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Trauma

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CREST SECURITY REVIEW
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FROM THE GUEST EDITORS

Trauma and adversity is pervasive. Perhaps 70% of us have experienced it on some level; this includes those who become involved in terrorism and political violence. The relationships between trauma and terrorism are complex and there is no straightforward causal link between the two. However, trauma's prevalence means most of us will encounter its impact, including those who engage with violent extremists.

This issue of *CREST Security Review* brings together articles that reflect on trauma's role in terrorism and political violence. James Lewis (p. 4) draws out six lessons focusing on the impact trauma can have at different stages of engagement in violent extremism, ending with a call for a more trauma-informed perspective to research and practice.

That call is answered in different ways in the articles. Heidi Ellis and her colleagues (p. 8) argue for a whole-of-society approach that sees multidisciplinary teams take a trauma-informed approach to violent extremism. Michael Niconchuk (p. 12) makes the case that by de-exceptionalising violent extremism, prevention work can be fruitfully incorporated into wider peacebuilding efforts in fragile and conflict affected contexts. Daniel Kohler (p. 34) introduces a trauma-based model of radicalisation, and suggests that involvement in violent extremism is both simultaneously damaging and protective.

The articles also discuss a range of potential interventions such as group-based therapy for children who encounter police violence in Brazil (Barron et al., p. 16), and cross-community initiatives that try and develop a sense of shared identity in Northern Ireland (Joyce and Lynch, p. 42). Wider lessons from policing and prisons are highlighted by Karen Goodall (p. 26) and Alexandria Bradley (p. 38). Lotta Carlsson (p. 18) discusses how best to work with victims of torture.

Whilst Stevan Weine and colleagues (p. 44) set out the 5Rs framework for supporting disengagement which covers repatriation, resettlement, reintegration, rehabilitation, and resilience. Noah Tucker (p. 32) highlights the importance of understanding how and if trauma experienced prior to engagement in extremism shapes people's pathways out of it.

Anna Harpviken (p. 22) and Pete Simi and Steven Windisch's (p. 36) articles highlight the complex, interacting, and unfolding nature of trauma and adversity. This complexity demands an approach that, as Vivian Khedari (p. 28) argues, should avoid generalisations; develop a more nuanced understanding of the connections between mental illness and violent extremism; and first and foremost, do no harm.

Sarah Marsden & Anna Leslie
Guest Editors, *CSR*

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Thank you.

JAMES LEWIS

TRAUMA AND VIOLENT EXTREMISM: IMPLICATIONS FOR INTERVENTIONS

The articles in this issue of CSR, and my research on trauma, adversity and violent extremism point towards six key lessons for interventions working to counter radicalisation.

1. IDENTIFYING TRAUMA

Different forms and manifestations of trauma should be considered when designing and delivering trauma-informed countering violent extremism (CVE) interventions. Ellis et al.'s article (p. 8) highlights the importance of considering a range of phenomena when working with clients who are deemed to be at-risk of engaging in, or already engaged in, violent extremism.

Some traumas, such as those captured by the adverse childhood experiences scale (Simi and Windisch, p. 36), are specific to individuals, while others, such as experiences of conflict, affect collectives (Harpviken, p. 22). The extent to which these experiences are likely to be traumatic will vary according to what that experience 'means' to the individual(s) affected. The meanings that people attach to specific events can be deeply personal, or they may be informed by collective framings (Joyce & Lynch, p. 42). However, despite its sometimes collective nature, trauma can produce distinct effects at the individual level that may vary from person-to-person.

Trauma is also a subjective concept. Some may not be affected by what, objectively speaking, might appear to be highly traumatic events. In contrast, others may be profoundly affected by events that may appear to be objectively less severe but which are distressing to them personally. Understanding whether trauma is a) present in an individual's life history; and b) relevant to understanding their engagement in violent extremism rests on examining the effects elicited by specific events at the individual level, rather than the objective severity of such experiences.

Such a perspective should consider the clinical and sub-clinical effects of trauma. Of course, CVE practitioners should take into account clinical conditions such as PTSD. However, as Ellis et al. outline in their article (p. 8), traumatic experiences can produce a broader range of sub-clinical effects. In turn, authors such as Windisch et al. (2022) have described how the sub-clinical effects of trauma might help us understand the causes and consequences of engagement in violent extremism in ways that have the potential to inform interventions.

> **Identifiable trauma is not present in the early-life history of every violent extremist.**

2. PRE-ENGAGEMENT TRAUMA

As the articles in this issue make clear, trauma in isolation does not cause radicalisation. Several studies have illustrated how early-life trauma is prevalent amongst some samples of violent extremists (e.g., Windisch et al., 2022). However, this research also suggests that identifiable trauma is not present in the early-life history of every violent extremist.

As Khedari (p. 28) writes in this issue, it is important to avoid generalisations about the relationship between trauma and violent extremism. There is no simple causal link: the vast majority of individuals who experience trauma do not become involved in violent extremism, and it is important to avoid assuming that every individual who becomes radicalised has been previously traumatised in some way.

However, it is important for practitioners to be sensitive to the potential presence of trauma when working to prevent or interrupt the radicalisation of individual clients. As Ellis et al. (p. 8) discuss, this type of trauma-informed approach would avoid seeing the presence of trauma history as a quantifiable indicator of risk. Instead, it would take a contextualised view that considers how a history of trauma might intersect with other factors in ways that might be relevant to understanding potential or actual radicalisation. Following Windisch et al. (2022), such an approach would also consider the pathways by which early-life trauma might be linked to increased levels of radicalisation risk later in life. Not only would such an approach provide a foundation for tackling the effects of trauma – and any associated mediating factors – linked to radicalisation risk, it also helps practitioners to avoid inadvertently re-traumatising individuals with a prior history of trauma, even when that trauma is found to have little relevance to their actual or potential radicalisation.

3. ENGAGEMENT-RELATED TRAUMA

Koehler's article discusses how 'being a violent extremist' can place a 'heavy toll on mental and physical health' (p. 34). Our research has also identified a growing body of evidence suggesting that individuals who join violent extremist groups may be exposed to, and participate in, highly traumatic events. As Weine et al. discuss in their article (p. 44), trauma-informed and trauma-focused approaches able to address engagement-related trauma are likely to be a valuable component of interventions working with current or former violent extremists.

It is important to avoid assuming a simple causal relationship between involvement in violent extremism and trauma. The extent to which an event is experienced as traumatic will vary according to the individual, both in terms of the specific experiences they faced and their individual characteristics. Interventions working with current or former violent extremists will therefore benefit from an approach that is sensitive to potential engagement-related trauma. This will make it easier to tackle its effects or avoid re-traumatisation while avoiding the assumption that all violent extremists – even those with shared or comparable experiences – are similarly traumatised.

> **The extent to which an event is experienced as traumatic will vary according to the individual, both in terms of the specific experiences they faced and their individual characteristics.**

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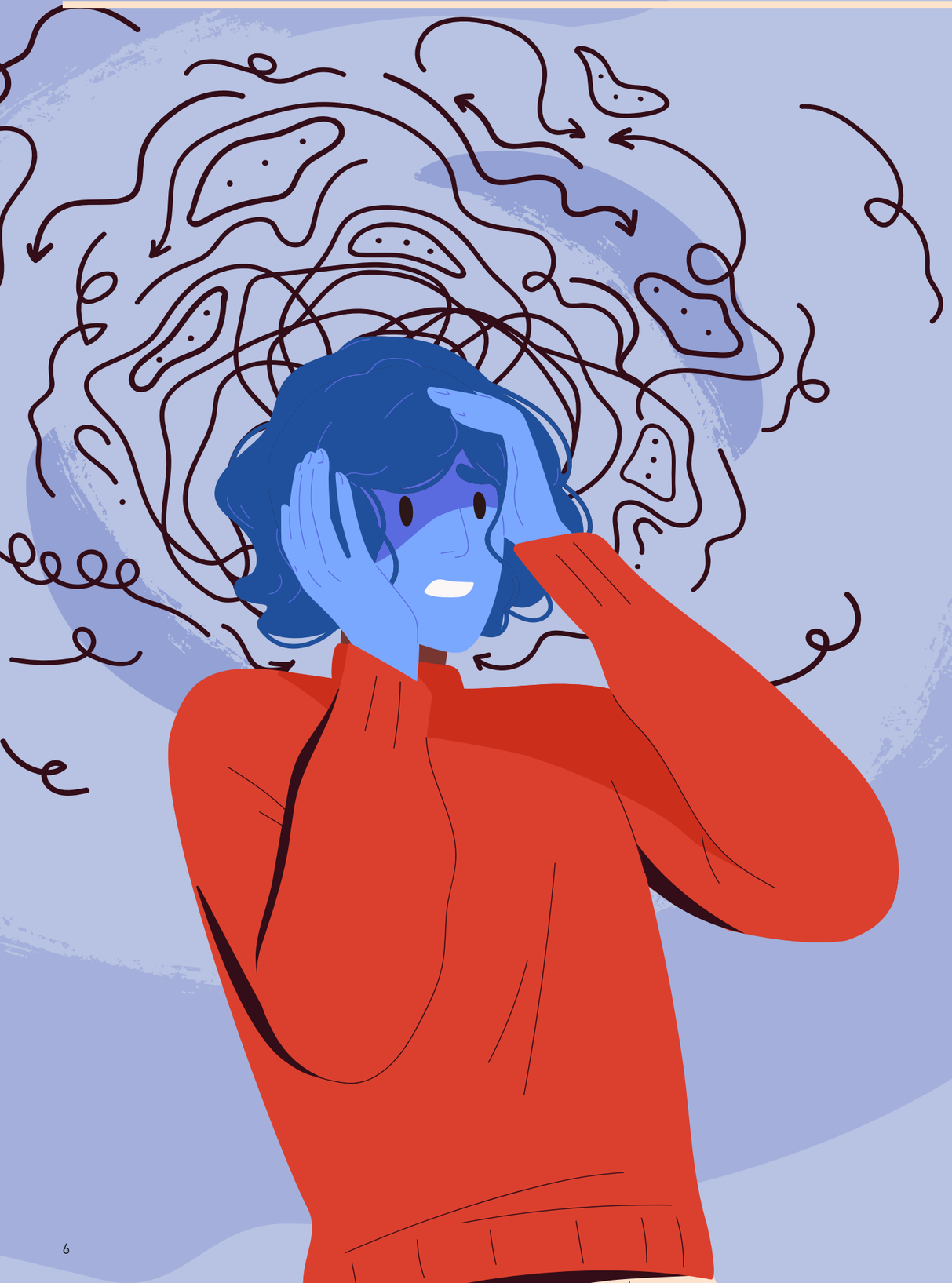

4. TRAUMA AND DISENGAGEMENT

As Koehler discusses (p. 34), membership of an extremist group might paradoxically expose an individual to potentially traumatising experiences while simultaneously serving a protective function against more severe forms of psychological distress. For some individuals then, disengagement from violent extremism might risk removing an important protective factor against the consequences of engagement-related trauma. Similarly, for those individuals who may have joined extremist groups as a direct or indirect mechanism for coping with childhood trauma, disengagement might also remove an important protective factor against the psychological effects of pre-engagement traumas.

Interventions will benefit from considering whether membership of an extremist group – whether offline or online – serves a protective function. In turn, practitioners should consider how best to mitigate the potentially negative psychological effects of disengagement and how best to promote pro-social alternatives that might serve a comparable protective function. In doing so, interventions will need to be sensitive to the potential sources of psychological distress that might exist in the post-disengagement period and which might exacerbate issues linked to engagement-related experiences, such as the challenges individuals can face when seeking to reintegrate into pro-social communities as discussed by Weine et al. in this issue.

5. THE CUMULATIVE EFFECTS OF TRAUMA

Repeated exposure to trauma can produce cumulative effects. Research pointing to these effects has important implications for primary and secondary interventions working to prevent and interrupt radicalisation, and tertiary interventions working with current or former violent extremists. First, as Windisch et al. (2022) have discussed, the cumulative effects of repeated trauma have been linked to a range of maladaptive outcomes, including engagement in violent extremism. In turn, preventive interventions would benefit from considering how different experiences of trauma might intersect in ways that could contribute to increased radicalisation risk over time, while recognising that there is no simple causal relationship.

Second, the articles in this issue support Weine et al.'s observation that violent extremists might be exposed to trauma 'both before, during and after their violent extremist experience' (p. 44). Interventions working with current or former violent extremists should consider how traumas experienced across these different stages of engagement might intersect when interpreting the clinical and sub-clinical effects of trauma. For some clients, experiences during or after engagement and disengagement might be more directly linked to trauma symptomology. However, for others, these experiences might have exacerbated pre-existing issues linked to pre-engagement trauma. Interventions should therefore take a whole-of-life perspective when examining the causes and consequences of trauma.

6. CONSIDERING CONTEXT: OPPORTUNITIES AND CHALLENGES

Embedding the principles of trauma-informed care into CVE will rest on incorporating them into the settings where interventions are developed and delivered. Several articles in this issue discuss efforts to embed trauma-informed approaches into institutions that play a role in CVE work, namely policing (Goodall p. 26) and prisons (Bradley, p. 38). These articles highlight both the opportunities for creating organisational cultures that support the delivery of trauma-informed approaches, but also the challenges that such efforts might face in different organisational settings. Policymakers and practitioners will benefit from considering how the specific features of these settings might support or constrain the delivery of trauma-informed interventions, and tailor their approach to the delivery context accordingly.

Interventions will also need to be sensitive to the broader political, social, cultural, and historical context in which they operate, particularly when working with populations that have been subjected to severe or prolonged experiences of trauma that authors such as Carlsson and Barron et al. discuss (p. 16). These articles highlight that it is possible for trauma-informed interventions to be delivered in ways that produce positive outcomes even in extremely fragile and conflict or violence-affected contexts. Research on CVE interventions will benefit from the possibilities and insights that have been derived in comparable areas of work such as these.

CONCLUSION: TOWARDS A TRAUMA-INFORMED PERSPECTIVE

Research points to the utility of adopting a trauma-informed approach to CVE. While prevalence rates vary across studies, a significant proportion of individuals engaged in secondary and tertiary interventions will have been exposed to trauma(s) during their lives. It is vitally important to avoid securitising the issue of trauma, and moves to consider the mere presence of trauma as an indicator of radicalisation risk, or of terrorist recidivism, should be resisted. However, by adopting a trauma-informed perspective, practitioners are better able to reduce the risk of inadvertently re-traumatising clients who have been exposed to trauma. And, where such trauma is found to have directly or indirectly contributed to engagement or disengagement processes, trauma-informed interventions seem better placed to help individuals heal from trauma in ways that may potentially prevent future acts of violence.

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B. HEIDI ELLIS, EMMA CARDELI, & STEVAN WEINE

MOVING AWAY FROM 'TRAUMA' TOWARDS 'TRAUMA AND...'

Research and programming related to violent extremism (VE) increasingly acknowledges the important role of trauma. Heidi, Emma and Stevan discuss what this actually means for research and practice.

Trauma has been implicated as a risk factor contributing to violent radicalisation, noted as a common experience within extremist organisations, and, more recently, identified as a critical framework for informing intervention and rehabilitation programming. Despite the growing promise of including trauma as part of a comprehensive approach to preventing and addressing VE, an oversimplified understanding of trauma and its relation to violent radicalisation could undermine good intentions. Certainly, trauma exposure alone does little to help us understand who is at risk for radicalisation to violence.

In a World Health Organization survey of nearly 70,000 participants, 70.4% had experienced trauma exposure at some point in their lifetime. How, then, can an understanding of trauma and trauma-informed care meaningfully contribute to research and practice in the field of VE?

We propose that a more nuanced understanding of trauma (in terms of what constitutes trauma, as well as contextual factors that shape the experience and effects of trauma) can help point the field towards more specific, constructive ways of incorporating trauma into the work of understanding and preventing VE.

BROADENING OUR UNDERSTANDING OF WHAT TRAUMA IS

In research and practice, the word 'trauma' can be used interchangeably to describe both the nature and consequences of an event or series of events. At its core, a traumatic event is a wounding experience; these wounds can cause physical/psychological harm. In accordance with diagnostic medical standards, a threat to life – be it perceived or actual endangerment – is what makes an event traumatic. This threat to life could be direct (e.g., experiences of personal victimisation) or indirect (e.g., witnessing/hearing about the harm done to others). Trauma can impact not only individuals but also families and communities.

