



# COUNTER EXTREMISM PROJECT

## ALTERNATIVE PATHWAYS

A TRAUMA- AND COUNTERING VIOLENT EXTREMISM-INFORMED  
THEORY OF CHANGE FOR THE REHABILITATION AND  
REINTEGRATION OF EXTREMIST OFFENDERS AND THOSE  
SUSCEPTIBLE TO RADICALIZATION IN AMERICAN PRISONS



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## PREFACE

Countries worldwide continue to grapple with questions about how to best rehabilitate and reintegrate convicted terrorism-related offenders and those with known violent extremist affiliations. This population represents a diverse range of ideological backgrounds and movements (i.e., religious, ethnonationalist, far-right, far-left, etc.), and, while there are several manuals and “good-practice” guides to inform those tasked with monitoring and supporting violent extremism-related offenders returning to society, there remains no clear framework for the development of a comprehensive policy and programming methodology.

Though some progress has been made, there remains little in the way of an evidence-base for a holistic framework that can guide nascent rehabilitation and reintegration efforts. This represents a major gap in efforts to secure public safety over the near and long term.

Additionally, there remains a lack of rigorous research to address pressing questions such as: what happens when terrorism-related offenders are released from prison; do they emerge rehabilitated and prepared for reintegration; to what extent do they continue to pose a risk to public safety; are there effective in-prison interventions that can reduce the risk of recidivism post-release; do different types of terrorism-related offenders pose (and themselves face) distinctive challenges because of their specific ideological orientation, role, or time spent in their

respective movement; and perhaps the most pressing, how can we (and they) truly know if they are effectively ‘deradicalizing’ in prison and reintegrating back into the society.

This document describes a general Theory of Change (ToC) specific to convicted terrorism-related offenders and those with known violent extremist affiliations in the United States. Its purpose is to advance context-specific programming and supervision, and to provide tailored services for the effective reintegration of this “hard to reach” population, both in-prison and upon release.

This ToC narrative is informed by a comprehensive, multidisciplinary review co-developed by Dr. John Horgan, a terrorism researcher and independent consultant on this project; Jesse Morton, a former jihadist propagandist and co-founder of Parallel Networks, a nonprofit dedicated to combating polarization, hate, and violent extremism in the United States; and Dr. Juncal Fernandez-Garayzabal, also a co-founder of Parallel Networks. As part of its ecosystemic approach, Parallel Networks has developed a community-led program for the rehabilitation and reintegration of criminal offenders with known affiliations to extremist movements and ideologies in the United States and elsewhere called *Alternative Pathways*, launched in 2018.

Additionally, this ToC draws from *When Terrorists Come Home: The Need for Rehabilitating and Reintegrating America’s Convicted Jihadists*,<sup>2</sup> a

report jointly published by the Counter Extremism Project (CEP) and Parallel Networks in December of 2018. The report was based on interviews conducted with violent extremist offenders in the United States still serving time but set for release in the near term, as well as those who had already been released and were reintegrating. It provided a thorough review of the policy and academic literature related to the rehabilitation and reintegration of violent extremist offenders and was informed by conversations with current and former government officials, counter-extremism professionals, preventing and countering violent extremism (P/CVE) practitioners, academics, and others. It also advanced recommendations applicable to violent extremist offenders in general, regardless of their ideology, with the understanding that there may need to be some specificity in matching programs to the nature of the threat.

This multidimensional ToC is part of a project funded by the U.S. Department of Homeland Security's (DHS) Office of Targeted Violence and Terrorism Prevention FY2020 grant program. It proposes a systems-based approach and method that can contribute to DHS's work to prevent terrorism and targeted violence via the advancement of P/CVE programming and the development of whole-of-society, local prevention frameworks. The project will build off the experience and knowledge the *Alternative Pathways* pilot efforts generated and will document the outcome of the design and development of workbooks and a curriculum for administration in institutional settings or via mail correspondence with high-risk or at-risk inmates with known affiliations to violent extremist groups and ideologies. That curriculum, which is to be tested with at least four groups in California state prisons, will be connected to post-release programming that seeks to mitigate the risks of recidivism and facilitate safe, healthy, and dignified rehabilitation and reintegration.

This ToC offers appreciation for the complexity that has hindered efforts to understand violent extremist offender reintegration and the study of radicalization to violence in general. Thus far, reintegration-oriented programming for extremist offenders has mostly been implemented absent an explicit ToC. While in the United States there remains no formal in-prison or post-release programming for known violent extremists or terrorism-related offenders, recidivism amongst terrorist offenders in European countries like the U.K.,<sup>3</sup> France,<sup>4</sup> Austria,<sup>5</sup> and elsewhere documents



how a single case of terrorism committed by an individual or collective previously incarcerated (and in a few cases released early) can have damaging impacts on public safety, political controversy, and public opinion.

Absent or poorly designed ToCs risk advancing programming and interventions on untested assumptions about what fosters change. Consequently, risking such interventions might in practice do more harm than good. The proposed ToC and accompanying narrative outline a multidisciplinary, evidence-backed framework that will facilitate better measuring and evaluation from the outset. This framework can be revisited periodically as programming evolves in any jurisdiction or setting. It also details how activities can promote a series of results in divergent spheres and life areas crucial to achieving the intended goal. It does not, however, provide a definitive intervention logic.

Considering all the variables of the local context and partner capacities is impossible. No intervention framework could possibly consider all potential variables to define exactly what interventions will be designed, developed, and supported, and how partners within the network may engage in practice. This ToC provides a conceptual framework within which this work is understood to occur, setting out the most important elements and how these might be activated by any actor, organization, or institution engaging in the space. Essentially, the conceptual framework broadens a terrorism prevention paradigm by incorporating and justifying the application of a trauma- and countering violent extremism-informed approach. The rationale for that approach is detailed in what follows. However, to effectively transition this ToC to implementation, it is essential to grasp this underlying scope and set of objectives from the onset.





