

The background of the entire page is a light teal network diagram consisting of interconnected nodes and lines. The logo 'RESOLVE NETWORK' is positioned in the upper left quadrant. 'RESOLVE' is in a large, bold, dark teal font, and 'NETWORK' is in a smaller, all-caps, dark teal font below it. A thin, dark teal diagonal line is positioned to the right of the word 'RESOLVE'.

RESOLVE
NETWORK

**Interacting with
Trauma:
Considerations &
Reflections from
Research in Kosovo**

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ABSTRACT

This chapter explores the role of trauma in violent extremism research, offering insights on its effects on the research process, providing insights on the radicalization process of individual cases, and informing reintegration prospects of returning foreign fighters and their family members. The chapter focuses on war-related trauma as a widespread experience in post-conflict societies, which may persist years after the war ends, scarring societies in numerous ways for generations and potentially creating an ongoing cycle of violence. The chapter begins with a brief overview of the available literature on the link between trauma and radicalization while bringing attention to existing gaps within this field. It then continues with insights from field research in Kosovo on how trauma was expressed among the family members of foreign fighters, including women returnees from the conflict zones in Syria and Iraq, and provides insight into how the author approached the subject in her own research.¹

INTRODUCTION

The field of violent extremism studies has developed exponentially in the recent years, as scholars, practitioners, and policymakers sought to investigate the factors that lead individuals to adopt extremist beliefs and engage in violent behavior. Increasing interest in the field of violent extremism has produced numerous studies that capture the complexity of the phenomenon, acknowledging the interplay between multiple factors that influence the radicalization process such as social, political, and economic grievances combined with a personal quest for belonging to a cause, ideology, or social network.² These insights continue to inform preventing and countering violent extremism (P/CVE) efforts that aim to target extremist radicalization, recruitment, and mobilization to violence³ and address the root causes of violent extremism in order to prevent it.⁴ However, there is a dearth of knowledge on how factors such as trauma can influence violent extremism in both the (1) radicalization process and (2) reintegration and reconciliation process. The issue of violent extremism is often framed as an ideological problem, and many current approaches to investigating violent extremism tend to underplay the impact psychological factors may have in radicalization and reintegration processes.⁵

1 These insights are reflections from field research rather than direct findings.

2 Magnus Ranstorp, "The Root Causes of Violent Extremism," *RAN Centre of Excellence*, January 4, 2016, https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation_awareness_network/ran-papers/docs/issue_paper_root-causes_jan2016_en.pdf.

3 Department of Homeland Security, "A Comprehensive U.S. Government Approach to Countering Violent Extremism," accessed August 17, 2021, https://www.dhs.gov/sites/default/files/publications/US%20Government%20Approach%20to%20CVE-Fact%20Sheet_0.pdf.

4 United Nations Office on Drugs and Crime, "Preventing and Countering Violent Extremism (PVE/CVE)," accessed January 5, 2020, <https://www.unodc.org/e4j/en/terrorism/module-2/key-issues/preventing-and-countering-violent-extremism.html>.

5 John Horgan, "From Profiles to Pathways and Roots to Routes: Perspectives from Psychology on Radicalization into Terrorism," *The ANNALS of the American Academy of Political and Social Science* 618, no. 1 (July 1, 2008): 80-94, <https://doi.org/10.1177%2F0002716208317539>.

Various studies emphasize that there is no causal relationship between mental health and terrorism.⁶ While not fully explored, it may be important to further understand how trauma may uniquely marginalize individuals and make them vulnerable to radicalization. Our lack of understanding of trauma—or mental health more broadly—in relation to engagement in violent extremism is compounded by a number of factors. First, there is a lack of comprehensive demographic data on violent extremist populations across case studies that include individual records on mental health. As a result, existing studies that explore the role of trauma among violent extremists rely heavily on anecdotal evidence or limited databases of security services to draw conclusions.⁷ This lack of understanding is particularly salient in post-conflict settings where populations are likely to have experienced trauma-inducing situations on a broad scale and find themselves in a vicious cycle of violence.⁸ Moreover, trauma can be an all-pervasive and, at the same time, an elusive condition to characterize, which makes it more difficult to recognize and adequately address. A more complete understanding of the role of trauma in determining the vulnerability or risk towards violent extremism is necessary given its important implications for further research and policymaking (see Table 1).

Table 1.

- Trauma and Radicalization: Does experiencing trauma affect the radicalization process? Why do some trauma-impacted individuals radicalize while others do not? How do we account for, or consider, war-related trauma in relation to other traumatic events?
- Trauma and Research on Violent Extremism: What are the challenges in interviewing individuals affected by trauma and violent extremism? How can we adopt a trauma-sensitive approach to research on violent extremism?
- Trauma and P/CVE: What are the implications of links between trauma and radicalization for researchers as well as for policymakers? What are the implications of links between trauma, disengagement, and reintegration for researchers as well as for policymakers?

6 Ardavan Khoshnood, “The Correlation Between Mental Disorders and Terrorism is Weak”, accessed April 4, 2020, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5288096/>.

7 Christophe Paulussen, Janne Nijman, and Karlien Lismont, *Mental Health and the Foreign Fighter Phenomenon: A Case Study from the Netherlands* (International Centre for Counter-Terrorism—The Hague, March 2017), <https://icct.nl/wp-content/uploads/2017/03/ICCT-Paulussen-Nijman-Lismont-Mental-Health-and-the-Foreign-Fighter-Phenomenon-March-2017.pdf>.

8 Edward Balke, “Trauma and Conflict,” *Development Studies Institute, London School of Economics, Working Paper Series No. 02-37* (October 2002), <https://www.files.ethz.ch/isn/138359/WP37.pdf>.