Over the past 20 years, researchers have expanded upon this notion of trauma to include other experiences of loss, violation, or disempowerment that may not involve a threat to life but could still produce a harmful, emotional effect (e.g., bereavement, emotional abuse/neglect, verbal coercion, and racial trauma). Studies have demonstrated that these experiences can have a comparable psychological impact on people vis-à-vis the development of Post Traumatic Stress Disorder (PTSD) and that the effects of these non-life-threatening experiences can be even more deleterious. Concurrent with this emerging line of study, researchers and practitioners alike have sought to better understand the physical and psychological costs of trauma beyond the constellation of symptoms associated with PTSD. This line of inquiry has stimulated new, more nuanced ways of thinking about the psychological toll of trauma and has spurred the development of novel conceptualisations of psychiatric distress, including:

- Traumatic grief: severe or prolonged response to sudden or anticipated death that can include intrusive memories, avoidance or numbing symptoms, and increased arousal.
- Developmental trauma: the impact of repeated experiences of childhood trauma on multiple domains of development with consideration of how traumatic exposure can influence attachment security and achievement of critical developmental milestones.
- Moral injury: distress that can occur when someone perpetrates, fails to prevent, or witnesses events that contradict deeply held moral beliefs and expectations, typically within the context of traumatic or unusually stressful circumstances.

Therefore, the term 'trauma' can connote far more than violence exposure alone and can lead to a range of developmental, psychological, behavioural, social, and spiritual consequences for those affected.

> **The relationship between trauma and violent activism became apparent when analysed within those who were more alienated.**

CONSIDERING THE CONTEXT

Not only are the types of trauma experiences and their effects heterogenous, but so are the contexts within which they are experienced. Some research has begun to unpack how additional factors such as a sense of belonging, trust, or depression can shape whether and how trauma relates to the risk of VE.

While trauma exposure alone is too ubiquitous to meaningfully inform our understanding of how it relates to VE, an understanding of trauma and how it interacts with other factors can begin to illuminate how lines of experience can come together in a perfect storm or, perhaps less ambitiously but more attainable, to better forecast the potential for bad weather.

Recent research has identified factors that mediate or moderate the association between trauma and support for VE. In a study of 1,894 college students in Canada, Rousseau and colleagues found that depression mediated the association between violence exposure and support for violent radicalisation.

In our research with Somali refugees and immigrants resettled in North America, we found that how participants viewed their relationship with the nation in which they lived was a critical psychological context that moderated the association of trauma exposure and attitudes in support of VE.

For participants who viewed the United States as important to them, and who reported low experiences of feeling 'different' from others, trauma exposure had little or no association with support for violent activism. The relationship between trauma and violent activism became apparent when analysed within those who were more alienated. In a separate, larger study of 213 Somali refugees and immigrants in the U.S. and Canada, there was a direct association of trauma exposure with attitudes in support of violent radicalism.

However, this pathway was not as strong as other variables, such as perceptions of the government as just and a sense of attachment to one's nation of resettlement. When this was tested over time in longitudinal data, trust in government was found to mediate the association between trauma and VE. Trauma at an earlier time point was associated with reduced trust in government at a later time point, which in turn was associated with greater support for VE.

Collectively, these findings suggest that the way trauma relates to VE cannot be understood in isolation from psychological and social factors that may moderate, mediate, or magnify this association. Such research, while early in its development, can begin to refine our understanding of why and in what context trauma may relate to VE and, importantly, how this understanding can shape effective prevention and intervention work.

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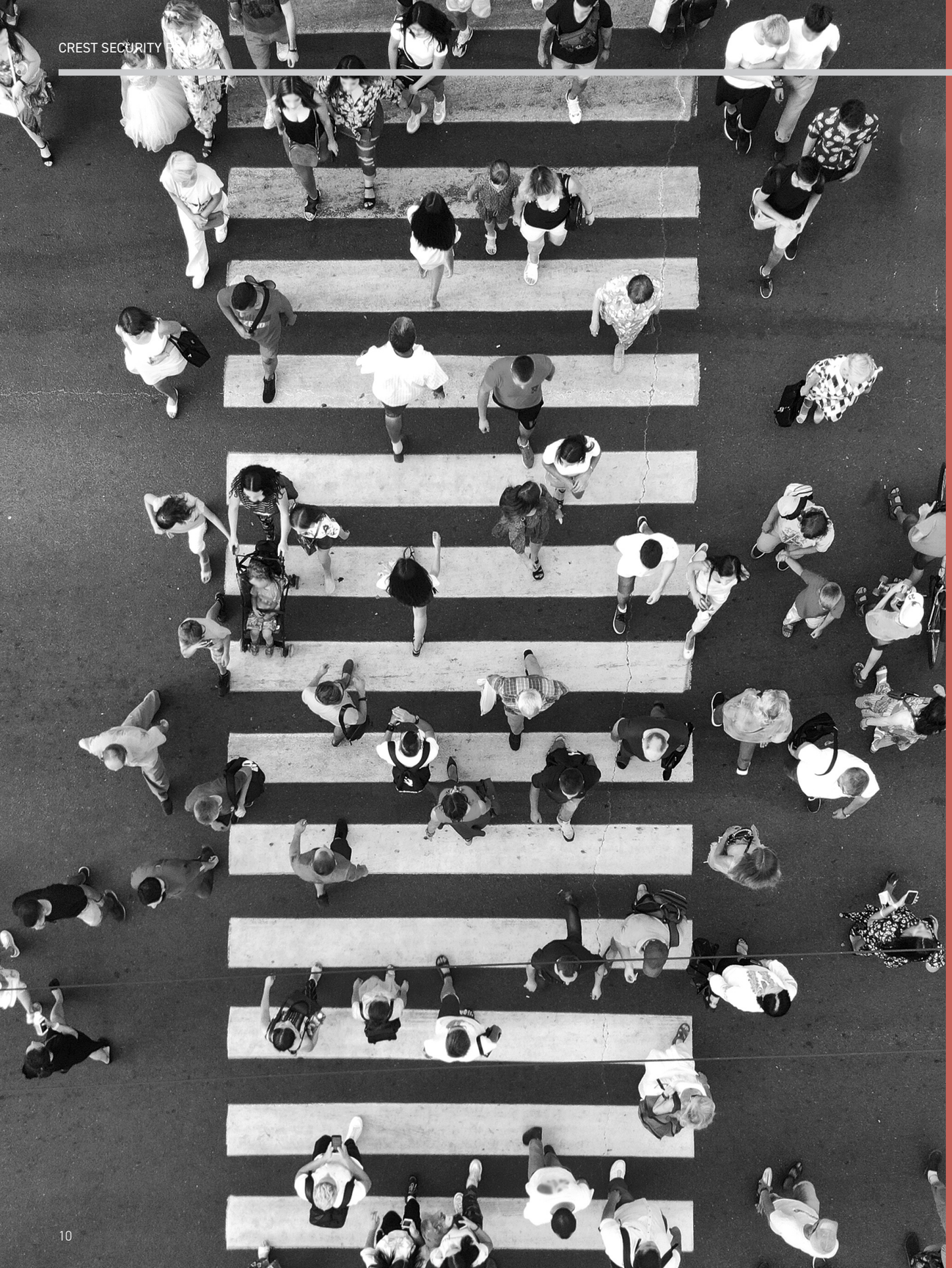

THE WAY FORWARD: A WHOLE-OF-SOCIETY APPROACH

While many evidence-based, trauma-focused treatment models, such as Trauma-Focused Cognitive Behavioural Therapy or Cognitive Processing Therapy, directly target symptoms of PTSD, trauma-informed care offers a broader framework for prevention and intervention that compels a whole-of-society approach. Specifically, trauma-informed care requires that service systems (e.g., mental health, social services, education, law enforcement) recognise and respond to the impact of traumatic stress on those who have contact with these systems, including children, caregivers, and service providers themselves.

Taking this holistic approach acknowledges that traumatic stress is both caused and exacerbated by the interaction of an individual with their environment, thereby implicating social context as fundamental to healing and recovery. In addition, it necessitates awareness of and attention to the myriad ways in which individuals can struggle with the effects of trauma and how their needs might change over time based on the recency of a traumatic event(s) and the stability of their social context. Healing, therefore, requires intervention at multiple levels of the social ecology to sufficiently help and protect those affected by trauma and to reduce the risk of further harm.

Several prevention and intervention models have demonstrated the positive effects of taking a more phase-based, systemic, multidisciplinary approach in response to trauma. Trauma Systems Therapy, for example, specifically targets social environmental stressors and adversities as part of an integrated approach to addressing trauma. Working with a school to address bullying or helping a family find resources to address food insecurity might be seen as just as important to helping an individual recover from trauma as individual emotion-focused work.

A by-product of such efforts may be that not only is a life stressor reduced, but an individual's sense of trust in institutions or authorities – even government – may be enhanced. This more holistic approach begins to address not just trauma (through specific trauma-focused work embedded in the treatment model) but also the social context, e.g., experience of and trust in government, that may shape how trauma impacts the individuals' attitudes and behaviour. In light of the research findings described earlier it seems possible that interventions such as this that attend to the social context could have positive impact on not just reducing PTSD symptoms, but reducing risk for VE. However, given that there is still limited understanding of how trauma may relate to VE, none of these models have been formally incorporated into countering VE efforts and systematically studied to uncover their unique contributions to preventing violent radicalisation.

> **Traumatic stress is both caused and exacerbated by the interaction of an individual with their environment.**

Multidisciplinary Threat Assessment and Management teams are examples of an approach that specifically address collaboration between law enforcement and mental health as a critical component of preventing violence, including VE.

Although trauma-informed care is not explicit within these teams, in practice some teams incorporate many of the principles of trauma-informed care. For example, the MassBay Threat Assessment Team in Massachusetts partners with a multidisciplinary assessment and management team at our Trauma and Community Resilience Center at Boston Children's Hospital. Through this team youth at risk for terrorism or targeted violence receive a psychosocial assessment of strengths, risks and needs; we then put in place intervention packages that address both socio-environmental problems, such as being excluded from school, as well as individual mental health or emotional needs. Although such efforts are in their nascent stages, they suggest that systems can work together to address the multi-layered needs of at-risk individuals using a trauma-informed approach.

Including trauma as a key consideration within research and practice in the field of VE is a significant advancement. However, for this concept to be truly meaningful and useful the field will need to embrace a more nuanced understanding of trauma, the context in which it occurs, and the ways in which trauma-informed services can be implemented. The complexity surrounding the ways in which trauma relates to VE need not be seen as an impediment to including it in research and practice; rather, the multi-faceted nature of trauma leads to a broader range of intervention strategies that can lead to both healing from, and the prevention of, violence.

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MICHAEL NICONCHUK

WHAT TO DO ABOUT MENTAL HEALTH IN PVE: INSIGHTS FROM CENTRAL ASIA

As pathways into violent extremism are incredibly diverse, and mental health care systems in fragile environments face numerous challenges, it remains difficult to place and scale psychosocial support efforts in the prevention of violent extremism (PVE).

INTRODUCTION

It is widely accepted that the prevention of violent extremism requires a 'whole of society' approach, as pathways in and out of extremist violence are influenced by complex interactions of individual, group, socioeconomic, and political factors.

A 'whole of society' approach to prevent violent extremism rests on sustained coordination between actors who previously may have had little mandate, interest, or opportunity to cooperate. Increasing interest in the integration of mental health and psychosocial support (MHPSS) in extremism prevention, extremist rehabilitation, and social repair efforts adds further nuance and challenge to the effective 'whole of society' mobilisation.

Importantly, in many places around the world that struggle with extremism, security sector actors and actors involved in mental health and psychosocial support rarely interact, and each sector independently has resource, capacity, and quality concerns that prevent meaningful integration.

THE ROLE OF MHPSS IN PVE

There is no question that psychosocial and mental health issues should be factored into our understanding of radicalisation into extremist violence. Various studies and reports document how adverse experiences (e.g., childhood abuse or life-altering events in adulthood) can contribute to later mental health struggles which interact with other risk factors, leading to violent extremist behaviour. In no way does the data suggest that mental disorders or psychological and emotional struggles cause extremism. Instead, such struggles form part of the landscape of risk and vulnerability, and as with other push factors like poverty, joblessness, or poor governance, adverse experiences and their effects on mental health should be considered and addressed meaningfully in 'whole of society' extremism prevention strategies.

> **If we accept adversity and mental health as risk factors, then mental health support should be rightly and deliberately made part of violent extremism prevention efforts.**

If we accept adversity and mental health as risk factors, then mental health support should be rightly and deliberately made part of violent extremism prevention efforts. Similarly, the assessment of psychological, social, and emotional health must then also be incorporated into assessments of risk and resilience in PVE efforts. Importantly, social and psychological health interventions carry unique risks, often different from those associated with programmes that attempt to reduce other risk factors like joblessness, poverty, and low education. Furthermore, MHPSS interventions raise important questions about the relationship between governance, human rights, and health. And lastly, the practical cooperation between health and security sectors risks the securitisation of psychological distress and the violation of healthcare ethics, thus complicating efforts.

EXISTING FRAMEWORKS

The integration of MHPSS in the prevention of violent extremism is facilitated by the availability of existing, evidence-backed frameworks for strengthening MHPSS in humanitarian and health assistance practice. Predominant global models for MHPSS service delivery advocate tiered approaches that strengthen national systems while investing resources and capacities in communities directly. Most globally-adopted frameworks affirm that a significant amount of mental health support can and should be provided in community settings by trained non-professionals, facilitating the integration of mental health care in other community activities. At the same time, community-level efforts should sit alongside, and in fact support, the strengthening of formal mental health care delivered by professionals in both primary care and speciality settings.

Existing frameworks for scalable MHPSS activities in emergency and development contexts offer broad guidance on the types of possible interventions, useful outcome measurements, and safety and referral standards. That said, there is limited direction and guidance available for those attempting to centre MHPSS within PVE specifically, and PVE as a practice has unique considerations and challenges that reduce the utility of existing MHPSS frameworks.

Leveraging new guidance from the United Nations Development Program on the integration of MHPSS in Peacebuilding, Beyond Conflict (beyondconflictint.org) has been working with UNDP country offices to elevate the role of MHPSS within PVE practice in Central Asia. Central Asia has quickly risen to prominence in discussions on PVE largely due to their groundbreaking efforts to repatriate ISIS-affiliated citizens. Efforts to integrate MHPSS activities in both prevention and rehabilitation efforts has highlighted significant challenges that can and should be addressed by international organisations, national governments, and multinational coordination bodies in order to make more effective the use of MHPSS tools, activities, and outcome measurements in PVE.

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CHALLENGES IN THE INTEGRATION OF MHPSS IN PVE IN CENTRAL ASIA

There is a dearth of evidence as to the effectiveness of MHPSS interventions for PVE outcomes.

Whereas we have seen decades of investment in developing and testing scalable mental health interventions to address the effects of mental illness, trauma-related distress, and psychosocial challenges in post-conflict settings, and have witnessed long-term efforts to strengthen mental health care systems under long-term health assistance schemes, there is limited evidence or guidance on how to design or evaluate MHPSS activities intended to enhance PVE outcomes, specifically. Similarly, there is limited evidence directly linking mental health and psychosocial indicators with violence prevention indicators. As such, there are still major gaps in knowledge as how MHPSS efforts can enhance the prevention of violent extremism in vulnerable communities. Furthermore, translating recent findings into accessible, actionable insights for practitioners remains a significant challenge.

“It is critical that practitioners offering MHPSS activities as part of PVE efforts recognise the limited evidence base from which they are operating.

The integration of public health in security issues risks stigmatisation and profiling of vulnerable individuals.

While there is a significant push for the integration of MHPSS in PVE efforts, any efforts to share MHPSS insights and tools must be made carefully, especially when involving security sector actors. Security sector actors often need to be ‘convinced’ of the importance of integrating MHPSS in PVE plans and activities, yet the misrepresentation of the role of mental health in radicalisation or the role of MHPSS in PVE activities can backfire, leading to the stigmatisation or unnecessary profiling of individuals with mental health or psychosocial challenges. Practitioners involved in capacity building and multidisciplinary coordination must strike a delicate balance between elevating the role of MHPSS in PVE practice and minimising the role of mental health factors in security risk assessments.

Formal and professional mental health care is often limited in conflict-affected environments.

While it is critical to coordinate with and strengthen existing professional mental health care structures in any context, there is incredible diversity in how national and local systems of care operate and the standards of care provided. Similarly, the education, accreditation, licensure, and supervision of local psychologists, social workers, and mental health professionals (however accredited) differ from country to country, thus resulting in dissimilar knowledge bases among practitioners in the same region. Finally, it is rare, even in highly developed countries, to encounter mental health professionals with any working knowledge on the necessary nuances and challenges of working with ideologically extremist populations.