## PART 1: CONTEXT A TRAUMA- AND VIOLENCE-INFORMED APPROACH TO VIOLENT EXTREMIST OFFENDER REINTEGRATION

“ Since the average age of those charged with jihadist terrorist offences is 27, they will be released into society with most of their lives remaining and will be facing serious obstacles.<sup>9</sup>

Since September 11, 2001, nearly 900 people have been prosecuted for terrorism-related crimes in the United States.<sup>6</sup> Many will never be released, but at least 247 of them have already returned,<sup>7</sup> and over the next five years, approximately 25 percent of those currently incarcerated for terrorist offences will complete their terms of imprisonment.<sup>8</sup> Moreover, since the average age of those charged with jihadist terrorist offences is 27, they will be released back into American society with most of their long lives remaining and will be facing serious obstacles.<sup>9</sup> Furthermore, the average age of the terrorist inmate population is getting younger and the average prison sentence shorter—dynamics the FBI suggests will increase the likelihood of recidivism.<sup>10</sup>

While most of these cases have been jihadist in orientation, public and political concern for domestic right-wing terrorism is intensifying. A review of federal prosecutions between September 11, 2001, and March 23, 2019, identified 268 right-wing extremists allegedly involved in crimes that appeared to meet the legal definition of terrorism, though the Department of Justice (DOJ) applied anti-terrorism laws against only 34

of them.<sup>11</sup> Additionally, white supremacy in prison is increasing. A 2016 Anti-Defamation League report identified nearly 100 white supremacist gangs operating in one or more states.<sup>12</sup> While these gangs tend to focus on criminal enterprises such as drug trafficking rather than to use their ideological systems to justify acts of terrorism, white supremacist beliefs form key tenets that bind them.<sup>13</sup>

In August 2017, prosecutors in the Northern District of Texas concluded what is believed to be the largest prosecution in the nation's history of 91 individuals connected to violent white supremacist gangs,<sup>14</sup> and in June 2019, DOJ unsealed numerous racketeering charges against 16 alleged members and associates of the “Aryan Brotherhood,”<sup>15</sup> the nation's oldest white supremacist prison gang and a national crime syndicate.<sup>16</sup> In a hyper-polarizing socio-political context outside of prison, largely connected to conversations about race relations and rising concern for far-right wing extremism, it is safe to say that the ideological appeal of right-wing extremism will increase in American prison settings.

With current calls to expand domestic terrorism statutes,<sup>17</sup> we can expect a rise in the number of far-right wing terrorism-related prosecutions. In 2020, 183 domestic terrorism prosecutions were filed by U.S. Attorneys' offices—up from 90 the year before.<sup>18</sup> DOJ also expects to charge more than 500 people in relation to the January 6, 2021, riot on Capitol Hill. Arrests related to neo-Nazi groups such as Atomwaffen and The Base also highlight this.<sup>19</sup> The majority of these



persons, too, will return to society one day.<sup>20</sup> One thing is certain: absent any formal in-prison or post-release program or protocol for terrorism-related offenders, this population may pose a serious threat to public safety going forward.<sup>21</sup>

Currently available evidence suggests that the risk of recidivism to violence for those previously convicted of terrorist offences is very low—a 1.6 percent recidivism rate in the United States, or 9 of 297 identified cases.<sup>22</sup> However, given the profound sociopolitical, financial, and other consequences associated with even small-scale violent extremist attacks, the prospect of even a single attack represents a costly threat to public safety. Additionally, lower recidivism rates for terrorism-related offenders are expected in relation to the ‘ordinary’ criminal population, but recent events, such as in the United Kingdom, where two in-prison and two post-release attacks over a span of months in late-2019 led to public outcry,<sup>23</sup> or Austria, where an extremist offender jailed for 22 months after attempting to join ISIS in Syria, killed four and wounded 23 in Vienna speak to the threat unsuccessfully rehabilitated terrorism-related offenders may pose. Additionally, the jihadist attacks in Toulouse (2012), Brussels (2014), Paris (2015), and Copenhagen (2015) were all carried out by former detainees. Those cases of recidivism reduce public and governmental support for deradicalization-oriented programming. As Mary Beth Altier, John Horgan, and Christian Thoroughgood put it, “Even if an alarming percentage of terrorists released from prison may return to terrorism, the question is whether we have effectively isolated and

“ A critical need exists to identify the multi-level mechanisms, obstacles, and facilitators for effectively and efficiently supporting the reintegration of former violent extremists in a way that reduces the risk of recidivism and enhances public safety.

offered alternative, effective forms of treatment (e.g., de-radicalization programs) to those most likely to change.”<sup>24</sup>

All things considered, *a critical need exists to identify the multi-level mechanisms, obstacles, and facilitators for effectively and efficiently supporting the reintegration of former violent extremists in a way that reduces the risk of recidivism and enhances public safety.* It is important to recognize that both counterterrorism and P/CVE approaches can exist simultaneously, overlap, and prove mutually reinforcing. As the 2019 DHS Strategic Framework for Countering Terrorism and Targeted Violence explains, “Regardless of their beliefs, [extremist offenders] are a vulnerable population, facing a difficult transition. Effective support for reintegration is an important factor in reducing the risks they pose. The protection of rights is especially important in the context of reintegrating spouses and children of individuals who joined terrorist organizations as foreign terrorist fighters. These individuals may themselves be victims of violence

