CREST Centre for Research and Evidence on Security Threats

Trauma, Adversity & Violent Extremism

WORKSHOP REPORT

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ABOUT CREST

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INTRODUCTION

A workshop exploring the role of trauma and adversity in relation to violent extremism was held from 20-21 July 2023 at the University of St Andrews, Scotland. The workshop brought together researchers, practitioners and policy makers with experience working on trauma, adversity and violent extremism in a variety of countries and contexts.

The primary aims of the workshop were to:

- Create a space to share research and practice.
- Develop new collaborations across disciplines and geographies.
- Provide a supportive context for those working with trauma to engage with other practitioners and researchers to help inform their work.
- Identify needs for practice and new avenues for research.

The workshop format included presentations that explored various themes relating to the complex relationships between trauma, adversity and violent extremism, and the potential applicability of trauma-informed practice in this context. Small group discussions were organised around the themes of locating and interpreting trauma in research and practice, and exploring the implications of trauma informed approaches. The format was designed to enable interaction and mutual learning between participants.

This report provides an account of the key insights gained from the workshop discussions and presentations. These insights are brought together in three sections:

I. **Understanding trauma and adversity:** Trauma in research. This section considers how trauma is conceptualised and how it can be analysed. It also draws attention to empirical and theoretical research that was highlighted throughout the workshop. It exposes topics and issues that require further research.

II. **Practitioner perspectives:** Trauma in practice. This section draws attention to concerns and challenges faced by practitioners through the course of their work. It highlights a range of advice and best practices relating to the promotion and implementation of trauma-informed approaches.

III. **Conclusions:** The report concludes by summarising the main takeaways from the workshop. It also highlights potential avenues for future research and collaboration to continue the development of knowledge and collaboration on this topic.

1. UNDERSTANDING TRAUMA & ADVERSITY: TRAUMA IN RESEARCH

This section captures insights from the workshop relating to how trauma is defined and issues surrounding terminology, and key learnings relating to how trauma might be best conceptualised and analysed in the context of violent extremism. It also highlights a growing body of research exploring the potential relevance of trauma in understanding journeys into, and out of, violent extremism. Finally, it underscores important avenues for further research.

1.1 DEFINITIONS AND CONCEPTS

There is a lack of clarity over how to define trauma. Several workshop participants – both researchers and practitioners – underlined the lack of consistency with how trauma is conceptualised, and discussed resulting challenges, as well as potential ways forward.

Trauma is sometimes used as a broad and all-encompassing term. This can mean there is a risk that the concept loses meaning and precision. Trauma can be used to refer to a variety of different phenomena, with different dimensions, including:

- Individual emotional or behavioural responses to potentially distressing, personal events, such as witnessing a death, experiencing the threat of death or suffering injury.
- Collective traumas affecting whole communities, such as conflict or natural disasters.
- Chronic stress due to prolonged exposure to potentially traumatic events.
- Intergenerational trauma, whereby the effects of trauma are transmitted across generations through biological, psychological, or behavioural mechanisms.

Two key elements were described as relevant to any definition of trauma: (i) the event or incident, and (ii) the emotional experience, feeling, or adaptation in response to the event. One definition used during the workshop that captured both elements was: "Trauma is an emotional response to a terrible event like an accident, rape, or natural disaster."

- Trauma is therefore not endogenous but requires an outside event or incident to trigger an emotional or behavioural response.
- Trauma is informed by meaning-making processes that can contribute to pushing or pulling someone in a particular direction (positive or negative).

Participants stressed the importance of moving away from the simplistic and problematic framing of trauma as damage. Instead, it was considered more helpful to put forward working definitions for key concepts – such as trauma, adverse childhood experiences (ACEs) and trauma-informed care – that help clarify core terms to inform research, workshops or collaborations.

Focusing on adaptations is a helpful way of thinking about trauma, as adaptations in the brain, body, behaviour, self-concept and culture can all emerge from traumatic experiences. Thinking about adaptations can be helpful as it avoids grouping people into those that have identifiable trauma and those that don't, and instead draws attention to how individuals and collectives adapt to objectively and subjectively traumatic experiences in different ways.

A broad spectrum of clinical and sub-clinical adaptations relate to trauma and chronic stress, not all of which are obvious or diagnosable. Individuals may experience different types of distress in response to trauma which may be categorised differently (e.g. post-traumatic stress disorder (PTSD), depression,

anxiety, grief). Other maladaptive psychological and behavioural responses to trauma might include flashbacks, hypervigilance, disconnection, relationship difficulties and negative beliefs and memories.

- Trauma can produce indirect effects that extend beyond those directly affected. Traumatic events, and maladaptive responses to them, can create ripple effects through communities, with the potential to create intergenerational trauma with long-term consequences beyond the individuals directly affected.

1.2 ANALYSING TRAUMA AND ADVERSITY IN THE CONTEXT OF VIOLENT EXTREMISM

There is no direct causal link between trauma and radicalisation or involvement in violent extremism. This point was stressed throughout the workshop and some participants emphasised the importance of de-securitising trauma, and of de-exceptionalising extremism:

- Trauma history has been linked to a range of negative life outcomes including health issues and offending later in life. Engagement in violent extremism is therefore only one of many potential life outcomes for individuals with a trauma history.
- The relationship between trauma history and negative life outcomes – including radicalisation or engagement in violent extremism – is not deterministic. Only a very small number of people with a trauma history become engaged in violent extremism.