Mental health stigma is a major challenge and requires innovative, culturally appropriate solutions.

MHPSS actors often confront high levels of stigma towards mental health issues and associated interventions. In some cases there is a clash between religious ideologies and secular models of mental health care, thus leading to hesitance and resistance to participate. Additionally, mental health stigma may manifest as concern over public perception of participating in MHPSS activities or internalised feelings of shame for having sought care.

Access, recruitment, and retention of the most vulnerable complicates MHPSS efforts for PVE.

MHPSS interventions that have worked in humanitarian emergencies or in development assistance settings may not work the same way when offered to the populations often targeted by PVE interventions. While some PVE interventions focus generally on building resilience among any and all members of a community, other programmes target individuals previously identified as ‘vulnerable’. It is critical that practitioners offering MHPSS activities as part of PVE efforts recognise the limited evidence base from which they are operating and undertake meaningful consultations with target groups in order to adapt possible interventions.

REASONS FOR OPTIMISM

While there are numerous challenges to the meaningful integration of MHPSS in PVE in Central Asia and beyond, there is also reason for cautious optimism. Public discourse, political will, and donor resources are shifting to enable a mental health and psychosocial wellbeing approach to tackling extremism and other conflict challenges. The UN Development Programme’s latest Human Development Report affirmed this trend, dedicating significant attention to the nexus of psychosocial health and cycles of conflict and suggesting that addressing mental distress is critical to development and progress.

Many states grappling with extremism challenges are opening space for MHPSS programmes.

For example, the Government of Kyrgyzstan, with international support, has undertaken reforms in the criminal justice system, opening space for psychological support staff within a newly-minted probation department. While Kyrgyzstan’s reforms leave room for important questions on human rights and fair application of criminal justice, the opening of new spaces for MHPSS within national frameworks should be appropriately supported and resourced in Krygyzstan and elsewhere. And while a wildly different context, the Department of Homeland Security in the United States continues to fund local mental health and psychosocial support initiatives as part of its Targeted Violence and Terrorism Prevention Grant Program. Simply, it is encouraging to observe the increasing space for MHPSS activities to contribute to national PVE goals in various contexts.

The de-exceptionalisation of violent extremism vis-á-vis other forms of violent crime creates new pathways for engagement with multidisciplinary actors.

Beyond Conflict has worked closely with the US Institute of Peace and other civil society actors to shift discourse and programmatic guidance in a way that centres on a public health approach to violent extremism prevention and rehabilitation while recognising the unique challenges of ideologically-motivated violence as compared to other forms of violent crime.

While violent extremism is a unique form of violence that must be confronted with nuance and close attention to ideology and identity factors, it sits alongside other forms of violence and should thus be treated with a whole of society, multidisciplinary approach that appreciates (instead of sidelines) the role of the security sector while elevating the importance of non-security actors in prevention. By collaborating more closely and listening to actors with decades of experience in disarmament, demobilisation, and reintegration (DDR), youth violence prevention, and restorative justice, civil society actors continue to find better ways to work with governments and to place PVE within broader peacebuilding efforts.

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IAN BARRON, PATRICK ASHCROFT & GERALD FONVILLE

POLICE VIOLENCE & CHILD TRAUMA IN THE BRAZILIAN FAVELAS

This article looks at the impact policing practices and state-mediated violence has on mental health and child trauma in the Brazilian favelas. It also highlights interventions that have demonstrated improved health outcomes.

Our research focuses on residents of favela communities in Rio de Janeiro where armed violence in certain communities reaches levels comparable to war/conflict-affected contexts. The majority of favela residents are black and have historically suffered from inequality, discrimination, and marginalisation. This impacts all areas of their life; people from favela communities are more likely to live in poverty, have reduced access to quality education and healthcare, and face stigma daily. The 'otherness' of the favela has helped justify rights violations and lethal violence from state forces for decades. The institutionalised militarisation of policing in Brazil, including police training from the USA, has also resulted in the use of lethal violence in favelas being normalised and encouraged in some police units.

State violence overwhelmingly targets favela communities and its residents, and in parts of Brazil is endemic: in six states, every four hours, a black person dies as a result of police action.

This entrenches a conflict mentality, generates fear and resentment, and perpetuates acts of extreme violence from police forces and armed gangs.

In Rio de Janeiro, apart from a short-lived 'pacification programme' in the years prior to hosting the World Cup, public security policy has ascribed largely to a mano dura approach. According to Human Rights Watch, in 2008, police in Rio state killed one person for every 23 arrested (the comparative figure in the same year for the USA was 1 in 37,000). More recently, in 2019, over 1,800 people died in police confrontations, representing more than 30% of violent deaths in the state that year. Over 80% of victims are young, black men.

A large part of the population supports violent police operations: in June 2022, Rio's governor, Claudio Castro, remarked, "if I based [my decisions] on public surveys, I would order an operation every week".

Deaths are the most serious outcome of this violence, but shootouts, particularly during hours-long police operations using *caveirão* ('big skull') tanks, have a range of negative impacts on the community, from disruption of vital local services to widespread mental health issues. For example, in 2019, in the Complexo da Maré favelas schools shut for 25 days (12% of the school year), and 15,000 health centre appointments were cancelled as a result of shootouts. A 2020 study showed the prevalence of exposure to violence in Maré and the impact this has:

- Over 44% of residents had been in the middle of a shootout in just the last six months
- 31% reported that the violence affected their mental health (rising to 44% for those exposed to shootouts)
- 62% said they always or often feared being shot
- A number of studies have shown that what favela residents fear most is the violence from police operations rather than drug factions.

POLICE VIOLENCE & MENTAL HEALTH

Studies in Brazil evidence a causal link between police violence and pervasive mental health difficulties for children in the favelas. Children exposed to ongoing violence, including multiple deaths, psychological violence, witnessing atrocities, and sexual exploitation, experience high levels of post-traumatic stress, dissociation, depression, anxiety and substance use and are at a higher risk of engaging in armed groups and domestic violence. The interaction of violent police oppression and poverty dramatically exacerbates the risks to children's well-being.

The World Health Organization estimates that over a quarter of children in the favelas present serious psychiatric conditions, rising to almost all children within the Brazilian criminal justice system. The difficulties are long-term into adulthood and result in a shortened life for many.

TEACHING RECOVERY TECHNIQUES (TRT)

To address the pervasive levels of post-traumatic stress and depression for children in the favelas and to increase their capacity for post-traumatic growth, Teaching Recovery Techniques (TRT), an empirical group-based trauma-focused psychosocial programme, was delivered to children in the Complexo da Maré, a group of favelas in Rio. TRT involves five two-hour sessions that address the three axes of PTSD (intrusion, hyperarousal, and avoidance). Children receive psychoeducation normalising their response to adversity, and are taught a range of cognitive-behavioural techniques to manage flashbacks, calm their body, and take small steps (systematic desensitisation) to go into situations previously triggering fear.

A randomised control trial evaluated the outcomes for children. Thirty children aged 8–14 years were randomly assigned to TRT or a martial arts program. All but one child had clinical levels of PTSD. Following only five 90-minute weekly sessions, children who received TRT showed significant reductions in post-traumatic stress (down to 14%) and depression as well as gains in post-traumatic growth. To increase TRT effectiveness further the importance of understanding the impact of ongoing police violence in limiting mental health gains was emphasised.

Despite the complexity and enduring nature of extreme police violence and armed gang violence in Complexo da Maré, reductions in PTSD were similar to other TRT studies. These studies focused on both single event traumas, such as floods and earthquakes, as well as the more complex and cumulative traumas of war and violent military occupation.

TAKEAWAYS FOR POLICYMAKERS

1. Prolonged exposure to extreme violence, whether police or gang members, results in youth inured to violence. In the short-term, youth experience PTSD, depression, anxiety, dissociation, substance use, and the harming of self and others. If left unaddressed, youth can develop long-term mental health difficulties, including personality disorders, paranoia, criminality, triggered excessive violence, substance dependence, suicidal ideation, and suicide.
2. Studies in Brazil and Palestine indicate that implementing social welfare programmes increase educational and employment opportunities.
3. Our work shows that implementing group-based trauma-specific interventions can reduce the effects of extreme police violence, significantly reducing the risks for youth entrapped in drug-related violence.
4. Studies in Brazil and Palestine indicate that these trauma based interventions are most effective when supported by social welfare programmes and increased educational and employment opportunities for youth.

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> **Implementing group-based trauma-specific interventions can reduce the effects of extreme police violence, significantly reducing the risks for youth entrapped in drug-related violence.**

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LOTTA CARLSSON

WORKING WITH VICTIMS OF TORTURE

Lotta Carlsson discusses the impact that torture can have and gives advice to practitioners on what they should hold in mind when working with victims.

Despite the international legal and normative consensus on the absolute prohibition of torture it remains one of the most common human rights violations around the world. According to the most comprehensive and up-to-date figures, torture has been reported in more than 140 countries (Amnesty International, n.d.). This article highlights issues that practitioners should be aware of when dealing with clients suffering from torture trauma.

THE SCOPE OF TORTURE

Torture refers to acts that intentionally cause harm and lead to severe mental or physical pain or suffering. The purpose of torture may be to obtain information or forced confessions, or to punish or intimidate individuals and sometimes even entire communities. In the common definition of torture, the perpetrators are state officials, such as the police or armed forces, or someone acting at the acquiescence of the state (e.g., Mirzaei et al. 2011; Gaeta, 2008).

> **Torture is a very serious form of violence and can involve many forms of physical, psychological, or sexual brutality.**

Torture is a very serious form of violence and can involve many forms of physical, psychological, or sexual brutality. Pharmacological or chemical agents, such as sedatives or irritants may also be used. Rape is frequently reported, which often has long-lasting effects and can disrupt communities as a whole as reported by the International Rehabilitation Council for Torture Victims (IRCT) in their resource 'Support Life After Sexual Torture'. Torture of all kinds often impacts the individual long after the events occurred.

THE IMPACT OF TORTURE

The objective of torture is to destroy all aspects of the person; to break them down, rupture their sense of identity, and sever their links to family and community. Torture can lead to permanent physical disabilities and psychologically scar victims, leaving them with profound and long-lasting mental health issues such as post-traumatic stress disorder, as well as anxiety and depressive disorders. Although many victims demonstrate extraordinary resilience, resourcefulness and agency, torture can profoundly impact all aspects of a person's daily life. Severe headaches, insomnia, suicidal ideation, being easily frightened, being in heightened emotional states, feeling suspicious, having flashbacks, and involuntary disassociation are some of the most frequently reported symptoms of torture trauma. This can make it extremely difficult for people to maintain social relations, work, carry out basic day-to-day tasks and to participate in rehabilitative programs or administrative and judicial procedures.

Torture affects not only the individual and their bio-psycho-social being but can also have profound effects at the family, community, and societal levels, which practitioners and policymakers need to be aware of in their work with tortured individuals. At the individual level, these include psychological symptoms such as low mood and anxiety, sleep difficulties, learning difficulties, challenges paying attention and focusing, as well as difficulties with life and social skills. The effects of torture can also be seen in the client's behaviour, for example, as fear responses or unpredictable behaviour. Functional capacity, family relationships and work capacity can also suffer significantly. Symptoms range from aggressive irrational outbursts through to bodily symptoms such as chronic pain or dissociative states leading to seizures or loss of consciousness.

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WHAT DOES THIS MEAN FOR PRACTITIONERS?

It can be difficult for a person without professional training in trauma to recognise these issues and responses as trauma responses; yet they have potentially significant ramifications for practitioners working with traumatised people. Victims of torture who suffer from insomnia, chronic stress and pain, involuntary dissociation or anxiety and depression will struggle to participate in rehabilitative programs if no attempt is made to treat the trauma. They may miss appointments, appear disengaged, daydream, or demonstrate erratic behaviour. These are all normal adaptive responses and successful coping mechanisms which protected the individual during the period of torture, but now can make a person seem unwilling to cooperate with or participate in rehabilitative programs.

Furthermore, many victims of torture come from contexts where there are very low levels of trust or confidence in public officials. This mistrust, combined with common trauma responses such as an elevated state of constantly assessing for threat (hyper-vigilance), and an increased need for control and reading more into other people's social cues (hyper-mentalisation) can lead to a person forming biases and prejudices towards authority. They may develop beliefs or fantasies that there is a genuine threat towards them. This can also be seen in hypo-mentalisation, when an individual has difficulties understanding another person's mind, as well as their own mind.

> **Victims of torture who suffer from insomnia, chronic stress and pain, involuntary dissociation or anxiety and depression will struggle to participate in rehabilitative programs if no attempt is made to treat the trauma.**

One of the features of torture is that those who carry it out are often representatives of the state or another form of authority. This means it can be unclear who is ultimately responsible for the torture. It is difficult to blame a state in its entirety when you need a more specific target to blame for your pain and trauma. As a result, the victim may develop a deep hatred of a particular authority such as the police or prison personnel, which can make it difficult for individuals from that authority to engage with the victim and offer them support. Hence, when dealing with a torture victim it is important to clarify who they feel was behind the torture, in order to avoid exacerbating feelings of victimisation to avoid the individual feeling that hate crimes against figures of authority are justifiable.

WORKING WITH VICTIMS OF TRAUMA

If required, it is possible to screen for experiences of violence and trauma by using tools such as The Protect Questionnaire. When dealing with potential victims of torture, there are a number of things that practitioners can do to engage ethically and effectively with clients. Most importantly, it is vital to create a safe atmosphere and to comply with principles of a trauma-informed approach. Specific things to be aware of, as laid down by the Istanbul Protocol (updated 2022) include:

- If possible, research the situation and the individual so you have as much information as possible.
- Avoid anything that could be perceived as threatening. For example, a practitioner's clothing could be highly triggering because it brings to mind the uniforms of those who have abused them.
- Allow plenty of time for any interactions.
- Avoid making your client wait, be punctual, and keep your word.
- Proceed calmly in interactions.
- Use active listening skills when with the client.
- Anticipate and explain your actions.
- If medical examinations are required, prepare the client with particular care.
- If appropriate, emphasise confidentiality.
- Use professional interpreters to help in research and treatment settings where necessary.
- Ensure that treatment plans are individualised to take account of their specific experiences and needs.
- Continuity of care is helpful because treatment is often long-term and it takes time to build trust.
- Be mindful that problems such as addiction can arise through self-medication as an attempt by the individual to deal with their pain.
- Remain non-judgemental.

These issues can all present challenges for practitioners. They can be made more difficult because of hyper-mentalisation, which means the individual can take things personally, which may lead to misunderstandings and emotional outbursts. It's also possible that practitioners will see avoidance behaviour, meaning that recruiting victims to rehabilitative group activities, even though these may be efficient, is usually challenging. As victims of torture may believe they are alone in their experiences, they might feel shame and not want to participate in group sessions.

IN SUMMARY

Torture is a serious human rights violation. All victims have an unequivocal right to receive rehabilitation services for their trauma according to international law. Trauma-informed approaches can help practitioners foster environments and practices that promote a culture of safety, empowerment, and healing and therefore be an extremely effective policy tool.

It is important to highlight that practitioners and public authorities should treat all asylum seekers and refugees in a rights-based manner and with dignity, respect and care. They should not view them as potentially radicalised individuals. In the current highly polarised and toxic political climate surrounding migration in Europe, trauma-informed care and programs help us address complex social problems through a lens, which, through dignity and empathy, help people and communities integrate and overcome pain and suffering to rebuild new lives.

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ANNA NATERSTAD HARPVIKEN

FINDING THE STORY: EXPANDING THE TALE

How understanding individual trauma experiences can help us to understand journeys into and out of extremism.

Traumatic experiences affect how we understand and act in the world, including in the context of extremism. However, research and practice on relationships between trauma and extremism lags behind other areas of work.

THE COMPLEXITY OF TRAUMA

Trauma is complex. It has close links to other psychological and social factors; it can be understood on many levels, from the individual to the collective; and its effects depends on when it occurs. For these reasons, many see trauma as a factor that is too complex to be useful when considering extremism, and some claim that trauma is irrelevant altogether. Despite these challenges, we have recently seen an increase in research into the relationship between trauma and extremism, which has provided potential solutions to some of the issues facing this area.

When describing the challenges of extremism research, Gøtzche-Astrup once used the Persian poet Rumi's story about a group of blind men who each touched one part of an elephant and then had to describe what it was. Because each man only knew a small part of the elephant, their descriptions differed, causing great confusion.

The metaphor of the elephant illustrates the challenges of extremism research: trying to move from a foot to the whole elephant; from individual stories to an overall tale.