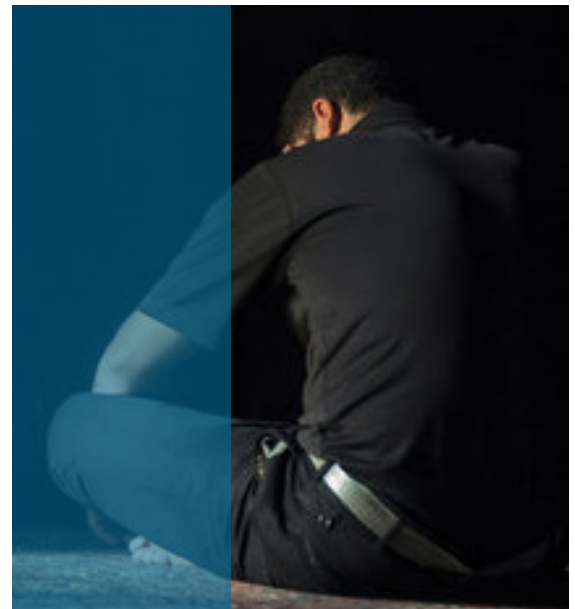


and other trauma. The Department will seek to address these problems by developing evidence-based best practices and standards for recidivism programming.”<sup>25</sup>

The authors’ preliminary efforts to support convicted extremists reintegrating into American society and a literature and expert review highlighted, amongst other findings, the value of applying a trauma-informed approach to this unique problem set. Trauma-informed care seeks to create non-stigmatizing and safe environments for service recipients based on an evolving understanding of the multitudinous effects of trauma and its links to health and behavior. This is consistent with the current understanding of the complexities of both radicalization and (for some) the associated process of de-radicalization. A trauma-informed framework expands to include structural as well as inter- and intra-personal factors, and thereby meets the needs of individuals that differ in the degree of agency, role, commitment, drivers of radicalization, and other variables.

A key principle driving this paradigm is that the dynamic between service providers and service recipients must avoid disempowerment and strategically promote empowerment, defined as “an intentional ongoing process centered in the local community, involving mutual respect, critical reflection, caring, and group participation, through which people lacking an equal share of valued resources gain greater access to and control over those resources; or a process by which people gain control over their lives, democratic participation in the life of their community, and a critical understanding of their environment.”<sup>26</sup> Key objectives seek to create holistic individual and social supports and to create an environment and context conducive to the transition of identity and energies in a manner promotive of social cohesion.

A trauma-informed approach shifts the perspective away from “*what’s wrong with you?*” to “*what happened to you?*” The approach does not to remove the role of individual agency but rather seeks to understand why people were radicalized, looking at the trauma associated with the drivers of radicalization as well as the subsequent experiences in arenas of conflict. This acknowledges the basic needs of individuals who have been radicalized and permits an intervention that addresses them with a constructive approach. A trauma-informed framework will more effectively



improve outcomes and address the complexities of individual (de)radicalization, while also addressing the need to treat social and structural risk factors through a complex, nonlinear systems approach. A ToC developed through a trauma-informed prism is most appropriate for providing the culturally sensitive mental health and psychosocial support essential to effective reintegration.

The inclusion of a trauma-informed approach for the reintegration of violent extremist offenders will prove essential to monitoring and measuring more than individualized outcomes. It will create sustainable and inclusive, whole-of-society solutions that lend themselves well to more effective and dynamic measurable outcomes. These will not only protect the public from the associated risks of recidivism or re-radicalization at the individual or intrapersonal level, but they will also create the infrastructure and psychosocial service support mechanisms necessary to create more resilient social cohesion. These mechanisms are essential to reintegrating and reorienting radicalization in a positive direction by offering a holistic sense of meaning, identity, belonging, and community that can rival the social bonds and collective identity extremists offer their adherents. In doing so, the objectives manifested in the associated ToC will inform the delivery of tailored and specialized services.

These supports will also work to address familial, group, and societal factors crucial to preserving effective reintegration over time and under altered contexts in a manner that feeds into other P/CVE-relevant efforts to build resilient communities, promote social cohesion, promote community agency, and provide equal access to opportunities as well as a new sense of purpose.



## PART 2: GOAL VIOLENT EXTREMISM OFFENDER REINTEGRATION AND RESILIENCE

The construction of a useful ToC requires, first, the identification of a long-term goal. In this case:

“ To facilitate the safe, healthy, and dignified rehabilitation and reintegration of violent extremist-affiliated criminal offenders in the United States while decreasing the likelihood of in-prison radicalization and increasing local resilience to violent extremism over the long term.

To properly begin with the end in mind, it is important to define key variables associated with the overall goal. Having a clear sense of these will allow for a more-focused, evidence-based approach to documenting overall outcomes and results.

Safe, healthy, and dignified rehabilitation and reintegration often seem to refer to largely abstract concepts subject to wide interpretation. Providing a definition for each term, before proceeding to the narrative, will lay a foundation for developing and designing monitoring and evaluation mechanisms and metrics for any programmatic implementation involving a range of stakeholders.

**Safe:** Safety has as much to do with the community as it does individuals. Strong communities are safe communities. When a community is safe, it can be a powerful, resilient force against crime or, in this case, extremism. Personal safety means people are living in conditions that promote positive mental and physical health, connectedness, and resilience. Safe reintegration and rehabilitation require a focus on an offender's well-being, but also one which guarantees public safety against any physical or psychological harm induced by reintegration.