This chapter considers these questions and draws from the author’s experiences interviewing family members of foreign fighters in Kosovo, including women returnees from the conflict zones in Syria and Iraq, in discussing how the author navigated a research process that, while not focused on understanding the links between trauma and violent extremism, inevitably involved circumstances and themes related to trauma. The chapter begins with a brief overview of the current state of knowledge on the link between trauma and violent extremism and the importance of understanding these potential links when conducting research and programming addressing issues of violent extremism. It then proceeds with reflections from the author’s field research in Kosovo on how issues related to trauma manifested among the family members of foreign fighters throughout the research and interview process and, based on the author’s experiences, considerations for other researchers who may embark on studies of trauma and violent extremism.

It must be noted that the author is not a mental health care professional, rather the insights in this chapter are reflections from the author’s personal experiences and field research. Researchers and practitioners are encouraged to obtain ethics approval and consult licensed mental health and trauma care providers for further information and best practices in dealing with trauma during research.

TRAUMA & VIOLENT EXTREMISM: A BRIEF OVERVIEW

Trauma is generally understood as an emotionally scarring experience leaving someone with a deep sense of helplessness. It is a psychological “wound” that suddenly overwhelms a person, threatens their life or personal integrity, leaves a perceived feeling of no escape, and triggers accompanying fear that overwhelms the individual’s ability to cope.⁹ The American Psychiatric Association (APA) defines trauma as:

Exposure to actual or threatened death, serious injury or sexual violence in one or more of four ways: (a) directly experiencing the event; (b) witnessing, in person, the event occurring to others; (c) learning that such an event happened to a close family member or friend; and (d) experiencing repeated or extreme exposure to aversive details of such events, such as with first responders.¹⁰

Thus, trauma is not only a phenomenon that a person experiences directly, but also events that occur in the environment that surrounds them. A wide range of events can cause trauma including, but not limited to, death of a loved one, war or continued duress, incarceration, economic grievances, rape, or

9 Balke, “Trauma and Conflict.”

10 American Psychiatric Association (APA), “Diagnostic Criteria for PTSD,” in *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* (American Psychiatric Association, 2013), <https://www.psychiatry.org/psychiatrists/practice/dsm>.

social isolation.¹¹ Its impact can be subtle, insidious, or outright destructive depending on factors including personal characteristics, the type of the event(s), or sociocultural aspects.¹²

Trauma reactions vary as individuals try to manage its distressing effects, including through high-risk behaviors, aggressiveness, or by subconsciously reenacting aspects of the trauma.¹³ Though trauma can be manifested in various forms, it is common for individuals to display signs or symptoms associated with posttraumatic stress disorder (PTSD).¹⁴ Van der Velden and Krasenber note that traumatization is a complex process and the terms “trauma” and “PTSD” are only two of many related phenomena.¹⁵ Though certainly not always, experiencing trauma can increase the risk of a person (re-) engaging in violent behavior.¹⁶

Further, it is important to remember that traumatization entails a dynamic process and does not present just a one time-event, but rather a series of experiences that can accumulate over time and produce various reactions. Trauma is not just something that happened in the past; it also relates to the future. The individual suffering from trauma can feel as if the original event is happening repeatedly, leading to chronic fear and a sense of helplessness.¹⁷

The link between trauma and tendency towards violence has perplexed researchers for decades. However, the relationship between trauma and violent extremism has only begun to be considered in more recent years. How does trauma make an individual more vulnerable towards violence? How does trauma impact individuals who have disengaged from violent extremism? And finally, how does trauma impact the families and communities of those who have participated in violent extremism?

11 Alana Siegel, et al., “Preventing Future Terrorism: Intervening on Youth Radicalization,” in *An International Perspective on Disasters and Children’s Mental Health*, eds. Christina W. Hoven, Lawrence Amsel, and Sam Tyano (Springer International Publishing, 2019), 396.

12 Ibid.

13 Ibid.

14 Substance Abuse and Mental Health Services Administration, *Trauma-Informed Care in Behavioral Health Services* (Rockville, MD: Substance Abuse and Mental Health Services Administration (US), 2014), 89, <https://www.ncbi.nlm.nih.gov/books/NBK207201/>.

15 Maurice van der Velden and Jordy Krasenberg, “PTSD, Trauma, Stress and the Risk of (Re)turning to Violence,” *RAN Centre of Excellence, Ex Post Paper RAN H&SC meeting “PTSD, Trauma, Stress and the Risk of (Re)turning to Violence,” April 10-11, 2018, Lisbon (Portugal)*, https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation_awareness_network/ran-papers/docs/ran_h-sc_ptsd_trauma_stress_risk_re-turning_violence_lisbon_10-11_04_2018_en.pdf.

16 Ibid.

17 Substance Abuse and Mental Health Services Administration, *Trauma-Informed Care in Behavioral Health Services*, 89.

Why is understanding trauma relevant in research & practice addressing violent extremism?

THE POTENTIAL IMPACT OF TRAUMA ON RADICALIZATION PROCESSES

Research from several studies¹⁸ shows that trauma may be one of the risk factors for violent extremism due to both its causes and the resulting psychosocial impairments.¹⁹ Many of these studies focus on exposure to violence at an early age. Some studies have shown that exposure to trauma increases the risk of delinquency,²⁰ while childhood mistreatment also increases the likelihood of becoming violent as an adult.²¹ The Centers for Disease Control and Prevention note that children and youth who have been exposed to violence are at a higher risk of depression and deficiencies in empathy.²² Considering other known risk factors, this might increase vulnerability for perpetrating violence and recruitment into extremist groups. It is important to note that this is not a one-to-one relationship: not all those who experience trauma are more vulnerable to radicalization and not all that are radicalized have been exposed to trauma. Rather, trauma is an additional layer to consider when looking at cases of radicalization. Additional insight into why this may be the case is detailed below.