This article aims to build a bridge between research on the role of trauma in extremism and extremism research in general. It also provides practitioners with a better understanding of the relevance of trauma in their work. To this end, I draw on my own research exploring different paths to extremism among a large segment of Norwegian youth. Hopefully, gaining a better understanding of the challenges and potential embedded in the relationship between individual trauma-specific stories and tales of overall extremism can create new and fruitful paths for research and interventions. This might contribute both to the way we interpret trauma and the tales we tell about it. By drawing attention to the complex ways in which different factors and experiences interact to inform dynamics and influences on extremism, this also contributes to the general field of extremism.

TRAUMA INTERACTS AND INTERRELATES

Trauma is related to other factors, such as criminality and mental health, that are also relevant to extremism. This could be because some factors often appear together. For example, people who were exposed to crime when they were growing up are more likely to have encountered traumatic experiences. It could also relate to the varied ways we adapt when we experience something traumatic; for example, by developing anxiety or Post Traumatic Stress Disorder (PTSD), or even antisocial behaviour or extremist views. Responses to trauma can also be beneficial, for example through enhanced personal strength or appreciation of life, as mentioned in theories on post-traumatic growth.

While seeing trauma in relation to other factors and as part of a bigger picture is important, it can make it difficult to see its distinct influence. This dilemma is well known in wider extremism research. To handle this challenge, new methods have been developed which test theoretical frameworks through empirical data and individual stories, using complex statistical methods. As an example, my study on paths towards extremism empirically tested six categories of factors which were identified from a systematic literature review. Such frameworks may also be relevant in a trauma context.

My study illustrated how exposure to trauma and conduct problems can be related. Imagine an 18-year-old boy who experiences an armed robbery, committed by someone he does not know or identify with. In the aftermath, he has a desire to find somewhere to belong, or some sort of larger meaning in life (these ideas are reflected in different theoretical models, for example, Kruglanski's Quest for Significance or Agnew's General Strain Theory). Joining a group of lawbreakers, engaged in small-scale, racist criminality provides him with both meaning and belonging. Over time, this involvement develops into extremist attitudes and behaviour directed at the group that conducted the robbery.

This example points both to the relevance of interactions between factors over time such as social environment and crime, and the benefits of acknowledging the distinct influence of a specific trauma. Approaches that manage to keep both of these

components in mind – seeing the relationship between the elephant's toenail and the knee, or between the initial trauma and its complex and unfolding influences, have great potential to help interpret pathways into and out of extremism.

These more holistic methods can help inform research and contribute to tailor-made interventions that also exploit the adaptive nature of trauma responses. Overall, paying attention to how interactions and interrelations between specific events create individual stories can contribute greatly in building a foundation for understanding the overall tale of extremism.

UNDERSTANDING THE LAYERS

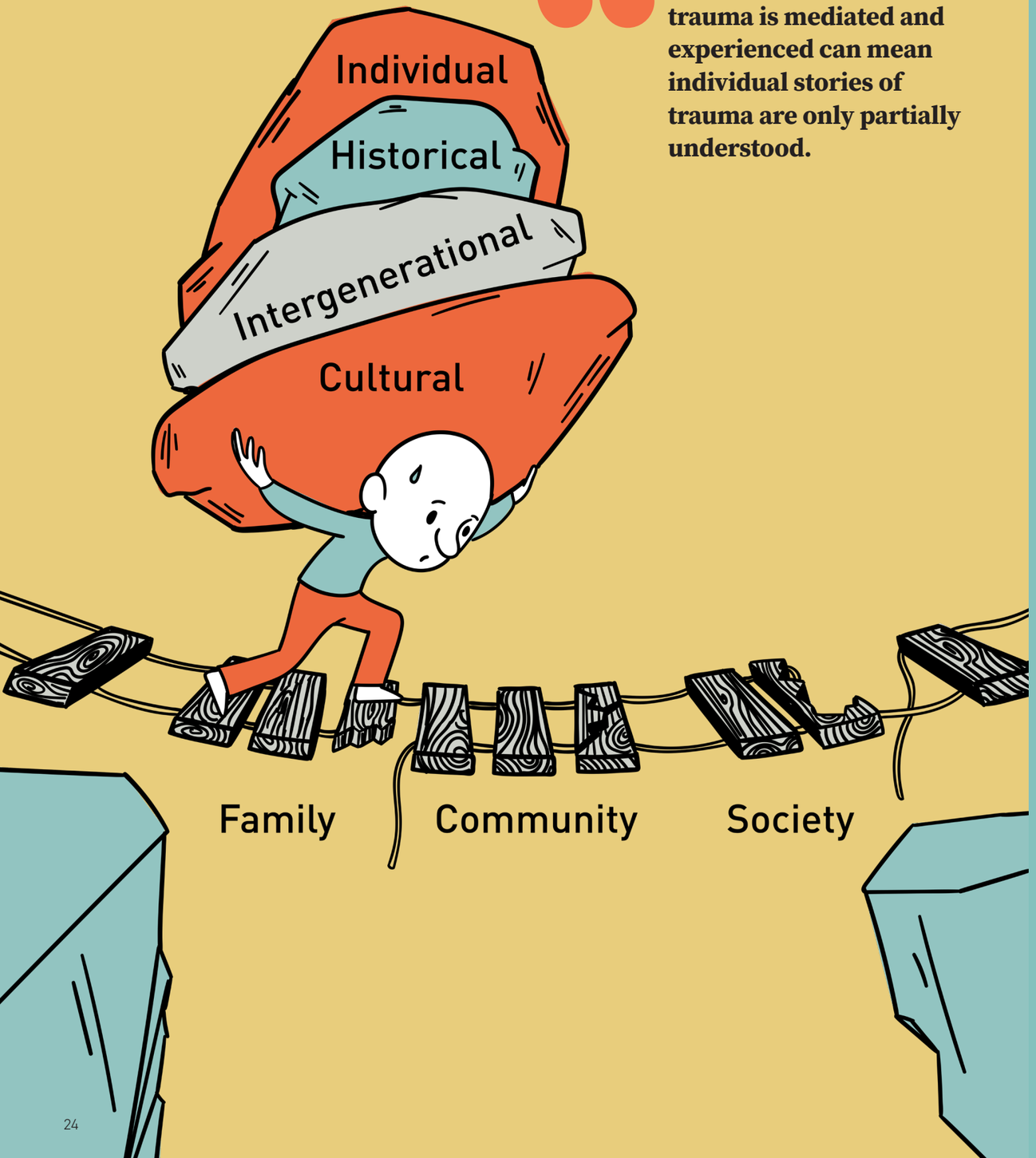
Trauma can be individual, intergenerational, historical and/or cultural. It can be experienced individually and collectively. Often, processes in the family, community, or society influence how a person understands and deals with trauma. Previous research has tended to overlook these layers.

Neglecting the different layers through which trauma is mediated and experienced can mean individual stories of trauma are only partially understood. This is a challenge for extremism research as it similarly depends on understanding a complex

> **These more holistic methods can help inform research and contribute to tailor-made interventions that also exploit the adaptive nature of trauma responses.**

web of personal and societal influences and experiences. Newer studies indicate that operationalising relevant factors more effectively, such as family environment or school satisfaction, and examining how such factors interact with one another and with trauma exposure, clarifies nuances of the stories about how and why people become involved in extremism. This again creates a more stable structure for the overall tale about what helps explain extremism.

Neglecting the different layers through which trauma is mediated and experienced can mean individual stories of trauma are only partially understood.



For example, in my study, younger people had experienced more traumatic events. Picture a girl of 16 who is violently assaulted while walking home one evening. In the aftermath, she reaches out to others as part of a desire to create change so that no one experiences what she did. The people she comes to identify with help her understand what happened to her through an ideologically extreme framework. This makes sense to the girl, both because she can relate it to her trauma, but also because of the way her experience and perpetrators are talked about in her society. When attempting to create change, she bases her action on radical views, paving a way towards extremism.

Moving back and forth through the layers of understanding, from the girl's experience, to its role in shaping her social networks, and how these impact her attitudes and behaviour, helps us identify the relevant individual stories, as well as how they can inform overall tales about pathways into and out of extremism. This can aid our interpretations of how singular experiences become part of complex interactions that influence extremist involvement. Furthermore, as Knott and Lee (2020) argue, attempts to develop a better understanding of individual stories by identifying the layers of experience and influence at work, can contribute to a better understanding of extremism overall. Ideally, understanding these joint and separate effects may lead to more specialised interventions.

TIMING AND SEQUENCE MATTERS

Both timing and the sequence of events shape the influence of trauma. This is partially because traumatic events can happen once, or repeatedly across a person's life. Trauma also alter and influence the effect of other factors such as social networks or financial stability. Furthermore, trauma can both trigger and protect against extremist involvement, or even be a consequence of engaging in extremism.

Few attempts have been made to fully understand how the sequence in which trauma is experienced impacts its effects. Similar problems can be found in the overall field of extremism. It is rare that one, distinct factor plays a clear role in shaping someone's pathway into extremism. However, advanced statistical methods that investigate how the effect of different factors vary depending on timing and sequence have proven useful.

My study indicated that the path from trauma to conduct problems might evolve into support for political violence. Imagine an 18-year-old boy who after experiencing years of bullying, finds belonging and meaning in a group that commits armed robberies. He gets used to violence as a means of achieving his goals. Over time, his doubts about using violence decreases. Hence, when a situation arises where extremist actions seem appropriate, the gap between thought and action is reduced.

Paying attention to the way factors are sequenced over time is important and provides a way of understanding how trauma affects both radicalisation and deradicalisation. Using longitudinal or even life-course investigations can help us identify key points in an individual's life where trauma has an impact on other factors, or where other factors have effects on trauma. Doing this demands that we use solid, theoretical frameworks, and are mindful of sequencing effects. These types of investigations are equally relevant for overall extremism research and can hopefully provide better understandings of not only the adverse, but also the adaptive or protective effects of different factors, which could highlight relevant points of intervention.

HELPING PRACTITIONERS TO USE THE STORIES TO UNDERSTAND THE TALE

Trauma has great potential to inform both research on extremism and interventions to counter extremism. Yet, this promise has not been fully realised. This short article has tried to demonstrate that in order to understand the effect of trauma on extremism, as well as the overall field of extremism, we need to make use of recent methodological developments. Such developments include the use of life-course or longitudinal investigations, as well as the move towards building empirical investigations on foundations of well-developed theoretical frameworks.

Using trauma in a way that truly makes use of its value requires several things.

1. We need an increased understanding of the specific effect of trauma, but also how it is tied to and overlaps with other factors.
2. We should work towards more precise identification of the different layers of individual, collective, and historical factors that trauma is shaped by and how they interact, both with each other and with other factors.
3. We should pay attention to how the effect of trauma differs depending on timing and sequence in order to identify paths towards and away from extremism.
4. We should design individually focused, holistic interventions that take account of both the individualised nature of traumas and their impacts, as well as the individual and their coping resources.

In sum, understanding the story that trauma can reveal about pathways to extremism, while not being overwhelmed by the complex nature of these processes, is key: both for developing an understanding of the role of trauma in extremism research, but also to further the overall tale of extremism. This understanding may also serve as a framework for designing more effective interventions which counter violent extremism. Thus, we have to develop sound theoretical frameworks that attend to the details of the individual stories while also keeping an eye on the overall tale to understand both the toenail and the whole elephant.

Anna Naterstad Harpviken is a clinical psychologist with a great interest in how we academically understand real-life challenges. Her work is positioned at the intersection of the individual and the society and focuses closely on violent extremism, radicalisation, and responses to crisis and trauma.

KAREN GOODALL

TRAUMA INFORMED POLICING

Dr Karen Goodall presents findings from research projects exploring police officers' perceptions of trauma-informed practice interventions.

TRAUMA, ADVERSITY, AND CRIME

The police are ideally positioned to be a service responding to trauma in society. Rates of trauma are notably high among people who engage in crime. Adverse Childhood Experiences (ACEs), such as family violence, childhood abuse and experiences of being in care, increase the likelihood of offending across the lifespan. UK prison studies also demonstrate disproportionately high rates of ACEs among inmates.

Understanding how traumatic experiences shape people's life trajectories is a core feature of becoming trauma-informed. Experiences of multiple or chronic adversity in childhood have been linked to impairments in emotion regulation, attention and impulse control, interpersonal problems and school failure, drug misuse and mental health problems. In short, trauma, especially early trauma, can be considered a significant risk factor for criminal involvement.

> **In short, trauma, especially early trauma, can be considered a significant risk factor for criminal involvement.**

Many UK police forces are now working towards a trauma-informed policing culture (Association of Directors of Public Health (ASDPH), 2021), which recognises and responds to the effects of trauma (SAMHSA, 2014). However, evaluation of trauma-related initiatives is scarce, and still, less is known about how officers perceive training. While interventions may lead to positive attitude change, changing attitudes is not always sufficient to lead to a change in practice.

This article presents insights from officers' perceptions of trauma awareness-raising initiatives in Police Scotland. The first focused on officers' perceptions of an ACEs awareness-raising session. The second ongoing study involved officers who had undertaken NHS Education Scotland (NES) online training.

CONTEXT

Contextual relevance was highly important. Police and civilian staff participating in the NES training clearly articulated a nuanced understanding of trauma, including complex trauma. Where the contextual relevance was less clear, officers were often resistant to key messages, characterising them as 'common sense'.

> ***...someone having a terrible upbringing is going to end up having a difficult adulthood. I thought that was fairly self-explanatory.***

EMPOWERMENT AND APPLICATION

Knowledge gained from interventions empowered staff to speak up on issues relating to wellbeing or mental health. However, police staff reported having limited insight into how to practically implement trauma-informed working, other than 'being a decent person'. Being trauma-aware was viewed by some as a 'soft' approach that had the potential to interfere with their capacity to do policing work. Policing work has limited procedural flexibility, and there were implicit fears about being held responsible if trauma-informed approaches compromised the safety of their colleagues or the public.

> ***...if you're presented with something... there's a set way that that's getting dealt with, that you can't deviate away from.***

INDIVIDUAL VERSUS SERVICE LEVEL CHANGE

There is no single correct approach to initiating a trauma-informed police culture, and initiatives are often aimed at changing the attitudes of individuals. While senior staff highlighted that 'buy-in' from staff is essential to any service-level change, officers resisted the idea that individuals could change a culture. Instead, they noted that explicit service-level guidance was required for them to be confident in working in trauma-informed ways.

> ***...we have to become bold and actually document that we will support staff doing the right thing for people...but that's a step that, basically, has to come from the top down.***

Image credit: *Drop of Light*| shutterstock.com

ROLES

In a trauma-informed service, every individual should have access to training. However, police and civilian staff in specific roles appeared to find the training particularly beneficial. An example is Police Custody Security Officers who are in extended contact with individuals in custody, offering an opportunity to forge a relationship and potentially route an individual towards support for core issues related to the crime.

POLICE CULTURE

Police work is inherently traumatising, with police routinely exposed to trauma, both directly and indirectly. At the same time, officers noted that the prevailing culture requires them to appear impervious to trauma, hindering conversations about mental health and support-seeking among colleagues. Trauma interventions were viewed as potentially facilitating a cultural shift, whereby officers would have increased awareness of their own and their colleagues' mental health and coping capacity. This is important as people who work in human services tend to have a high prevalence of ACEs themselves.

> ***...historically, the culture of being weak existed, without a shadow of a doubt. I think we're starting to break through that now.***

CONCLUSION

While initiatives to create awareness of trauma and its impacts have the potential to lead to positive attitude change, moving towards trauma-informed practice in policing may be slower. The latter will require workforce development and changes to organisational practice. It will require addressing the individual and cultural barriers that potentially limit individuals' capacity to work in trauma-informed ways.

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VIVIAN KHEDARI

"I HAVE NEVER HURT ANYBODY"

How do we responsibly navigate the complex, and sometimes absent, relationship between mental illness, adversity and violent extremism?

On December 11, 2017, I was considerably late for my shift at a clinic for individuals with chronic mental illness. As many other New Yorkers that day, my morning commute had turned into an anxious, long, underground wait as train traffic throughout the city froze in response to reports of a pipe bomb detonating in a subway station near Midtown Manhattan. Eventually, the threat was 'contained', and the daily New York grind resumed, but with a backdrop of rumours, unverified facts, and heightened tension. This tension remained when I walked into the therapy group I facilitated for patients with command hallucinations - people who hear voices telling them what to do.

