# CREST

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# Trauma, Adversity, And Violent Extremism

**FULL REPORT**

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# EXECUTIVE SUMMARY

## OVERVIEW

Research on violent extremism has found that individual processes of radicalisation are driven by a complex intersection of 'push' and 'pull' factors (Lewis & Marsden, 2021). In recent years, researchers have started to explore whether insights from the academic literature on trauma might advance our understanding of how these factors contribute to radicalisation. This research includes empirical studies into radicalisation pathways that have used trauma-informed frameworks (e.g. Windisch et al., 2020), as well as theoretical studies identifying potential synergies between these literatures (e.g. Koehler, 2020). This is a promising development within research on violent extremism but is a field of inquiry still in its infancy.

It is not yet possible to draw definitive conclusions on how research on trauma might be best utilised in work on violent extremism, or the specific ways in which trauma-informed frameworks might inform research and practice in this space. This report explores the potential utility of developing this research agenda further by identifying synergies between research on trauma and violent extremism, and by discussing the implications that these synergies might have for researchers and practitioners.

This report takes a broader approach than previous analyses by exploring how research on the *direct* and *indirect* effects of trauma might advance our understanding of radicalisation. Existing studies into the relationship between trauma and violent extremism have primarily focused on the former, including examining how direct exposure to personal traumas, such as adverse childhood experiences (ACEs), or collectively traumatic events such as war, might contribute to radicalisation (e.g. Windisch et al., 2020; Ellis et al., 2015a). These studies are in line with an established body of evidence that has shown that

personal experiences of trauma can lead to maladaptive psychological and behavioural outcomes (Felitti et al., 1998).

There is also robust evidence to suggest that negative psychological and behavioural outcomes can be transmitted across generations and that individuals who are exposed to the lasting effects of historical traumas experienced by their ancestors are more likely to develop trauma symptomology than their peers (Lambert et al., 2014). However, researchers have yet to explore the applicability of this research to work on violent extremism. To advance this research agenda, this report explores research on the direct effects of personal and collective trauma, as well as the indirect effects of historical and intergenerational trauma, and discusses how knowledge about these causal pathways might be utilised in research on radicalisation.

## KEY POINTS

There is obvious utility in continuing to explore the relationship between trauma and violent extremism, and the practical implications of applying a trauma lens to work in this space. There are promising synergies between research into the psychological and behavioural effects of different forms of trauma and recent empirical research into the causal pathways that underpin the radicalisation process (see Lewis & Marsden, 2021). Countering violent extremism interventions also appear to be increasingly aligned with, and in some cases directly informed by, the principles of trauma-focused and trauma-informed interventions.

The most direct synergy between the two literatures is research exploring the behavioural and psychological impacts of ACEs. The evidence base linking ACEs to

involvement in violent extremism remains limited, but preliminary conclusions can be drawn:

- A small number of empirical studies into individual engagement in violent extremism have identified personal experiences of trauma (including ACEs) as a potential push factor for radicalisation. However, the relative importance of trauma as a driver remains unclear given that most people who experience trauma do not become radicalised.

- The broader literature on ACEs has been better able to identify causal pathways between trauma and maladaptive psychological and behavioural outcomes than the literature on radicalisation, and so further exploration of this evidence would be useful.

There are promising synergies between research on the social ecology of radicalisation and on intergenerational, historical, and collective trauma.

- Research has found that the psychological and behavioural impacts of trauma on the *individual* are often rooted in historical and/or contemporary *collective* experiences.

- This aligns with research that finds that *individual* participation in violent extremism is often rooted in lived or perceived *collective* experience, and is often framed by narratives that draw heavily on these events. Notably, many of the collective experiences identified in work on radicalisation (such as lived or perceived experiences of discrimination; structural or societal inequalities; or the holding of political grievances) have been analysed through a trauma lens within the literature on trauma.

- More work is needed to understand how existing analyses of collective experiences across both literatures relate to each other, and whether a trauma-informed approach would help to illuminate how collective experience shapes individual terrorist action.

Recent developments in trauma-informed care align with contemporary research into the social ecology of preventing and countering violent extremism (P/CVE) interventions:

- Trauma-informed interventions recognise that individual responses to circumstances are not simply driven by the biophysical characteristics of the individual, but how these characteristics intersect with social, environmental and ecological factors. Interventions seek to identify those micro, meso, and macro-level factors which help to explain what happened to the individual (i.e. why they were exposed to a specific experience) and why that experience came to have specific psychological and behavioural impacts so that they can address the causes and consequences of trauma.

- Multi-dimensional trauma-informed interventions map closely onto multi-agency P/CVE interventions such as the UK's Channel programme. However, trauma-informed approaches more explicitly identify potential causal factors operating at different levels of an individual's social ecology and design appropriate support to tackle each one in turn.

- The trauma-informed approach may provide a foundation for delivering P/CVE interventions targeted at the individual level that more explicitly attend to the social and ecological factors that contribute to engagement in, and inhibit disengagement from, violent extremism. However, more research into the practical implications and benefits of utilising this approach in P/CVE work is needed.

Trauma-informed frameworks could potentially be used to embed procedural justice into P/CVE interventions. The principles of trauma-informed care map closely onto the principles of 'procedural justice', which is crucial to ensuring that the public trusts and is willing to co-operate with the counter-terrorism system (Lewis & Marsden, 2021). Further research

into the synergies between these frameworks, and the subsequent implications for P/CVE, may therefore be useful.

## DIRECTIONS FOR FUTURE RESEARCH

At this stage, it is not possible to make a definitive judgement on how the research on trauma might be best utilised in work on violent extremism. Further research will be needed to explore the preliminary synergies between the two literatures presented in this report. To guide this effort, the authors have identified several questions to inform further discussion about the potential benefits of bringing these two bodies of work into closer dialogue. These include questions to inform future research into radicalisation pathways, and research that might inform the development and delivery of trauma-informed and trauma-focused P/CVE interventions:

1. Evidence for the causal pathways linking ACEs with maladaptive outcomes is more robust than existing evidence on radicalisation pathways. How could research on ACEs be used to better understand the radicalisation process?

2. The work on ACEs draws attention to how involvement in harmful or illegal activities can be considered an adaptive response to living in challenging contexts and being subject to difficult experiences. How might this understanding be translated into research and practice on violent extremism?

3. Increasingly, research on trauma is taking a multi-systemic approach to interpreting how and why people become involved in harmful activities by taking account of the multiple, interacting factors which operate across levels of analysis and which cluster together in particular social settings. What might a comparable multi-systemic approach to violent extremism be able to learn from this literature?

4. How well do biopsychosocial models of trauma, and resilience to trauma, map onto socio-ecological models of radicalisation? Could these models help to better understand how social, environmental, and individual factors coalesce to drive radicalisation, and in turn inform the design of socio-ecological-informed interventions?

5. Research on trauma offers a broader framework for understanding the medium to long-term causal processes that might inform maladaptive behaviour. What insights might be possible in research on violent extremism by shifting attention from the question of what risk and protective factors are present/absent to asking why those who become involved in violent extremism might embody or come to manifest those factors?

6. What are the implications of research on collective mass trauma, including exposure to political violence, for efforts to facilitate the disengagement and reintegration of returning foreign terrorist fighters? What lessons can be drawn from trauma-informed interventions developed for refugees and asylum seekers fleeing violence?

7. By trying to interpret how life choices and chances are informed by cultural and historical events, such as experiences of discrimination or repression, research on intergenerational and historical trauma centres the role of politics in research on what shapes behaviour. Given the increasing focus on often apolitical, individual-level risk factors, such as low self-control, or mental health problems in radicalisation research, what might be gained by looking more broadly at how political events are experienced, perceived and transmitted at the social and cultural level? How might this approach help interpret why extremist ideologies take hold in particular settings?

8. Looking at intergenerational processes foregrounds the importance of time. What insights might be possible by asking how involvement in violent

extremism is informed by interactions between biophysical, micro, meso, exo, macro *and* chronosystems?

9. What insights from the literature on trauma might help inform interventions that are: better equipped to recognise the sometimes-adaptive nature of involvement in violent extremism; designed to address the clusters of factors that characterise challenging social contexts; take a trauma-informed approach to acknowledging the local and global histories that can inform harmful behaviour; and recognise the explicitly political and ideological features of these dynamics?

# INTRODUCTION

Empirical research into radicalisation pathways is less developed than research in comparable fields, such as the criminological study of individual involvement in gangs and other forms of violent offending. Researchers working on violent extremism have therefore sought to explore synergies between their field and these more established bodies of empirical research. One potentially fruitful avenue of exploration that has emerged in recent years has been the application of trauma-informed frameworks to violent extremism.

While research exploring the potential of trauma-related research in the context of radicalisation is at a nascent stage, these studies have pointed to promising synergies, most notably concerning adverse childhood experiences (ACEs), but also intergenerational, historical, and collective trauma. This report explores these synergies by reviewing contemporary research into the direct links between traumatic experiences and violent extremism, and research from the broader literature on trauma that could feasibly be applied to the study of violent extremism. The report outlines the potential practical implications of utilising trauma-informed approaches in the field of violent extremism as well as the opportunities and challenges that attempts to apply a trauma lens to this work will likely face.

## SCOPE

This report should be read as a preliminary and exploratory investigation of the potential utility of applying a trauma lens to research on violent extremism. The analysis presented here is predominantly based on empirical studies published in the past five years, although where relevant, studies from outside this period have been included. While the authors are confident that they have identified the vast majority of studies that explicitly explore links between trauma and violent extremism, the broader

literature on trauma is significant, and a full systematic review of this work is beyond the scope of this report. When reviewing the broader literature, the authors have therefore focused primarily on systematic reviews or meta-analyses. Relevant studies of this type were first identified by members of an expert advisory group before the authors conducted forward and backward citation searches of these papers to identify additional studies. Keyword searches were also conducted in Google Scholar (e.g. 'intergenerational trauma" AND "systematic review") to address emerging evidence gaps.

## DEFINING TRAUMA

There is no single way to define trauma. The term has been used to refer to traumatic events or experiences that provoke distress; the psychological impacts of being exposed to such events; or both conceptualisations simultaneously (Briere & Scott, 2015). This report adopts the third approach and uses trauma to refer to specific events and their psychological impacts.

Trauma can be experienced directly and indirectly. Individuals may be personally exposed to traumatic experiences, but may also experience trauma vicariously by hearing about another person's experiences or by being exposed to the psychological and behavioural impacts of that person's trauma, which in turn may have psychological impacts on them (Isobel et al., 2017).

Both contemporary and historical experiences can contribute to present-day trauma. Several authors have produced synthesised definitions that differentiate between various sources of indirect and direct trauma (e.g. Isobel et al., 2017; Cerdeña et al., 2021). In line with these studies, this report defines specific forms of trauma in a way that delineates between them.

*Personal trauma* refers to traumatic experiences that have been directly experienced by individuals. Adverse childhood experiences (ACEs) refer to a set of specific childhood experiences that can contribute to toxic stress (Felitti et al., 1998; Baglivio et al., 2021). While there is some variation in the number and type of experiences that different authors use in their analyses, ACEs are commonly considered to include the 10 adverse experiences listed below:

- Emotional abuse

- Physical abuse

- Sexual abuse

- Emotional neglect

- Physical neglect

- Witnessing violent treatment toward a caregiver

- Household substance abuse

- Household mental illness

- Parental separation or divorce

- Having a household member with a history of incarceration.

*Collective trauma* refers to a 'collective complex trauma inflicted on a group of people who share a specific group identity or affiliation – ethnicity, nationality, and religious affiliation' (Evans-Campbell, 2008 in Denov et al., 2019). Collective traumas can refer to historical and contemporary experiences, and both man-made events and natural disasters (Cypress, 2020).