Research suggests that in some cases trauma can destroy a person's assumptions about themselves and the world around them, which in turn can lead to greater hostility and mistrust that create openness to violent extremism.²³ According to the Institute of Development Studies (IDS), the accumulation of negative experiences over time makes individuals more susceptible to the pull of violent groups, as traumatic experiences during childhood heighten the need for identity, which can be fulfilled by extremist causes.²⁴

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- 18 See, for instance: O. Lynch and S. Lambert, *Child Returnees from Conflict Zones* (RAN Centre of Excellence, November 2016), https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation_awareness_network/ran-papers/docs/issue_paper_child_returnees_from_conflict_zones_112016_en.pdf; Kiran M. Sarma, *Multi-Agency Working and Preventing Violent Extremism: Paper 2* (Radicalisation Awareness Network, 2019), https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation_awareness_network/about-ran/ran-h-and-sc/docs/ran_hsc_policy_mawr_report_sarma_26032019_en.pdf.
- 19 Valerie De Marinis and Eolene Boyd-MacMillan, *A Mental Health Approach to Understanding Violent Extremism* (Paris: Radicalisation Awareness Network, Ex Post Paper RAN Policy & Practice, 2019), https://ec.europa.eu/home-affairs/system/files/2019-07/ran_hsc_prac_mental_health_03062019_en.pdf.
- 20 Robert Vermeiren, "Psychopathology and Delinquency in Adolescents: A Descriptive and Developmental Perspective," *Clinical Psychology Review* 23, no. 2 (March 2003): 277-318, [https://doi.org/10.1016/s0272-7358\(02\)00227-1](https://doi.org/10.1016/s0272-7358(02)00227-1).
- 21 Van der Velden and Krasenberg, "PTSD, Trauma, Stress and the Risk of (Re)turning to Violence."
- 22 Jim Mercy, "CDC Measures Violence against Children, Sparks Action," *CDC Foundation*, November 25, 2013, <https://www.cdcfoundation.org/blog-entry/cdc-measures-violence-against-children-sparks-action>; Leila Milani, "Youth, Trauma and Radicalization," *Futures Without Violence, Blueprint*, May 2017, https://www.futureswithoutviolence.org/wp-content/uploads/FWV_blueprint_7-Youth.pdf.
- 23 Dylan O'Driscoll, "Links Between Childhood Experience of Violence and Violent Extremism," *K4D*, December 15, 2017, https://assets.publishing.service.gov.uk/media/5c1903f740f0b60c2c1c798a/248_Childhood_Experience_of_Violence_and_Violent_Extremism.pdf.
- 24 Ibid. See also: Jytte Klausen, et al., "Radicalization Trajectories: An Evidence-Based Computational Approach to Dynamic Risk Assessment of 'Homegrown' Jihadists," *Studies in Conflict & Terrorism* 43, no. 7 (July 2, 2020): 588-615, <https://doi.org/10.1080/1057610x.2018.1492819>, which used a probabilistic simulation model to identify common high-risk sequential behavioral segment pairs in the U.S. terrorism offenders' pathways to terrorist criminality. The study found that push factors include traumatic events (occurring mostly at an early stage) or other adverse circumstances that may cause an individual to seek a solution in extremism.

Radicalisation Awareness Network (RAN) authors argue that a higher exposure to trauma leads to a greater likelihood of PTSD, which correlates with increased anger and hostility and greater urge for revenge than reconciliation, thus increasing the prospect of supporting violent extremism.²⁵ Evidence suggests that “chronic and severe stress resulting from multi-trauma experiences contributes to mental health imbalances later in life, increasing general vulnerability including towards violent extremism.”²⁶

Using life histories of violent white supremacists, Simi et al. found that non-ideological risk factors including trauma accumulate over time, beginning during childhood, and act as precursors to participation in violent extremist groups.²⁷ They argue that social–psychological processes that implicate cognition influence the effects of risk factors on future engagement in antisocial behavior and criminally-oriented groups, including violent extremist groups. Of the subjects interviewed by Simi et al., 64 percent reported witnessing serious violence.²⁸ Exposure to torture or the brutal killing of a relative or friend, severe humiliation, or being denied rights over extended periods may all increase an individual’s susceptibility.²⁹

Dr. Bessel van der Kolk, a leading specialist on trauma, offers a more clinical explanation. He posits that trauma is not the story of something terrible that happened in the past, but the residue of imprints left behind in people’s sensory and hormonal systems. “The body keeps the score,” leaving traumatized people terrified of the sensations in their own bodies.³⁰ Thus, looking for an outlet for fear or anger, violent crimes are often committed by people who lack the ability to regulate and modulate their bodily response to perceived danger, which in some instances relates to trauma.³¹

A study of ISIS recruits on six continents underscored the personal nature of their engagement in violent extremism, finding that exposure to ideological propaganda as well as direct or indirect group influence may play a role in radicalization processes.³² Extremist ideology may provide a sense of purpose and offer a protective shield in the short term against other mental health problems.³³ With the right narrative and exposure, individuals alienated by their communities or families may perceive extremist groups as caring entities, view their group leaders as surrogate father figures, and perceive the group’s social norms as accepting of who they are.³⁴

25 O’Driscoll, “Links Between Childhood Experience of Violence and Violent Extremism.”

26 van der Velden and Krasenberg, “PTSD, Trauma, Stress and the Risk of (Re)turning to Violence.” See also: Leila Milani, “Youth, Trauma and Radicalization,” where she argues that exposure to traumatic stress and violence as a child has deep, long-term consequences which increase risk to various negative outcomes, including recruitment to violent groups.

27 Pete Simi, Bryan F. Bubolz, Hillary McNeel, Karyn Sporer, and Steven Windisch, “Trauma as a Precursor to Violent Extremism: How Non-ideological Factors can Influence Joining an Extremist Group,” *START*, April 2015, https://www.start.umd.edu/pubs/START_CSTAB_TraumaAsPrecursortoViolentExtremism_April2015.pdf.

28 Ibid.

29 Milani, “Youth, Trauma and Radicalization.”

30 Peter Weinberger, “Implications of Research on Traumatic Stress for Countering Violent Extremism,” *START*, August 3, 2016, <https://www.start.umd.edu/news/implications-research-traumatic-stress-countering-violent-extremism>.