**Healthy:** Violent extremism can be seen as a public health problem. A trauma-informed paradigm grasps health in a holistic manner, as physical, mental, psychosocial, and even spiritual wellness. Defining and measuring personal health and wellness, however, also requires consideration for participation that focuses on a person's involvement in society (i.e., community integration). Healthy reintegration suggests social engagement in a manner that is expected of an individual without restrictions in that culture or society. A trauma-informed taxonomy for health includes domains such as: learning and applying knowledge; general tasks and demands; communication; mobility; self-care; domestic life; interpersonal relationships; and community, social, and civic activity.

**Dignified:** Radicalization into violent extremism is typically preceded by perceptions of social alienation, which can emerge from a persistent pattern of exclusion, humiliation, selective mistreatment, and prejudice towards groups or individuals by a community, the state and its institutions, or the wider society.<sup>28</sup> Dignified reintegration suggests that perceptions of alienation are mitigated and inclusivity in the community is strengthened. Ultimately, to sustainably reduce the appeal of pull factors linked to radicalization, a new identity and social contract must form.



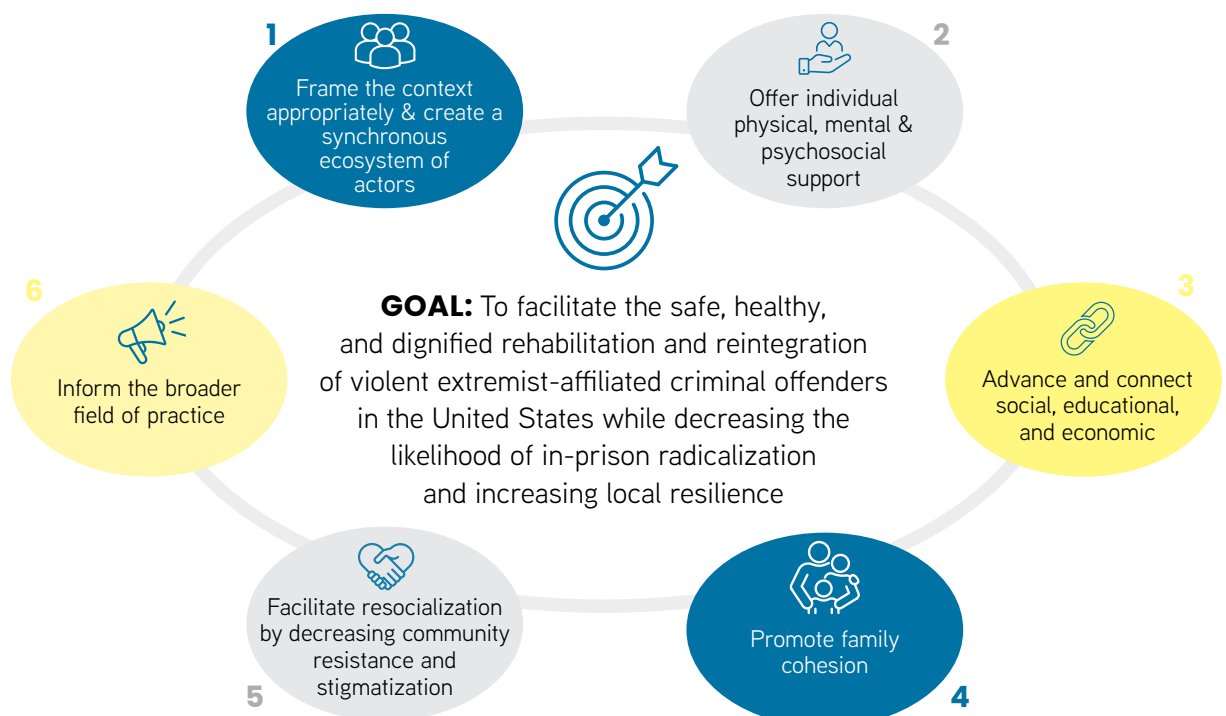
## PART 3: GENERAL ASSUMPTIONS

### THEORY OF CHANGE DEVELOPMENT

A comprehensive, multidisciplinary review of relevant literature was conducted to produce a ToC that incorporates a transdisciplinary perspective informed by the following underlying fundamental assumptions:

- **IF** a network of actors from the P/CVE landscape (including government, in-prison staff, probation officers, and law enforcement personnel) are connected with trauma- and violence-informed care (T&VIC) trainings, awareness, and tailored interventions, **THEN** a T&VIC paradigm can be integrated into P/CVE work.
- **IF** a T&VIC paradigm is utilized with violent extremist offenders, their families, and the broader community, **THEN** spiritual, psychological, and vocational pressures for recidivism will be diminished.
- **IF** spiritual, psychological, and vocational pressures for recidivism are diminished, **THEN** violent extremist offenders will be more resilient with respect to social reintegration.
- **IF** violent extremist offenders are more resilient with respect to social reintegration, **THEN** communities can engage with them in reconciliation-oriented activities and programs.
- **IF** communities can engage with violent extremist offenders in reconciliation efforts, **THEN** community support for reintegration will be increased.
- **IF** communities increase support for the reintegration of violent extremist offenders, **THEN** pressures leading to recidivism and extremism will be reduced and social cohesion enhanced.
- **IF** recidivism and extremism are reduced and social cohesion is increased, **THEN** reintegration of violent extremist offenders will be more sustainable.