The relevance of trauma for radicalisation is complex and is likely to be mediated by a variety of factors – often described as risk and protective factors. Various studies note the presence of trauma in the life histories of radicalised individuals, but its presence cannot be assumed to be relevant. Trauma may be seen as a risk factor contributing to a broad range of potential outcomes, with radicalisation being only one of many. One constructive way forward can be to focus on the experience of negative emotional reactions and maladaptive mechanisms to cope with these negative emotions.[1]

1.2.1 ANALYSING TRAUMA

Trauma can be analysed at different levels of analysis. Studies in the field of terrorism and political violence often focus on individuals and individual-level factors, but workshop participants emphasised the importance of considering the relevance of trauma within family, community and cultural contexts to better understand how it relates to violent extremism.

Individual adaptations to trauma can be shaped by contextual factors. Depending on the circumstances, familial or community contexts can be a risk or a protective factor for traumatisation:

- In communities where the family unit is particularly important, family support can be a vital protective factor against trauma, chronic stress, and adversity. In turn, a lack of such support can be risk factor for further traumatisation, and negative psychological and behavioural adaptations that might potentially contribute to negative life outcomes.
- Through another lens, the familial or community context can be a source of trauma, and/or can compound the effects of individual-level trauma(s). For instance, the loss of community and communality for displaced individuals can be especially difficult.
- Community resilience can also be a useful analytical lens for understanding this dynamic.

1 *Further reading:* Simi, P., Sporer, K., & Bubolz, B. F. (2016). Narratives of childhood adversity and adolescent misconduct as precursors to violent extremism: A life-course criminological approach. *Journal of research in crime and delinquency,* 53(4), 536-563.

Socio-ecological approaches can be a productive way of incorporating familial, social, communal and cultural contexts into any analysis of trauma, adversity and violent extremism.

- This approach would move beyond viewing trauma as an individual-level factor to recognise how experiences of trauma are shaped by contextual factors, and how trauma might manifest at different levels of analysis.
- Taking a socio-ecological approach allows researchers and practitioners to fully grasp the complexities and contextual factors that can shape adaptations to trauma. For instance, socio-ecological approaches draw attention to social drivers of mental illness that might be relevant when seeking to understand an individual, and therefore help to design interventions. These can include negative societal interactions (e.g. stigma and discrimination), economic hardships (e.g. poverty and unemployment), adverse family relationships (e.g. child neglect or abuse), and environmental crises (e.g. armed conflict and natural disasters).
- It is important to consider how to minimise harm across different contexts and at all levels of social ecology. Some participants have argued for the use of "social drivers" instead of "social determinants" as the latter may imply a sense of inevitability, stripping individuals of agency over their own life. It may also downplay the role and responsibility of state actors and decision makers in the creation of disparities that may drive mental illnesses.

It is important to understand factors contributing to resilience in the face of trauma. Resilience can also be studied at different levels of analysis, including family and community resilience in addition to individual-level resilience.

- Potential sources or mechanisms of family resilience include belief systems (e.g. positive outlook), organisations (e.g. economic resources), and communication processes (e.g. collaborative problem solving)[2].
- People within someone's social context, family or community, such as stable and caring adults and role models, can contribute to resilience.
- The absence of positive social support or the presence of negative social networks can undermine resilience to the effects of trauma, as can additional stressors existing at different levels of analysis such as poverty, scarcity and constant fear.
- Looking to the future, resilience, along with post-traumatic growth, was highlighted as an area that requires further research.

Some individuals are more likely to be negatively affected by trauma than others, regardless of whether they have experienced one or multiple traumatic events. Risk factors for negative outcomes include, but are not limited to, being female, middle-aged, of lower socio-economic status, or ethnic minority status.[3]

However, individual characteristics in isolation do not determine whether and how individuals are affected by trauma. Instead the interaction between an individual, their context, and the specific event is more relevant.

The effects of trauma may differ according to when they occur in someone's life. A number of dimensions of time were discussed:

- Childhood trauma can show up differently to trauma experienced as an adult. A workshop participant noted that traumatised children often engage in more risky behaviours when they are in adolescence that can create additional traumas or re-traumatisation. This is especially important

2 *Further reading:* Walsh, F. (1996). The concept of family resilience: Crisis and challenge. *Family process,* 35(3), 261-281.
3 *Further reading:* Norris, F. H., Friedman, M. J., Watson, P. J., Byrne, C. M., Diaz, E., & Kaniasty, K. (2002). 60,000 disaster victims speak: Part I. An empirical review of the empirical literature, 1981—2001. *Psychiatry*, 65(3), 207-239.

when thinking about children returning from conflict zones.

- Time can also be an important variable in how PTSD develops: some people experience acute symptoms at first but recover over time, for others the effects may be long-lasting and may take time to develop. For some, the effects of trauma may be immediate and chronic but in others it may be delayed, getting worse over time. When seeking to understand how a person's trauma may affect them, it is useful to consider the temporal aspect of trauma.