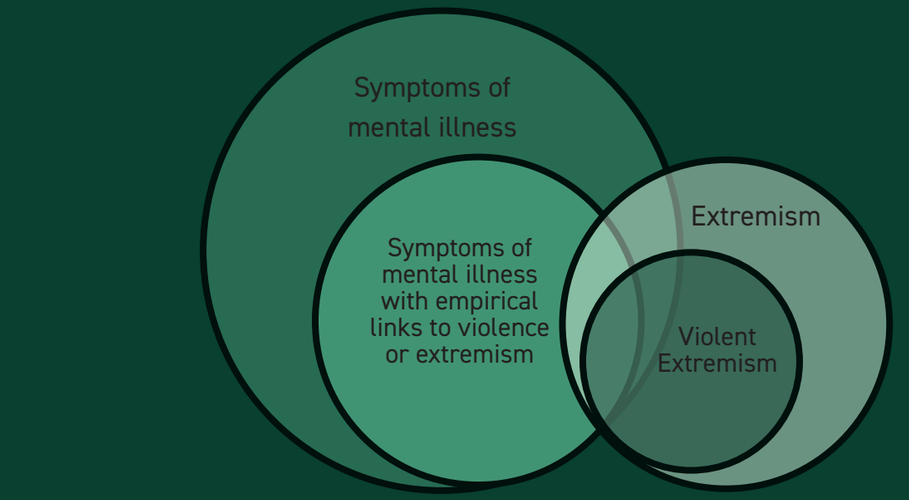
I had always enjoyed the lively discussions in this 'voices' group, which showcased the patients' resilience and good humour. The group was a safe space where participants could share comments such as: "The voices were back this morning and kept telling me to jump out the window. As if I would ever do such a thing. As if I was crazy or something!". But the atmosphere in the group was bleak that December 11. A patient addressed the source of the tension: "It is just a matter of time before they claim the bomber was mentally ill. They always bring mental illness into it. I am not dangerous. I have never hurt anybody." The group then shared stories about facing discrimination and of being feared and misunderstood. That day, humour was replaced with a frank discussion about the toll of stigma towards mental illness on the quality of my group members' lives. Patients shared how the stigma the group experienced tended to spike in the wake of school shootings, terrorist attacks or any other incident where media coverage of a violent event included a discussion of mental illness.

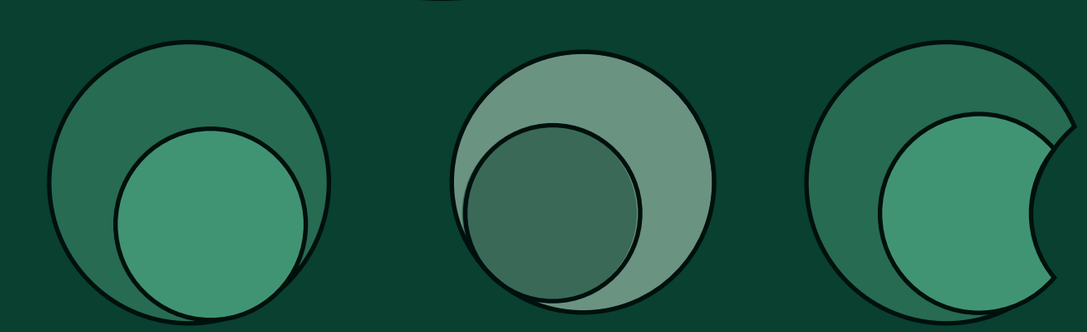
I am frequently reminded of that day's group session as I join and encourage the many voices calling for integration of Mental Health and Psychosocial Support (MHPSS) into peacebuilding and into efforts to prevent and address extremism. I hang on to the memory as a cautionary tale, and as an invitation to think about how to speak fairly about the relationship between trauma, mental illness, and violent extremism without unjustly increasing stigma and discrimination against people who, as my patient said, "have never hurt anybody". How do we toe this line responsibly?

1. WE RESPONSIBLY ADDRESS THE RELATIONSHIP BETWEEN MENTAL ILLNESS, ADVERSITY AND VIOLENT EXTREMISM BY AVOIDING GENERALISATIONS.

It will always bear repeating that there is no empirical evidence in support of a direct causal link between mental illness and violent extremism. This message is particularly important to convey with clarity when addressing new collaborators or stakeholders. Failure to properly clarify this message can potentially result in harmful generalisations wherein any sign of mental illness or distress is interpreted and approached as a risk factor for violent extremism. I personally find Venn diagrams helpful in clarifying the following points to newer audiences:

- The circle of mental health symptoms contains a smaller circle of symptoms with empirical or theoretical ties to violence or to extremism. Not all symptoms or mental health pathology have a relation to violence or extremism.
- The circle containing people with extremist views contains a smaller circle of violent extremism. Not all people with extremist views are motivated to act violently in support of these views.
- There is only partial overlap between the extremism and mental illness circles. It is possible to have symptoms of mental illness - including symptoms with empirical links to extremism or violence- and not be an extremist. It is also possible to be an extremist without having any symptoms of mental illness.
- The overlap between the extremism and mental illness circles includes symptoms with no empirical or theoretical ties to extremism. It is possible to be an extremist or a violent extremist with symptoms of mental illness that are *unrelated and unconnected to either violence or extremism.*
- Trauma and adversity neither contain nor are contained by any of the above circles. Extremism and mental illness can both occur without trauma and adversity, can be a consequence of trauma and adversity, or can lead to trauma and adversity.

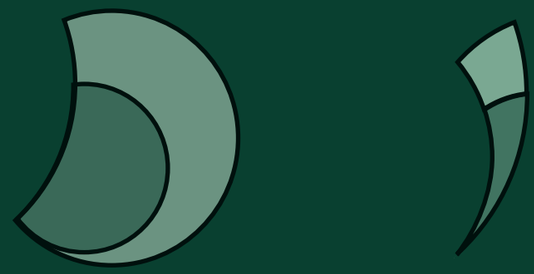




Not all symptoms of mental health pathology have a relation to violence or extremism.

Not all people with extremist views are motivated to act violently in support of these views.

It is possible to have symptoms of mental illness - including symptoms with empirical links to extremism or violence- and not be an extremist.



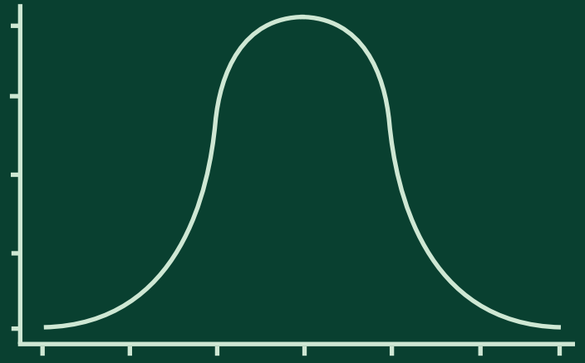
It is also possible to be an extremist without having any symptoms of mental illness.

It is possible to be an extremist or a violent extremist with symptoms of mental illness that are *unrelated and unconnected to either violence or extremism.*

Naturally, after outlining the significant and important limitations of the relationship between mental illness, adversity and extremism, one might be left wondering why an effort to integrate MHPSS into violent extremism prevention is relevant or worth pursuing to begin with. This brings us to a second important way in which we address this relationship responsibly:

2. WE ADDRESS THE RELATIONSHIP BETWEEN MENTAL ILLNESS, ADVERSITY AND VIOLENT EXTREMISM RESPONSIBLY BY ADDING NUANCE AND A DEEPER UNDERSTANDING OF WHERE EXACTLY THE CONNECTION LIES.

Just as Venn diagrams can help clarify the need to tread carefully and not generalise when presenting a connection between radicalisation and mental illness, plots of normal distributions can help us understand one fundamental similarity between extremism and mental illness. That is mental health pathology and radicalised thinking are both defined by relative comparison to what is normative within a society at a given time. They are both less frequent and more extreme thoughts or behaviours. They are both far ends and margins of a normal distribution curve.



Which behaviour is deemed pathological and which belief is deemed extreme can vary from region to region and from decade to decade. The common thread is simply that all human behaviours, attitudes and preferences fall within a normally distributed continuum and our society always sets the standard that dictates what level of deviation from a given norm is acceptable, what level of deviation warrants a reward, and what level of deviation warrants punishment. For example, from a mental health perspective, we might praise and reward upper-end deviations in intelligence but reject and marginalise lower-end deviations in emotion regulation that result in awkward outbursts or in failure to abide by societal rules.

At the same time, from a thoughts and ideas perspective, we might praise some deviations from the norm by labelling them as 'artistic', 'provocative' or 'forward thinking', and we might punish and exclude other deviations as 'dangerous', 'obsolete', or 'extreme'.

> **The common thread is simply that all human behaviours, attitudes and preferences fall within a normally distributed continuum and our society always sets the standard that dictates what level of deviation from a given norm is acceptable.**

Considerable effort is spent pursuing a deeper understanding of the etiology of radical thinking. While this information is valuable, we must also remember that, probabilistically speaking, all behaviours and thoughts will always tend to be normally distributed within groups: there will be extremes within any group and society.

However, as a society, we can be motivated to modify our responses to said extremes once we understand the impact of our responses. Let us consider, for example, how a community's readiness to provide mental health support plays a key role in determining how costly pathology is after adversity:

If an individual who experienced a traumatic event became depressed or showed signs of post-traumatic stress disorder (PTSD), and the community was intolerant of the ensuing 'extreme' behaviour, then the individual would be marginalised and rejected. They might lose their job, social connections, and support network. Even after the pathology is resolved and their behaviour returned to what would be considered normal and acceptable, the individual would then continue to face consequences that outlast the pathology. In this example, adversity resulted in pathology and in turn, pathology became a new source of adversity. Further, the individual's rejection by the community due to mental health stigma could result in a series of obstacles and challenges that are well-documented push and pull factors linked to violent extremism.

> **A discussion of the connection between adversity, mental illness and violent extremism is, at its core, a discussion of marginalisation and the erosion of the societal protective factors that could help prevent violent extremism.**

While, as was previously discussed, there is no direct causal connection between mental illness and extremism, they both potentially place individuals at the extreme ends of a curve of normative and acceptable behaviour and thought. This can potentially have costly consequences in terms of loss of social support and role. A discussion of the connection between adversity, mental illness and violent extremism is, at its core, a discussion of marginalisation and the erosion of the societal protective factors that could help prevent violent extremism.

3. WE ADDRESS THE RELATIONSHIP BETWEEN MENTAL ILLNESS AND VIOLENT EXTREMISM RESPONSIBLY BY DOING NO HARM.

It is at the common space of marginalisation shared by extremism and mental illness that the integration of MHPSS into the prevention of violent extremism becomes most relevant. This is not because MHPSS will prevent pathology, but rather, it is relevant insofar as it allows communities to respond differently to deviation, decreasing rather than increasing adversity and risk factors.

Returning to our example of the individual facing depression or PTSD after living through a traumatic experience, if instead of responding with mental health stigma and rejection, the community understood what was happening to the person and was able to make space to tolerate their out-of-norm behaviour and support them, that individual would then likely be able to restore their former role and status within the community once the pathology resolved.

As MHPSS integration into violence prevention continues to grow in popularity, so too will initiatives to provide mental health services to individuals deemed to be at risk of violence or radicalisation. From a do-no-harm perspective, we should encourage caution in rushing to intervene on signalled-out individuals in an attempt to curve certain undesirable behaviours. Instead, MHPSS integration should look first at communities and communities' tolerance of pathology.

Through the integration of MHPSS into violent extremism prevention, we should aim to increase a community's ability to understand and recognise potential reactions to adversity and potential signs of mental health distress in a trauma-informed way that fosters connection and tolerance between community members.

Vivian Khedari DePierro, PhD is the Chief Psychologist & Director of Research at Beyond Conflict. As a Clinical Psychologist, she focuses on the development and evaluation of accessible and culturally-tailored approaches to trauma recovery among communities affected by violence and conflict across the globe.

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NOAH TUCKER

WHAT CAN WE LEARN FROM EXPLORING THE TRAUMATISED PAST OF RETURNEES?

Noah Tucker shares his insights on how trauma experienced by returnees before the Syrian conflict shaped their pathways into it and how it can complicate their return.

Since 2019, I have been involved in programs to support pioneering efforts to return people to Central Asia who have been captured or demobilised in the Syrian conflict. I've had the opportunity to work with practitioners and to interview returnees and demobilised families in Turkey who did not return home. As we would expect after an intense conflict, many suffer from significant trauma.

WHAT HAPPENED IN CENTRAL ASIA, AND WHAT CAN THE REST OF THE WORLD LEARN FROM IT?

The newly independent states of former Soviet Central Asia were among the leading overall and per-capita contributors to foreign fighter flows to the Syrian conflict, though in an anomalous way: most were women and children who accompanied male recruits at a rate of up to 5:1. The region has become the world leader in repatriation of those citizens, with over 1500, mostly women and children, returned from the camps in northern Syria. Most of them have re-integrated successfully.

> **...a pattern emerges: many experienced significant trauma, including gendered and/or sexual violence, before they ever left.**

The literature has long established that there is no single individual pathway into violent extremism, and the domestic circumstances in each country vary in important ways that influence those pathways. However, for women who were involved in the conflict, a pattern emerges: many experienced significant trauma, including gendered and/or sexual violence, before they ever left. Their experiences can offer clues to mobilisation and key needs for rehabilitation.

TRAUMA IN COMPLEX CASES

In December 2021 a team of researchers and specialists conducted group interviews as part of our evaluation for women who had been deemed 'complex cases'. Though they had returned up to two years prior, reintegration was not going smoothly; they struggled to connect with employment, children were having difficulty in schools, they were not connected to a positive community network that could support them. On a single day two women voiced suicidal ideation during their interviews; one said "it would have been better if a bomb had fallen on us and my children and I had been killed in Syria."

As more of their stories unfolded, a pattern emerged not just of the everyday violence of war or losing husbands and children in the conflict, but that included severe sexual violence that occurred long before leaving their home community.

One woman recounted getting married young, moving in with her husband's family and being raped repeatedly by her father-in-law. Unable to afford housing on their own or to return to her birth family because of stigma, the only exit was to migrate to Russia. A similar pattern emerges across cases and countries – young women abused by fathers and stepfathers lured by the promise of real love and meaning, coercive and controlling relationships, and gendered violence.

This is not to say that trauma experienced before leaving for Syria was a primary causal factor, nor that all women who left were tricked, coerced, or lacked their own agency.

For some, joining what they saw as a 'higher cause' in Syria was a way of taking agency they didn't get at home, and others participated in abuse, exploitation or violence in the conflict that they remain legally or morally responsible for no matter what trauma they had suffered on the way there. But successful rehabilitation will have to take these circumstances into account, especially for those for whom the trauma they have suffered becomes so severe that it leads to failure to reintegrate or even to self-harm or suicide.

Even when a program is carefully designed, some experiences show trauma is not limited to what returnees experience before or during their time in Syria and Iraq. A 17-year-old girl who returned as a minor after almost all of her life in Turkey and Iraq was resettled under the care of an aunt she had never met; the aunt failed to intervene when an older man who claimed to have married her under false pretences locked her in an apartment for days at a time before she eventually escaped to a women's shelter. Tragedies like these highlight the need to carefully evaluate the community situations returnees re-enter and provide resources to monitor and support.

> **Violent Extremism (VE) mobilisation is about so much more than just ideology. Preventing or disrupting it requires taking that into account.**

CONCLUSIONS

Early evidence from Central Asia suggest that traumas experienced by women and children returning from Syria before, during, and after the conflict must be addressed to support successful re-integration. The frequency with which trauma experienced before mobilisation helped to shape their paths to Syria show that programs that are modelled on reintegration to home communities need to take community-level factors into account.

1. Violent Extremism (VE) mobilisation is about so much more than just ideology. Preventing or disrupting it requires taking that into account. We think of VE as ideology focused, but that can cause us to miss other underlying factors that may make a person vulnerable to a relationship or a group that exercises coercive control, offers a completely new identity or promises a utopia on earth and a path to heaven in exchange for following rigid codes of conduct.
2. Re-integration and rehabilitation need to evaluate the health and needs of the whole person. Trauma experienced both before and during the conflict can be difficult to assess, especially for staff without training in somatic presentation of trauma and unfamiliar with diagnostic tools for traumatic stress. Evaluations need to take into account both physical problems and mental health.
3. Returning people to their home communities is key to successful re-integration, but only if those communities are healthy and supportive. Returning people to their home communities is in many cases an option that has a great deal of evidence behind it for those who have families eagerly awaiting their return and happy to support them; for others things are more complicated. Failure to thrive in those circumstances, or specific trauma they experienced, may have been contributing factors to the chain of events that pushed them out of those home communities in the first place.