*Intergenerational trauma* is the process by which the effects of trauma are transmitted across generations. This process can be defined as the 'transmission of stress, risk and adaptation across generations, influenced by genetic predispositions, as well as learnt

models of parenting, and family, community and cultural perceptions of the world' (Isobel et al., 2021).

- This report adopts a broad definition to synthesise evidence from a field that has become fragmented due to researchers using a variety of alternative terms to describe intergenerational trauma, including 'interpersonal trauma'; 'attachment trauma'; 'complex trauma'; 'betrayal trauma'; 'relational trauma'; 'developmental trauma'; 'cumulative trauma'; 'vicarious trauma'; and 'secondary trauma' (Isobel et al., 2017; 2019). Each term refers to a specific type of trauma that might be transmitted across generations, and/or a specific mechanism of transmission, and it is important not to conflate these various concepts.[1] However, synthesising research into these discrete phenomena will be important for advancing research into the indirect effects of trauma.

- The evidence cited in this report draws on studies using a number of these frameworks to analyse the mechanisms by which trauma can be transmitted across generations. While some of these frameworks refer purely to direct mechanisms of transmission, such as vicarious trauma caused by hearing about a previous trauma, most include indirect mechanisms, such as the effect that maladaptive parenting, caused by parental trauma, has on children (e.g. Dashorst et al., 2019; Greene et al., 2020).

*Historical trauma* refers to the lasting effects of a 'mass trauma experience' such as war, political violence, or the subjugation of a population by a dominant group (Heberle et al., 2020) that are transmitted across generations. It is thus a specific form of intergenerational trauma.

- It is a 'sequential process' whereby the generation exposed to an event experiences 'psychological and social consequences' which are 'transmitted across

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1    Each of these terms is used to describe the transmission of trauma from one person to another. However, many of these concepts are much broader than intergenerational trauma in that they also describe the transmission of trauma within generations, such as within peer groups or between spouses. It is therefore unhelpful that these terms have been used interchangeably with intergenerational trauma and/ or historical trauma (Isobel et al., 2017).

generations through environmental, psychosocial, and socioeconomic factors as well as through ongoing discrimination and [structural or systemic] violence' (Heberle et al., 2020).

- This definition is used to illustrate how historical and contemporary forms of trauma intersect. However, unpicking this relationship can be challenging. It is not always clear whether the symptoms of trauma identified among descendants of individuals who were directly exposed to traumatic events can be attributed to the intergenerational transmission of this past trauma, or by events that the descendants of these individuals personally experienced themselves (Isobel et al. 2017). This challenge is particularly acute when exploring the relationship between the historic repression of whole communities and the present-day marginalisation and discrimination experienced by members of these same communities (Heberle et al., 2020; Cerdeña et al., 2021).

- To enhance definitional clarity, this report uses the terms historical and intergenerational trauma to refer to the *effects* of trauma that are transmitted across generations, as distinct from the *causes* of trauma that persist across generations. In this view, present-day experiences of marginalisation and discrimination can be considered forms of historical trauma when the traumatising effects of such experiences have been exacerbated by the lasting memories of historical repression (Cerdeña et al., 2021).

## KEY CONCEPTS IN THE CONTEXT OF VIOLENT EXTREMISM

Understanding the relationship between different traumas and involvement in violent extremism rests on first identifying the traumatic events that might make an individual susceptible to radicalisation. Such an approach would align with the limited research into this relationship undertaken to date (e.g. Windisch et al., 2020). However, truly understanding the role that trauma plays in violent extremism rests on identifying the causal pathways by which trauma might contribute to the radicalisation of certain people, under certain circumstances.

The vast majority of young people will be exposed to some form of trauma in their lifetime (Hornor, 2015). Such experiences may lead to a stress response, but negative psychological and physiological outcomes only emerge when the individual suffers from 'toxic stress', or the 'extreme, frequent or extended activation of the stress response' (Hornor, 2015; Koehler, 2020). The vast majority of individuals exposed to trauma do not suffer from toxic stress or exhibit long-term psychological effects, and even fewer become involved in violent extremism.

This report, therefore, explores how and why specific individuals respond to trauma in maladaptive ways, and how these maladaptive responses might, directly and indirectly, contribute to radicalisation under certain circumstances. This includes exploring how diagnosable conditions such as post-traumatic stress disorder (PTSD) might contribute to involvement in terrorism and other maladaptive behaviours such as gang membership (Wojciechowski, 2020), but also how the non-diagnosable effects of trauma, such as an inability to form trusting relationships (Baron & Forde, 2020), contribute to negative outcomes.

The remainder of this report explores these causal pathways by reviewing empirical research that has explored the link between different forms of trauma and violent extremism, before reviewing the broader literature on personal; collective; intergenerational; and historical forms of trauma. Through this discussion, the report will identify potential synergies between these different literatures, as well as important avenues for future research, before exploring how the literature on trauma relates to and could be used to further inform P/CVE interventions.

# 1. TRAUMA AND VIOLENT EXTREMISM

## OVERVIEW

Research exploring links between trauma and violent extremism is in its infancy. However, several different theoretical approaches have been used to analyse this relationship. For example, Simi et al. (2016) used a life-course and developmental approach to analyse the impact that specific traumatic events experienced in childhood, adolescence, or adulthood had on involvement in violent extremism. In contrast, Speckhard and Ahkmedova (2006) used a psycho-social framework to analyse the cognitive processes through which trauma contributed to radicalisation. This section synthesises findings from studies using different theoretical frameworks to explore two important themes which have emerged in this nascent literature:

- Personal trauma as a risk factor for/ a component of the radicalisation process

- Collective trauma as a driver of radical attitudes/ behaviour.

## 1.1 PERSONAL TRAUMA AND VIOLENT EXTREMISM

### KEY FINDINGS

Exposure to personal trauma may contribute to radicalisation both directly and indirectly.

At the individual level, trauma may be a discrete push factor that helps to drive the radicalisation process in some cases, or it may inform or interact with other risk factors.

At the ecological level, environments in which there is an elevated risk of experiencing trauma may create conditions that are conducive to radicalisation.

More research is needed to understand the strength and nature of these causal relationships.

Involvement in violent extremism can be a source of trauma, which suggests that desistance and disengagement programmes may benefit from addressing the effects of this trauma.

## CORRELATIONS BETWEEN PERSONAL TRAUMA AND INVOLVEMENT IN VIOLENT EXTREMISM

Exposure to childhood trauma appears to correlate with involvement in violent extremism, but the causal role of trauma in radicalisation remains unclear. Although the evidence base is limited, experiences of childhood trauma have been identified in the life histories of some violent extremists discussed in existing studies. This includes studies that have used the ACE framework (Felitti et al., 1998), which has long been used to study links between early-life trauma and deviant adolescent or adult behaviour (e.g. Windisch et al., 2020) and studies that have explored broader experiences of childhood trauma and/or adversity (e.g. Dhumad et al., 2020; Harpviken et al., 2020; Weenink, 2019). Key findings from these studies include:

- Almost two-thirds (63%) of a sample of US-based former white supremacists (n=91) interviewed by Windisch et al. (2020) had experienced 'four or more adverse experiences during the first 18 years of their lives'. This was aligned with the figure reported among a "high risk" sample of juvenile offenders (55%) and was much higher than the figure reported by a general population control group (16%). This would suggest that ACEs' relationship to extremism may be similar to their relationship to other types of offending.

- An analysis of 319 individuals who had travelled, or who were deemed to be at risk of travelling

to Syria and Iraq from the Netherlands, found that they 'come from single-parent families over twice as often as their peers do' (Weenink, 2019). Among the 49% of this sample who came from single-parent households, divorce accounted for the vast majority of parental separation.

- Half (13) of 25 studies reviewed as part of a recent systematic review that explored the causal link between different psychological vulnerabilities and involvement in violent extremism pointed to adverse childhood experiences having some kind of effect on the development of extremist attitudes and/or behaviour (Harpviken et al. 2020).

Research indicates that there is a correlation between lifetime exposure to trauma and involvement in violent extremism. As many of these studies do not use control groups, it is unclear how the prevalence rates for trauma among violent extremists compare to the general population. However, these studies provide sufficient evidence of a link to suggest that further research into the causal links between such experiences and violent extremism would be useful.

- A recent systematic review exploring links between mental health problems and violent extremism reported that empirical studies have routinely pointed to the prevalence of adverse experiences in the life histories of violent extremists (Gill et al., 2021). The prevalence rates for specific experiences varied significantly across the different studies, and different samples of violent extremists, and were between:

    - 17.6% and 71.4% for physical abuse

    - 23% and 28.5% for sexual abuse

    - 16.35% and 85.3% for neglect or psychological abuse

    - 36% and 82% for parental abandonment

    - 18.6% and 64% for domestic or neighbourhood violence.[2]

- 11.6% of male and 23.6% of female ISIS returnees, defectors, and prisoners (n=220) interviewed by Speckhard and Ellenberg (2020) reported that they had experienced some form of 'prior trauma' before becoming engaged in terrorism.[3]

- A comparative analysis of a US sample of domestic political extremists (n=38) and gang members (n=45) found that the two groups were similarly likely to have experienced a personal crisis or trauma (39.5% vs. 37.8%) and to come from a broken home (44.7% vs. 44.4%). However, gang members (44.4%) were significantly more likely to report having poor connections with their families than extremists (26.3%) (Becker et al., 2020).

## PERSONAL TRAUMA AS A CAUSAL FACTOR DRIVING INVOLVEMENT IN VIOLENT EXTREMISM

The existing literature cautions against pathologising individuals who have been radicalised in the wake of suffering traumatic or adverse childhood experiences. Researchers argue that the ways in which people psychologically adapt to adversity are 'normal reactions to abnormal situations', even when this response leads to an extremist outcome (Gøtzsche-Astrup, 2018).

Personal trauma may therefore be a push factor that can contribute to radicalisation. Several studies identify trauma as a factor that might push an individual into violent extremism (e.g. Becker et al., 2020; Wolfowicz et al., 2020), and a number of models of radicalisation incorporate trauma. A notable example is the 'quest for significance model' (Jasko et al., 2017):

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2       As a number of studies reviewed in this report are included in Gill et al.'s systematic review, including Speckhard & Ahkmedova (2006); Simi et al. (2016); Jasko et al. (2017); Oppetit et al. (2019); Bubolz & Simi (2019); and Dhumad et al. (2020), the specific prevalence rates cited in these individual studies are not discussed here.

3       The authors also quantify the prevalence of a range of other adverse experiences such as emotional or physical abuse or neglect; household substance abuse; household mental illness; parental separation/divorce; incarcerated household member and having a deceased parent, with prevalence rates for most of these experiences fairly low.

- The quest for significance model is founded on the assumption that 'when people experience loss of personal significance' the 'motivation to restore significance may push them towards the use of extreme means' (Jasko et al. 2017). This loss of significance can be achievement-related, relationship-related, or related to traumatic experiences and abuse.

- An analysis applying this model to a US-based sample of individuals who had committed 'ideologically motivated crimes' (n=1,496) found a positive relationship between measures of trauma or abuse and involvement in violent crimes of this nature, but that only being abused as an adult was significantly related to the use of violence (Jasko et al., 2017).