31 Ibid.

32 De Marinis and Boyd-MacMillan, *A Mental Health Approach to Understanding Violent Extremism*.

33 Ibid.

34 Ibid.

THE IMPORTANCE OF TRAUMA IN CONFLICT-AFFECTED CONTEXTS: IMPLICATIONS FOR RESEARCH & PRACTICE ADDRESSING RADICALIZATION & REINTEGRATION PROCESSES

Post-conflict countries are among some of the contexts in which trauma may be widespread across different population groups and in which issues associated with violent extremism may be present. Thus, it is important to explore and address the role of trauma in these settings to prevent potential long-term repercussions, both in informing assessments of its potential impact on radicalization, and in informing efforts to reintegrate former violent extremists and their families back into these contexts.

Trauma in conflict affected contexts – Implications for understanding radicalization

A study on associations between exposure to violence, trauma-related symptoms, and aggression among Congolese refugees in Uganda showed that war-related trauma exposure has been linked to aggression and enhanced levels of community and family violence, suggesting a cycle of violence.³⁵ In another study, Keresteš interviewed around 700 children in Croatia three years after the end of the war and found that those who had been exposed to a higher level of war trauma in early school years considered themselves as more aggressive than their peers who had experienced a smaller number of war stressors.³⁶ In youth exposed to war, prior exposure to childhood trauma is also associated with greater post-traumatic symptoms and increased involvement in violence.³⁷ A study by Pat-Horenczyk et al. on Israeli youth exposed to terrorism showed that adolescents suffering from PTSD reported more risk-taking behaviors than non-symptomatic adolescents.³⁸ PTSD symptoms include a bleak vision of the future, which can make the idea of dying for a cause more appealing.³⁹ Understanding how that may affect radicalization to violent extremism, thus, may be important.

Current research provides no clear-cut answers to questions such as: Does the trauma experienced in post-conflict countries influence radicalization within them, and if so, how? Research does, however, reveal a number of ways in which individuals who have experienced trauma during conflict may interact with extremist narratives. For example, traumatizing events can leave an individual with a yearning for identity that is fulfilled by extremist causes.⁴⁰ Through effective messages, recruiters may reinforce cause-and-effect narratives that assign blame for in-group suffering to an “other” group whose practices

35 Tobias Hecker, Simon Fetz, Herbert Ainamani, and Thomas Elbert, “The Cycle of Violence: Associations Between Exposure to Violence, Trauma-Related Symptoms and Aggression—Findings from Congolese Refugees in Uganda,” *Journal of Traumatic Stress* 28, no. 5 (October 2015): 448-55, <https://doi.org/10.1002/jts.22046>.

36 Gordana Keresteš, “Children’s Aggressive and Prosocial Behavior in Relation to War Exposure: Testing the Role of Perceived Parenting and Child’s Gender,” *International Journal of Behavioral Development* 30, no. 3 (May 2006): 227-39, <https://doi.org/10.1177/0165025406066756>.

37 Christina W. Hoven, Lawrence Amsel, and Sam Tyano, eds., *An International Perspective on Disasters and Children’s Mental Health* (Springer International Publishing, 2019), 396.

38 Hoven, et al., *An International Perspective on Disasters and Children’s Mental Health*.

39 Ibid.

40 National Academies of Sciences, Engineering, and Medicine, *Countering Violent Extremism Through Public Health Practice: Proceedings of a Workshop* (Washington, DC: The National Academies Press, 2017), <https://doi.org/10.17226/24638>.

are perceived as the source of the trauma.⁴¹ Conditions or experiences that tend to increase individuals' susceptibility to trauma can, therefore, also increase their identification with these types of narratives.⁴²

The percentage of violent extremists in comparison to the general population is relatively low. As noted above, not all traumatized individuals engage in violent acts, and not all violent extremists are traumatized.⁴³ This raises the question: What makes those experiencing trauma who do radicalize different? According to some studies, resilience and a strong social support system are key to avert radicalization. As Hecker et al. argue, resilience and other protective factors (personal or community-based) can make up for risk factors such as trauma, facilitating a positive final outcome with very few traumatized young people turning towards violent extremism.⁴⁴

The expression of trauma and PTSD can vary across socio-cultural contexts.⁴⁵ Thus, cross-comparison studies are necessary to fully understand its correlation with violent behavior and its centrality to P/CVE program effectiveness. Ultimately, current studies seem to suggest that trauma merits further consideration in exploring pathways to violent extremism. Research on traumatic stress and ways to address it⁴⁶ can inform models for P/CVE, especially in building individual and community resilience.

Trauma beyond radicalization: Implications for disengagement & reintegration

While a growing body of literature examines trauma's relation to the radicalization process, equally important is the role of trauma in the reintegration process and among the families and communities who have experienced violent extremism, or from which violent extremists originate. This is of particular importance to researchers interacting with communities and families who have experienced or are experiencing trauma due to legacies of conflict or resulting from their engagement in violent extremism.

Trauma & deradicalization & reintegration

The role of trauma is especially relevant to understanding repatriation, reintegration, and reconciliation processes for former extremists directly involved in active conflict or those socializing in violent extremist environments. Reports citing references to a "hellish world" experienced prior to joining violent extremist groups raise the broader question about how traumatic stress contributes to radicalization, especially

41 Patrick J. Christian, "A Psycho-Emotional Human Security Analytical Framework: Origin and Epidemiology of Violent Extremism and Radicalization of Refugees," *Small Wars Journal*, April 18, 2017, <https://smallwarsjournal.com/jrn/art/a-psycho-emotional-human-security-analytical-framework-origin-and-epidemiology-of-violent-e>.

42 Milani, "Youth, Trauma and Radicalization."

43 Paulussen et al., *Mental Health and the Foreign Fighter Phenomenon: A Case Study from the Netherlands*.

44 Ibid.

45 Naim Fanaj and Erika Melonashi, "Understanding and Describing PTSD in Kosovo: A Systematic Evidence-Based Review," *SAGE Open* 7, no. 4 (October 2017), <https://doi.org/10.1177/2158244017734588>.