1.2.2 TRAUMA, RADICALISATION AND INVOLVEMENT IN EXTREMISM

Various factors can mediate the relationship between trauma and radicalisation. To reiterate an earlier point: there is no direct causal link between trauma and engagement in extremism:

- Exposure to trauma does not necessarily mean that an individual is at risk of radicalisation, and trauma in isolation does not cause radicalisation. However, the interaction between trauma and other variables, including personal experiences and the contexts in which they are encountered, may mediate this relationship.
- The effects of trauma tend to be more potent for people who have experienced marginalisation and alienation, for instance as refugees or migrants. This highlights the need to connect trauma in individuals to the broader layers of the social ecology such as the community and society someone is embedded within, and how those layers may shape experiences and responses to trauma.
- The contextualised nature of relationships between trauma and violent extremism is emphasised in a study by Ellis et al. (2014) which explored the experiences of 81 Somali young men living in the United States. The study found that experiences of trauma were associated with an openness to violent extremism. However, this association was moderated by the degree to which these men felt a sense of belonging to the US or Somali communities or, on the other hand, felt rejected by these communities. The perception of rejection from communities was associated with a higher openness to violent extremism.[4]
- A similar relationship is identified in another study from Ellis et al. (2021) analysing a larger sample of 213 young Somali men living in the United States. This research found that the link between trauma and attitudes supporting extremism was negatively affected by a perception that the government is just. The more individuals perceived the government to be just and fair, the less open they felt toward violent extremism. The study also found that the more individuals perceived the government as just and fair, the stronger the attachment to the country and lowered the openness toward violent extremism. It is important to note that the experience of trauma can lower a person's trust in the government, which can influence radicalisation.[5]

Trauma can occur at and across four different stages of an individual's journey into, and out of, violent extremism.[6] The relevance and impact of trauma may differ depending on the stage of engagement during which a traumatic event is experienced.

- The majority of research examining trauma in the context of violent extremism focuses on traumas

4 *Further reading*: Ellis, B. H., Abdi, S. M., Horgan, J., Miller, A. B., Saxe, G. N., & Blood, E. (2014). Trauma and Openness to Legal and Illegal Activism Among Somali Refugees. *Terrorism and Political Violence*, 27(5), 857–883.
5 *Further readi*ng: Ellis, B. H., Sideridis, G., Miller, A. B., Abdi, S. M., & Winer, J. P. (2021). Trauma, trust in government, and social connection: How social context shapes attitudes related to the use of ideologically or politically motivated violence. *Studies in Conflict & Terrorism,* 44(12), 1050-1067.
6 This staged approach to understanding trauma occurring at and across different stages of engagement is informed by the work of Emily Corner and Paul Gill. See, for example, Corner, E. & Gill, P. (2020). Psychological distress, terrorist involvement and disengagement from terrorism: A sequence analysis approach. *Journal of Quantitative Criminology*, 36, 499–526.

experienced before radicalisation, during the **pre-engagement** stage. For example, Windisch et al. (2022) argue that personal traumatic experiences, such as adverse childhood experiences (ACES), may be implicated in radicalisation pathways. Ellis et al. (2021) also argue that collective traumatic experiences, such as conflict, may be linked to support for violent extremism, although as already discussed this relationship appears to be mediated and moderated by different factors (i.e. trust in government, sense of belonging, etc.).[7]

- Individuals may also experience traumas during their **engagement** in violent extremism. For instance, they may be exposed to violence or traumatising materials, may participate in distressing activities, and some movements may intentionally induce trauma or reactivate past traumas as a mechanism of radicalisation.[8]
- The relationship between trauma and **disengagement** is complex. In some cases, experiences of trauma may encourage disengagement, but in other cases trauma may encourage staying involved. The disengagement process itself may also be traumatising for some.[9]
- There are two dimensions of **post-disengagement trauma**. Individuals may experience trauma after disengaging from violent extremism due to, for example, challenges linked to stigmatisation and reintegration. The lasting effects of earlier traumas may also continue to manifest. This highlights the cumulative effects of trauma across different stages of life and different stages of extremist involvement.[10]

Trauma and stress can contribute to deepening engagement in violent extremist movements. Violent extremist groups may both seek to expose individuals to, or seek to induce, trauma whilst simultaneously providing the therapeutic solution to this trauma to foster deepening engagement with, and commitment to, the movement.[11]

- Keeping an individual emotionally unstable, or on edge, can make them more open to ideas and solutions provided by the group and ideology.
- The radicalisation process and ongoing engagement with an extremist group may therefore involve constant re-traumatisation while also being quasi-therapeutic.
- Violent extremist group membership may serve a specific function for individuals who have experienced trauma before or during their engagement.

Researchers and practitioners need to be aware of trauma but also how the effects of trauma may shape radicalism, activism, agency, emotions, and coping mechanisms. Understanding both exposure to, and the effects of, trauma is therefore important.

Relatedly, more research is needed on the perceived emotional and psychological benefits that individuals get from their involvement in violent extremism,

7 *Further reading:* Windisch, S., Simi, P., Blee, K. & DeMichele, M. (2022). Measuring the extent and nature of Adverse Childhood Experiences (ACE) among former white supremacists. *Terrorism and Political Violence,* 34(6), 1207-1228. Ellis, B. H., Abdi, S. M., Horgan, J., Miller, A. B., Saxe, G. N., & Blood, E. (2014). Trauma and Openness to Legal and Illegal Activism Among Somali Refugees. T*errorism and Political Violence*, 27(5), 857–883. Ellis, B. H., Sideridis, G., Miller, A. B., Abdi, S. M., & Winer, J. P. (2021). Trauma, trust in government, and social connection: How social context shapes attitudes related to the use of ideologically or politically motivated violence. *Studies in Conflict & Terrorism*, 44(12), 1050-1067.

8 *Further reading:* Koehler, D. (2020). Violent extremism, mental health and substance abuse among adolescents: towards a trauma psychological perspective on violent radicalization and deradicalization. *The Journal of Forensic Psychiatry & Psychology,* 31(3), 455-472.