Few studies have empirically explored the specific mechanisms by which trauma might directly contribute to radicalisation. While several studies find correlations between specific experiences, or even 'childhood unhappiness' (UNDP, 2017), and involvement in violent extremism, these correlations do not demonstrate causation. Notably, researchers who have drawn more explicitly on the existing research on trauma/ACEs (e.g. Windisch et al., 2020; Ellis et al., 2015a; 2019) have offered the most useful insights into possible causal processes.[4]

The research analysing how trauma might cause radicalisation suggests that this causal link is indirect. Several preliminary conclusions can be drawn about these indirect effects:

- The cumulative effect of trauma, and the adoption of maladaptive coping mechanisms, may increase the risk of radicalisation. Windisch et al. (2020) argued that an 'extremist onset' was 'exacerbated by the cumulative impact of multiple adverse experiences during childhood' which led formers in their sample (n=91) to adopt maladaptive coping

mechanisms (e.g. self-blame, having a short fuse) that increased their vulnerability.

- Similar conclusions are found in older studies of white supremacy (Baron, 1997), and an earlier study from the same research team (Simi et al., 2016), which argues, based on interviews with 44 former white supremacists, that adverse experiences should be understood as 'conditioning experiences that incrementally increase a person's susceptibility to negative outcomes including violent offending'.

- Not everybody who suffers from trauma will develop mental health issues such as PTSD, nor will everybody who suffers from PTSD become radicalised (Al-Attar, 2020). However, several studies show that mental health issues resulting from traumatic experiences might contribute to support for, or involvement in, extremism. Further exploration into how these maladaptive psychological outcomes caused by trauma might contribute to violent behaviour would therefore advance our understanding of causal processes.

- There was a clear correlation between the presence of PTSD symptoms and sympathy for violent protest and terrorism among respondents to a survey of White British and Pakistani men and women (n=618) in England (Bhui et al. 2020).

- There was also a relationship between social adversity and sympathy for violent radicalisation in Rousseau et al.'s (2019) survey of students (n=1,894). This study found that symptoms of depression mediated the relationship and that social support moderated the identified relationship between adversity and extremism.

- Theoretical studies have suggested that trauma might influence an individual's worldview in

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4    Other studies not explicitly rooted in the trauma literature, such as Harpviken's (2020) review of 25 studies on psychological vulnerabilities to radicalisation, have also shown how mechanisms that are often seen to link trauma to violence – such as early socialisation and a desire for retribution – might influence radicalisation.

a way that is amenable to extremist influence (e.g. Krogh and Lundesgaard, 2018). This relationship has not been explored empirically. However, based on surveys in the United States and Denmark (total n = 2,889), Gøtzsche-Astrup (2020) reported that there was no significant relationship between 'dark world perceptions' (i.e. perceptions that the world is 'a dangerous and vile place'; a mindset that has been reported among victims of trauma and/or those suffering from PTSD) and self-reported intentions to participate in political violence.

## PERSONAL TRAUMA AS A CONTEXTUAL FACTOR FACILITATING THE RADICALISATION PROCESS

Traumatic or adverse experiences in isolation do not explain why individuals become involved in violent extremism. The relative importance of trauma compared to other push and pull factors is also unclear. For example, analysis of the significance quest model found that an experience of abuse as an adult was one of seven factors significantly associated with violent behaviour (Jasko et al., 2017). Several studies have also suggested that the evidence supporting the direct relationship between trauma and/or ACEs and violent extremism is less conclusive:

- A comparative study of a sample of lone-actor terrorists (n=125) and a general population control group (n=2,108) found that lone-actor terrorists were more likely to have a history of substance abuse and to have a diagnosed mental disorder than members of the control group. However, members of the control group were significantly more likely to report that they had experienced a wide range of adverse experiences, such as growing up in an abusive home, experiencing the death of a family member, or being ignored or neglected by somebody important (Clemmow et al., 2020).

- Wolfowicz et al.'s (2020) meta-analysis of risk and protective factors for radicalisation outcomes, which explored 62 individual-level factors from

57 publications, found that adverse experiences such as being exposed to violence; experiencing personal strain; and individual/collective relative deprivation only had small-to-medium positive effects on the development of radical beliefs. In contrast, the largest effect sizes were found for factors such as thrill-seeking attitudes/behaviours and a lack of self-control.

Several studies have taken a socio-ecological view to analyse how trauma intersects with individual and environmental factors in a way that might increase radicalisation risk:

- One analysis of 150 radicalised individuals in France identified eight distinct radicalisation pathways, each referring to a different cluster of push and pull factors, including a personal history of being exposed to abuse (Campelo et al., 2018). While this study reports that a history of abuse clustered with factors such as depression, risk-taking behaviours, and suicidal behaviours in a 'depression and abuse' cluster, it does not outline how this specific ACE might have directly contributed to radicalisation.

- An analysis of the life histories of 20 young people who travelled to Syria from the same Dutch neighbourhood reported that 'susceptibility factors for radicalisation known from the literature, such as unemployment, lack of perspective, and personal and psychological problems, abound in [the neighbourhood in which they lived]', and that these factors likely had some impact on their radicalisation (Neve et al., 2020).

While not a core focus of these studies, the socio-ecological view of trauma draws attention to more systemic causes of adversity that have been discussed in contemporary research on radicalisation (Lewis & Marsden, 2021). For example, several of the studies cited above draw attention to the psychological impact that individual or collective experiences of perceived discrimination and/or marginalisation can have on individuals and communities, and how these impacts

relate to violent extremism (e.g. Ellis et al., 2015b; Rousseau et al., 2019; Gill et al., 2021).[5]

This would suggest that it is not just that actual experiences of personal trauma might directly contribute to radicalisation, but that personal trauma might also indirectly contribute to violent action once it has been reframed through a lens of collective experience. Involvement in violent extremism is often motivated and ultimately sustained by 'historic, personal and community narratives of victimhood' (Argomaniz & Lynch, 2018). To understand the nature and impact of personal experiences of victimhood that are embedded in such narratives, it would potentially be useful to:

- Adapt existing frameworks used to analyse the psychological and behavioural impacts of trauma to explore the causal pathways by which the traumatic features of extremist narratives might motivate violent action. This might include exploring how and why extremist narratives of collective victimisation and injustice might resonate with those who have experienced individual victimisation, and with the meanings that these individuals ultimately attached to their own experiences (Johnstone et al., 2018).

- Explore whether traumatic experiences (real and imagined) as constructed in extremist narratives have similar behavioural and psychological impacts to personal trauma.

- Examine how extremist groups attempt to leverage personal trauma by using ideological narratives that reframe personal experiences of trauma, abuse, or marginalisation as part of larger collective experiences, both contemporary and historical, in ways that serve to 'foster commitment and embeddedness in the extremist milieu' (Koehler, 2020).[6]

An alternative trauma-informed approach might be to analyse trauma as both a push and pull factor. While studies commonly view trauma as a push factor (Wolfowicz et al., 2020), extremist narratives may simultaneously work to pull individuals into violent extremism by reframing their personal traumas through broader collective experiences. Personal trauma was *the* key motivating factor for a sample of 34 Chechen suicide terrorists analysed by Speckhard and Ahkmedova (2006). However, personal experiences of 'individual traumatization' only contributed to violent action because they had been leveraged by terrorist organisations to indoctrinate these individuals to 'move them into the path of fighting for a political cause'.

## INVOLVEMENT IN VIOLENT EXTREMISM AS A SOURCE OF PERSONAL TRAUMA

Involvement in violent extremism can be traumatising. Several recent studies have outlined how engagement in violent extremism may expose individuals to a range of potentially traumatising experiences (Lewis & Marsden, 2021). For example, Speckhard & Ellenberg (2020) identified three sources of trauma among their sample of 220 ISIS returnees, defectors, and prisoners: atrocities or crimes committed against or experienced by the participant; those witnessed by the participants; and those committed by the participant.

The experience of being engaged in violent extremism can contribute to psychological distress. An analysis of 97 terrorist autobiographies found 'that the experiences of being engaged in a terrorist group negatively impact on the mental health of a subset of individuals' (Corner & Gill, 2020). This analysis found that psychological distress was reported in 23.1% of accounts prior to engagement, but 41.9% of accounts post-engagement. While this study does not directly link psychological distress to trauma, it found that individuals with symptoms of psychological distress post-disengagement were significantly more

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5       These studies are discussed in more detail in the following section on collective trauma.
6       Bouzar et al. (2017) also speak of jihadists using 'anxiety-inducing emotional appeals' to indoctrinate people.

likely to have been a victim of violence during their involvement; express regret for their actions; and have trouble coping with their past actions, which are all experiences or outcomes that have been linked to PTSD.

As this report explores in more depth in *Section 3*, applying a trauma lens to countering violent extremism work may benefit both from using preventative interventions to identify and mitigate the role that trauma plays in driving engagement in violent extremism, and addressing the traumatic effects of such engagement through desistance and disengagement programmes.

## 1.2 COLLECTIVE TRAUMA AND RADICALISATION

### KEY FINDING

Exposure to collective trauma may increase the risk of radicalisation, however, the strength of this relationship remains poorly understood.

### THE IMPACT OF COLLECTIVE TRAUMA ON SUPPORT FOR VIOLENT EXTREMISM

The link between collective trauma and radicalisation is poorly understood, however, there is sufficient evidence to suggest this relationship may be significant and is worth further exploration. For example, research identified a significant relationship between war-related trauma and openness to illegal and violent activism among a sample of Somali refugees (n=79) to the United States (Ellis et al., 2015a). A substantial part of this effect was mediated by the presence of PTSD symptoms, while strong social bonds moderated the association.

Both actual and perceived collective traumas could theoretically contribute to involvement in violent extremism. A sense of grievance at the treatment of a community that one identifies with is often identified as a potential driver of radicalisation (Cherney et al., 2020). Grievance and collective trauma may be interlinked. Several authors have conceptualised grievance as the relationship 'between group or community trauma and radicalization' (Siegel et al., 2019). It is unclear whether the concept of collective trauma can be stretched in this way, and more work is needed to understand how the concepts relate to each other. However, several studies have used Agnew's (1992) Strain Theory to illustrate how 'collective strains', such as 'perceived discrimination against a group one identifies with, feelings of injustice, or vicarious or direct trauma from war and civil strife' (Nivette et al., 2017) come to shape support for extremism:

- A sense of 'collective or group-level grievance relating to perceptions of an 'oppressive' political system against Muslims, especially those in war-torn countries such as Syria and Iraq' was widespread among a sample of radicalised Australian youths aged under 19 (n=33) (Cherney et al., 2020), although the authors of this study did not attempt to attribute direct causality to this or any other, single factor.

- Collective strain was 'associated with a marginal increase in support for violent extremism' in a survey of 1,214 adolescents aged 15–17, that was conducted in Switzerland by Nivette et al. (2017). However, the authors also found that 'this effect disappears when other social and individual variables are included in the model.' To explain these findings, the authors drew on research on radicalisation from Wikström and Bouhana (2016) and concluded that 'an individual's internal controls are important to regulating responses to strain and shaping the pathways with which to cope'. [7]

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7      Harpviken (2020) has also used General Strain Theory to analyse personal forms of strain in this context. Notably, Nivette et al.'s research described here is one of the few empirical studies that explicitly explores the impact of indirect forms of 'vicarious trauma' on participation in violent extremism.

Given that scholars draw links between strain theory and trauma-informed approaches when analysing the causes of other social harms (e.g. McKenna et al., 2020), research exploring the potential utility of this trauma-informed re-conceptualisation of grievance could be fruitful.

Several studies on deeply divided societies have pointed to the negative psychological and behavioural effects that continued exposure to political violence can have:

- A longitudinal study of mother-child dyads in Northern Ireland (n=700) found that exposure to sectarian violence was associated 'with elevated family conflict and children's reduced security about multiple aspects of their social environment (i.e., family, parent-child relations, and community)' and was linked 'to child adjustment problems and reductions in prosocial behaviour' (Cummings et al., 2010).