Noah Tucker has worked in counter-terrorism and development approaches to preventing violent extremism in Central Asia since 2008. He is an associate at the George Washington University Central Asia Program and a PhD student at the University of St Andrews.

Image credit: *Homs, Syria* | shutterstock.com

DANIEL KOEHLER

THE RADICALISATION PENDULUM:

INTRODUCING A TRAUMA-BASED MODEL OF VIOLENT EXTREMIST RADICALISATION

Do the pros and cons of extremist involvement work against each other to maintain commitment to the cause, but at a cost to the individual's mental health?

THE NEGATIVES

It should not come as a surprise that being a violent extremist – either as a group member or relatively isolated adherent to an extremist cause online or offline – takes a heavy toll on mental and physical health. Many accounts by former extremists and terrorists from a wide variety of different ideological backgrounds recount (for example) substance abuse, intergroup violence, toxic stress, regular conflicts with the authorities, or traumatic experiences such as witnessing torture, rape, and death.

Ample empirical research has also confirmed that extremism and terrorism are generally not sustainable life choices. At some point or another, most extremists and terrorists will have to face the substantial physical and mental costs attached to this 'career path', often leading to disengagement or even deradicalisation.

THE POSITIVES

On the other hand, personal accounts and empirical research also regularly mention positive aspects of membership in extremist groups or involvement in these milieus. Former extremists and terrorists often tell stories of loyalty, camaraderie and friendship; fun, adventure, and excitement, as well as strong feelings of collective and social identities, purpose, belonging, and direction in life.

Extremist environments and terrorist groups use norms and values as part of their ideology to legitimise individual harmful actions such as violence. These values can have the effect of reducing feelings of guilt and shame by perpetrators of violence. Supporting the cause, ideology, or group earns rewards, status, and respect. Some larger and better-funded terrorist organisations have even included vacation and retirement packages for members who have earned it.

In short, there is limited but growing evidence that somehow extremist environments and terrorist groups might be able to protect their members against the toxic psychological and physiological effects inherent to their own nature.

HR, HARM, AND HEALING

However, there is more to it than just the positive or negative effects of membership in extremist or terrorist groups and milieus. Organisations may try to counteract the toxic experiences associated with involvement. Depending on their skills and sophistication, they may be more or less successful in engaging in human resource management. Vera Mironova provides an excellent in-depth exploration of this in her 2019 book 'From Freedom Fighters to Jihadists: Human Resources of Non-State Armed Groups'.

> **Radicalising towards violent extremism is, in other words, harmful and healing simultaneously.**

> **The key to interpreting the radicalisation process lies in understanding the dysfunctional relationship between the problem and the solutions provided by the violent extremist group.**

Beyond organisational efforts to mitigate the negative outcomes of involvement in violent extremism, I propose that traumatic and quasi-therapeutical effects lie at the very core of the psychological process of radicalisation. Radicalising towards violent extremism is, in other words, harmful and healing simultaneously.

How does this work? In her 2017 book 'Terror, love and brainwashing', Alexandra Stein argues that the relationship between extremist and terrorist groups, their leaders and followers are rooted in the creation and experience of trauma in the form of disorganised attachment. In this type of attachment, the caregiver (here: the group, milieu or leader) is – at the same time – the source of threat and harm. Consequently, the person caught up in this process seeks support from the source of the trauma, leading to more trauma and more attachment in the hope of healing.

THE PENDULUM

I think there is something even deeper at work beyond the relational level. Political theorists and philosophers studying the functional components of ideologies, such as Martin Seliger, have argued that these complex systems of political concepts (as Michael Freeden calls them), such as 'justice', 'honour', 'violence', 'power', must include a problem definition.

This can include a grievance (called 'diagnostic framing' by social movement researchers); a proposed solution to the problem (or 'prognostic framing'); and a future vision for a world without the previously stated problem. These three elements are communicated through different mechanisms, including social and emotional processes. Intellectual reflection is neither necessary nor required to become ideologically radicalised. This is one of the most common misconceptions regarding this process. You can be a fully committed and convinced (i.e., radicalised) violent extremist without ever having shown an interest in its theoretical foundations.

The key to interpreting the radicalisation process lies in understanding the dysfunctional relationship between the problem and the solutions provided by the violent extremist group. The solution rarely results in the group achieving their vision of the future. However, they provide agency, efficacy, and importantly, generate further conflict and grievances.

The result is a near-constant emotional 'pendulum' keeping the person in a permanent drift between positive and negative emotional states and poles. While the future vision remains in constant potential reach, it is almost never attained. Oscillating between the problem (negative, trauma-inducing) and the solution (positive, quasi-therapeutic) has profound and lasting effects on mental health, personality, and neurobiology. Unfortunately, we are only at the very beginning of fully understanding the deeper psychological effects and mechanisms of violent extremist radicalisation informed by these processes.

Dr Daniel Koehler is the Founding Director of the German Institute on Radicalization and De-Radicalization Studies (GIRDS), Editor in Chief of the Journal for Deradicalization, and Research Fellow at the Polarization and Extremism Research and Innovation Lab (PERIL) at the Center for University Excellence (CUE) of the American University in Washington D.C. His work can be followed via Twitter: @GIRD_S

PETE SIMI & STEVEN WINDISCH

TRAUMA, EXTREMISM & CRIMINOLOGY

Based on their extensive life history research with former far-right extremists, Pete Simi and Steven Windisch discuss how trauma impacts the onset of violent extremism.

The role of trauma as a precursor to violent extremism has received greater attention in recent years. That was not always the case, as theoretical and methodological obstacles within terrorism studies diverted attention away from identifying individual risk factors. The methodological obstacles included a lack of studies designed to collect nuanced, in-depth information related to trauma, such as life-history interviews. From a theoretical perspective, there existed long standing emphases on group dynamics which de-emphasised the importance of pre-existing characteristics that may increase a person's susceptibility toward embracing extremism.

Outside of terrorism studies, scholars have long examined different risk factors across a broad range of fields. Arguably, most applicable for violent extremism, scholars have focused on the relationship between risk factors and the onset of antisocial behaviour. While no single risk factor 'causes' offending, research has identified various factors most likely to contribute to antisocial behaviour.

TOWARDS A TRAUMA-INFORMED MODEL OF EXTREMIST PARTICIPATION

Informed by this tradition of research and an intensive life-history dataset, including interviews with more than 100 former US far-right extremists, our team studied how different adverse experiences influenced eventual involvement in violent extremism.

As part of our research, we developed a model for understanding how environmental adversities generate negative emotion states such as heightened levels of anger and depression, which, in turn, increase a person's likelihood to engage in more generic types of maladjusted behaviour such as serious delinquency or self-harming behaviour. This combination of risk factors, negative emotions, and maladjusted behaviour creates a spiralling effect where the person experiences life course instability in terms of interrupted transitions, delayed maturation, and cumulative disadvantage.

> *My mom would leave me with her friend's son. He did not rape me, but he was forcing me to give him oral sex... When my mom came home, I told her... I don't think they ever talked about it. It was kind of like it did not happen. So, yeah, that was a turning point for me... I was definitely never a kid again after that like mentally because I wasn't getting love from my family. I have always been really reserved since that.*
>
> *– Alice, Interview 6, 10/30/2015*

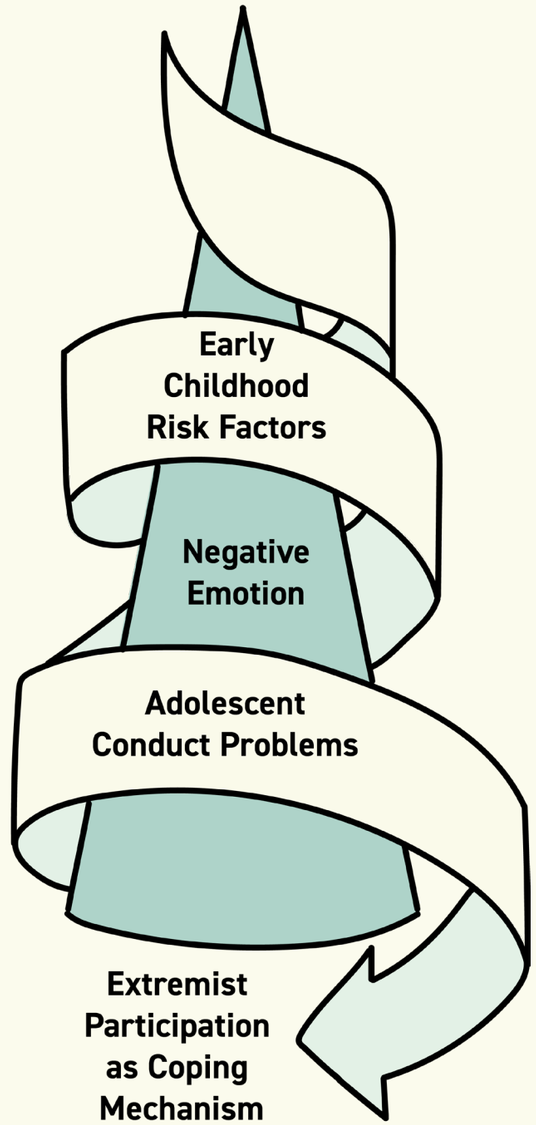
In turn, these individuals began experiencing 'high risk' lifestyles involving drug use, violence, incarceration, and homelessness. Over time, their vulnerabilities became more pronounced and routine activities increased their chances of exposure to violent extremism. Within this context of danger and instability, extremist groups became a support system capable of addressing basic physical and social needs.

> *The insecurities started from my dad not being a part of my life... you start to own that as a kid. You think it's your fault and drugs became a coping mechanism. They were always my escape from reality because I didn't want to look at myself, right? When the skinheads came up it became another escape.*
>
> *– Kevin, Interview 51, 7/7/2014*

We found that our participants were exposed to multiple forms of adversity. Specifically, 63% of the sample experienced four or more adverse childhood experiences (ACEs) during the first 18 years of their life.

Participants experienced a sense of rejection and status deprivation in response to these traumas. In turn, adversities heightened participants' vulnerabilities to pulls associated with ideology and group dynamics. In short, the ideology and group context became vehicles to help them resolve their emotional distress and provide a status that was denied to them by their caregivers.

The ideology and group context became vehicles to help them resolve their emotional distress and provide a status that was denied to them by their caregivers.



POSSIBLE INTERVENTIONS

It is unnecessary to 'reinvent the wheel'. Early interventions designed for at-risk youth and gang members could inform how we think about and apply countering violent extremism (CVE) and preventing violent extremism (PVE) initiatives. Interventions could be targeted at each stage of the model above to reduce the need for extremist participation as a coping mechanism.

To reduce early childhood risk factors such as ACEs, behavioural training programs could be generally offered as part of a 'universal' prevention strategy and/or targeted more specifically to at-risk groups. One such example is Parent-Child Interaction Therapy, which improves caregiver's interaction and discipline skills, including decreased use of negative parenting behaviours (e.g., criticism, sarcasm, physical aggression), and increased use of positive parenting behaviours (e.g., attending to positive behaviours, labelled praise, reflections).

We found that negative family relationships typically preceded extremist onset. Promoting positive family attachments by counselling parents and youth may reduce these individuals' drift toward extremist collectives and foster resilience to extremist recruitment efforts.

When abuse has occurred, we need to address the emotional consequences associated with abuse through therapy, counselling, and other types of social support. Prior research suggests that cognitive-behavioural approaches are successful for treating both preschool and school-aged children who have been sexually abused when the non-offending parent is included in the treatment process.

It is critical for relevant bystanders such as family members and school officials, to effectively respond to what may seem like relatively innocuous indicators of extremism. These indicators, such as a racist joke or a coded white supremacist slogan, may be symptoms of untreated trauma and the beginnings of adolescent conduct problems. They should be seen as opportunities to engage children rather than be ignored, minimised or just punished.

In summary, we advocate an approach to preventing violent extremism which draws on generic violence reduction interventions that have proven to be effective. This approach has efficacy, partly because our research found high levels of unresolved trauma common among other high-risk samples. This article highlights a few such interventions, and we encourage practitioners to explore the literature and engage widely with service providers from alternative violence reduction programmes.

Pete Simi is a Professor of Sociology at Chapman University. His research interests focus on cognitive and cultural sociology, social movements, political violence, and juvenile delinquency.

Steven Windisch is an Assistant Professor in the Department of Criminal Justice at Temple University. As a collective, this research investigates the overlap between conventional criminal offending and political extremism. Dr Windisch is particularly interested in the transition from espousing extremist beliefs to committing extremist violence.

ALEXANDRIA BRADLEY

PRISON SAFETY AND SECURITY

EXPLORING THE IMPACT OF TRAUMA-INFORMED PRACTICE AND TRAUMA-RESPONSIVE INTERVENTIONS

This article examines the state of prison safety and security across England and Wales. Trauma-informed practice is considered as a potential approach to reduce levels of violence and increase decency.

SAFE, SECURE, AND ORDERLY PRISONS

When examining safety and security within His Majesty's Prison Service (HMPS) in England and Wales, there are a range of factors to consider. These include (but are not limited to):

- self-inflicted deaths in custody
- self-harm incidents
- assaults on prisoners and staff
- use of force and restraint
- poor staff-prisoner relationships
- incidents of bullying
- poor mental health
- substance abuse.

One of several outcomes in the most recent His Majesty's Prison and Probation Service business strategy, is to ensure that prisons are decent and safe for both staff and people in prison.

Recent prison data relating to Safety and Order, suggests that high levels of violent incidents, wider institutional cultures and a lack of support to vulnerable prisoners, all influence the perception of safety for prison staff and people in prison. In the last 12 months (up to March 2022), Safety in Custody statistics highlight an increase in self-harm incidents in female prisons (+7%) and male prisons (+3%). This equates to a total of 53,754 incidents, and is an overall 4% increase from the previous year.

Assault incidents involving prisoners (up to March 2022) had increased by 13%, totalling 20,077 assaults. Whilst While there is fluctuating data presented within these statistics and clear reductions within the most recent quarter (March 2022-July 2022), there are still significant safety and security concerns for everyone inside HMPS.

Statisticians' comments suggest that despite the rising incidents of self-harm and increasing assaults on both staff and prisoners, these figures are considerably lower than statistics collected before the pandemic. However, the reduction outlined in prison data should not result in complacency from policy makers and prison leaders, as there are numerous factors outlined above which undermine any perceived reduction to both safety and security within prisons.

From the perspective of prison staff safety, there was a total of 7,599 assaults on staff, an increase of 8%. The occupational stress experienced by prison officers has been noted by scholars, these can include (but are not limited to) poor working conditions; bullying; harassment; lack of support and frequent exposure to traumatic stress and/or violence.

One study identified that a major source of stress for prison officers was connected to a lack of personal safety. The consequence of frequent exposure to violence and occupational stressors outlined above, has led to an increase in burnouts, staff sickness, and staff retention. Another study that examined health in two male Category B prisons in England, found that 95% of respondents met the criterion for mental health issues, and subsequent intervention was recommended. Research relating to prison officer well-being raises additional safety concerns, as it can impact upon the quality of staff-prisoner relationships and the overall safe running of prisons.

In the His Majesty's Chief Inspector of Prisons (HMCIP) most recent report, it is highlighted that safety outcomes were poor across the 19 prisons holding adult and young adult men. Crucially, one in five men and women in prison surveyed, stated that they felt unsafe in custody. However, the report outlined that for women, the good staff-prisoner relationships were a key factor which increased women's perception of safety in prison. This could be considered a deceptive statement. As the report outlines that an equal proportion of women in prison stated that they felt

> **Trauma is one of the largest global public health crises. The prevalence of trauma within prisons is extensive and pervasive.**

unsafe at the time of inspections. While, 84% of women felt they had a prison staff member they could turn to for support, the levels of violence and self-harm have increased. Although safety was still a key area of concern for inspectors, the report indicated that previous recommendations made had not materialised.

Upon further analysis, the report stated that inspectors were concerned about the use of force in 13 out of 19 male prisons they visited. When inspectors asked to scrutinise body-worn video footage, they found that these incidents were either not recorded, or cameras were being turned on late, which halted any judgement from prison leaders as to whether the use of force was excessive or appropriate. Often the lack of safety in prisons, is connected to a lack of purposeful regime, the increase of substance abuse in prisons and poor prisoner-staff relationships that are "distant or transactional". These factors can fundamentally undermine rehabilitative cultures, as well as any perceptions and experiences of safety and decency within prisons.