9 *Further reading:* Simi, P., Windisch, S. Harris, D., & Ligon, G. (2019). Anger from within: The role of emotions in disengagement from violent extremism. *Journal of Qualitative Criminal Justice & Criminology*, 7(2). Ferguson, N. and McAuley, J. W. (2020). Staying engaged in terrorism: Narrative accounts of sustaining participation in violent extremism. *Frontiers in Psychology*, (11)1338. Carroll II, D. W. (2022). *Leaving Hate: Social Work and the Journey Out of Far-Right Extremism.* Indiana University-Purdue University Indianapolis: Unpublished PhD Thesis.

10 *Further reading:* Shirlow, P. (2014). Rejection, shaming, enclosure, and moving on: Variant experiences and meaning among Loyalist former prisoners. *Studies in Conflict & Terrorism*, 37(9), 733-746. Weine, S., Brahmbatt, Z., Cardeli, E. & Ellis, H. (2020). Rapid review to inform the rehabilitation and reintegration of child returnees from the Islamic State. *Annals of Global Health*, 86(1), 64, 1–15.

11 *Further reading:* Koehler, D. (2020). Violent extremism, mental health and substance abuse among adolescents: towards a trauma psychological perspective on violent radicalization and deradicalization. *The Journal of Forensic Psychiatry & Psychology*, 31(3), 455-472.

rather than only focusing on the risks and dangers of involvement.

- Researchers should take a holistic approach when considering the impact of trauma on involvement in violent extremism and avoid overemphasising its potential relevance to the detriment of other issues that might be more or as relevant.

1.3 FUTURE RESEARCH: WHAT DO WE NEED TO KNOW?

Workshop participants expressed the desire for greater clarity around definitions and conceptualisations of trauma. There is a lack of agreement around how to define trauma within scholarship and practice, and more work is needed to develop consistent conceptualisations of trauma more broadly, and of specific types of trauma (e.g., intergenerational trauma, historical trauma, complex trauma, etc.).

It is important to better understand the impact of trauma experienced at different times and in different contexts. Further research is needed to understand the relevance of trauma occurring at a particular time in someone's life (e.g. in childhood, adolescence, adulthood) in different contexts, and at and across different stages of engagement in violent extremism (e.g. pre-engagement, engagement, disengagement, post-disengagement).

Further research which more explicitly considers the physical and social context in which trauma occurs (e.g. in the household, the social group, cultural context, etc.) is also needed. Socio-ecological approaches may be particularly helpful in developing understanding of the relationships between trauma, adversity, and violent extremism.

More work on the specific mechanisms by which trauma may contribute to an individual's involvement in extremism will help better understand how it shapes pathways. This should build on the research that has identified mediating factors connecting trauma to engagement in violent extremism.

Research to better understand trauma in relation to the engagement, disengagement and post-disengagement stages is needed to complement the larger body of work on the role of trauma at the pre-engagement stage.

Resilience and post-traumatic growth needs greater attention. The negative potential outcomes of trauma have received more scholarly attention than potential positive outcomes, such as post-traumatic growth (i.e. actual or perceived positive changes following exposure to trauma).

Conflicts such as the Syrian Civil War have created so much suffering that there is an abundance of both data and practical knowledge, which could help identify lessons for the future.

2. PRACTITIONER PERSPECTIVES: TRAUMA IN PRACTICE

This section outlines the insights from practitioners that emerged throughout the workshop. It first discusses the challenges and points of concern that were expressed. Then, it refers to advice and practical suggestions that arose through workshop discussions and presentations.

2.1 PRACTITIONER CHALLENGES AND CONCERNS

Practitioners providing support to individuals, including those providing trauma-informed interventions, also require support. Practitioners noted that there is little provision for those who provide support to others and encouraged more progress on these issues.

- *The archetype of a 'wounded healer'* was discussed, which highlighted how practitioners working with traumatised individuals may themselves also have experienced traumas and adversity.
- *More recognition of vicarious trauma* and how it may affect practitioners is needed.
- *It was suggested that practitioners are less likely to experience burn-out when they feel their work is appreciated, valued, and meaningful.* Working in pairs, rather than individually, can enable practitioners to decompress together and support one other.

Practitioners may resist talking about or reflecting on their own traumas in their work. Framing this type of reflection as a professional skill might encourage practitioners to engage with their own life experience and allow for clearer boundaries between private and professional life.

Practitioners expressed concerns about people experiencing re-traumatisation due to contact with parts of the state system or other kinds of interventions. Many of the concerns raised around the potential for this kind of re-traumatisation relate to interviewing practices.

- *The issue of re-traumatisation needs to be better understood – by researchers and by practitioners – and practitioners may need support to anticipate and prevent it.* Some practitioners stated that it would be helpful to have more and better trauma-informed educational tools that non-clinicians can use, as well as materials that can be shared with families (of returnees, for example) to help them avoid triggering traumas or re-traumatising the family members they are hoping to reintegrate.
- *Each stage of a delivery process needs to be trauma-informed to prevent re-traumatisation.* It is also important to ensure that all aspects of the system are ACEs aware; this is enabled by collaboration across stakeholders.
- *Greater efforts are needed to ensure that practitioners working in different contexts and fields interview people in a trauma-informed way.* Overly bureaucratic approaches, such as interviews conducted by officials in the context of accessing support from the state or in the context of migration, have the potential to be re-traumatising, particularly if the individual needs to recount their experiences multiple times to different officials.