- Research on the continuing impacts of conflict on Israeli (n=996) and Palestinian (n=631) communities has also found that 'individual-level exposure to terrorism and political violence makes the subject populations less likely to support peace efforts', and in turn more likely to support militancy (Hirsch-Hoefler et al., 2016).

- The extent to which lessons from contexts that have a very specific 'ethos of conflict' (Canetti et al., 2017) are applicable to other contexts that are not marked by systemic conflict remains unclear. However, insights from this research could be used to inform future research among child returnees from Syria and Iraq that explores the long-term psychological and developmental effects that such experiences might have on them.

## 1.3 CONCLUDING THOUGHTS ON RESEARCH ON TRAUMA AND VIOLENT EXTREMISM

There is some empirical evidence to suggest that personal exposure to trauma might contribute to radicalisation both directly and indirectly in a variety of different ways:

- Adverse childhood experiences and exposure to mass trauma experiences such as war appear to be correlated to support for violent extremism. There is some suggestion that this relationship is mediated by the long-lasting psychological effects of trauma, as measured by the existence of diagnosable conditions such as PTSD or depression.

- Trauma alone offers an insufficient explanation for radicalisation, but the lasting effects of trauma may contribute to involvement in violent extremism when they coalesce with other social, environmental, and individual factors understood to facilitate this process.

The strength of any causal relationship remains unclear due to the limited evidence available. Similarly, while the existing literature has pointed to promising synergies with research on collective and historical trauma, the utility of this framework requires further exploration.

The analysis of causal mechanisms is far more developed in the broader empirical literature on trauma, which has presented robust evidence of the relationship between adverse childhood experiences; collective trauma; historical trauma; and intergenerational trauma and a range of maladaptive psychological and behavioural outcomes. To address the evidence gaps identified in this section, the following sections explore this research in more detail and identifies several questions for those working on violent extremism to explore.

# 2. THE IMPACTS OF DIRECT EXPOSURE TO TRAUMATIC EXPERIENCES

## OVERVIEW

This section reviews research that has explored how personal exposure to childhood trauma and mass trauma experiences such as war and political violence can lead to a range of maladaptive psychological, physiological, and behavioural outcomes. Where possible, this discussion draws parallels between this research and the literature on violent extremism and trauma discussed above. It concludes by identifying some avenues of future inquiry.

## 2.1 ADVERSE CHILDHOOD EXPERIENCES

### POTENTIAL SYNERGIES BETWEEN THE LITERATURES WARRANTING FURTHER EXPLORATION

There are direct synergies between criminological research on the links between ACEs and violent offending and research exploring the applicability of the ACEs framework to violent extremism.

Further research exploring the different causal pathways that link personal exposure to trauma with involvement in violent extremism could be extremely insightful.

### REINTRODUCING THE ADVERSE CHILDHOOD EXPERIENCES FRAMEWORK

The term Adverse Childhood Experience (ACE) refers to a specific set of experiences that can have potentially traumatising effects on individuals. ACEs are 'indicators of abuse, neglect, and household dysfunction experienced prior to age 18' (Baglivio et al., 2021). While there is some variation in the number of indicators that different authors use in their

analyses, ACEs are most commonly used to refer to ten experiences (Craig et al., 2017):

- Emotional abuse

- Physical abuse

- Sexual abuse

- Emotional neglect

- Physical neglect

- Witnessing violent treatment toward a caregiver

- Household substance abuse

- Household mental illness

- Parental separation or divorce

- Having a household member with a history of incarceration.

There is clear evidence that children exposed to multiple ACEs are more likely to develop physiological and mental health problems later in life, and the ACE framework is increasingly being used as a 'childhood trauma-based screening tool' (Fox et al., 2015). The original ACE study was published in 1998 and found a clear link between ACEs and a variety of negative psychological and physiological outcomes. Felitti et al. (1998) reported that persons who had experienced four or more ACEs, compared to those who had experienced none, had a:

- 4 to 12-fold increased risk of alcoholism, drug abuse, depression, and attempting suicide

- 2 to 4-fold increase in smoking, poor self-rated health, ≥50 sexual intercourse partners, and sexually transmitted disease

- 1.4 to 1.6-fold increase in physical inactivity and severe obesity.

Adverse childhood experiences appear to be interrelated. The original ACE study reported that 86.5% of participants reporting one ACE also reported at least one additional ACE, and 52% reported at least three (cited in Hornor, 2015). The interrelatedness of ACEs has been confirmed in other studies, with Baglivio and Epps (2015) reporting that 67.5% of their sample of juvenile offenders (n=64,329) who had experienced one ACE reported four or more additional exposures.

There is evidence to suggest that other forms of trauma not included in the ACE framework also have long-term effects. A study comparing 40 different types of ACE found that a 15-item tool better predicted trauma symptoms among young people and that the most effective predictors among 2 to 9-year-olds differed from those for 10 to 17-year-olds (Turner, 2020).

- While some of the original ACEs such as physical and emotional abuse were important predictors for both groups, so too were a range of other experiences. This included being physically intimidated or emotionally abused by a peer (for both age groups), or experiencing a serious assault threat, sexual assault, a suicide attempt by somebody close, or the illness of somebody close (for the older age group).

- Witnessing shots, bombs, or riots was also a predictor of trauma symptoms for older children, which aligns with research cited earlier showing that exposure to political violence or war, and engagement in violent extremism, can have psychological effects.

It is therefore helpful to expand the analysis of childhood trauma beyond the conventional ACE scale. The following section reviews studies that have used the original ACE framework, as well as broader forms of childhood trauma or adversity, to fully understand how exposure to trauma might contribute to maladaptive psychological or behavioural outcomes.

**The long-term psychological and behavioural impacts of childhood trauma**

The majority of young people will be exposed to some form of childhood trauma. The original ACE study found that more than two-thirds of respondents (67.3%) had been exposed to at least one or more adverse childhood experiences (cited in Hornor, 2015). The mere presence of childhood trauma does not, therefore, explain why some individuals adopt maladaptive psychological or behavioural responses to specific incidents when many others do not.

A range of risk and protective factors affect how young people respond to ACEs. In his literature review, Franke (2014) identifies several relevant factors that can contribute to, or inhibit, the negative psychological effects of trauma. Notably, these vulnerability factors map closely onto push and pull factors, and the resilience factors onto protective factors, identified in empirical studies of radicalisation (Wolfowicz et al., 2020):

- *Resilience factors:* Individual and environmental protective factors identified in the literature include a higher IQ; easy temperament; a perception of competence; positive self-image; self-control; empathy; social problem-solving skills; strong inter-personal relationships; adequate social support; stable home life and positive parenting behaviours; and a history of positively responding to adversity.

- *Vulnerability factors:* factors argued to make an individual more vulnerable to being negatively affected by ACEs include an increased sensitivity to stress; a lack of social or psychological support to help them with stress coping skills; poor social support; developmental delays; abusive parenting; and past maladaptive coping behaviours.

Exposure to ACEs, and other forms of childhood trauma not included in the original ACE framework, can contribute to the development of 'toxic stress' (Hornor, 2015). As noted earlier, toxic stress has been linked to maladaptive psychological coping mechanisms later in life. For example, LeMoult et al. (2020) found that individuals who experienced 'early life stressors' were more likely to develop a major depressive disorder before the age of 18 based on an analysis of 62 journal articles with a total number of 44,066 participants.

Individuals who adopt maladaptive coping mechanisms following exposure to ACEs may be at higher risk of violent offending. An analysis of 1,354 juvenile offenders found that adolescent experiences of PTSD were 'a major risk factor for being involved with a gang throughout adolescence and adulthood' (Wojciechowski, 2020). This provides further support for the link between childhood trauma and gang membership which was first identified in influential studies of risk factors for gang membership (e.g. Hill et al., 1998). There are also parallels between Wojciechowski's study and research on violent extremism:

- Wojciechowski argued that gang membership likely fulfilled a need for identity and social support that had emerged in the wake of a traumatising experience. This seems to align with the role that trauma plays in the significance quest model of radicalisation discussed above (Jasko et al., 2017), and empirical studies on radicalisation that have regularly illustrated how a search for identity can influence radicalisation (Bubolz & Simi, 2019).

- As hypothesised in the earlier discussion of terrorist narratives, Wojciechowski's study would also suggest that the pull of gang membership is directly related to the push of trauma exposure. Further research into this relationship could be insightful.

The cumulative effect of multiple ACEs has been linked to more serious offending. Several studies find that exposure to multiple ACEs is a predictor of violent and/or chronic offending:

- Serious, violent and chronic offenders (SVC) had, on average, twice the number of ACEs as 'one and done offenders' according to an analysis of 22,575 'delinquent youth' conducted by Fox et al. (2015). This analysis also found that 'for each additional ACE that a child experiences, the odds of becoming an SVC offender increases by 35% even when controlling for gender, race, age of onset, impulsivity, peer influence, and family income'.

- A recent survey of 468 adults in a Welsh prison (Ford et al., 2019) found that over 8 in 10 prisoners reported at least one ACE, and nearly half reported four or more ACEs. Those who had experienced four or more ACEs were three times more likely to have been convicted of violence against a person and three-and-a-half times more likely to be prolific offenders when compared to prisoners reporting no ACEs. Similar patterns have been reported by studies conducted in other contexts, including Perez et al. (2018).

- The trends identified in these studies are aligned with Windisch et al.'s (2020) analysis of white supremacists, the results of which suggested that exposure to multiple ACEs correlates with a heightened risk of participating in delinquent behaviours and violent extremism. This suggests that further comparative research into the role that ACEs play in pathways into violent extremism and other forms of violent offending would be useful.

The cumulative impact of exposure to ACEs may be more pronounced for particular types of offence. Interestingly, research has suggested that this long-term effect may be more limited for criminal offences that (aside from the absence of an ideological motivation) are somewhat similar to terrorism:

- According to an analysis of 28,579 adolescents who had committed violent against-person felonies (Baglivio et al., 2021), higher cumulative ACE

scores increased the likelihood of a youth violently victimising family members or a member of the authorities. They also increased the chances of them victimising multiple different types of victims, but decreased the likelihood of victimising strangers.

- Juvenile offenders who reported being exposed to six or more ACEs were 72% less likely to be committed to a confinement facility for homicide but 413% more likely to be committed to a confinement facility for a sexual assault than offenders exposed to fewer ACEs, according to an analysis of 2,520 such individuals conducted by DeLisi et al. (2017).

- Given that the majority of terrorist acts could be considered attempts to murder strangers, these analyses raise interesting questions about whether and how adherence to a violent extremist ideology might mediate the relationship between ACEs and the target of violence.

A robust understanding of the effects of ACEs must account for individual, familial, and contextual influences. Several studies have illustrated how the likelihood of being exposed to ACEs might be shaped by demographic or contextual factors and how context can, in turn, influence the long-term impacts of exposure. For example:

- The long-term effects of ACEs have been shown to vary across different ethnic groups. For example, Craig and Zettler (2021) analysed 11,788 juvenile offenders and found that ACEs did not have a significant effect on the chances of violent recidivism among White males, but did have a significant effect on recidivism among Black or Hispanic males.

- Community and neighbourhood context is a predictor of exposure to ACEs. One analysis of over 59,000 juvenile offenders cited by Wolff et al. (2018) found that 'community disadvantage is significantly associated with a higher number of ACEs and community affluence is significantly

associated with less ACE exposure' (see Baglivio et al. 2017).

- A subsequent analysis of over 92,000 juvenile offenders in the USA identified five classes of individual adversity: high, low, moderate 1, moderate 2, moderate 3. Each class was composed of different clusters of ACEs (Wolff et al. 2018).