## PART 4: THEORY OF CHANGE VISUAL REPRESENTATION





## PART 5: THEORY OF CHANGE: OBJECTIVES, NECESSARY PRECONDITIONS, STRATEGIES, AND PROPOSED INTERVENTIONS

The next section provides detailed commentary for each objective area of the ToC. Under each objective area we offer proposed interventions, activities, outputs, and important implications for monitoring and evaluation based on a comprehensive multidisciplinary review of the literature from fields such as P/CVE, trauma-informed care, psychology, sociology, violence prevention, peacebuilding, neuroscience, social work, recidivism reduction, reentry and reintegration, systems and network theory, and other related disciplines. That multidisciplinary review is synthesized with commentary from research consultations and the early experiences and observations of CEP's work since 2018 to support Parallel Networks' grassroots Alternative Pathways program.<sup>29</sup>

### OBJECTIVE #1: FRAME THE CONTEXT APPROPRIATELY AND CREATE A SYNCHRONOUS ECOSYSTEM OF ACTORS

“Efforts enable key actors to have a clear understanding of the violent extremist offender landscape, with the ability to identify mechanisms for multisectoral efforts that synergistically support short, intermediate, and long-term goals and objectives.”

In the realm of extremist offender rehabilitation and reintegration, programs should incorporate a broad range of cross-disciplinary experts, with close coordination among the relevant departments and personnel involved.<sup>30</sup> However, while expert recommendations include the use of psychologists, social workers, religious scholars, former violent extremists, aftercare experts, prison officials, correctional officers, probation officers, and even family members and community leaders, they failed to recommend mechanisms that would make sure such a diverse range of actors are coordinating, operating, learning, and sharing information with each other.

The competent delivery of services, however, is contingent on whether a system for communi-

cation of overlapping activity and service delivery in different objective areas, often provided by diverse individuals, institutions, and organizations can be established effectively and, ideally, synergistically over the long term. Only a well-designed ecosystem for communication and implementation involving a range of stakeholders can document progress, identify deficiencies and risks, and transmit knowledge and information pertaining to individual cases and program participants between care providers and government actors in an effective and efficient manner.

Therefore, this objective seeks to create a shared understanding of the environment, including ongoing efforts by key actors, to build a fluid, collaborative, informed, and effective programmat-



ic space that can better facilitate multisectoral, transdisciplinary collaboration, permit co-creation, and knowledge transfers that enhance capacity, learning, and the implementation of evidence-based practices over the long term. A few recent cases of recidivism in Europe highlight the importance of developing an ecosystem for communication, training, and program implementation to include a broad array of pre- and post-release stakeholders.

In February 2020, three people were injured in a knife attack by an individual who had been released one week earlier after serving half of his sentence for terror offences.<sup>31</sup> Three months prior, on November 29, 2019, Usman Khan, who was convicted of plotting a terrorist attack in 2012, killed two and wounded three while on his way to attend an event on violent offender rehabilitation,<sup>32</sup> to which he had been admitted after he wrote a letter from prison claiming he repented for his actions.<sup>33</sup>

Similarly, in November 2020, a 20-year-old who was jailed for attempting to travel to join ISIS but was released early under more lenient terms for young offenders,<sup>34</sup> killed four and wounded 14 in Vienna.<sup>35</sup> Officials said the attacker created the impression that he had deradicalized and wanted to reintegrate into Austrian society.<sup>36</sup>

Authorities were quick in taking blame for the “premature release of a radicalized person,”<sup>37</sup> and in promising “more powers and resources” for the police, as well as “fundamental changes to the system for dealing with those convicted of terrorism offences.”<sup>38</sup> Changes entailed increasing minimum prison terms, ending early release programs, and boosting the disruption and risk management tools available to counterterrorism officials and security services.<sup>39</sup> Yet, measures fail to touch upon the “systemic problem”<sup>40</sup> in handling these cases, mainly handling and sharing information between different service providers. Upon release, Usman Khan was “assessed as the highest level of risk.”

However, that information was not transmitted to the community service providers designated as his post-release supervisors, whom, additionally, had received “no specific training” in handling “terrorists.”<sup>41</sup> Similarly, Slovakian intelligence had warned their Austrian counterparts that the recidivist had tried to buy ammunition their country; yet, that information was apparently not followed up, and no further action was taken.<sup>42</sup>

These cases and others highlight the necessity of

a multisectoral, systems-based approach to violent extremist offender rehabilitation and reintegration. Indeed, the U.S. Department of Homeland Security’s Strategic Framework for Countering Terrorism and Targeted Violence acknowledges that, “recidivism reduction programming for terrorism-related offenses is currently limited at the state, local, tribal, and territorial (SLTT), level...[as]...efforts are hampered by limited funding, in addition to a lack of research into the impact of incarceration on radicalization to violent extremism, the reliability of risk assessments, and the effectiveness of risk-reduction efforts.”<sup>43</sup>

## Strategies

Drawing from this, we recommend the following strategies to address the first Objective:

1. **Assess** existing efforts to provide pre- and post-release programming for extremist offenders and those susceptible to radicalization in prison settings.
2. **Understand** the landscape of in-prison radicalization and identify appropriate actors from a range of stakeholders working both in prison settings and in-community reintegration that might inform a more formal and empirical understanding of the American ambit.
3. **Develop** a baseline understanding of risk and protective factors for both recidivism and original radicalization or (re-)radicalization in American prisons.
4. **Identify** relevant stakeholders and build the ecosystem of stakeholders and actors, including state, local, and federal government agencies. The ecosystem, in particular, should include the Bureau of Prison; Department of Justice; Department of Probationary Services; existing community service organizations (CSOs), such as those engaged in reentry programming; P/CVE specialists and professional psychological and psychosocial support professionals; health care professionals; religious leaders; and others.
5. **Gain** national buy-in for the formation of a formal working group based on this ToC and disseminate knowledge amongst stakeholders.



