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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.

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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.

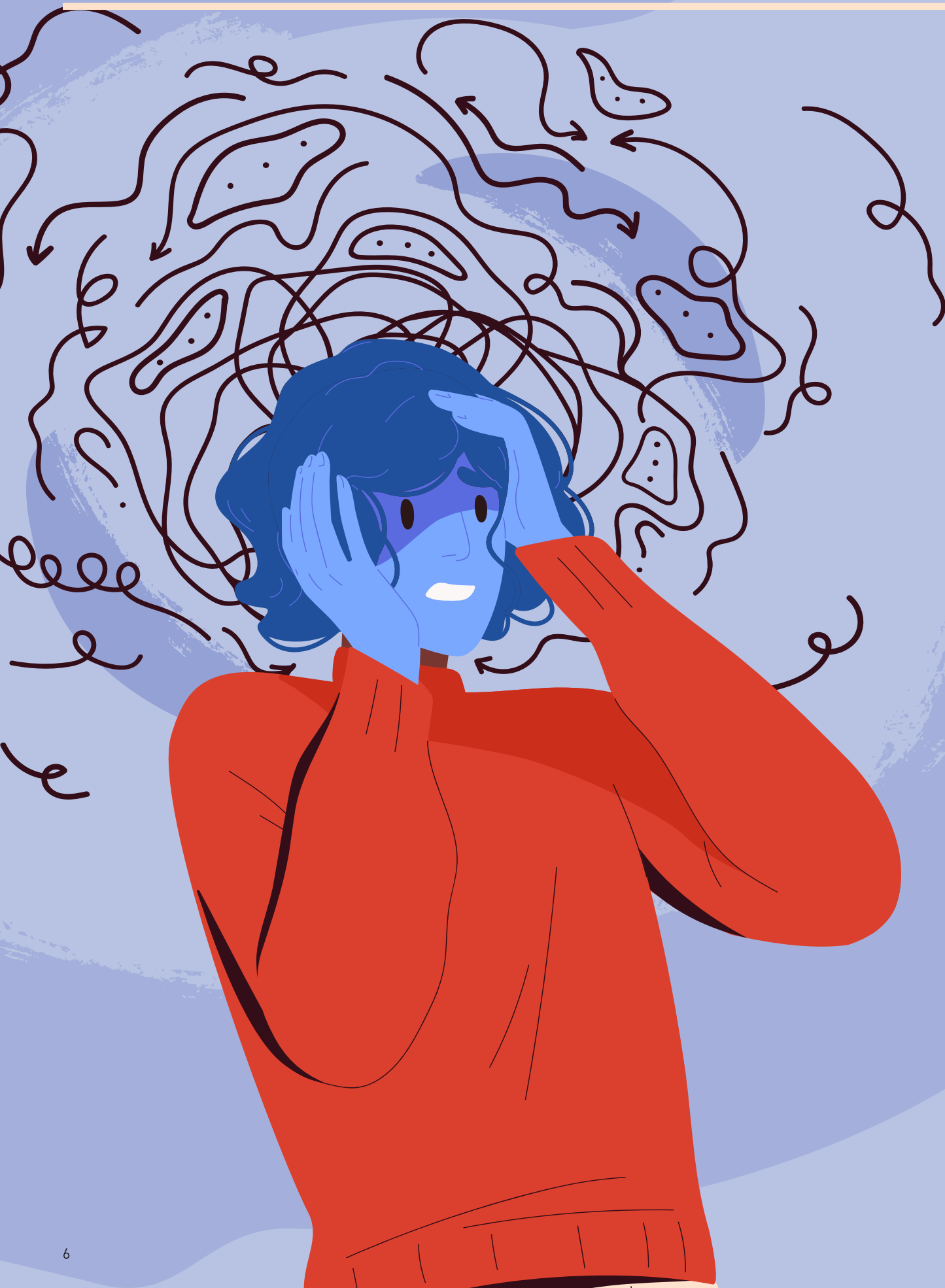
3. ENGAGEMENT-RELATED TRAUMA

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.

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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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