- Living in a neighbour characterised by 'concentrated disadvantage' was positively related to an offender being a member of higher adversity classes. Living in an affluent neighbourhood, or a neighbourhood with a larger concentration of immigrant residents, reduced the chances of being in the higher adversity classes.

- The causal pathways linking ACEs with future antisocial behaviour might be explained by further exploring 'unmeasured familial factors'. By analysing ACE exposure among siblings from different families, Connolly (2020) identified a relationship between ACEs, childhood antisocial behaviour, adolescent delinquent behaviour, and risk for violent victimisation. However, after controlling for demographic, environmental, and genetic factors, he found that the effects of ACEs appeared to be mediated by familial factors such as living in a one-parent household or having a parent/ caregiver that is incarcerated.

- Social context may mediate the link between ACEs and violent offending. Based on interviews with 400 homeless youth, Baron and Forde (2020) report that the relationship between ACEs and violent behaviour was mediated both by individuals adopting a 'criminogenic knowledge structure' that saw criminal behaviour as acceptable, and the presence of violent peers. This finding aligns with research on violent extremism, which has illustrated how actual and/or perceived peer attitudes can positively or negatively influence an individual's support for violent extremism (Kaczkowski et al., 2020).

## QUESTIONS FOR FURTHER EXPLORATION

1. Evidence for the causal pathways linking ACEs with maladaptive outcomes is more robust than existing evidence on radicalisation pathways. How could research on ACEs be used to better understand the radicalisation process?

2. The work on ACEs draws attention to the ways in which involvement in harmful or illegal activities can be considered an adaptive response to living in challenging contexts and being subject to difficult experiences. How might this understanding be translated into research and practice on violent extremism?

3. Increasingly, research on trauma is taking a multi-systemic approach to interpreting how and why people become involved in harmful activities by taking account of the multiple, interacting factors which operate across levels of analysis and which cluster together in particular social settings. What might a comparable multi-systemic approach to violent extremism be able to learn from this literature?

4. How well do biopsychosocial models of trauma, and resilience to trauma, map onto socio-ecological models of radicalisation? Could these models help to better understand how social, environmental, and individual factors coalesce to drive radicalisation, and in turn inform the design of socio-ecological-informed interventions?

5. Research on trauma offers a broader framework for understanding the medium to long-term causal processes that might inform maladaptive behaviour. What insights might be possible in research on violent extremism by shifting attention from the question of what risk and protective factors are present/absent to asking why those who become involved in violent extremism might embody or come to manifest those factors?

## 2.2 COLLECTIVE TRAUMA

### POTENTIAL SYNERGIES BETWEEN THE LITERATURES WARRANTING FURTHER EXPLORATION

Research pointing to the negative psychological outcomes caused by mass trauma events supports the findings of those few studies which have illustrated how exposure to political violence might contribute to support for violent extremism.

More research is needed to understand what mediates these relationships, for example, whether more 'everyday' forms of trauma (such as bullying or discrimination) might compound the effects of collective trauma and further increase support for extremism.

### THE PSYCHOLOGICAL IMPACTS OF EXPERIENCING MASS TRAUMA EVENTS

The relevance of the literature on collective trauma and involvement in violent extremism is less immediately obvious. However, given that the earlier-cited evidence has suggested that the psychological impacts of trauma at the individual level might increase an individual's vulnerability to radicalisation, the individual impacts of collective trauma may be important.

Exposure to political violence and/or war has been associated with PTSD and other trauma-related illnesses. For example, studies in Northern Ireland have routinely identified how exposure to traumatic experiences during the Troubles continues to contribute to mental health problems today, including PTSD (Ferry et al., 2014; Bunting et al., 2013). These effects may also be exacerbated by contemporary experiences of sectarian violence which, as noted above, can elicit a sense of 'emotional insecurity' (Cummings et al., 2014; Townsend et al., 2020).

Symptoms of PTSD have been identified among refugees fleeing violence in their home countries. For example, while estimated rates vary across different

studies, a recent systematic review of 8,176 Syrian refugees analysed in 15 studies indicated prevalence rates of 43% for PTSD, 40.9% for depression, and 26.6% for anxiety morbidity (Peconga & Høgh Thøgersen, 2020). This study concludes that 'Syrian refugees could be over 10 times more likely to develop post-traumatic stress and other disorders than the general population' based on rates reported in other studies, but stresses caution when comparing studies with different methodologies.

The effects of direct exposure to a collective trauma can be exacerbated by later events. Trauma related to refugees' experiences in their home country can be aggravated by what happens to them during and after travelling to a new country (Miller & Rasmussen, 2017; Jud et al. 2020).

- Fazel and Stein (2002) identify three types of potential trauma that might be experienced by children who leave their home country due to violence: 1) trauma caused by witnessing the effects of war or political violence in their home country, 2) trauma caused by the long and dangerous journey to a new country, and 3) trauma caused by the challenges of integrating into a new country. However, they do not discuss whether different traumas have specific impacts, or whether different stages of resettlement are more traumatising.

- This has been termed 'the cycle of violence' (Jud et al., 2020). Violence (or trauma) post-resettlement may be a direct result of discrimination or xenophobia from strangers, but it can also be caused indirectly by the intergenerational transmission of trauma where parents who have experienced war-related trauma themselves come to adopt a maladaptive, even abusive, parenting style. In this way, historical and contemporary causes of trauma may intersect in a way that aggravates the negative effects of these different traumas.

  - A significant proportion of 93 asylum-seeking children aged 10–16 assessed by Jensen et al. (2015) had experienced multiple severe life

events (mean = 5.5), the most common being the death of a close person (68%), witnessing violence (63%) and war (62%). 47% had also been separated from their family against their will, and 54% scored above the clinical cut-off on post-traumatic stress symptoms.

- Surveys of young people in the United States (n=12,098) find that immigrant youth are significantly more likely than US-born peers to experience one or more forms of bullying when controlling for socio-demographic factors (Maynard et al., 2016).

- A systematic review into violence within refugee families (n=15 studies) found that 'family related violence in refugee families is a result of accumulating, multiple risk factors on the individual, familial, societal and cultural level' (Timshel et al., 2017). Individual factors included parental experiences of child abuse, traumatisation, and substance abuse; family factors included parent-child interaction styles, family structure, and family acculturation stress; and societal factors included low socio-economic status; and cultural factors included patriarchal beliefs within families.

## QUESTION FOR FURTHER EXPLORATION

1. What are the implications of research on collective mass trauma, including exposure to political violence, for efforts to facilitate the disengagement and reintegration of returning foreign terrorist fighters?

2. What lessons can be drawn from trauma-informed interventions developed for refugees and asylum seekers fleeing violence?

## 2.3 INTERGENERATIONAL AND HISTORICAL TRAUMA

### POTENTIAL SYNERGIES BETWEEN THE LITERATURES WARRANTING FURTHER EXPLORATION

Research on intergenerational and historical trauma has the potential to help interpret how real or perceived collective grievances might contribute to radicalisation.

Given the extremely preliminary nature of this enquiry, researchers should remain cautious about the extent to which it is appropriate to stretch these concepts in this way.

### OVERVIEW

This section reviews the causes and consequences of intergenerational and historical trauma; the mechanisms by which trauma is transmitted across generations; and the individual, familial, and environmental factors that can mitigate the potentially negative effects of such trauma.

It is not yet possible to draw direct parallels between this literature and work on violent extremism. This section, therefore, does not specifically discuss how research on historical and intergenerational trauma directly relates to violent extremism. Instead, the review of the literature concludes by identifying potential synergies that warrant further exploration.

### THE CAUSES AND CONSEQUENCES OF HISTORICAL AND INTERGENERATIONAL TRAUMA

Personal, collective, and historical traumas can be transmitted across generations. Evidence for the intergenerational transmission of different types of trauma has been found in studies exploring the effects of collective traumas such as the Holocaust (e.g. Dashorst et al., 2019); exposure to war or political violence (e.g. Weingarten, 2004; Heberle et al., 2020); and personal traumas such as parents' own adverse childhood experiences (e.g. Greene et al., 2020).

The indirect effects of intergenerational trauma may be similar to the direct effects of other traumas. One meta-analysis of 42 studies found that children who had been directly exposed to a traumatic event alongside their parents were no more likely to exhibit symptoms of distress than children whose parents had been exposed to a historical trauma (Lambert et al., 2014).

It is unclear whether personal or collective forms of trauma have greater intergenerational effects. Systematic reviews tend to focus on one form of trauma, which means that robust comparative evidence is lacking. While the review of 42 studies cited above suggested that personal traumas have greater intergenerational effects, it is not possible to conclusively conclude that this was specific to intergenerational trauma given that over half of the studies (n=24) analysed samples of children who had been exposed to trauma alongside their parents.

Trauma can be transmitted across generations through different mechanisms. A recent systematic review of intergenerational trauma among Latinx ('individuals who have migrated from Latin America to the United States or Canada and their descendants') found that quantitative studies (n=34) explored 'eight unique combinations of parental trauma concepts (e.g. events, distress) and child outcomes (e.g. child distress, events, health)' (Cerdeña et al, 2021). The most frequent pathways examined were the association between parental and child distress (47% of studies); parental traumatic events and child distress (35%); and parental and child traumatic events (18%). All but one study reported at least some positive associations.

Intergenerational trauma is most often identified by detecting trauma symptomology among descendants of individuals who were directly exposed to trauma. These studies often report that parental experiences of personal or collective trauma are significantly associated with the presentation of issues such as PTSD, anxiety, or depression in their children. For example, a systematic review of intergenerational trauma in refugee families reported that the majority of 10 studies using control groups had found that

children whose parents were exposed to trauma were more likely to present with mental health conditions than their peers, regardless of the specific outcome used to identify symptomology (Sangalang & Vang, 2017). However, two studies found no evidence of intergenerational transmission, and three reported mixed results.

Intergenerational trauma has been identified in the perpetuation of a 'cycle of violence', whereby trauma is transmitted across generations through 'repeated experiences of socially-learned harsh parenting, intimate partner violence, and substance use' (Cerdeña et al, 2021).

- Ten of the 11 qualitative studies exploring the intergenerational transmission of trauma among Latinx analysed by Cerdeña et al. (2021) cited this cycle of violence as a cause, consequence and mechanism of the intergenerational transmission of trauma.

- In some studies, this cycle of violence is shown to be more direct. A recent systematic review exploring the relationship between different parental traumas (exposure to genocide; migration; war; political violence; tsunami/ flood; or sexual or physical abuse) and child abuse (n=15 studies) found that the prevalence of child abuse was 'consistently higher in populations exposed to traumatic events' and that 'parents exposed to trauma were more likely to abuse their children in all studies' (Montgomery et al., 2019).

Historical traumas caused by more systematic forms of oppression can have similarly negative intergenerational effects. Research into the lasting effects of colonialism finds that experiences of this trauma are linked to a range of issues faced by indigenous people today.

- A systematic review into the effects of indigenous historical trauma (IHT) in North America (n=32 studies) found 'Most [studies] reported statistically significant associations between higher indicators of IHT and adverse health outcomes' (Gone et al., 2019). The most common indicators of IHT

analysed in the literature were found to be evidence of historical loss (such as the loss of land, language, traditions, or people) and having an ancestor who had attended an indigenous residential school designed to 'naturalise' them.

- A review of 10 studies exploring the impact of historical trauma (HT) on indigenous young people (Smallwood et al., 2021) found seven studies reporting on the mental and physical health impacts of colonialism, including increased frequency of thinking about historical loss, and suicidal ideation. Three studies identified a link between HT and emotional responses, including adverse behaviours such as violent offending, and three identified relationship breakdowns as being a direct impact of HT. Finally, two studies found the adoption of risky behaviours, such as gambling or drug abuse, stemmed from HT.