Disseminating knowledge and awareness to stakeholders within any social service system is a difficult, crucial, and oftentimes underemphasized component of creating consensus around any given issue. To overcome this, it is essential to establish an ecosystem of actors that can promote cohesion in a network and formulate as a community of practice, an informal group of professional practitioners dedicated to the same domain,<sup>44</sup> in this case aiming to address violent extremist offender recidivism or in-prison radicalization.

While ‘ecosystem’ typically refers to a distinct ecological phenomenon: it is a community of organisms and the network of their interactions between each other, and with their physical environment, an ecosystem of actors represents a highly networked community of actors that interact among themselves but remain bound by system procedures, processes, and practices. Success will be heavily reliant on whether the right people are involved, and whether the interactive processes associated with their involvement generates a “collective knowledge construction,”<sup>45</sup> that can synchronize and activate new understandings by taking up each other’s contributions and combining them into new insights.

Underlying assumptions that mark the ToC driving criminal corrections, counterterrorism efforts, countering violent extremism practice, and other approaches to the mitigation of violence and extremism often conflict.<sup>46</sup> Counterterrorism-informed responses (e.g., post-release surveillance) can be important to control immediate threats of violence, but it can also deepen grievances that support radicalization to violence. Trauma- and violence-informed approaches to P/CVE, on the other hand, seek to preserve the civil liberties and dignity of individual persons of interest and can deliver on their need for affir-

mation, hope, and belonging. However, if there is ongoing communication and effective systems that guarantee that each approach operates simultaneously without impinging on the others’ activities, efforts can be complimentary.

Additionally, while the 2019 DHS Strategy acknowledges that the government is best positioned, “to develop and disseminate knowledge on best practices for reducing recidivism,” it also recognizes that state and local partners, “along with non-governmental service providers, will be responsible for implementing recidivism reduction programming.”<sup>47</sup> To date, there has been little momentum to support CSO involvement in the process of extremist offender rehabilitation and reintegration. Developing these relationships and demarcating a system that can keep multi-sectoral stakeholders committed and aware of developments will prove crucial to the successful delivery of support services and specialized interventions for extremist offenders.

A trauma- and violence-informed approach seeks to build an ecosystem of actors with a shared understanding of the system, thus making them capable of collective action. Outlining a comprehensive ToC can serve to formulate an ecosystem of actors that develops into a community of practice. Diverse actors across the system could then synchronize their activities in synergistic ways that build adaptive feedback loops and constantly test and enhance the ToC, hence establishing better mechanisms for monitoring and evaluation.

## Proposed interventions

CSO and government partners work with localized case managers that provide tailored support service/treatment plans and coordinate participant-centered care within the ecosystem of actors to address individual, familial, group, and broader societal needs.



## Activities/outputs

- Map radicalization hubs, ongoing interventions, and reintegrating extremist offenders' location and profiles, as they are known (psychosocial, histories, family, etc.);
- Outreach for building a localized network of trauma- and violence-informed care (TVIC) and P/CVE informed professionals around the country that can provide case management to reintegrating extremist offenders;
- Connect members of that network to the working group (mentioned in strategy section above);
- Development of risk and treatment assessment tools that are informed by trauma and P/CVE paradigms for the identification of (re-)radicalization risk factors;
- Advance mechanisms of case and treatment planning and support care coordination with ecosystem actors;
- Establish uniform systems, which include the reportage of case notes, treatment plan documentation, and records-keeping;
- Brief relevant stakeholders in the network on trauma- and violence-informed methods, mapping, and key procedures and processes that would be necessary for coordination with a broader ecosystem of actors; and
- Publish a manual of good and promising practices derived from these efforts.



## Implications for M&E

These proposed strategies and associated activities should seek to create the conditions under which the ecosystem of divergent actors, with different interests and responsibilities, can be monitored and evaluated for necessary adjustment and the identification of best practices. It will be as important to measure relationships, buy-in, and service delivery within the ecosystem as it is to measure individualized outcomes of program participants. Progress in the realm of monitoring and evaluating (M&E) P/CVE programs sheds light on why that is the case, and how this can be achieved.

The design of deradicalization initiatives so far has mostly been built on (and sustained by) implicit and, oftentimes, erroneous assumptions. To account for the lack of empirically-validated research facing the design of rehabilitation and reintegration policy,<sup>48</sup> CVE experts have proposed a realist evaluation framework.<sup>49</sup> Realist evaluations do not ask what works, but rather, what works, how, why, for whom, to what extent and in what circumstances, in what respect, and over what duration.<sup>50</sup> Under realist evaluation, assumptions made explicit and the program theory therefore represents a hypothesis that can be tested empirically, refined, and constantly advanced.<sup>51</sup> This approach opens up the black box of evaluation, away from a mere focus on outcomes, where “evaluative conclusions are made with no explanation or understanding required with regard to how recorded outcomes might have been produced.”<sup>52</sup>

The success of any model is related to whether the program's original design for interventions is “based on an explicated idea, substantiated by previous experience and empirical knowledge, about which measures are most suitable to achieve the set goals.”<sup>53</sup> From this perspective, references and sources for evaluating progress includes experts and stakeholders, interviews with proposed interventionists and members of the targeted population, as well as a review of relevant theories and current knowledge.<sup>54</sup> It sets up a framework for asking actors within the ecosystem how they feel about the program's internal dynamics, and thereby represents an opportunity to shape the network topology (i.e., its formulation and relationships) and internal processes so that all stakeholders remain on board and in agreement. As a result, initial design and developments are “products of the human imagination: they are hypotheses about social betterment” that can be “shaped by a vision of change and they succeed or fail according to the veracity of that vision.”<sup>55</sup>

## OBJECTIVE #2: OFFER INDIVIDUAL PHYSICAL, MENTAL, AND PSYCHOSOCIAL SUPPORT

“ Provide access to individualized trauma- and CVE-informed pre- and post-release services and interventions for extremist offenders and those susceptible to radicalization in prison settings to recover from developmental, psychological, and sociological injuries, and to establish and maintain physical, mental, and spiritual health and psychosocial support.