46 For understanding and treating traumatic stress, see: Bessel van der Kolk, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (Penguin Publishing, 2015).

for children and youth.⁴⁷ However, delineating the role of trauma does not include only accounting for its impact on radicalization, but also how it should be considered in designing disengagement and reintegration programs. In these efforts, there are multiple lessons that can also be drawn from reconciliation and restorative justice principles, which, in addition to offering a sense of justice, can reduce stigma against those disengaging, enable routine prosocial engagement, and provide a tangible alternative identity.⁴⁸

Individuals undergoing rehabilitation and reintegration programs are more likely to be suffering from PTSD or other forms of trauma than those participating in prevention-focused programs.⁴⁹ Thus, offenders' individual circumstances, including the experience of trauma, may require unique psychology-based interventions.⁵⁰ As Bosley states, "healing trauma and addressing other mental and behavioral health challenges in people who are disengaging can encourage help-seeking behavior and a willingness to engage with others."⁵¹ Treating trauma could often be one of the first steps to influence changes in the outward demeanor (e.g. apathy, unresponsiveness, anger, etc.) of individuals formerly associated with extremist groups, and address some of the factors that could prevent them from returning to or being welcomed in their communities.⁵²

Importantly, as Bosley also notes, trauma-informed care "is not a technique or method, but instead an awareness and sensitivity" that those implementing reintegration and rehabilitation programs must maintain to avoid subjecting a person to additional trauma.⁵³ Thus, adopting a public health approach that addresses trauma and provides behavioral and psychosocial support may provide a pathway for former violent extremists to find their humanity and dignity outside the influence of violent extremism.⁵⁴

Pro-social engagement with other members of the community is tied with better prospects for rehabilitation and reintegration. In the efforts to pull individuals away from violence, communities must be consulted and included to provide those disengaging with a sustainable alternative to redefine their future.⁵⁵ Exposure to trauma and the resulting need for psychosocial services does not absolve individuals of the responsibility for having engaged with violent groups or in criminal behavior—yet, it should be

47 Milani, Leila. "Youth, Trauma and Radicalization."

48 Chris Bosley, *Violent Extremist Disengagement and Reconciliation: A Peacebuilding Approach* (Washington, D.C.: United States Institute of Peace, 2020), <https://www.usip.org/publications/2020/07/violent-extremist-disengagement-and-reconciliation-peacebuilding-approach>.

49 Organization for Security and Co-operation in Europe, *Non-custodial Rehabilitation and Reintegration in Preventing and Countering Violent Extremism and Radicalization That Lead to Terrorism: A Guidebook for Policymakers and Practitioners in South-Eastern Europe* (Vienna: OSCE, 2020), 34, <https://www.osce.org/secretariat/444838>.

50 Ryan J. Williams, "Approaches to Violent Extremist Offenders and Countering Radicalisation in Prisons and Probation," *RAN Centre of Excellence* (2016), 2, https://ec.europa.eu/home-affairs/sites/default/files/what-we-do/networks/radicalisation_awareness_network/about-ran/ran-p-and-p/docs/ran_pp_approaches_to_violent_extremist_en.pdf.

51 Bosley, *Violent Extremist Disengagement and Reconciliation*, 2.

52 Leanne Erdberg Steadman, *Disengagement and Reconciliation in Conflict-Affected Settings* (Washington, D.C.: United States Institute of Peace, 2020), 5, <https://www.usip.org/publications/2020/08/disengagement-and-reconciliation-conflict-affected-settings>.

53 Bosley, *Violent Extremist Disengagement and Reconciliation*.

54 Ibid.

55 Erdberg Steadman, *Disengagement and Reconciliation in Conflict-Affected Settings*, 5.

recognized that trauma can affect victims and perpetrators.⁵⁶ Programs should also consider the trauma experienced by communities affected by violent extremism, not only the trauma experienced by the violent extremists themselves, to promote collective healing.

Since trauma's role in understanding radicalization continues to be a securitized topic, it is important for researchers and practitioners to be aware of how it may affect vulnerable groups. For instance, individuals or communities affected by violent extremism which have experienced traumatic events may reveal different levels of vulnerability depending on personal characteristics such as gender, age, ethnicity, socio-economic standing, etc. As a UNDP report notes, for deradicalization programs this necessitates a case-by-case assessment including not only sensitivity to the gendered dimensions of each case but also male and female programmatic personnel trained "to undertake such assessments for rehabilitation and reintegration programs, including for minors, and deal with both the impact of trauma that individuals may face as well as the threat they may pose."⁵⁷ Dean and Kessles note that a sensitive and empathic response to trauma and victimization may also challenge perceptions and feelings toward other groups, such as dehumanization of and hatred toward representatives of state authorities, which could make disengagement and cooperation with intervention and reintegration efforts much easier.⁵⁸

Importantly, some have noted that to reduce stigma and promote interactions between program beneficiaries and the community, programs geared towards facilitating personal and social development should engage directly with communities.⁵⁹ Ultimately, since those affected by violent extremism include victims and perpetrators, as well as other members of the community who may have been exposed to trauma, it is important to understand the vulnerability of these groups while interacting with them. Thus, those conducting research in this space must be aware of the challenges that arise while interacting with groups affected by trauma, which can be a difficult undertaking not only in regard to obtaining research insights but also in terms of integration of trauma-informed care in the design and implementation of reintegration and rehabilitation programs. In the next section, the author draws from personal experience conducting research with affected populations to illustrate some of the challenges, while also hinting at areas in need of greater focus.

Trauma & research on violent extremism

Understanding the issue of trauma as it relates to communities affected by violent extremism and violent extremists themselves is imperative, especially when doing research in a post-conflict context. Research shows that the impact of trauma is long-term and that these "invisible wounds" can leave a society

⁵⁶ Ibid.

⁵⁷ Sanam Naraghi Anderlini and Melinda Holmes, *Invisible Women: Gendered Dimensions of Return, Rehabilitation and Reintegration from Violent Extremism* (United Nations Development Programme (UNDP) and International Civil Society Action Network (ICAN), 2019), 40, <https://icanpeacework.org/wp-content/uploads/2019/02/ICAN-UNDP-Rehabilitation-Reintegration-Invisible-Women-Report-2019.pdf>.