These studies identify a cumulative effect, whereby trauma caused by past exposure to systemic discrimination can be exacerbated by contemporary experiences of marginalisation. Recent research has argued that contemporary structural or systemic challenges faced by communities that have experienced historical trauma should be seen as a continuation of historical oppression, or as potentially exacerbating the effects of historical trauma (e.g. O'Neill et al., 2018; Heberle et al., 2020; Cullen et al., 2021; Cerdeña et al., 2021). While this is a more conceptual, as opposed to an empirically informed argument, this approach could be illuminating:

- A little over three quarters of the 11 qualitative or mixed-methods studies analysed by Cerdeña et al. (2021) explored how mechanisms of 'structural vulnerability', or 'the ways life opportunities are constrained within mutually reinforcing power hierarchies' contributed to the transmission of trauma. Several of these studies understood child maltreatment and intimate partner violence as being embedded in economic precarity and/or social marginalisation.

This trauma-informed approach could be used to refocus work on violent extremism away from dominant notions of individual vulnerability and towards collective and/or systemic drivers of engagement. Several interventions have been developed to specifically address the effects of indigenous historical trauma at the individual level (Gameon & Skewes, 2020; Cullen et al. 2021) by reframing what might first appear to be individualised issues through a lens of collective experience. The implications of such an approach are discussed later.

## MECHANISMS OF INTERGENERATIONAL TRANSMISSION

Trauma can be transmitted across generations directly and indirectly. Direct transmission refers to knowledge of traumatic events being passed across generations, while indirect transmission refers to the transmission of trauma's psychological effects (O'Neill et al., 2018).

There are multiple mechanisms by which trauma may be transmitted across generations. One of the most widely cited typologies is from Kellerman (2001) which identifies four different models of transmission (cited in Isobel et al., 2019; also, Fargas-Malet & Dillenburger, 2016):

1. *Psychodynamic:* Unconscious displaced emotions are transmitted via interpersonal relations, resulting in the unconscious absorption of repressed or unprocessed experiences.

2. *Sociocultural:* Social norms are passed down through social learning, thereby contributing to future generations' learnt understandings of the self and the world.

3. *Family systems:* Vicarious trauma caused paradoxically by family members either sharing their experiences or by a 'conspiracy of silence' (Goodman, 2013) around historical trauma which perpetuates difficulties with differentiation and separation (i.e. the ability to separate oneself from

other people's experiences in a way that avoids internalising their trauma).

4. *Biological:* Parental responses to trauma are transmitted through electrochemical processes in the brain, which can contribute to biological or epigenetic vulnerabilities. [8]

Various mechanisms of intergenerational transmission have been empirically demonstrated in the literature. A systematic review (n=23 studies) of the impacts that parental experiences of the Holocaust had on offspring mental health analysed five potential mechanisms of intergenerational transmission (Dashorst et al. 2021). Four of these mechanisms had robust empirical evidence underpinning them. The fifth mechanism was supported by the available evidence, but was considered too limited to draw a conclusive conclusion:

1. *Parental mental health issues:* confirmed to be a mechanism by evidence from five studies.

2. *Maladaptive parenting or lack of attachment*: confirmed by evidence from 10 studies.

3. *Parental Holocaust history:* individuals with two parents who had experienced the Holocaust were more likely to exhibit negative health outcomes than those with only one parent who had experienced the Holocaust according to evidence from five studies

4. *Epigenetic factors and genetic predispositions*: confirmed by evidence from 11 studies.

5. *Parental trauma being compounded by personal experiences of stress/ trauma:* consistent but limited evidence of this cumulative effect based on a review of two studies.

Interpersonal relationships are often cited as being the primary mechanism of transmission, particularly within families. Systematic reviews have routinely found that trauma is transmitted both indirectly and directly through parent-child, or caregiver-child, relationships that are characterised by maladaptive

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8          Other authors have proposed similar typologies. For example, Gameon and Skewes (2020) speak of biological, cultural, social, and psychological pathways of inter-generational transmission.

parenting styles. These studies also often show that parents' symptoms of post-traumatic stress are the specific mechanism of transmission. For example:

- Montgomery et al.'s (2020) earlier-cited systematic review of the intergenerational impacts of parental trauma identified across 15 studies found that 'trauma severity, including a PTSD diagnosis, was associated with perpetration of child abuse in most studies'.

- Parental trauma was found to indirectly, and negatively, affect child well-being through a variety of interpersonal mechanisms such as maladaptive parenting; diminished parental emotional availability; decreased family functioning; accumulation of family stressors; and dysfunctional intra-family communication styles (including silence), in a systematic review of eight empirical studies conducted by Flanagan et al. (2020).

- Cerdeña et al.'s (2021) analysis of pathways linking parental and child experiences as discussed earlier concluded that 'traumas experienced by caregivers produce subsequent disturbances to responsive parenting that alter children's capacity to form trusting social bonds and regulate their emotions'.

Importantly, many descendants of traumatised individuals are not affected by the legacy of historical traumatic events. As discussed in more detail in the next section, this can be because individuals who can resolve and address their past trauma can avoid transmitting the effects of trauma to their descendants (Narayan et al., 2021), or because their descendants have some level of resilience to the potential effects of past trauma (Hornor, 2015).

## UNDERSTANDING RESILIENCE TO TRAUMA

Empirical evidence related to factors that mitigate against the effects of intergenerational trauma, as opposed to the effects of being directly exposed to trauma, is limited. Nevertheless, the individual and ecological resilience factors identified in the broader literature on trauma seem likely to be relevant for explaining resilience across generations (*see Section 2.1*).

There are two types of resilience factors that can inhibit intergenerational trauma in different ways: *protective factors* help to minimise the negative effects of traumatic experiences and *promotive factors* help to encourage positive adaptations to such trauma (Narayan, 2015).

- Protective factors 'attenuate the association between [trauma] and negative outcomes' (Narayan et al., 2021) and help parents to 'cope effectively, meet basic family needs, [and] experience reduced psychopathology' (Narayan, 2015). The presence of such factors will likely influence how parents exposed to trauma respond to that experience, and whether they develop psychological or behavioural outcomes that might be transmitted to children.

  - For example, studies have shown that 'parents who were maltreated but were able to draw on the protective effects of other supportive caregivers or adulthood romantic partners are less likely to perpetrate maltreatment of offspring' (Narayan et al., 2021).

  - Some studies suggest that resilience can be transmitted across generations in a similar way to trauma (Kazlauskas et al., 2017; Cerdeña et al., 2021). This notion of 'intergenerational resilience' is underdeveloped (Denov et al., 2019), and the mechanisms by which resilience is transmitted are unclear. However, smaller studies have found that resilience in the face of collective trauma spanning multiple generations (such as the Israel-Palestine conflict) can persist across generations (Atallah, 2017).

- Promotive factors 'are associated with better adaptive functioning'. These refer to the different resources that traumatised individuals might be able to draw on to promote positive outcomes

for children, such as social support or schooling (Narayan et al., 2021).

- Children who can draw on their individual and ecological sources of resilience are likely to be more resilient to the potential effects of intergenerational trauma, even when exposed to maladaptive parental responses (Narayan et al., 2021).

Researchers are increasingly drawing on socio-ecological models to understand resilience to intergenerational trauma. One such model is the Transgenerational Trauma and Resilience Genogram (TTRG) which emphasises 'an ecosystemic view of trauma, culturally relevant and strength-based interventions, and attention to socio-political concerns that may impact trauma and recovery' (Goodman, 2013).[9] This framework has been used by counsellors working with members of historically oppressed communities to identify the individual, familial, community, and socio-political factors that contribute to the perpetuation of intergenerational trauma, and is aligned with research that illustrates how these factors might also contribute to resilience.

- Healthy interpersonal and familial relationships are a key source of resilience. Research has regularly found that supportive familial contexts help to 'buffer the effects of parental trauma and trauma sequelae on child outcomes' (Flanagan et al., 2020):

  - High levels of family functioning, dyadic attunement, child-centred communication styles, and social support networks were identified as key protective factors in a systematic review of eight studies exploring intergenerational trauma among forcibly displaced families (total n= 1,684) (Flanagan et al., 2020).

  - These findings are supported by several review papers from authors such as Isobel

et al. (2019), who identify a range of similar protective factors, including family cohesion and open patterns of communication about traumatic events within families.

- Intergenerational trauma may be mitigated by cultural factors. While these studies do not explicitly focus on the intergenerational transmission of trauma, several authors have outlined how fostering a strong cultural identity among members of historically oppressed indigenous communities might foster individual and community resilience.

  - A strong sense of 'cultural continuity' (or a strong connection to ancestral culture and history) has been found to reduce suicide risk among First Nation communities in Canada (Chandler & Lalonde, 1998). This study identified several markers of community-level cultural continuity, such as evidence that certain rights of self-government had been taken back from the government, and found that suicide risk was significantly and inversely related to the number of markers present in each community.

  - 'Cultural interventions' which combine various tools that promote a sense of cultural identity with more traditional 'Western' therapeutic intervention have had positive impacts among clients from indigenous communities in North America (Barker et al., 2017). For example, 14 of 19 studies reviewed by Rowan et al. (2014) reported that this approach had reduced or eliminated substance abuse among clients. However, only two of these studies directly compared cultural and non-cultural intervention components, with one finding the former to be more effective, and the other finding no difference between a 'family-enhanced' intervention and a treatment-as-usual control group (where both included cultural components). More research

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9          The specific features of this genogram are discussed in more detail in Section 3.

is therefore needed to isolate the specific ways in which cultural connectedness might inhibit trauma. [10]

Researchers are increasingly advocating for socio-ecological interventions that build resilience to violent extremism by leveraging individual and ecological protective factors that are similar to those identified within the trauma literature in *Section 2.1* (Lewis & Marsden, 2021):

- Family-orientated interventions are increasingly being used in P/CVE efforts 'to strengthen family resilience in the face of various fragilities or to support parents in the face of problematic situations related to radicalization and (violent) extremism' (El-Amraoui & Ducol, 2019). These interventions attempt to build resilience so that the family unit becomes a protective factor that inhibits the radicalisation of family members; and/or a promotive factor that facilitates a family member's disengagement from extremism.

- Several studies have identified cultural identity as potentially a protective factor against radicalisation. Most notably, the 'Building Resilience Against Violent Extremism (BRAVE)' metric developed and validated by Grossman et al. (2020) includes 'cultural identity and connectedness' as a measurable component of resilience to violent extremism. The inclusion of this element was informed by research on trauma which suggested that 'being able to access 'multiple cultural resources and affiliations can prove helpful in coming to terms with the past, navigating the present and maintaining optimism for the future, [which are] all key protective factors of resilience' (Grossman et al., 2017).

While the links that are drawn here between the different literatures are purely exploratory, they highlight some important synergies between trauma-informed interventions and P/CVE interventions.

These synergies, and their implications, are explored in more detail below.

## QUESTIONS FOR FURTHER EXPLORATION

1. By trying to interpret how life choices and chances are informed by cultural and historical events, such as experiences of discrimination or repression, research on intergenerational and historical trauma centres the role of politics in research on what shapes behaviour. Given the increasing focus on often apolitical, individual-level risk factors, such as low self-control or mental health problems in radicalisation research, what might be gained by looking more broadly at how political events are experienced, perceived, and transmitted at the social and cultural level? How might this approach help interpret why extremist ideologies take hold in particular settings?

2. Looking at intergenerational processes foregrounds the importance of time. What insights might be possible by asking how involvement in violent extremism is informed by interactions between biophysical, micro, meso, exo, macro *and* chronosystems?