A number of approaches for avoiding re-traumatisation during interviews were offered by workshop participants. Key insights relating to trauma-informed interviewing included:

- The interviewer needs to be well prepared and have as much knowledge of the individual and his/her community's situation and background as possible.
- To the individual being asked about past trauma, it matters why the interviewer is asking these questions (e.g., to better understand their experience and to help them by providing appropriate support), and how they are asking (e.g., with due care and sensitivity).
- The principle of 'do no harm' and a reluctance to ask questions about traumatic experiences due to fear of re-traumatisation should not be used as a reason for inaction, because sometimes a lack of action can itself be harmful.
- Some people find it very difficult and may be reluctant to talk about what has happened to them. Interviewers should not force someone to talk about past experiences. However, avoidance (common in PTSD) can also be problematic, so the practitioner might also try to help individuals see that avoidance may not be helping them.
- It may be beneficial to focus on the positive things that enabled the individual to get through their traumatic experiences and helped them get to a better place.
- When interviewing someone who has survived traumatic experiences, interviewers will benefit from presenting themselves as emotionally neutral and professional, rather than as overly sympathetic. This allows the interviewee to see that they can talk freely to the interviewer about their experiences without fear of hurting them.

Gathering data about an individual's experiences through interviews in a way that is sensitive and ethical remains a challenge within trauma-informed interventions. Challenges include:

- Competing ethical considerations between protecting an individual's privacy and helping them.
- Practitioners often don't have access to relevant information about a person's experiences and may not be able to ask the right questions and provide the care needed.
- In some countries, there is no systematic way of gathering data on traumatic experiences, and in some cultural contexts questions about sensitive topics (e.g., sexual violence) are avoided due to concerns and sensitivities around privacy.

Practitioners noted the importance of asking questions about traumas sensitively but directly. It is helpful to explain why understanding trauma is relevant, and the potential benefits of participating in this process for an individual's pathway to care:

- This increases the buy-in from the participant.
- It helps practitioners as the fear of retraumatising individuals can lead them to avoid asking certain questions or exploring certain topics. However, individuals often do want to talk about their lived experiences.

Personal biases and positionality can affect interventions. Practitioner preparedness in delivering trauma-informed interventions rests on them acknowledging their own traumas, life experiences, biases, preconceptions, and how these might influence their work, as these factors can influence the way practitioners respond and relate to individuals.

- Biases and preconceptions may stem from cultural contexts such as societal norms and stereotypes, as well as personal and community experiences, positive or negative.
- An awareness of their own positionality and biases, and those of the client may help

practitioners understand how the individual might relate to them during interventions.

- Implementing a trauma-informed approach is enabled when practitioners have the ability to look at themselves, their team, and their organisation and give an honest assessment of what influences their practice.
- Practitioners also need to take the positionality of the individual they're working with into account in order to tailor their approach to trauma-informed care. This includes but is not limited to questions of masculinity and femininity, how individuals are socialised to perform and respond in certain ways, and how these performances are legitimised and reinforced.

There can be stigma associated with the word trauma, so practitioners need to be sensitive to the language and terminology they use. Practitioners noted that in some contexts, the stigma around the word trauma remains a challenge for effective trauma-informed intervention work.

- It might be helpful to draw on a different vocabulary to avoid the risk of stigmatising individuals or communities, for instance 'coaching' or 'stress management' might be appropriate alternatives, particularly when working with young people.
- It can be challenging to discuss an individual's trauma and adverse life experiences in an environment that resists such language. Practitioners working in certain contexts and professions may also feel reluctant to use the language of trauma.
- The language of trauma can be particularly difficult for counter-terrorism practitioners because it can be perceived as being lenient or excusing the person's actions.
- Cultural context and local sensitivities about trauma can make a difference to how receptive the audience might be to certain terminology. There is a need to be pragmatic with regards to language, to find terminology that is appropriate and acceptable in specific countries, contexts, and social environments.

There can be stigma about trauma among practitioners in relation to themselves. For instance, one participant that has worked on projects with police officers said there are two distinct responses to considerations of trauma, depending on whether they are talking about a suspect/perpetrator or a police officer.

- Officers are often willing to accept that perpetrators of crime may be traumatised and require psychological support, but they are often not willing to use the word 'trauma' in relation to themselves because it may carry connotations of being weak or vulnerable.
- This reflects the broader point that different audiences require different language and there is a need to adapt terminology to different contexts. Within the UK and elsewhere, some actors within the system are already employing the principles of trauma-informed practice without using the language or terminology of trauma. Their expertise and knowledge can help inform what may be acceptable or not.
- Although the term 'trauma' raises challenges, there is a lack of a good alternative that people agree on.

It can be challenging for practitioners to get buy-in for a trauma-informed approach from governments operating in risk-averse organisational or societal contexts. There can be a tension between securitisation and the implementation of trauma-informed approaches.

- Practitioners are likely to be especially risk averse in the wake of emergency situations (e.g. terrorist attacks), increasing the chances they will adopt a (more) punitive approach, and reject a trauma-informed approach.

- More risk-averse contexts can lead to more heavy-handed and securitised approaches. Instead, it may be better to share the responsibility for risk across different state actors and intervention providers.
- Tensions can arise between practitioners who see the value of a trauma-informed approach, and the priorities of decision makers, as the realities on the ground might be at odds with ministerial agendas. However, some practitioners argued that a trauma-informed approach targets behaviours and therefore does not 'need to be approved' but rather incorporated into what is already being done.

Trauma-informed preventative approaches can be challenging as they require a clear idea of what 'prevention' entails, which is linked to the core values that a society wants to uphold.

