rehabilitation where most of the community has the misperception about mental illness as the possession of *evil spirit (jinn)*, *magic* (Somasundaram, 2004). Mental health rehabilitation in Pakistan demands persistent attention from

policymakers, professional bodies, academics and mental health professionals working in the mental health field (Khalily, 2010).

### **Conclusion and Recommendation**

The current study was conducted to understand the need for post-conflict rehabilitation. The results showed that most of the victims of violent extremism in Pakistan, including Afghan refugees, are more prone to the severity of depression and violent aggression due to non-availability of Post-conflict rehabilitation services. Moreover, the significant finding of this research supported the fact that the victims of violent extremism suffered from depression in the immediate aftermath, however, over time the severity of depression and aggression was noted according to beck depression inventory scale scoring. This emotional rage and psychological decline among the VE victims were seen due to the increased psychosocial stressors and their poor psychological capability to cope with them. During the research interview and psychometrical evaluation, a strong linear response was observed between depression and psychosocial stressors among the victims of extremism. It can be inferred that people who were once the victims of extremism could end up in being extremists themselves if the post-conflict rehabilitation services are not provided to them. The study strongly suggests that there is a need for provision for post-conflict rehabilitation and mental health care to the victims of extremism, and emphasizes on the fact that there is a dire need for allocation of resources by the government and relevant authorities in order to obtain psychological well-being and to minimize issues like extremism in society. The current study has also provided a blanket recommendation of anti-extremism policy for the victims of violent extremism based on the findings of the study.

### **Policy Recommendations**

There should be a provision of a platform mainly for the underdeveloped and developing countries to encourage them in active participation at an international forum to highlight the psychological effects of violent extremism (suicide bombings, terrorist attacks and drone strikes) on the national and regional stability. Providing access to Global Mental Health Facility through training and workshops shall prove beneficial as well. Also, the provision of funds for mental health rehabilitation in conflict-prone areas to provide the victims with a socially integrated approach could be beneficial in terms of effectively managing post-conflict rehabilitation.

There should be an immediate action for the awareness of mental health rehabilitation through different workshops and social campaigns at the national public level to highlight the threats of the untreated psychological condition of the victims of extremism/terrorism. Practical implementation of public policy by provincial and local governments is also required to address the threatening psychological effects of suicide bombings, particularly in the poor targeted communities who are unaware of rehabilitation services and/or cannot afford expensive rehabilitation services. Since most of the victims of violent extremism are more prone to engaging in further violent activities, there is a need for the conflict resolution through a more socially integrated psychological approach to reduce the fear of their personal and family security. This can help us to achieve a better, socially integrated society.

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