UNDERSTANDING TRAUMA ACROSS HIS MAJESTY'S PRISON SERVICE

Trauma is one of the largest global public health crises. The prevalence of trauma within prisons is extensive and pervasive. Across HMPS, 53% of women and 27% of men have disclosed childhood experiences of emotional, physical or sexual abuse. This is a minutia example of known disclosures. Given the nature of trauma, many individuals do want to and/or do not feel able to disclose their experiences. Traumatic experiences can be singular, multiple and compounding. The term 'trauma' is diverse and inclusive as it can be "any event or experience which overwhelms an individual's personal capacity to cope". Prisons are trauma-saturated environments for both prisoners and staff. If we consider the statistics and report findings above, trauma is also defined as a response to an overwhelmingly negative experience (e.g., witnessing and experiencing violence or abuse). The statistics and academic literature collectively paint a picture of potential repeated traumatic exposure for everyone within HMPS.

Some of the practical challenges within prisons relate to the perception of trauma responses and behaviours. This can often result in a punitive and punishing response from staff. The manifestation of an individual's trauma trigger/response, may be considered to be 'aggressive', 'withdrawn' or 'impulsive'. Although prisons were designed to hold 'offenders' not 'victims', it is clear that individuals held in HMPS arrive with histories of trauma and prison acts not only as a new site of traumatic exposure, but also as a significant trigger for past imported traumatic events. This makes adapting to prison regimes more challenging, due to the trauma-inducing punitive practices such as the use of restraints, shouting, loud noises/banging, punishing language, limited privacy and security, invasive searches and segregations. People in prison can be perceived to be non-compliant when they are actually scared and self-protective. However, to truly consider a trauma-informed HMPS, the actions, responses and behaviours of prison staff also require a review through a lens of empathy, due to the vicarious trauma and occupational stressors they experience within their role. While recognising the lack of safety, security and support they receive in dealing with such complex trauma work.

Image credit: *Tomas81* | stock.adobe.com

Trauma-informed practice and trauma-informed interventions are not panaceas for prison safety and security.

TRAUMA-INFORMED PRISON PRACTICE AND TRAUMA-RESPONSIVE INTERVENTIONS

In order to better understand how to work with trauma, One Small Thing have been providing training, resources and frameworks to support HMPS in 'Becoming Trauma Informed'. Although a full evaluation is yet to take place across HMPS to examine the impact and implementation of trauma-informed practice, there are some studies which highlight compelling benefits.

An international study examining a mental health institution in the United States, highlights a 62% decrease in assaults on staff and a 54% decrease in assaults between people in prison. The same study stated that there was also a 60% decline in suicide attempts. As stated earlier, the violence within HMPS is excessive and escalating. Therefore, if properly embedded, evaluated, and quality assessed, trauma-informed practice may be an important factor in reducing the alarming levels of violence, while decreasing the likelihood of re-traumatising individuals.

Some prisons also deliver a trauma-responsive intervention known as 'Healing Trauma' (in Women's Prisons) and 'Exploring Trauma' (in Men's Prisons).

Evaluation findings emerging from the United States and the United Kingdom, suggest that such interventions help to reduce symptoms of depression, anxiety, stress, PTSD and trauma-related issues. In addition, the safe space that the intervention provides, has enabled participants to improve feelings of social connectedness, self-awareness and a sense of empowerment.

NOT A UNIVERSAL PANACEA

Trauma- informed practice and trauma-informed interventions are not panaceas for prison safety and security. However, research suggests that these approaches do have the potential to increase safety for everyone, regardless of an individual's trauma history. The cultural transformation trauma-informed practice encourages has been proven to reduce risk factors associated with security and safety in prisons, including levels of violence and staff burnouts. Trauma-informed staff can benefit from better relationships with individuals in prison, and consequently, staff report experiencing higher job satisfaction. Therefore, at the very least, trauma-informed practice can encourage a more decent and humane prison service.

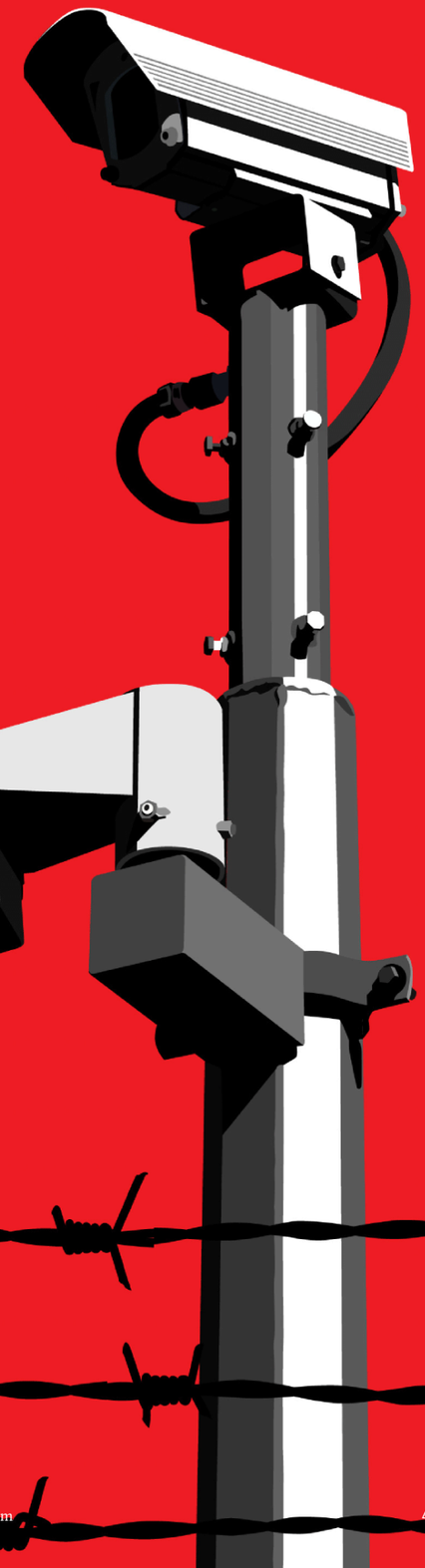
Dr Alexandria Bradley is an academic specialising in Trauma-Informed and Trauma-Responsive practice. Her research examines and evaluates the implementation of trauma practices within large institutions and organisations supporting men and women to resettle after imprisonment. Alexandria worked in partnership with One Small Thing to develop the Working with Trauma Quality Mark. This provides a national benchmark for quality assurance relating to trauma awareness, trauma-informed and trauma-responsive practices.

Recent prison data relating to Safety and Order, suggests that high levels of violent incidents, wider institutional cultures and a lack of support to vulnerable prisoners, all influence the perception of safety for prison staff and people in prison.

53,754 incidents

20,077 assaults

7,599 assaults on staff



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CARMEL JOYCE & ORLA LYNCH

COLLECTIVE VICTIMHOOD
AND THE TRAUMA OF POLITICAL VIOLENCE

Understanding how victimhood is experienced and politicised and mobilised post-conflict can help us understand individual and societal needs.

It may appear paradoxical to suggest that the context of war may be a protective factor against the adverse psychological outcomes experienced due to the violence and upheaval of a conflict. However, research would suggest this may well be the case in Northern Ireland. Between 1969 and 1998, over 3,700 people lost their lives in the region in a bitter, often sectarian conflict between Loyalist paramilitaries, Republican paramilitaries, and the British State.

Known colloquially as 'the Troubles', the conflict arguably began in reaction to the emergence of a civil rights movement led by Catholics (also nationalists/republicans) seeking equality in social services, voting rights, jobs and public representation. In an already tense environment, violence against the civil rights protesters ultimately led to the extreme polarisation of communities along identity lines. As the conflict escalated, the sectarian nature of the victimisation compounded historic and chosen traumas, thereby fuelling competition over which community 'suffered the most'.

COMPETITIVE VICTIMHOOD

It is not uncommon for groups to compete for recognition as victims, particularly where society is divided, where resources are scarce, and where blame is apportioned at a community/group level. The concept of competitive victimhood is based on each group's subjective assessment that their suffering is more acute/serious/prolonged than that of outgroup members. Competitive victimhood draws attention to a common need in both groups for acknowledgement of their real (or perceived) experience of harm over and above the experience of an outgroup. Competitive victimhood increases ingroup solidarity through vilifying the outgroup and dismissing or downplaying their victimhood. As one would imagine, competitive victimhood is often considered an obstacle to peace.

...AS A PROTECTIVE FACTOR

Despite this, a sense of collective victimhood resulting from ingroup trauma is thought to indirectly buffer against the stress of the conflict environment. One example often used to demonstrate the protective role of the conflict environment is the lower suicide rates and psychiatric admissions in Northern Ireland during the Troubles compared to the marked increase post-conflict. However, the mechanism underpinning the shift in these figures is poorly understood. One possible explanation is that the conflict environment makes salient peoples' experiences of collective and **chosen traumas**, which in turn consolidate social identities (i.e., the notion of 'us' vs 'them' is heightened) thereby increasing community cohesion.

DEFINE: CHOSEN TRAUMA

Chosen traumas refer to the way communities incorporate harms that happened to their community as a part of their identity.

Usually the chosen trauma is a significant event from the past perpetrated by a clearly defined enemy.

Increased community cohesion, in turn, increases individuals' motivation to give and receive social support within the ingroup due to the perception that an attack on one is an attack on all. An example of this is the importance of funerals during the Troubles when the victim was killed by the outgroup. Massive outpourings of public grief were central to these ceremonies, which involved distinct ingroup traditions. The funerals served to provide support for the grieving family but also as an acknowledgement of the loss felt across the community. After the fact, memorialisation, commemoration and politicisation of the death were commonplace, further solidifying the distinction between the ingroup and the outgroup, as well as serving to confirm evidence of victimisation.

As communities were encouraged to open up and effectively dilute the identities and networks that provided support, there was an increased awareness of mental health issues across the region.

In the aftermath of the peace process leading to the Northern Ireland Peace Agreement (1998), there was a focus on reconciliation and reunification of communities and establishing peace. This ultimately meant that the conflict identities that both sustained the societal division and protected the psychological wellbeing of communities were diluted by efforts to break down the sectarian divides in the region. As communities were encouraged to open up and effectively dilute the identities and networks that provided support, there was an increased awareness of mental health issues across the region.

SUCCESSFUL INTERVENTION

The issue of identity change post-conflict has been carefully navigated by cross-community groups working with young people from the working class communities most impacted by the Troubles. Cross-community actors successfully mobilised working class identities, including their shared experience of victimisation and socio-economic deprivation, as an alternative to both conflict identities and competitive victimhood. This use of identities based on shared experiences of trauma and harm (e.g., poverty, educational neglect, deprivation etc.) enables the possibility of creating new identities that are simultaneously connected to and detached from the conflict identities of the past, yet with space for chosen traumas to exist in their own right for both communities.

CONCLUSION

Competitive victimhood as a response to trauma in a conflict setting is a significant post-conflict issue for individuals and communities. Understanding how the process of competitive victimhood meets the needs of individuals and communities and considering alternative mechanisms to address these needs should be a dominant consideration in addressing trauma in communities impacted by violence.

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Carmel has a PhD in Social Psychology from University of Limerick, Ireland and an MSW from Salem State University, Salem, MA.
Orla Lynch is a Psychologist and Senior Lecturer in Criminology at University College Cork Ireland.

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STEVAN WEINE, MARY BUNN, EMMA CARDELI & HEIDI ELLIS

TRAUMA INFORMED CARE AND VIOLENT EXTREMISM PREVENTION

We introduce the 5Rs framework as a trauma-informed method for working with individuals who are disengaging from violent extremism.

As discussed in a companion article on page 8 (*Moving away from 'Trauma' towards 'Trauma and...'*), trauma exposure and its possible mental health and psychosocial consequences has become a major focus in violent extremism and prevention programs and practices. Although many questions about trauma's possible roles remain unanswered, and trauma is one of many interacting factors that can increase the risk of engagement in violent extremism, practitioners and policymakers acknowledge the importance of addressing trauma and its consequences as a critical part of preventing engagement in violent extremism.

These concerns have become even more pressing in the context of the COVID-19 pandemic, which has been associated with increased adversity, stress, alcohol use, domestic violence, social isolation, mental health symptoms, and gun purchasing in many communities in the United States and globally.

Addressing trauma and its consequences is relevant for primary, secondary, and tertiary prevention approaches to violent extremism.

1. **Primary prevention** involves population-level interventions to diminish risks and strengthen protective factors concerning involvement in violent extremism.
2. **Secondary prevention** involves stopping those individuals at high risk from becoming involved in violent extremism.
3. **Tertiary prevention** involves rehabilitating those who have already become involved.

This raises a key question: how can practitioners draw upon or modify existing trauma-informed approaches in the work of preventing violent extremism?

> **Trauma is one of many interacting factors that can increase the risk of engagement in violent extremism.**

According to SAMSHA, a trauma-informed approach seeks to: "Realise the widespread impact of trauma and understand paths for recovery; Recognise the signs and symptoms of trauma in patients, families, and staff; Integrate knowledge about trauma into policies, procedures, and practices; and Actively avoid re-traumatisation." The National Child Traumatic Stress Network (NCTSN) has done much to develop, disseminate, and train practitioners and service systems in trauma-informed approaches for children.

We recently held a workshop with leading trauma experts affiliated with the NCTSN to identify existing resources which could be deployed when working with individuals who are exiting violent extremist groups, including their children. We focused primarily on tertiary prevention for women and children returning from formerly ISIS-controlled territories, often referred to as R&R (for rehabilitation and reintegration). Based upon our research, we have expanded this framework to include 5Rs:

We identified several key trauma-focused approaches which correspond to each of the 5Rs.

Existing Trauma-Informed Models and the 5Rs Framework

1. Repatriation
2. Resettlement
3. Reintegration
4. Rehabilitation
5. Resilience

Repatriation

The first R is **repatriation** which is enabling the return of persons to their country of origin or new country (in the case of children born outside).

Bringing them out of refugee camps where there have been military attacks will diminish their further exposure to trauma, deprivation, and extremist groups, and give them the opportunity to begin recovery.

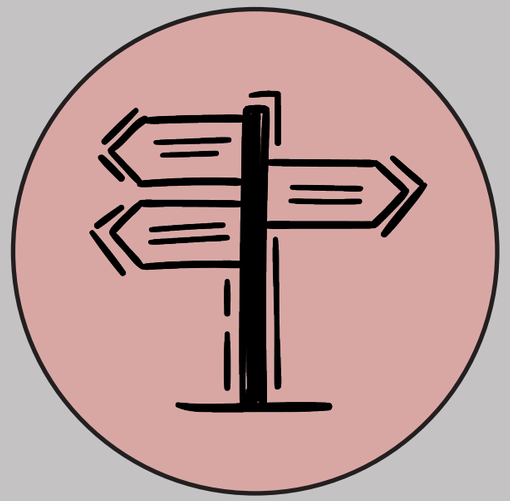
Resettlement

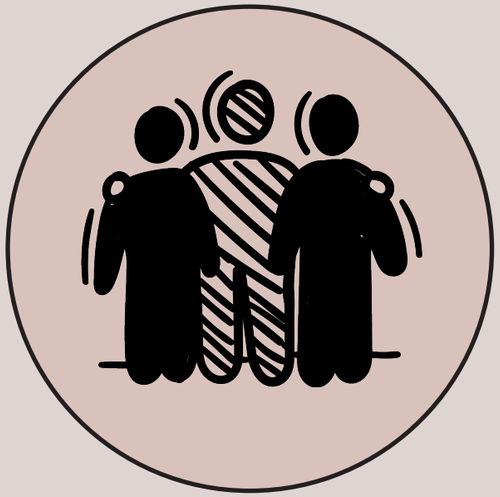
The second R, **resettlement**, refers to meeting their immediate needs once repatriated.

In the first months of arrival, mothers and children may be experiencing emotional distress related to moving and prior trauma exposure. They can be helped by ***Psychological First Aid***, especially when delivered by a local community member. Methods of stress reduction, such as grounding and deep breathing, can be especially helpful in managing emotional dysregulation. The goals are to maximise their coping strategies and connect them to existing supports.

Additionally, many mothers and children face situations where their husband/father is presumed dead (but no body has been found) or where the father is in prison. These situations can be understood as different types of **ambiguous losses** based on the theory that some losses are not total but are partial, either psychologically or physically, and which can increase the likelihood of prolonged grief if left unaddressed.

To respond effectively, practitioners should familiarise themselves with ambiguous loss theory and assess and screen children and mothers for diverse types of loss experiences, including prolonged grief disorder. If present, prolonged grief can be addressed through ***Trauma and Grief Component Therapy***, which would likely be addressed in subsequent 5R phases.