- For instance, prevention work with the sole aim of minimising the risk to the general public will look different to prevention work which also aims to minimise the risk of a person's involvement in violent extremism or support more positive futures through rehabilitation.
- Because decision makers are answerable to the public there can be challenges due to the differences in how safety is constructed at the individual versus the societal level. Constructing safety at the individual level is a long-term process, but the public wants to feel safe in the short-term.

Measuring success remains a key challenge for trauma-informed interventions:

- Conducting trauma assessments in a systematic way and ensuring these assessments fit within an evaluative framework can be challenging.
- It is not always clear what success looks like, or when an individual has changed sufficiently for an intervention to be deemed successful. The profession or position of the practitioner may also create a bias in the framing of what is considered a success or failure.
- The mechanisms behind positive intervention outcomes are not always clear, for instance whether and how perceived success is linked to the provision of a specific type of support. It is also not always clear how best to capture and measure these processes and outcomes.
- - The challenges of measuring success speak to the need for collaboration between different agencies and organisations, for example to share good evaluation practice, share data, and enable better communication in ways which support evaluation work.

A number of important considerations relating to risk assessment processes were discussed:

- It is helpful to plan for the exit at the outset of the assessment process. The starting point for this planning might be to consider how to best work towards transition/exit, highlighting the tailored nature of trauma-informed care.
- Participants stressed the need to find a balance between completing risk assessments in a consistent way and the flexibility needed to deliver a person-centred approach.
- Two important aspects of risk assessment involve assessing the risk of an individual causing harm, and identifying risk and protective factors for the individual receiving care.
- Taking a contextualised approach to risk assessment is important. For instance, assessing someone's potential for causing harm once they are in prison might be different to an assessment conducted prior to the individual's experience of going through trial and imprisonment.
- An individual might be in a constant state of fight or flight during the risk assessment process. It is not clear for practitioners how this might affect the

results of assessment with regards to behaviours and cognition.

Challenges can arise when trying to translate concepts and approaches into new contexts:

- Anglophone material and programmes are rarely translated to other languages, which can create a knowledge differential between practitioners in different countries, and within multinational teams, around how to deliver trauma-informed approaches.
- Concepts used in the Global North and Anglosphere do not always translate well into other languages. For instance, the concept of 'trauma' in English simultaneously refers to both the event and its effects, which does not translate easily or clearly into other languages which might affect its application in other countries.
- It would be helpful for non-Anglophone practitioners if resources and materials in English were translated into different languages. Short videos and visualisations may also help international practitioners to better understand trauma and trauma-informed approaches.

It may be helpful to more widely distribute materials to ensure broader awareness of trauma and trauma-informed practice. Whilst international workshop participants stressed that the provision of workshops and training is beneficial, these mechanisms are not always sufficient to reach the populations in need. A related issue is that populations in which trauma is pervasive do not always receive support because they are not seen as a security threat.

Resource limitations create challenges. Practitioners need long-term support, but resource constraints such as budget and time do not often allow for international assistance to last as long as needed which can create uncertainty over what happens when international assistance ceases. Ultimately, once an international project ends, it is the local practitioners that have the responsibility to deliver support however they consider to be appropriate.

It may be helpful to create a network of practitioners across disciplines to ensure long-term support and collegiality.

Participants stressed the need for better understanding of local or indigenous expressions of trauma. Understanding differences in how trauma is expressed and managed in different contexts can assist in translating approaches into different countries, languages and contexts.

- Some practitioners expressed concern about being perceived as paternalistic or colonial when providing advice and training on trauma in the Global South.
- To mitigate this concern, participations discussed the benefits of providing knowledge and materials that can be adapted and tailored to different contexts and cultures with due regard for cultural sensitivities and language. It is important not to be perceived to impose or provide a script that may not be appropriate across countries and contexts.

2.2 HOW TO MAKE PROGRESS: LEARNING FROM EXPERIENCE

2.2.1 COMMUNICATING AND IMPLEMENTING TRAUMA-INFORMED PRACTICE

*The presentations and discussions provided useful practical advice on how to communicate or 'sell' trauma-informed practice to a variety of actor*s, including in contexts where there are barriers to its acceptance.

- As well as stressing its intrinsic benefits in relation to human dignity and principles, such as to do no harm, it can help to emphasise practical considerations. For instance, there is an economic argument to be made that trauma-informed

practices can, in many contexts, save costs (e.g., weighing up the cost of rehabilitation vs. the cost of prison) and can reduce staff workloads. If this is relevant it can therefore help to emphasise the costs of trauma to the system, economy, and government.

- It helps to consider how best to tailor trauma-informed resources and materials for specific audiences and contexts. Similarly, it can be useful to provide resources and materials that can easily be adapted by experts and practitioners working in different organisations.
- It is beneficial to demonstrate how trauma-informed practice can be applied to different work environments and contexts. Regarding training, it can be helpful to train and identify experts from within the organisation rather than paying external "experts" without relevant experience to provide training.
- Presenting decision-makers with relevant information and using that as a foundation to help develop shared objectives (e.g., keeping the public safe), alongside providing examples of what and how things have been done successfully can help get buy-in.
- It can also be helpful to consider how trauma-informed practice might fit within or alongside existing projects and workstreams. Some people and organisations within the system may already be employing principles of trauma-informed practice but without using the language or terminology of trauma.
- It also helps to prompt the question: "why not implement trauma-informed practice?"