As outlined in the introduction, a trauma-informed approach’s shift away from asking “what’s wrong with you” to “what happened to you” seeks to open up the individual treatment and intervention arena to a better appreciation of complexity, and establish a better client-centered system that can preserve dignity, establish trust and rapport, and appreciate that individual agency is at least impacted by experiences outside one’s control: by context, environmental, structural, and inter- and intrapersonal factors. With these multilayered factors considered, the causality of any act of human violence becomes more complex, with internal and external variables and influences intersecting.

From this vantage, altering context or what happens outside oneself can dramatically alter one’s internal condition, attitudes, perceptions, narrative, and behavior. This tracks well with the history of radicalization research, which has identified that violent extremism is not a mental health condition nor is there a set terrorist profile, but that instead radicalization pathways and processes are marked by complexities largely subject to setting events and circumstance. Yet, in the case of extremist offenders and those who may be susceptible to radicalization in prison settings, however, merely shifting to a trauma-informed perspective is insufficient.

Trauma-informed approaches were induced by research into adverse childhood experiences (ACEs) instigated in the United States in the 1990s. They found that the more adverse events a person is exposed to during childhood, the greater the impact on physical and mental health and well-being, with a myriad of poor outcomes, including early death.<sup>56</sup> Studies since have documented strong links between ACEs and adult psychosis,<sup>57</sup> intimate partner violence and depression,<sup>58</sup> aggressive behavior,<sup>59</sup> substance abuse,<sup>60</sup>



criminal conviction and incarceration,<sup>61</sup> the commission of violence against self or others,<sup>62</sup> the commission of sexual criminal offenses,<sup>63</sup> and many more negative outcomes.<sup>64</sup> The identified connections between trauma and the commission of future violence developed a trauma and violence-informed care (TVIC) framework.

This TVIC framework expanded the concept of trauma-informed care to account for the intersecting impacts of systemic and interpersonal violence and structural inequities on a person’s life.<sup>65</sup> This shift emphasizes both historical and ongoing violence and their traumatic impact and focuses on a person’s experiences of past and current violence. Problems, therefore, are seen as residing in both their psychological state and social circumstance.<sup>66</sup> A trauma- and violence-informed vantage point suggests expanding the field of radicalization and extremism studies and practice to one that represents a trauma and CVE-informed (TCVE-informed) framework, one that can synthesize learning from trauma- and violence-informed approaches for other populations with the nascent but growing body of evidence for CVE programming.

So far, recidivism rates amongst extremist offenders returning to society from incarceration in

the United States appears to be extremely low.<sup>67</sup> Yet, for those with ACEs—prevalent within incarcerated and reintegrating populations in general—potential risk factors associated with engaging or attempting to engage in violent extremism will remain widespread pre- and post-release, including for convicted extremists. These include, among others, a history of criminal violence, having a terrorist friend, extremist group membership for an extended period, deep commitment to extremist ideology, psychological issues, unemployment, less education, lower socioeconomic status, failing to achieve one's aspirations, trouble in romantic or platonic relationships, being abused, or distance from one's family.<sup>68</sup> This suggests including the correlation between ACEs and violent extremism in the way we think about treating extremist offenders and those susceptible to radicalization in prison settings.

While several studies indicated a link between childhood experience of violence and subsequent involvement in violent extremism, the topic remains underexplored: "[A]s violent extremism is classified as having ideological motivations, traditional criminologist perspectives examining factors from childhood are largely ignored and there are limited studies utilizing a life-course criminology framework to understand violent extremism."<sup>69</sup> Yet, sufficient evidence exists to suggest that grasping the multilayered factors and interrelationships that a TCVE-informed encapsulates will likely help identify and work on underlying traumas of reintegrating extremist offenders and thus, address the risk and protective factors associated with reducing recidivism.

For example, a team of researchers from the National Consortium for the Study of Terrorism and Responses to Terrorism (START) documented that 63 percent of 91 former violent white supremacists experienced four or more adverse experiences during the first 18 years of their lives, as compared to 55 percent for a comparison "high risk" sample of juvenile offenders and 16 percent of the U.S. general population. Study participants discussed a range of maladaptive coping strategies that generated vulnerabilities to adolescent misconduct and eventual extremism.<sup>70</sup> Another study of right-wing extremists, found that 45 percent were victims of childhood physical abuse; 21 percent sexual abuse; 46 percent were neglected as children, rates exponentially higher than the general population.<sup>71</sup>

A United Nations study in Africa found that a stark majority of those that had joined violent extrem-



ist organizations pointed to traumatic events as having triggered their eventual decision to join.<sup>72</sup> Other studies have identified the prevalence of trauma in extremist populations and are identifying trauma as a key element in individual and collective violence.<sup>73</sup> These results reveal that the life histories of former white supremacists resemble members of conventional street gangs and suggest including ACEs in life-course criminology frameworks would be useful.<sup>74</sup>

The psychology of violent extremism has been defined as involving a "psychological totalization of thought regarding the effects of emotional pain and psychological suffering that overwhelm the cognitive thought process." Viewing criminal behavior through the lens of trauma, however, enriches the understanding of how criminal behavior develops and informs the design and development of intervention strategies so that desired outcomes, such as reduced recidivism and successful reintegration, can be improved upon by addressing core and complex concerns.