⁵⁸ Christopher Dean and Eelco Kessels, *Compendium of Good Practices in the Rehabilitation and Reintegration of Violent Extremist Offenders* (Global Center on Cooperative Security, 2018), 21, <https://www.veocompendium.org/>.

⁵⁹ Bosley, *Violent Extremist Disengagement and Reconciliation*.

vulnerable to a recurrence of violence.⁶⁰ In such settings, a number of factors should be considered such as the high risk of re-traumatization (even if involuntarily), dealing with unaddressed trauma, and accounting for the role of shame and stigma especially among family members in otherwise still divided societies.⁶¹ Individuals who live in post-conflict societies are more likely to have been exposed to trauma, and their experience with violent extremism could present only one episode in a series of occurrences that have left painful marks on them. In many instances, post-conflict settings are also characterized by limited resources dedicated to mental health support, which is why respondents may be dealing with unaddressed trauma. For instance, studies show that in post-war societies, such as those in the Balkans, unprocessed cumulative trauma has become deeply embedded in the collective memory and the effects of collective traumatization have been multidimensional.⁶² Thus, interacting in these contexts necessitates trauma-informed approaches that not only focus on identifying individuals who have histories of trauma and traumatic stress symptoms but also on adopting prevention strategies to avoid re-traumatization and promote resilience.⁶³ This is the case even for research that is not specifically focused on understanding the role of trauma in radicalization and reintegration processes given the possibility that issues associated with trauma may inevitably come up in research on violent extremism conducted in post-conflict societies, as was the case in my own research on violent extremism in Kosovo. Researchers should acquire ethics approval, locate resources to prepare them to recognize how this may manifest, and identify strategies to address trauma before undertaking research.

Re-traumatization of respondents can occur throughout the different stages of the research process: e.g., while they are retelling their stories, are faced with representatives of certain state institutions or stakeholders, are shown triggering imagery or video content, or are interviewed in perceived unfriendly settings or spaces, etc.⁶⁴ Moreover, individuals who have encountered trauma as a result of experiences with violence can also face greater levels of stigma, whether from their immediate family members or the broader community. The level of stigma can be particularly present when dealing with certain types of violence, such as sexual violence, where the shame that often accompanies such crimes is mistakenly placed upon the victim rather than the perpetrator. Navigating these sensitivities when dealing with vulnerable groups in post-conflict contexts is often difficult, especially when dealing with securitized topics such as violent extremism. Drawing on personal experience, the next section reflects on my own observations and challenges encountered related to potential manifestations of trauma that came up while conducting my research on violent extremism in Kosovo.

60 The World Bank, "Social Development Notes: Conflict Prevention and Reconstruction," *Social Development Notes: Conflict Prevention and Reconstruction* 13 (2003), 1, <https://web.worldbank.org/archive/website00522/WEB/PDF/CPR13LEG.PDF>.

61 "Clinical Issues Across Services," in *Trauma-Informed Care in Behavioral Health Services, Treatment Improvement Protocol (TIP) Series, No. 57* (Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (US): 2014), <https://www.ncbi.nlm.nih.gov/books/NBK207185/>.

62 Delicet. al, "Academic Model of Trauma Healing in Post-war Societies," *Acta Medica Academica* 43, no. 1 (2014): 76-80, https://www.researchgate.net/publication/262845678_Academic_model_of_trauma_healing_in_post-war_societies/link/53d155ad0cf220632f39305c/download.

63 Ibid.

64 Amanda Weiss, "Retraumatization and Social Sciences Research: Theoretical and Empirical Perspective," (2021): 2, <https://osf.io/rvksp>.

INSIGHTS FROM FIELD RESEARCH IN KOSOVO

An estimated 403 Kosovars joined or traveled to foreign conflicts in Syria and Iraq between 2012 and 2018, of which 255 men are considered foreign fighters, while the rest are broadly categorized as non-combatants.⁶⁵ Studies exploring drivers of violent extremism in Kosovo, as manifested through the foreign fighter phenomenon, point to the potential influence of a combination of tangible internal conditions such as a weak economy, political instability, a poor education system, and the rise of various Islamic nongovernmental organizations competing in Kosovo's newly democratized public sphere.⁶⁶ Issues of identity, belonging, purpose, and social isolation or outright exclusion also figure prominently. Yet, there has been no in-depth study that looks into the role of trauma in the radicalization process, even though some publications mention trauma briefly.⁶⁷ While there is an obvious need to better understand the role of trauma in violent extremism, there is also a compelling need to better prepare researchers who may find themselves in situations in which trauma is brought up. Even though trauma was not the focus of my study, in my personal experience interviewing family members of foreign fighters, as well as women returnees in Kosovo, the potential impact of trauma became evident early on. Based on my experience, I provide insights below on the role it may play and the difficulties it may pose to researchers either studying trauma and violent extremism specifically, or studying other topics related to violent extremism.

Context & Engagement with Research Participants

War is a major disruptive event—societies that experience conflict are likely to suffer from prolonged traumatic stress years after the conflict ends.⁶⁸ Kosovo experienced the destruction of war over 20 years ago, which left around 13,000 people killed, an estimated 20,000 women and men raped, half the country's population (about a million people) fleeing as refugees, and over 1,600 people still missing today.⁶⁹ Beyond mere statistics, these data suggest that a large portion of the country's population is likely to have been directly or indirectly affected by trauma.

A research study on PTSD in the sociocultural context of Kosovo demonstrated that even ten years post-war, prevalence rates for PTSD are still high among refugees, veterans, and civilians exposed to trau-

65 Skënder Perteshi and Ramadan Ilazi, *Unpacking Kosovo's Response to Returnees from the War Zones in Syria and Iraq* (Pristina: Kosovar Centre for Security Studies, 2020), http://www.qkss.org/repository/docs/violent-extremism-eng_978757.pdf.