When implementing trauma-informed practice in interventions, it helps to focus on building trust. Different types of actor face different challenges relating to trust building. For example:

- There may be some resistance to, or suspicion of, the government or state actors. Those working with government, or for government funded trauma-informed programmes should try and find ways of building trust, for example by ensuring that individuals who are trusted by the intended audience, and who understand their concerns, are included within programme teams.
- Civil society or community actors will benefit from finding ways of building trust with the relevant communities by making themselves available when they are wanted or needed, rather than spending time attempting to convince people of their approach.
- Resistance to or distrust of an intervention can come from a place of fear. When this arises, it can be better to focus on developing trust between the practitioner and the person they're trying to support, rather than aim to convince the individual to accept help. This allows individuals to have agency and make decisions for themselves.

2.2.2 DEVELOPING TRAUMA-INFORMED SYSTEMS

Collaborative approaches that connect actors working on different aspects of the same problem are important for the effective implementation of trauma-informed practice. Fostering meaningful collaborations is key to the success of safeguarding programmes. This requires trust, an equal voice among all parties, and a common and accepted starting point, which is then embedded into a strategy shared by the stakeholders.

Trauma-informed practice is a lens, rather than a toolbox, that should be woven through all sectors and departments. Trauma-informed practice should not be seen as a stand-alone piece of training or policy. It should underpin all aspects of an organisation's work. This will avoid layering of policies and approaches and allows departments to have agency over how they implement trauma-informed approaches according to their own needs and expertise.

The broad aim should be to have a fully trauma-informed system, in which all stakeholders:

- Contribute to the prevention of harm.
- Have an understanding of the impact that ACEs can have over the life-course.
- Are trauma-informed, so all aspects of the system and delivery are alert to the need to avoid re-traumatisation. For example, within the prison system, there is a need to think about housing and other practical considerations after individuals are released, further underlining the importance of collaboration across stakeholders.

Multi-disciplinary collaborations face challenges. For instance, there may not be a shared understanding of the resource, staff, and budget management issues different practitioners might face.

- In-house leadership programmes can enable departments to develop their own experts, in ways which can help mitigate such tensions.
- To support collaboration, training must be prioritised and specialisation-specific, that is, messaging around trauma-informed practice needs to be tailored to each sector to ensure that its relevance is understood.
- Training needs to be consistent and ongoing, rather than introduced occasionally or as a knee jerk reaction to an event. However, it is also important to recognise that methods and practices will change over time in response to new evidence and data, and so training and workforce development should evolve over time.

2.2.3 COLLABORATING INTERNATIONALLY

The importance of international collaboration was also discussed. Several participants working in reintegration and rehabilitation suggested that the importance of considering trauma within their work needs to be better communicated. These practitioners expressed a desire for greater international collaboration to address issues concerning trauma in reintegration, including identifying clear objectives and how to meet them, and findings ways to overcome obstacles.

A collaborative team working on these issues could perform various roles to:

- Produce and provide trauma-informed materials and resources (such as educational resources and tools) that could be curated and adapted for different contexts.
- Meet, discuss and share experiences and best practices.
- Provide training that has clear objectives and expectations and is tailored to the audience and context. Training should not be self-serving and should not be provided merely for instrumental purposes (e.g., just to enable people to get a certificate).

Trust and a non-judgemental approach were emphasised as important aspects of any collaboration. It may be helpful to have a leadership group in each country that can provide expert training and support, tailored to different actors or users.

Practitioners at the workshop stressed the need for the sharing of more detailed resources, as well as useful tools that could be implemented in interventions. For example, educational tools that non-clinicians can use or materials that can be shared with families to help them avoid triggering traumas or re-traumatising returnees, such as videos and cartoons aimed at children. Making materials available in multiple languages with translations that are accurate and sensitive to the social, cultural and religious context are important to ensure they are appropriate and acceptable to the intended audience.

2.2.4 CONSIDERING COMMUNITY AND CONTEXTUAL FACTORS

Practitioners will benefit from taking account of contextual factors when considering the role of trauma in the context of violent extremism. P/

CVE tends to emphasise individuals, and pays less attention to families and communities (see Section 1). Interventions should nevertheless consider the role of socio-ecological factors when seeking to address trauma and reduce the risk of radicalisation:

- Family may be an important risk or protective factor. In such cases taking a family-focused lens is useful as it considers the family as a driver of trauma or resilience able to influence changes in belief and behaviour.
- Community-level factors are important for interventions. For example, if the community is unwilling to accept someone with a history of involvement in extremism, this might increase the risk of them re-engaging in violence. However, if the individual is accepted back into the community, this can be a buffer to re-engagement.
- It is also important to be aware of the cultural context in which interventions take place and take cultural sensibilities into account in their delivery.

2.2.5 REACHING YOUNG PEOPLE

Interventions may struggle to reach certain population groups. Participants discussed the challenges of reaching young people in particular and made several practical suggestions:

- It can be helpful to use community-based networks. Working through community leaders and gatekeepers can be a way to access hard to reach groups.
- Engaging with and building networks in institutions that the intervention provider does not have authority over (e.g. religious spaces) can be one way of building community networks.
- It is important to identify partners who are trusted within communities to counteract low levels of trust in police and government representatives.
- People on the ground such as those in the voluntary community sector and those leading community interventions know what they need to be successful, so it is important for policymakers and funders to listen to them and trust them.
- It is important for practitioners to make themselves available to those they hope to reach, while also being trustworthy and non-judgemental in their approach. It may also be beneficial to set up a helpline for those who need it.
- Language is important, and it is important to use appropriate terminology. Some terms may be more acceptable than ‘trauma-informed’ (e.g. ‘stress management’), and it is important to avoid certain normative labels such as ‘extremist’ or ‘terrorist’.