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10    Indeed, one systematic review of trauma-informed interventions in schools was unable to find any relevant studies that met the authors' inclusion criteria (Maynard, 2019).

# 3. LEARNING FROM TRAUMA INTERVENTIONS

## OVERVIEW

This section builds on the above discussion to explore how trauma-informed interventions both overlap with and could be used to further inform P/CVE work. It concludes with an exploratory discussion of the potential synergies between trauma-informed frameworks and the principles of procedural justice, and their relevance to violent extremism.

## 3.1 APPLYING TRAUMA-INFORMED FRAMEWORKS TO COUNTERING VIOLENT EXTREMISM

### POTENTIAL SYNERGIES BETWEEN THE LITERATURES WARRANTING FURTHER EXPLORATION

The apparent effectiveness of trauma-informed interventions provides further evidence regarding the potential benefits of targeting P/CVE interventions at different levels of an individual's social ecology.

Trauma-informed intervention providers have developed specific tools to address micro, meso, exo, and macro-level sources of trauma which could be used to develop individually-tailored P/CVE interventions that are more sensitive to social, ecological, and political factors.

These tools may provide a foundation for delivering culturally appropriate interventions that consider how individual drivers of radicalisation are informed by collective experiences.

Trauma-informed interventions use a strengths-based approach which contrasts with the dominant P/CVE framework of identifying and mitigating 'vulnerabilities'. Further research into the benefits of adopting a strengths-based approach within P/CVE would be useful.

## INTERVENTIONS

Trauma interventions, much like P/CVE interventions, can be categorised using the public health model of primary, secondary and tertiary prevention (Isobel et al., 2019). This would suggest that trauma-informed approaches could be adapted for different types of P/CVE work. The public health model presented in Table 1 outlines an exploratory mapping of the potential synergies between primary, secondary, and tertiary P/CVE and trauma-informed interventions.

Trauma-focused interventions are liable to increase in importance in the tertiary space. In the wake of evidence pointing to the likely trauma experienced by female and child returnees from Syria and Iraq, several authors have argued that reintegration programmes will need to deliver trauma-focused care (Weine et al., 2020; Ellis et al., 2020b), and some countries have already integrated treatment for PTSD into such programmes (Ruf & Jansen, 2019). There is evidence that trauma-focused interventions can be effective at reducing the symptoms of trauma among women and children, but more research is needed to understand their true impact.

- A recent systematic review of trauma-focused intervention trials (n=27) found that these trials were moderately effective at reducing the symptoms of PTSD among youth who had been exposed to mass trauma (Pfefferbaum et al., 2019). A similar review of 48 trials found that 'women had greater reductions than men in the primary outcome measure of clinician-rated PTSD' after receiving a trauma-focused intervention (Wade et al., 2016).

| Stage of prevention | Examples of trauma-Informed intervention | Potential applicability to P/CVE work |
|---|---|---|
| **Primary**<br><br>Interventions targeted at broad populations to prevent the emergence of risk factors | Curriculum-based approaches that contribute to 'broad mental health prevention and promotion in schools' (Reinbergs & Fefer, 2018) | Using tools such as the Social and Emotional Aspects of Learning (SEAL) programme to deliver Prevent work through the curriculum in schools.[11] |
| **Secondary**<br><br>Interventions targeted at those at risk of negative psychological or behavioural outcomes | Targeted social-emotional interventions such as creative expression therapy or cognitive behavioural interventions for children exposed to traumatic events.<br><br>(Sullivan & Simonson, 2016) | Integrating social-emotional interventions into programmes such as Channel to address the symptoms of trauma that might contribute to radicalisation. |
| **Tertiary**<br><br>Interventions targeted at those already exhibiting negative psychological/behavioural symptoms | Trauma-Focused Cognitive Behavioural Therapy (TF-CBT), which specifically addresses the causes and consequences of trauma in individuals exhibiting symptoms (Reinbergs & Fefer, 2018) | Using trauma-focused interventions to address trauma caused by involvement in violent extremism<br><br>(Lewis & Marsden, 2021). |

*Table 1: Public health models of trauma-informed and P/CVE interventions*

Multi-level trauma-informed approaches incorporate all three stages of the public health model to develop a holistic approach in the context of organisations, such as schools (Dorado, et al., 2016). These multi-tiered models go beyond narrow approaches which focus on individually-oriented efforts to address personal trauma, to incorporate broader provision such as training, awareness, and support for staff, parents, or young people; incorporating an understanding of trauma into systems or procedures that those who might be at risk of experiencing trauma encounter; as well as the direct provision of trauma-informed care.

The potential applications of the literature on trauma to P/CVE go far beyond using interventions to address the symptoms of trauma caused by, or contributing to, violent extremism. The principles of trauma-informed care (TIC) have the potential to provide important insights for P/CVE interventions.[12] While TIC might include interventions that seek to address the symptoms of trauma, this paradigm is broader and involves a) conceptualising problems, strengths, and coping strategies through a trauma lens, and b) delivering interventions in ways that avoid re-traumatising clients (Skinner-Osei & Levensen, 2018; Levensen, 2020). Specific advantages of this approach include:

- Shifting the focus away from notions of 'vulnerability' and towards a strengths-based approach. By viewing maladaptive behaviours as

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11        Local Prevent practitioners interviewed by one of the authors cited SEAL as a potential vehicle for delivering Prevent work in schools. For more information on SEAL, see https://www.gov.uk/government/publications/social-and-emotional-aspects-of-learning-seal-programme-in-secondary-schools-national-evaluation.

12        For an overview of the relevance of trauma-informed care to P/CVE see De Marinis & MacMillan (2019)

'coping mechanisms' that were adopted to deal with traumatic events, intervention providers can focus on fostering more prosocial coping mechanisms to promote long-term resilience.

- As the effects of trauma (particularly intergenerational trauma) may not be immediately obvious, even to the individual client, viewing maladaptive coping mechanisms through a trauma lens can help to bring underlying issues to the surface.

- By reframing maladaptive behaviours as trauma-response mechanisms, it becomes possible to move away from punitive responses that risk re-traumatising individuals, towards a more therapeutic approach that is better able to address the underlying causes of trauma.

Trauma-informed approaches that are sensitive to the effects of historical trauma could potentially be used by P/CVE intervention providers to understand how individual, family, and community experiences (both contemporary and historical) might contribute to radicalisation. These approaches attempt to identify and sensitively address a wide range of 'ecosystemic' issues known to contribute to individual experiences of trauma and maladaptive psychological and behavioural responses to these experiences (Goodman, 2013).

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**BOX 1**

**The Transgenerational Trauma and Resilience Genogram (Goodman, 2013)**

*Counsellors who use this genogram are encouraged to adopt an ecosystemic view of trauma when working with individuals and/or families. This involves asking questions that will enable them to explore 'how an individual might have directly experienced trauma' and to 'assess for trauma that is passed intergenerationally', including the potential relationships that exist between current and historical events. These questions might include:*

*'What events have occurred in your life (or your family or community) that have been very stressful or traumatic?'*
*'In what ways have you, your family, or your community experienced direct, indirect, traditional, or ecosystemic stress or trauma?'*

*Social justice is also central to this approach. Counsellors work collaboratively with the client to identify ways in which the client, or the client's family or community, might be marginalised by exploring historical and contemporary experiences relating to key topics:*

*Disparities in access to or quality of resources*
*Public discourse that is disparaging or stereotypical*
*Legislation and policies that contribute to marginalisation*
*Lack of representation in positions of power*

*This approach could be used to explore how similar topics might contribute to a diverse range of negative outcomes, including support for or involvement in violent extremism.*

**BOX 2**

**The Power Threat Meaning Framework (PTMF) (Johnstone et al., 2018)**

*The PTMF could provide an alternative foundation for P/CVE as it represents a more developed socio-ecological form of intervention than currently exists in the field of violent extremism.*

*The PTMF does not view an individual's actions – even when seemingly unintelligible – as being shaped by 'mental disorder' or abnormality, 'but as meaningful responses to their life experiences', and by the socio-ecological context(s) that frame these experiences.*

*This framework places greater emphasis on ecology than socio-ecological P/CVE or trauma-informed approaches as the authors a) consider biological, cultural, and social factors to be interrelated, b) do not privilege biological factors, c) see the meanings that people attach to experiences as being shaped by experience, relationships, and wider social and cultural circumstances, and d) argue that interventions must focus on individual, social, cultural, and community levels. PTMF could therefore provide a foundation for addressing individual and systemic factors that might contribute to radicalisation risk in a culturally sensitive way.*

*PTMF rests on the assumption that responses to adversity are shaped by contextual factors. Individuals' experiences are marked by 'social inequalities' that affect the level of physical, social, economic, and psychological resources that they can access, which, in turn, shape how they can feasibly respond to a given experience, including trauma. In this way, even maladaptive responses to direct or indirect trauma – including involvement in violent extremism – could be seen as a normal response to a specific incident that has been shaped by the resources available to the individual. Intervention, in turn, rests on asking:*

- *What has happened to you? (How is power operating in your life?)*
- *How did it affect you? (What kind of threats does this pose?)*
- *What sense did you make of it? (What is the meaning of these situations?)*
- *What did you have to do to survive? (What kinds of threat responses are you using?)*

*By exploring these questions, intervention providers could both understand the individual and ecological factors that contributed to involvement in violent extremism as a 'threat response', and in turn explore those 'power resources' that the individual(s) would need to respond to this actual or perceived threat in a more prosocial way. By identifying factors that work at the group as well as the individual level, the PTMF could inform future research into violent extremism that moves beyond individual models of trauma and trauma-informed behaviour.*

- The Transgenerational Trauma and Resilience Genogram (TTRG) (*Box 1*) is a good example of such a framework as it is specifically designed to encourage counsellors to explore the direct and indirect effects of different forms of trauma.

Reinbergs & Fefer (2018) have even called on practitioners delivering trauma interventions to 'intervene to change the social conditions that produce and exacerbate psychological trauma'. However, while they helpfully draw attention to the need for trauma-informed interventions to account for social issues such as poverty, political violence, or health inequalities to tackle the causes and effects of trauma (mirroring arguments made in the context of P/CVE, De Marinis & Boyd-MacMillan, 2019), they offer no practical approaches for doing so.

Identifying the structural issues that contribute to trauma (or exacerbate the effects of traumatic experiences) will likely be important as such issues 'could be greater risk factors for radicalisation than the resulting trauma itself' (De Marinis & Boyd-MacMillan, 2019). By utilising a trauma-informed approach, practitioners working in the field of P/CVE would potentially be better able to identify those socio-ecological issues that might contribute to radicalisation at the individual level and tailor their support accordingly, even if it may be impractical to ask them to tackle macro-level socio-political issues themselves.

There are parallels between trauma-informed interventions and P/CVE interventions that attend to factors at different levels of an individual's social ecology. Approaches from socio-ecological interventions that could potentially be applied to work on violent extremism include:

- *Trauma Systems Therapy for Refugees* (TST-R) is a framework that combines intensive individual therapy with interventions designed to build community and familial support (Benson et al., 2018).[13] One of the most notable aspects of this model is the use of 'cultural brokers'. These brokers, who are identified by community leaders, are involved in 'planning and implementation of individual, school, and home-based services and help the clinical staff better understand the values of the family' (Kaplin et al., 2019).

- The inclusion of a genuine community representative, and their involvement in all stages of intervention design and delivery, helps to ensure that treatment is delivered in a culturally sensitive and community-led way. As these are both qualities that have been highlighted as important in P/CVE interventions, there may be learning to take from this type of trauma-informed approach. Support for this idea is found in a recent study that proposes that the TST-R framework could be utilised to address 'stressors in the social environment and related emotional dysregulation' that might contribute to symptoms of PTSD among children returning from Syria and Iraq (Ellis et al., 2020b).