Reintegration

The third R refers to **reintegration**, defined as facilitating re-entry or entry into family, community, and society. This can be a stressful experience for mothers and children, which can be accompanied by anxiety, fear, worry, guilt, and memories. During reintegration, it is recommended to go beyond ***Psychological First Aid*** and apply the more expansive and intensive ***Skills for Psychological Recovery***. This evidence-informed intervention can help adult and child survivors gain skills to manage distress and cope with post-disaster stress and adversity. It, for example, focuses on building problem-solving skills, managing reactions, and rebuilding healthy social connections.

Rehabilitation

The fourth R refers to **rehabilitation**, which is helping persons to grow and change so they can heal from the potential impacts of having experienced violence, displacement, violations of human rights and other trauma and continue to lead a life free of crime (given that most have not been involved in any criminal activities). Using psychotherapy to teach **critical thinking skills** and to promote **cognitive flexibility** can help reduce the tendency to fall back on rigid thinking regarding black and white approaches, grievances, or demonisation of particular groups of people or ways of living, which is often driven by fear, grief, humiliation, exclusion, discrimination, and insecurity associated with prior trauma exposure. Specific trauma models can be applied, including ***Cognitive Processing Therapy*** for women and ***Trauma Systems Therapy*** for children.

Resilience

The fifth R refers to **resilience,** which is the ability to navigate challenges and maintain a healthy, socially integrated, and crime-free life in the face of adversity. Resilience can consist of protective individual, family and community level attributes that enable individuals to achieve positive outcomes despite setbacks and stressors. In the context of R&R it is important to note that successful non-violent integration into society is a key outcome.

Resilience incorporates cultivating future orientation and a sense of self not narrowly defined by past trauma exposure. Resilient outcomes can be facilitated by leveraging and strengthening resources within an individual's environment that are important for wellbeing. Thus, family-based models, including ***Multiple-Family Groups***, can be used to strengthen key family relationships and family processes such as parenting or family beliefs and communication with the goal of improving overall family functioning.

Existing multiple family group interventions have been found to strengthen family relationships, enhance social support and decrease common mental disorders and behaviour problems in children and adults. This presents an opportunity to draw on this evidence base to strengthen families impacted by violent extremism. Resilience can also be built through ***Peer Service Models***, which bring together individuals with similar life histories to deliver and receive support. The shared experience between peers is associated with reductions in stigma about mental health services, enhanced social support, and adherence to services.

For women and children impacted by violent extremism, this can involve implementing ***Peer Navigator Programs*** to assist women and children in accessing the care they need, training peers with shared life history to deliver evidence-based mental health services, and adapting existing peer support models to meet their needs, culture, and context.

NEXT STEPS AND KEY CONSIDERATIONS

Some areas of trauma-informed practices will need modifications in order to address the manners in which trauma processes can interact with violence prevention. In the tertiary prevention space, we have found challenges involving the incarceration of husbands/fathers, which is a type of ambiguous loss.

Another common issue in the tertiary and secondary prevention spaces is multiple co-occurring traumas from different life periods (both before, during and after their violent extremist experience). Additionally, all intervention strategies should be tailored to the local socio-cultural context.

Aside from tertiary prevention, trauma-informed practices can apply in primary and secondary prevention. In the primary prevention realm, an all too common experience is persons who have been exposed to domestic violence, bullying, social exclusion, or discrimination themselves. Those who do not get the support or treatment they need are left on their own, searching for meaning, community, and purpose.

Recruiters of terrorist organisations or others purveying hate are skilled at identifying those vulnerable due to traumatic or adverse experiences and offering them a means of empowerment through joining the movement and taking violent action. In far too many cases, recruiters are the only ones who offer such support, not parents, teachers, or healthcare workers.

There is a pressing need to find ways to facilitate access to trauma-informed approaches for those not likely to seek traditional mental health services. For those who have started to get involved with violent extremism but not yet committed a crime, trauma-informed approaches can be one component of wrap-around services utilised to offer an exit ramp.

For those who have started to get involved with violent extremism but not yet committed a crime, trauma-informed approaches can be one component of wrap-around services utilised to offer an exit ramp.

Many mental health and other frontline health practitioners approach working in the space of violent extremism prevention with apprehension. One common fear is that they do not have the knowledge and skills to be helpful. Our hope is that more practitioners will realise they can draw upon their toolkit of trauma-informed practices to work in this new space of prevention of violent extremism. In this article, we have described several examples of trauma-informed practices which build on the broader conceptualisation of trauma described in our other article (p. 8).

We also believe the time has come for the topics of violent extremism prevention, violence prevention more generally, and the related field of risk assessment/management to be introduced into the training and continuing education curriculums for mental health professionals. This could help to build these skills among mental health professionals and increase the number of those who could engage in violence prevention activities, where they are desperately needed.

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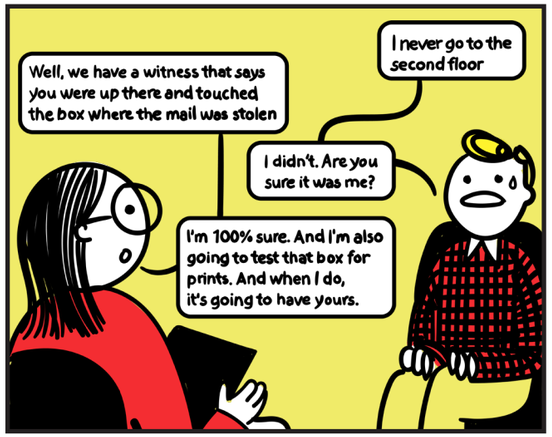
MARIKA MADFORS, SIMON OLESZKIEWICZ & MATTHEW JONES

PROXIMITY-BASED EVIDENCE DISCLOSURE: ENHANCING EVIDENCE RELIABILITY

Marika, Simon, and Matthew explain the proximity-based evidence disclosure technique, paying particular attention to the broader purpose of an investigation.



Through our observations of suspect interviews conducted by U.S. law enforcement, we noticed that many interviewers who have gone through previous iterations of science-based interview training follow productive practices, such as rapport-building, active listening, and using appropriate questions. Yet, what they still miss is an effective way of dealing with persistent denials, as these cannot always be resolved by good questioning practices. Our observations suggest that in these situations, interviewers can become frustrated, leading them to exchange productive practices for problematic behaviours, such as in the cartoon strip above.

One way an interviewer can encourage suspects to provide explanations is to present evidence. However, without understanding how and why evidence should be disclosed, it may be disclosed inappropriately. This may result in unnecessary confusion and frustration for both interviewer and suspect, hindering cooperation and damaging the relationship, or even resulting in the suspect falsely confessing to a crime they did not commit.

So how can we help interviewers to use evidence effectively? We suggest two fundamental competences are needed:

1. The ability to assess the limitations and reliability of evidence.
2. An understanding of how evidence disclosure can assist the broader investigation.

ASSESSING EVIDENCE

Before disclosing evidence, interviewers need to assess the information already collected and understand limitations associated with physical, technological, and statement evidence. They also need to distinguish *available evidence* (such as CCTV footage that has been obtained and reviewed) from *potential evidence* (such as collected DNA that has not yet been processed) and develop initial and competing inferences based only on the *available* evidence.

AN INVESTIGATIVE PURPOSE

Evidence disclosure has traditionally been studied with the purpose of enhancing verbal cues to deception and making global veracity assessments. However, although determining a suspect's credibility can be important for an investigation, it may not always assist in substantiating the facts of the case. Hence, we made it our goal to pinpoint how evidence disclosure contributes to developing a case that could be considered for prosecution.

Evidence is at the heart of any criminal investigation. Put simply, the crime scene investigator identifies, collects, and draws inferences from evidence; the forensic analyst examines evidence; the prosecutor derives narratives from evidence; the defence lawyer critiques the limitations and reliability of evidence; and juries and judges make decisions based on evidence. So how can disclosing evidence in an interview complement these other roles and work to enhance the overall integrity of the investigation?

PROXIMITY-BASED EVIDENCE DISCLOSURE

The proximity-based evidence disclosure technique was developed as a way to substantiate the reliability of the available evidence by gradually exploring the suspect's proximity to the main scene. Interviewers should encourage plausible explanations by:

- Exploring potential links between a subject and each item of evidence;
- Systematically transitioning from disclosing one item of evidence to another.

We therefore developed the Evidence Framing Table (opposite) to assist interviewers in appropriately framing statements when

disclosing evidence. This requires 'slicing' the ***evidence source*** (from vague to specific) and the ***evidence proximity*** (from distant to close), where each slice can be disclosed to explore discrepancies between the suspect's statements and the available evidence. This table also assists investigators in developing a disclosure order based on each item's proximity to the main scene.

Let us demonstrate how using this technique could improve the interaction in the introductory cartoon strip. By not immediately disclosing all information and instead using the Evidence Framing Table, interviewers can start with placing the suspect at a distant proximity to the evidence. Not only does this allow interviewers to better explore discrepancies and substantiate evidence reliability, but it also encourages them to remain curious and non-judgemental throughout the interview, while offering opportunities to pause evidence disclosure to explore new admissions and mitigate resistance (see the cartoon strip above).

VALIDATION TEST

An experiment was used to test the effectiveness of this technique where United States investigators interviewed a mock suspect before and after receiving training. Our findings show that they followed the training, making them:

1. Less likely to use problematic techniques, such as leading questions, false evidence ploys, and bluffing.
2. More inclined to explore plausible explanations to the available evidence.
3. Less likely to gain admissions by using unproductive questions, that diminish their value.
4. More likely to gather reliable investigative information.

FINAL THOUGHTS

When interviewers are unable to encourage explanations to remaining discrepancies they can become frustrated, leading them to resort to problematic interview behaviours. Training investigators in ethical and effective evidence disclosure techniques can help reduce these behaviours, but it is important that we make clear how the techniques can work to enhance the integrity of the overall investigation.

Training interviewers to disclose evidence in a way that substantiates its reliability can make them more willing to seek further clarification to the available evidence. It may therefore also provide prosecutors with a more accurate narrative of what might have occurred, and may assist defence lawyers by clarifying how an interviewer is attempting to substantiate whether an item of evidence is reliable or not.

Marika Madfors is a junior researcher at Vrije Universiteit Amsterdam, Netherlands, focusing on appropriate evidence use in investigative interviews.

Dr. Simon Oleszkiewicz is an assistant professor at the Vrije Universiteit Amsterdam.

Detective (ret.) Matthew Jones is the founder and lead instructor at Evocavi LLC, a science-based interviewing training company. If you want to know more about the training program, please email: mjones@evocavigroup.com

SLICE	FRAME THE EVIDENCE SOURCE	FRAME THE EVIDENCE PROXIMITY	SLICE
EVIDENCE #1: WITNESS INSIDE MAILROOM			
Vague	We have information that you were...	... on the second floor.	**Distant**
Moderate	Someone matching your description was seen...	... in the mailroom on the second floor	**Moderate**
Specific	There was a person who saw someone matching your description...	... touching the mailbox in the mailroom on the second floor.	**Close**
TRANSITION INTO EVIDENCE #2: CCTV FOOTAGE BY THE STAIRCASE			
Vague	We have information that you were holding something...	... while on the second floor.	**Distant**
Moderate	N/A	N/A	**Moderate**
Specific	You were seen on CCTV holding an envelope just like the one stolen...	... when leaving the second floor.	**Close**

KACPER REKAWEK

EXTREMIST FOREIGN FIGHTERS IN UKRAINE

As foreign fighters flock to Ukraine, Kacper Rekawek discusses the accusations, reality, concerns, and recommendations in light of the misplaced allegations that the country has become a new laboratory for the global far right.

ACCUSATIONS

After the outbreak of the Russo-Ukrainian war in 2014, Ukraine came under a spotlight in relation to extremist organisations and their activities within and outside the country. The Azov movement and the Right Sector, whose members and supporters fought in the war and then moved into politics, looked like 'strong militias', which would later challenge the 'weak state' (Ukraine). Some even saw the country as a 'training ground' for 'white supremacists' of the world. These accusations came to the fore, especially in the aftermath of the 2019 Christchurch mosque shootings in New Zealand, which were erroneously claimed to have been the work of a former foreign fighter from the ranks of the Azov Battalion. The accusations seemed especially prescient at the time when, in the words of Catherine de Bolle (Executive Director of Europol), Christchurch was a part of a "wave of right-wing violent incidents" which were later to reach Europe.

Moreover, worries related to Ukraine were further compounded by the fact that foreign, primarily Western far-right individuals fought in the ranks of its volunteer battalions from 2014 onwards, e.g., Swedish and Croat but also, ironically, Italian, French, Serbian, Czech and Slovak on the so-called 'separatist' (pro-Russian) side of the conflict. It was reasoned that such individuals, with military experience from Ukraine and networked in the Western transnational far-right milieu, could consequently return home and, for example, stage terrorist attacks against the hated 'world order'. The 2022 Russian invasion of Ukraine only strengthened this concern as some commentators worried that Ukraine's call for foreign volunteers could further embolden extremists and result in a high number of Western Extremists travelling to the frontlines of the reignited war. Russia carefully stoked these fears with its rhetoric of the need to 'de-nazify' Ukraine, with the likes of the Azov movement as the key culprit in this regard.

REALITY

More than six months after the 2022 invasion, the above fears appear exaggerated and misplaced. Firstly, low numbers of extremist individuals moved to Ukraine to fight in the war after 24 February 2022. Secondly, the local far-right organisations, which to some appeared like far-right versions of Al-Qaeda, proved disinterested in fostering transnational coalitions of politically violent actors but were intent on building political alliances in Central-Eastern Europe and beyond. These entities are Ukraine-focused and do not perceive external support and assistance from their like-minded brethren in the West as launchpads for transnational terrorism or violent cooperation.

> **Some commentators worried that Ukraine's call for foreign volunteers could further embolden extremists and result in a high number of Western Extremists travelling to the frontlines of the reignited war.**

This was clearly on display when the Azov movement attempted to recruit foreigners into the ranks of the International Legion. Seemingly, due to their wide contacts in the extremist milieu, one might have expected them to muster dozens, if not hundreds, of wannabe extremist volunteers for Ukraine. In the end, the effort only produced 20-30 recruits, mostly from outside 'their' milieu.

> **In the end, the effort only produced 20-30 recruits, mostly from outside 'their' milieu.**

As it transpired, the Azov movement was more intent on starting Ukrainian-only volunteer units in different parts of the country, which would then be embedded in the structures of the Ukrainian military, its special forces or even alongside its military intelligence, than in theoretical and far-fetched gains of fostering transnational volunteers for the Ukrainian war effort.

CONCERNS

Nonetheless, some risks related to the foreign volunteers in Ukraine remain, namely:

1. Inadequate initial vetting of the early arrivals allowed some 'unsavoury' characters (not essentially extremists but individuals with, for example, criminal histories or unsuitable for military service) to enlist in Ukraine's International Legion, which distracts from its message of "defend[ing] Ukraine, Europe and the whole world."
2. The emergence of units which challenge the previous dominance of Azov and the Right Sector in the field of recruitment of far-right foreign volunteers, such as Battalions 'Revenge' or 'Brotherhood'. These feature relatively low numbers of individuals but market themselves as ideologically purer alternatives to the aforementioned entities. Their recruitment will consequently further Ukraine's unfair reputation as an alleged extremist 'training ground'.
3. The ability for like-minded extremists to network on the battlefields of the Russo-Ukrainian war and potentially plan future endeavours together. Worryingly, after 2014 some of the alumni of the war resurfaced in places such as the Yellow Vest protests in France, Iraqi Kurdistan as wannabe foreign fighters, members of private military companies deployed in Africa or the Middle East or coup plotters in Montenegro.

RECOMMENDATIONS

These challenges do not indicate that these extremist foreign fighters and alumni of the Russo-Ukrainian war are plotting the next Christchurch-scale terrorist attacks. However, their ability to enter the conflict zone, potentially find a like-minded unit and then gain skills on the battlefield should be of concern to authorities in the West.

The post-2014 reality of Ukraine and Russia-bound extremist foreign fighters teach us that they, unlike the more numerous and non-radical colleagues in the Ukrainian ranks (dubbed 'concerned citizens of the world'), are likely to reappear in some of the world's hotspots while involved in wars, political violence or violent protest.

This potentiality should be a concern to Western security officials who should monitor and disrupt the movement of (veteran) extremist foreign fighters around the globe and deny access to the EU, the United Kingdom and the United States to their Ukrainian or Russian extremist counterparts or in the case of the latter country – sponsors or curators, and seize their assets.

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Image credit: *logo from telegram channel supporting the Misantrophic Division organisation*

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