3. CONCLUSION: WORKSHOP OUTCOMES AND NEXT STEPS

This final section concludes by summarising some of the key insights from the workshop presentations and discussions. It also looks to the future and identifies potential next steps, particularly regarding further collaborations around the topic of trauma and violent extremism.

3.1 MAIN TAKEAWAYS FROM THE WORKSHOP

The lack of an agreed upon definition of trauma is problematic as it creates inconsistences in research and practice. Participants highlighted challenges associated with the simplistic understanding of trauma as damage and the lack of differentiation between the various kinds of trauma, and discussed the potential for thinking about trauma in terms of adaptations. In turn, they expressed the need for greater clarity in definitions and conceptualisations of trauma.

Socio-ecological approaches can be helpful in informing the analysis of trauma and its effects. These approaches allow researchers to view trauma not just as something that affects individuals, but also as being informed by broader social and interpersonal processes. This understanding provides a foundation for examining and understanding the contribution of micro, meso, and macro level factors.

There is no direct causal link between trauma and engagement in violent extremism. Trauma may be one of many factors that can contribute to radicalisation in individual cases, but it is not always relevant. It is important to consider the role of mediating factors in this relationship.

The relevance and impact of trauma may differ depending on the stage of engagement when it occurs. Trauma can occur in the pre-engagement phase (e.g. adverse childhood experiences); during engagement (e.g., exposure to violence or traumatising material), and disengagement; or in the post-disengagement period (e.g., relocation or loss of community). Workshop participants expressed the need to better understand the impact of trauma occurring at different times and in different contexts.

Practitioners delivering trauma-informed interventions are likely to require practical and emotional support. Practitioners may have their own histories of trauma, whilst their work might put them at risk of secondary traumatisation. It is helpful to find ways of enabling practitioners to engage with their own life experiences as well as with the emotionally challenging situations that may arise in their professional life.

Practitioners expressed a range of concerns and challenges raised in the course of their work. These include the risks of individuals being re-traumatised due to negative experiences when in contact with the state; challenges associated with sensitively and ethically collecting data in order to deliver trauma-informed care; the stigma associated with the word 'trauma' among individuals, communities and practitioners; personal biases and preconceptions and how they may affect the intervention; the difficulty of convincing governments to approve trauma-informed approaches; and the challenges of measuring the success of an intervention.

Practitioners also identified challenges relating to international collaborations. These included disparities in knowledge between practitioners in different countries, partly due to a lack of translation of English language materials and resources which are not always able to take account of local, regional, indigenous expressions of trauma, leading to

problematic assumptions or use of language. There can also be a tension between the short-term nature of international assistance and long-term needs on the ground.

Practitioners offered a wide range of suggestions for progressing the delivery of trauma-informed practice. These include suggestions as to how to communicate the benefits of trauma-informed practice to a variety of stakeholders by, for instance, focusing on economic benefits; how to foster meaningful collaboration among stakeholders by, for instance, encouraging relationships and trust-building; how to collaborate internationally more effectively; and how to deliver interventions to hard to reach populations, such as young people.

3.2 NEXT STEPS AND FUTURE COLLABORATIONS

A number of potential next steps and avenues for collaboration were discussed, including:

- *Building an international collaborative platform to facilitate information sharing.* Participants noted that a shared online space might be helpful for gathering and sharing research and practice, and for building trust and relationships between network members.
- *Future workshops exploring specific areas of research or practice*. Participants expressed an interest both in larger workshops bringing together those working across different contexts, as well as smaller workshops bringing together those working in specific contexts and areas of practice. Participants recognised the value of engaging in a multidisciplinary setting with discussions bringing together a broad variety of perspectives, but also argued for additional time and space for monodisciplinary discussions at future events.
- *Collaborative research between researchers working in different contexts and/or between researchers and practitioners to examine topics emerging during the workshop.* Ongoing discussions to explore these potential opportunities would be beneficial.
- Additional knowledge exchange activities to share knowledge across different contexts. Several potential knowledge exchange activities were discussed, including study visits.

A number of potential themes for future workshops were discussed. These included:

- *Workshop on resilience and post-traumatic growth.* The benefits of a future workshop exploring these topics were discussed, with both researchers and practitioners feeling that they would benefit from learning more about the 'positive impacts of trauma'.
- *Workshops delving deeper into different forms of trauma and the contexts in which they take place.* Potential themes related to military-related trauma, war-related trauma, post-war trauma, childhood trauma, and adult trauma. These workshops would require further thought and research about how to differentiate and define various forms of trauma such as complex trauma, single event trauma, adverse childhood experiences, etc. A more fine-grained understanding of various forms of trauma as well as the mechanisms involved, will likely have implications for further research and inform delivery of interventions.

Any future network designed to share knowledge and practice across international contexts requires participants to have a general awareness of local, regional, and cultural differences.

- The challenges associated with translating concepts across different contexts discussed above needs an awareness of the risk that some languages or settings might miss out on relevant evidence and best practices.
- It will be important to consider how to facilitate conversations between practitioners and

researchers working in different contexts, who may use different terminology.

- To address these issues, information should be translated, shared, and integrated across contexts to help close knowledge gaps. Other participants suggested working with various kinds of support materials such as visual aids, infographics, and videos to share information in ways that are appropriate for different audiences.

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