66 Garentina Kraja, *The Islamic State Narrative in Kosovo Deconstructed One Story at a Time* (Pristina: Kosovar Centre for Security Studies, 2017), http://www.qkss.org/repository/docs/ISinKosovo-eng_794656.pdf.

67 See, for example: Anne Speckhard and Adrian Shajkovic, "The Balkan Jihad: Recruitment to Violent Extremism and Issues Facing Returning Foreign Fighters in Kosovo and Southern Serbia," *Soundings: An Interdisciplinary Journal* 101, no. 2 (2018): 79-109, <https://doi.org/10.5325/soundings.101.2.0079>.

68 Zachary Steel, et al., "Association of Torture and Other Potentially Traumatic Events with Mental Health Outcomes Among Populations Exposed to Mass Conflict and Displacement," *JAMA* 302, no. 5 (August 5, 2009): 537-49, <https://doi.org/10.1001/jama.2009.1132>.

69 See: Milka Domanovic, "List of Kosovo War Victims Published," *Balkan Transitional Justice*, December 10, 2014, <https://balkaninsight.com/2014/12/10/kosovo-war-victims-list-published/>; Valerie Plesch, "A Dark Legacy: The Scars of Sexual Violence from the Kosovo War," *Politico*, March 25, 2019, <https://www.politico.eu/interactive/a-dark-legacy-the-scars-of-sexual-violence-from-the-kosovo-war/>.

ma.⁷⁰ Studies in Kosovo suggest that anxiety, depression, suicidal thoughts, anger, and revenge thoughts often correlate with PTSD.⁷¹ These data should serve as a starting point in thinking through the role of trauma within social phenomena in Kosovo. In my own discussions with family members of foreign fighters—those accompanying foreign fighters in foreign conflict zones as well as those who never left the country—it became apparent that memories of the Kosovo War are still present, and the trauma may still remain. Indeed, common extremist narratives targeting Kosovo have made constant references to war-related grievances and comparisons between the Kosovo War and the conflict in Syria, including talking about how “brothers have been tortured and sisters are being raped.”⁷² Insights from my experience interviewing family members of foreign fighters validate the need for further research. Although the focus of the interviews was on immediate needs to better understand the receiving environment in which the foreign fighters would eventually return, trauma became a recurring theme. Vivid recollections of war memories were common.

The family members of foreign fighters brought up topics that suggested traumatic experiences may have impacted radicalization processes in numerous ways. For instance, in one case, a respondent shared that their family member, a prominent foreign fighter, was exposed to extreme violence during the Kosovo War while he was just a child. During the war, he witnessed his sibling and his mother being tortured by Serbian security forces. However, in accounts available at the time describing his radicalization process, there was no discussion of trauma as a relevant factor. In another case, a respondent noted how their current living situation, faced with the prosecution of their son on terrorism-related charges, financial strains, and the respondent’s own suffering from a severe illness, was taking a toll on the respondent and other family members, in addition to recalling war-related trauma. Moreover, respondents’ experiences with police raids as part of institutional efforts to persecute foreign fighters was said to have brought flashbacks of persecutions during the war—an experience that may have been troubling for them.

However, as radicalization was not within the scope of my interviews, I was not able to probe further. When respondents reveal sensitive or traumatic experiences, researchers may find themselves in a difficult spot – what is the best way to respond? It is important to be prepared and to be able to identify potential sensitive topics related to trauma when conducting research, especially because it provides important insight for policy and practice and because, if unidentified and probed further, discussing traumatizing or sensitive topics may inadvertently retraumatize participants. More on this is discussed below.

Another factor to discuss and consider is how verbal and physical signs of trauma or discomfort may manifest during discussions with research participants. In one case, a woman returnee whose husband was still in a foreign conflict zone exhibited a series of confusing reactions during the interview as she recalled the loss of two close family members. As she explained her bereavement she was smiling, which,

70 Fanaj and Melonashi, “Understanding and Describing PTSD in Kosovo.”

71 Ibid.

72 For a deconstruction of extremist narratives, see, for instance: Kraja, *The Islamic State Narrative in Kosovo Deconstructed One Story at a Time*.

to me, seemed to suggest a visible disconnect between her narrative and emotions.⁷³ This brought up a further dilemma: how, as a researcher, do you react to interviewees' emotions or to their story? What is the risk of researcher feedback inadvertently triggering a negative response by the respondent? For me, previous sensitization and trauma-awareness training was helpful in navigating this experience, but for researchers without prior training or understanding, situations like this may be more difficult to identify and address.

During my interviews, family members of foreign fighters also pointed out that trauma might affect children in their families, and in many cases they lack the knowledge or know-how to approach them. In contexts like Kosovo, where seeking mental health support is still largely considered taboo, many in need of mental health services may be left untreated, including those affected by trauma and violent extremism. In some cases during my interviews with family members and women returnees, respondents were inclined to talk for more extended periods than anticipated, which seemed to be a sign that talking may have been a cathartic experience for them. In these cases, I faced the challenge of whether to interrupt respondents or allow them to continue expressing their emotions. While they may see talking to a researcher as a substitute for seeking mental health support, however, talking and other forms of therapies to address trauma or stress should be overseen by a trained psychologist or psychiatrist. Since in such instances respondents often share common worries, fears, concerns, or problems they face, they tend to also turn to the researcher for guidance.⁷⁴ Giving advice to respondents, however, is not the role of researchers. It can also interfere with efforts to objectively portray or analyze their case.⁷⁵

CONSIDERATIONS FOR THE FIELD

Advancing sensitivity to & preparation for researchers interacting with trauma

Researching violent extremism may necessarily involve interacting with trauma, especially due to the often traumatic nature of the topic. While more research is needed to better understand how trauma impacts individuals and communities affected by violent extremism, additional efforts to better prepare researchers interacting with potentially traumatizing subjects are necessary. Some considerations for the field moving forward are presented below. Ultimately, however, individuals should consult with a licensed mental health care provider, trauma specialist, and/or their institutions for advice and resources to prepare for and address issues associated with mental health and trauma.