- Trauma-focused and trauma-informed interventions could potentially be adapted to both prevent involvement in and facilitate disengagement from violent extremism. One particularly promising framework is the Power Threat Meaning Framework described in *Box 2*.

## QUESTION FOR FURTHER EXPLORATION

What insights from the literature on trauma might help inform interventions that are: better equipped to recognise the sometimes-adaptive nature of involvement in violent extremism; designed to address the clusters of factors that characterise challenging social contexts; take a trauma-informed approach to acknowledging the local and global histories that can

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13      TST-R is an adaptation of the original Trauma Systems Therapy (TST) framework outlined by Saxe, Ellis, and Brown (2015). While TST-R provides a potential foundation by which CVE interventions could be delivered to marginalised communities in culturally sensitive ways, the original TST framework could also be usefully applied to CVE interventions seeking to engage those communities that have not traditionally been marginalised.

inform harmful behaviour; and recognise the explicitly political and ideological features of these dynamics?

## 3.2. THE GROWING NEXUS BETWEEN TRAUMA-INFORMED INTERVENTIONS AND P/CVE PRACTICE

There is a growing overlap between trauma-focused interventions and P/CVE. Several authors have conducted research that spans both literatures (e.g. Ellis et al., 2020a; 2020b; Windisch et al., 2020; Weine et al., 2020), and have either explicitly drawn on previous work on trauma when discussing violent extremism or have outlined P/CVE frameworks which appear to be underpinned by the principles of trauma-informed practice.

- Community Connect was a US-based intervention that worked with young people who were at risk of radicalisation and other forms of violence (Ellis et al., 2020a). It was developed by a multi-disciplinary team that included two researchers – Heidi Ellis and Saida Abdi – with extensive experience of researching and developing trauma-informed interventions, and was seemingly rooted in the same socio-ecological understanding of resilience informing their work on trauma:

  - This intervention worked in much the same way as Channel in the UK: individuals assessed as being at risk of radicalisation were referred to Community Connect for assessment. If this assessment found that intervention was warranted, Community Connect would design a tailored, multi-disciplinary support package for that individual.

  - This intervention drew more explicitly on socio-ecological models than the risk assessment tools used within Channel appear to. Community Connect practitioners would design individually-tailored interventions by first identifying vulnerabilities within an individual's micro, meso, exo, and macrosystem, and then selecting the specific types of support considered most appropriate for addressing each vulnerability.

- Further research exploring the potential benefits of applying a similar procedure to risk assessment within Channel may be beneficial. Researchers have argued that explicitly drawing on ecological models when developing and delivering trauma-informed care can help to identify 'eco-systemic factors that might otherwise remain out of awareness of either the client or the counsellor' (Goodman, 2013).

- Other studies have argued that existing trauma-focused interventions that were initially designed for non-extremist populations could be more directly adapted for P/CVE:

  - Existing risk assessment tools used in the P/CVE space could be adapted and/or existing trauma assessment tools could be adapted for use in the P/CVE space (e.g. Reinbergs and Fefer, 2018) to support practitioners in identifying potential sources and symptoms of trauma. Practitioners working in the P/CVE space could also be trained in how to identify causes of trauma at different levels of analysis (Koehler & Fiebig, 2019).

  - Windisch et al. (2020) conclude their analysis of the links between ACEs and violent extremism by discussing trauma-informed practices that could be adapted to tackle violent extremism. This includes training such as parent-child attachment therapies; using therapy, counselling, and other forms of social support to tackle maladaptive strategies used to cope with trauma; and a 'multifaceted "package" of resources that addresses the individual's maladaptive behaviours (e.g. drug/alcohol abuse, aggression) and emotional consequences (e.g. anxiety, depression) as well as adverse environmental conditions (e.g. lack of food, parental loss, parental mental illness)'.

- The most comprehensive discussion of the applicability of trauma-informed care to CVE is found in a systematic review conducted by Weine et al. (2020) which illustrated how lessons from such interventions could be used to inform rehabilitation and reintegration programmes for child returnees from Syria and Iraq (*Box 3*).

## 3.3. THE SYNERGIES BETWEEN TRAUMA-INFORMED PRACTICE AND PROCEDURAL JUSTICE

### POTENTIAL SYNERGIES BETWEEN THE LITERATURES WARRANTING FURTHER EXPLORATION

Trauma-informed approaches align with the key principles of procedural justice. These principles have been shown to be important for maintaining public trust in law enforcement, and seem likely to be able to strengthen trust in the counter-terrorism system.

Although much more research is needed, trauma-informed approaches could improve how P/CVE interventions, and perhaps even counter-terrorism investigations, operate in relation to procedural justice.

The procedural justice model outlines the specific ways in which individuals in positions of authority can 'exercise this authority in a fair and just way' (Mazerolle et al., 2013). This model is most commonly used in policing research, which has regularly found that members of the public, and suspects, are more willing to trust and cooperate with police officers when they adhere to the four principles of procedural justice shown in the table below (Mazerolle et al., 2013).

There is some evidence to suggest that embedding procedural justice within the counter-terrorism system can have similar impacts on the perceived legitimacy of counter-terrorism measures (Huq et al., 2011; Cherney & Murphy, 2017). Delivering P/CVE interventions in a procedurally just way is likely to be crucial for ensuring that interventions are trusted and that individuals are willing to engage with intervention providers (Lewis & Marsden, 2020).

Adopting a trauma-informed approach might help to enhance perceptions of procedural justice. The principles of trauma-informed care map closely onto the principles of procedural justice, which suggests that adopting this type of approach could potentially be useful for enhancing trust in, and co-operation with, P/CVE interventions.

There are particular challenges associated with adopting a trauma-informed approach that would need to be explored and addressed. For example, a recent study found that police officers were willing to utilise

| Principles of trauma-informed care (Gillespie-Smith et al., 2020) | Principles of procedural justice (Mazerolle et al., 2013) |
|---|---|
| 1. Safety | 1. Citizen *participation* in the proceedings prior to an authority reaching a decision. |
| 2. Trustworthiness and transparency | 2. Perceived *neutrality* in decision-making. |
| 3. Peer support | 3. Whether or not the authority showed *dignity and respect* throughout the interaction. |
| 4. Collaboration and mutuality | 4. Whether the authority appeared *trustworthy*. |
| 5. Empowerment, voice, and choice | |
| 6. Sensitivity to cultural, historical, gender issues | |

**BOX 3**

**The Rehabilitation and Reintegration Intervention Framework (Weine et al., 2020)**

*Weine et al. (2020) developed a Rehabilitation and Reintegration Intervention Framework (RRIF) for child returnees from the Islamic State (IS) by drawing on 31 studies from fields where 'children's exposure to trauma and adversity … overlapped significantly with that of child returnees from IS'. This includes studies on refugee children, war-impacted children, child soldiers, child criminal gang members, child victims of maltreatment, and child victims of sex trafficking. The framework is based on five strands. Each one focuses on specific risk and protective factors that have been empirically demonstrated to relate to violent extremism:*

| Strand | Risk Factors Treated | Protective Factors Supported |
|---|---|---|
| **Promoting individual mental health and wellbeing**<br><br>Provide mental health and health services to help returnees to recover from developmental, mental, and physical injuries | Trauma exposure<br>Displacement stressors<br>Alcohol or drug use<br>Health problems<br>Developmental delays<br>Violent behaviour | Access to services<br>Family support<br>Belief systems<br>Hope and optimism<br>Social and emotional intelligence |
| **Promoting family support**<br><br>Strengthen families and mitigate family conflict through family education, support, and counselling | Parental mental health/health<br>Family separation and conflict<br>Domestic violence | Religious faith and support<br>Family acceptance, cohesion, and adaptability<br>Family responsibilities |
| **Promoting educational success**<br><br>Promote educational involvement and success with specialised educational programmes, integrated psychosocial care, and bullying prevention | Learning problems<br>Bullying<br>Discrimination<br>Language barrier | School attendance and engagement<br>Teacher support<br>Peer friendships and support<br>Recreational activities<br>School safety |
| **Promoting community support**<br><br>Strengthen community resilience and support to mitigate stigma and discrimination | Stigma, discrimination, humiliation and hostility<br>Social isolation/detachment<br>Poverty and unemployment<br>Acculturation stressors | Community wellbeing and awareness<br>Social support<br>Outside mentors |
| **Improving structural conditions and enhancing public safety**<br><br>Improve the living and working conditions for children and mothers; assess security threats and prevent future involvement in extremism and targeted violence. | Strenuous repatriation<br>Economic hardship<br>Lack of education and employment<br>Inequitable access to resources<br>Motivation to seek revenge<br>Exposure to VE<br>Criminality | Adequate housing<br>Parental employment<br>Job training and employment<br>Financial stability<br>Safe environment<br>Positive engagement with the state<br>Political activism<br>Civil engagement |

'trauma-informed policing' when dealing with victims of crimes, but that 'working in trauma-informed ways was viewed as less relevant to perpetrators of crimes' (Gillespie-Smith et al., 2020). These challenges may be particularly acute when engaging with individuals who are suspected or known to be guilty of the most serious terrorist offences, especially those who are directly involved in the planning of a terrorist attack.

More research is therefore needed to explore where the limits of a trauma-informed approach might lie; whether any of the basic features of this approach are relevant to harder forms of counter-terrorism; and under what circumstances (if any) such an approach would be appropriate.

# 4. CONCLUDING REMARKS

This report has identified promising synergies between research on trauma and violent extremism. Based on the analysis presented here, there appears to be strong support for pursuing further research to develop, test, and validate trauma-informed models of violent extremism, and to explore how trauma-related individual and socio-ecological factors might contribute to radicalisation. There are several ways that this agenda might proceed:

## RADICALISATION PROCESSES

- Examining the nature of the causal relationships between different forms of trauma and involvement in violent extremism.

- Exploring how the specific meanings that individuals attach to traumas they have experienced might contribute to vulnerability and/or resilience to radicalisation.

- Applying the ACEs framework to different extremist cohorts to determine the prevalence and relevance of ACEs across these populations, and supplementing quantitative research with a qualitative exploration of the meanings and narratives that violent extremists who have experienced ACEs apply to these experiences.

- Analysing how different forms of trauma interact and how these processes play out over time and to what effect.

- Analysing the interactions between mental health problems, experiences of trauma, and radicalisation.

- Exploring the strength of the conceptual and empirical links between intergenerational and historical trauma and research on violent extremism to understand whether and how personal trauma might indirectly contribute to violence if reframed through narratives of collective experience.

- Assessing whether traumatic experiences (real and imagined) as constructed in extremist narratives have similar behavioural and psychological impacts to personal trauma.

- Interpreting how extremist groups attempt to leverage personal trauma by using ideological narratives that reframe personal experiences of trauma, abuse or marginalisation as part of larger collective experiences.

## INTERVENTIONS

- Examining the potential of interventions designed to address historical trauma to CVE policy and practice across primary, secondary, and tertiary interventions.

- Testing the potential effectiveness of trauma-informed interventions – for example, those developed for refugees and asylum seekers – in programmes designed for foreign terrorist fighters.

- Assessing how well existing interventions with violent extremists are deploying insights from the literature on trauma-informed care, with an emphasis on the potential applicability of strengths-based approaches and interventions more attuned to the socio-ecological conditions that contribute to individual vulnerability.

- Testing the practical utility of trauma-informed frameworks to CVE work by applying socio-ecological models of trauma to case studies of radicalised individuals.

- Exploring the potential of trauma-informed models to contribute to the development of risk assessment tools that are better able to attend to micro, meso, exo and macrosystems.

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