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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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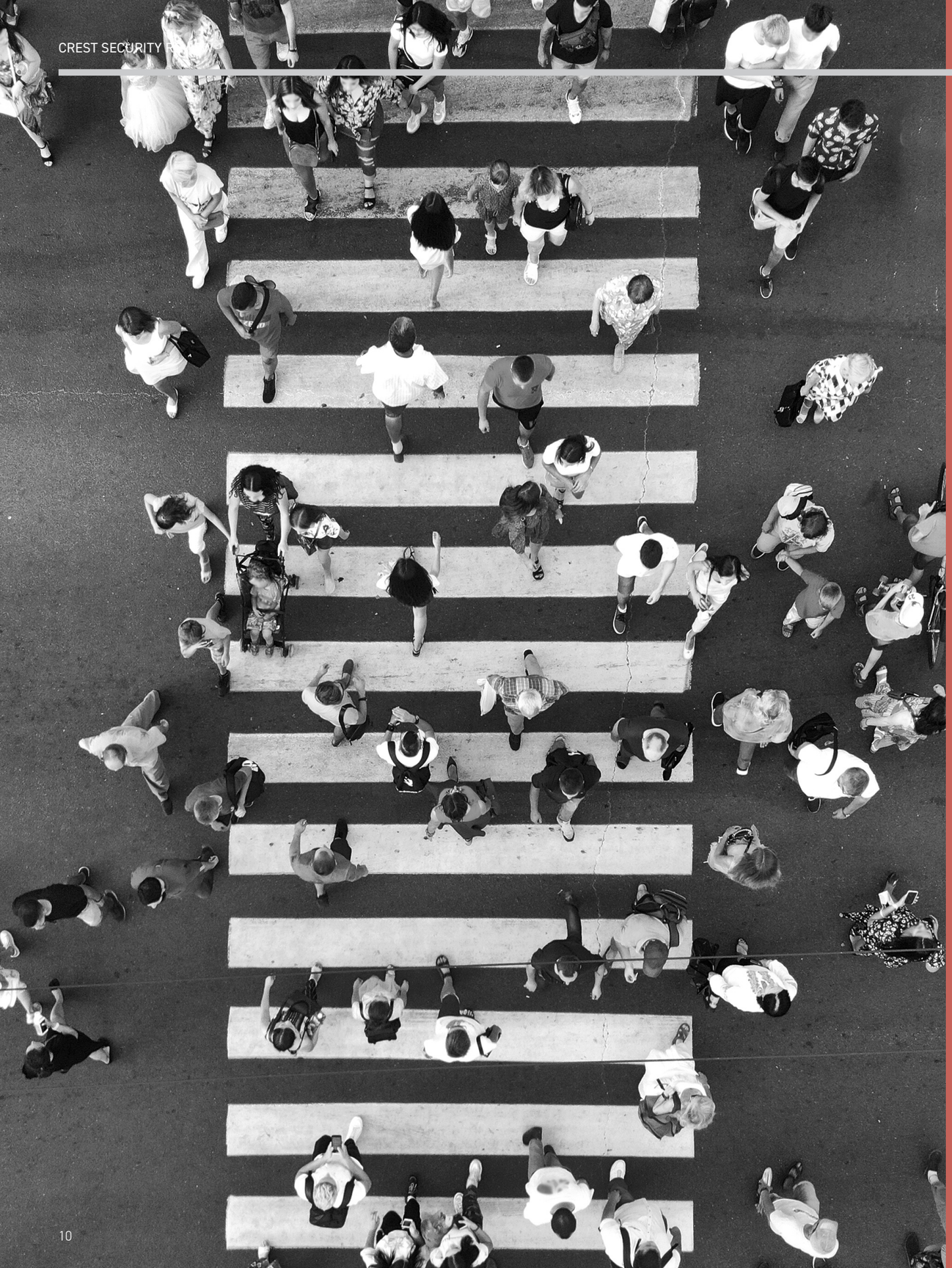

THE WAY FORWARD: A WHOLE-OF-SOCIETY APPROACH

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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