73 For an explanation about why this phenomenon occurs among traumatized individuals, see: Lisa Ferentz, "Why Clients Smile When Talking About Trauma," *Psychology Today*, September 4, 2015, <https://www.psychologytoday.com/us/blog/healing-trauma-s-wounds/201509/why-clients-smile-when-talking-about-trauma-part-1>.

74 Julia Chaitin, "'I Wish He Hadn't Told Me That': Methodological and Ethical Issues in Social Trauma and Conflict Research," *Qualitative Health Research* 13, no. 8 (2003): 1145-54, <https://pubmed.ncbi.nlm.nih.gov/14556424/>.

75 See Allmark et. al, "Ethical Issues in the Use of In-depth Interviews: Literature Review and Discussion," *Research Ethics Review* 5, no. 2 (2009): 48-54, <https://journals.sagepub.com/doi/pdf/10.1177/174701610900500203>.

1. Understand and prepare for trauma. Prior to conducting research with human subjects in the field of violent extremism, researchers should consider obtaining as much information about the research context as possible, especially in post-conflict environments. What communities, groups, or individuals are more likely to have experienced trauma? Are any of those individuals or communities going to be part of your research? In countries, such as Kosovo, that have experienced conflict, war-related trauma may be prevalent, notwithstanding other layers of trauma that an individual may acquire over time. Moreover, among the growing rates of conflict-zone returnees from Syria and Iraq, experience with trauma is well-established and researchers should be aware that it might come up during interactions with research participants. Even in cases when trauma is not outright visible or probable, researchers should still consider consulting with mental health care and trauma specialists for guidance on how to prepare for these situations and identify potential signs of it so as to avoid potentially harming their research participants.⁷⁶ Institutions sponsoring research should also consider investing in mental health care and trauma resources and trainings to help prepare researchers studying sensitive subjects such as violent extremism.

2. The importance of ethical guidelines, honesty, and transparency. In interacting with individuals that have experienced trauma, one of the principal considerations should be to do no harm and avoid re-traumatization. This includes following research protocol in obtaining informed consent for the interview process, protecting confidentiality, providing contact details of mental health services, if needed and advised, and emphasizing that respondents can withdraw from the interview at any moment. Given that individuals affected by trauma and violent extremism are often susceptible to the effects of resurfacing negative emotions, it is imperative to be completely honest about the goals of the research project and the role of the researcher. Honesty is crucial in building rapport with respondents in order for them to feel comfortable in sharing information and in ensuring a do-no-harm approach and ethical research processes. Respondents should never be pressured into sharing what they feel reluctant to share. However, as they build trust, respondents may also mistake researchers for a source of help with their personal concerns (e.g., dire economic conditions) beyond the scope of the project. In order to avoid any misunderstandings or raising false expectations, researchers need to balance building rapport with a constant reminder that a researcher's key contribution is to present their case as objectively as possible.

3. The importance of self-care. Efforts to raise awareness about the presence of trauma among researchers of violent extremism are increasing, as researchers continue to be regularly exposed to extremist content or stories of trauma, though their psychological impact on researchers is not completely understood.⁷⁷ Researchers may benefit from established methods to

76 For a mental health and counter-extremism framework see: Zainab al-Attar, *Extremism, Radicalisation & Mental Health: Handbook for Practitioners* (RAN Centre of Excellence, 2019), https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation_awareness_network/about-ran/ran-h-and-sc/docs/ran_h-sc_handbook-for-practitioners_extremism-radicalisation-mental-health_112019_en.pdf.

77 See: Charlie Winter, *Researching Jihadist Propaganda: Access, Interpretation, and Trauma* (Washington, D.C.: RESOLVE Network, 2019), <https://doi.org/10.37805/rve2019.1>.

manage psychological distress as a result of an emotionally taxing work environment,⁷⁸ but, ultimately, researchers should consult mental health care and trauma specialists when needed. Institutions sponsoring research on topics like violent extremism, which can be traumatizing to the researcher, should consider investing in mental health care support and resources for researchers in need.

CONCLUSION

This chapter offered an overview of the available research on the relationship between trauma and violent extremism, while drawing attention to the lingering gaps in the current body of knowledge. The chapter hopes to also bring attention to the need to rethink the positioning of mental health support in P/CVE, particularly in initiatives for the rehabilitation and reintegration of violent extremists, as well as the need for further research examining how trauma may impact violent extremism or fuel cycles of violence. For instance, the inability to address past wounds in post-conflict countries may act as an impediment to reconciliation and sustainable peace. Though we might not expect a causal relationship between trauma and radicalization, that does not necessarily mean it plays no role at all. A nuanced understanding of the role of trauma and its relationship with violent extremism is necessary not only to identify vulnerabilities but also to determine viable options to strengthen individual or collective resilience.

This is similarly important for those undertaking research, be it on the role of trauma in issues related to violent extremism, or on other violent extremism topics. While my research, discussed in this report, involved interviews with family members of foreign fighters and women returnees from the conflict zones in Syria and Iraq, the intention of the research was not to explore the impact of trauma. Still, issues associated with or potentially pointing to traumatization came up during my research and interviews. Researchers should be prepared for the fact that traumatizing or sensitive subjects may come up during research and interviews about violent extremism. For those researching violent extremism, and institutions sponsoring researchers, it may be prudent to consult with mental health care providers and trauma specialists prior to conducting research to further prepare for these types of situations.

The evolution of the violent extremism threat landscape over time requires researchers and practitioners to adapt their focus accordingly. In considering means by which to address or better understand violent extremism, however, it is necessary for stakeholders, especially researchers and practitioners to also account for factors such as experienced trauma, that may be critical in understanding the issue, especially in post-conflict contexts.

78 See, for instance: American Psychiatric Association, “Coping with Stress at Work,” October 14, 2018, <https://www.apa.org/helpcenter/work-stress>.

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