While facing much resistance due to its allegedly soft approach, current efforts to advance trauma-informed correctional care (TICC) are promising.<sup>75</sup> For example, the Massachusetts Correctional Institution at Framingham developed new training initiatives and began implementing trauma-informed models in July 2006. By July 2007, use of force incidents had decreased by 65 percent, assaults on staff had decreased by 3 percent, inmate grievances had decreased by 31 percent, and employee misconduct complaints were reduced by 33 percent.<sup>76</sup>

Daniel Koehler, a leading expert on deradicalization, recently called for a 'trauma psychological'



perspective for (de)radicalization. He explained that “not only the salient features of membership in extremism automatically contain significant risk factors for physical and mental wellbeing, but also a core mechanism of violent extremist radicalization processes is to combine constant traumatic and therapeutic elements to foster commitment and embeddedness into the extremist milieu.”<sup>77</sup> A TCVE-informed approach would utilize these findings to develop interventions aimed at addressing traumatizing experiences that preceded involvement and/or reversing the traumas associated with extremist engagement.

Integrating a trauma-informed framework requires focus on six fundamental principles:

1. **Safety:** Care providers and the people served, whether children or adults, must feel physically and psychologically safe, where “safe” is defined by those served;
2. **Trustworthiness & transparency:** Goals, operations, and decisions are conveyed to program participants to build and maintain trust;
3. **Peer support:** Involves the quest to establish safety and hope, building trust, enhancing collaboration, and utilizing stories and lived experience to promote recovery and healing;
4. **Collaboration and mutuality:** Providers and people served are considered partners on equal footing;
5. **Empowerment, voice, & choice:** Strengths (both of providers and people served) are recognized and built upon; and
6. **Cultural, historical, & gender issues:** Program moves past cultural stereotypes and biases.<sup>78</sup>



Adopting a trauma-informed approach and building out an ecosystem of actors and tailored interventions for extremist offenders upon these fundamental principles will help recognize not only trauma’s impact on extremist offenders but also the traumatic impact reoffending can have on society.

Developing a TCVE-informed approach to treating individual extremist offenders and those susceptible to radicalization in prison settings (particularly where interventions are provided in a culturally sensitive manner, with an informed view of both trauma and the extremist experience and perspective) offers several advantages, including: providing a means of facilitating effective engagement in programming, identifying feigning or sustained extremist support, and determining specific intervention mechanisms likely to better facilitate disengagement, while also enhancing the likelihood of full-fledged ‘deradicalization’ (thus reducing the risks of recidivism).

## Strategies

1. **Enhance** involvement of specialists and trauma- and violence-informed practitioners within the ecosystem of actors and enhance their knowledge of P/CVE research and practice.
2. **Develop** a TCVE-informed care framework for understanding violent extremism and promoting disengagement and deradicalization.
3. **Increase** stakeholder knowledge of a TCVE-informed paradigm within the ecosystem of actors (outlined in Objective #1) and for those tasked with supervision while in custody or after release, document how TCVE-informed care is crucial to identifying feigning or recidivism risks.
4. **Develop** effective and uniform case management and reporting mechanisms for each case and for group and community interventions.
5. **Develop** measurable, culturally sensitive TCVE-informed interventions with specific attention to general radicalization risk and protective factors for pre- and post-release programming.

As indicated previously, trauma-informed care represents an organizational change process, with appreciation for the prevalence of trauma and the identification of early life adversity and toxic stress as strong precursors and predictors of negative outcomes later in life. It does not, however, suggest a monocausal link between trauma and radicalization, nor does it suggest that trauma is an omnipresent driver of radicalization to violent extremism. Instead, trauma-informed care offers a principle-based lens that expands beyond current deradicalization-oriented paradigms, which are popularly perceived (especially amongst active extremists) as offering securitized, stigmatizing, “ineffective, discriminatory, and divisive” solutions “based on junk science”<sup>79</sup> because they are primarily concerned with individual (de)radicalization and focus on ideology as the primary factor in the radicalization process,<sup>80</sup> thus underestimating broader social and contextual circumstances that impair identity formation, individuation, and decision-making.

A TCVE-informed approach would refer to good and promising practices identified in current rehabilitation and reintegration efforts of violent extremists worldwide, such as recommendations from prison officials, government stakeholders, law enforcement, and probation officers that receive specialized training and coordinate these activities closely with rehabilitation professionals.<sup>81</sup> Under this approach, a wide range of actors, such as P/CVE practitioners and academics, psychologists, social workers, religious scholars, aftercare experts, and even family members and communities would also be included. Such a paradigm would facilitate a multidisciplinary methodology consistent with a whole-of-society approach advocated by DHS.

Additionally, a TCVE-informed approach speaks to many of the questions that drive current P/CVE understanding. The Global Center on Cooperative Security’s Countering Violent Extremism in Prisons Good Practices Guide,<sup>82</sup> for example, highlights key considerations that should be made when implementing purposeful and planned activities to reduce and prevent radicalization or recruitment to violent extremism in prisons. These include:

- Are risk and need assessments and other assessments, such as those that evaluate mental health or learning ability, used to identify which specific interventions or components of interventions are most suitable for each prisoner?

- Do interventions address the specific reasons why individual prisoners are interested and involved in violent extremist groups, causes, and ideologies?
- Are interventions responsive to an individual’s current level of engagement or disengagement from a violent extremist group, cause, and ideology?
- Are interventions tailored to respond to individual differences among prisoners (e.g., age, gender, previous criminality, involvement in foreign conflicts, lone versus group action, leadership versus follower roles, mental health, religious and cultural background, peer influence, and language)?
- Are interventions delivered in a format responsive to the participant’s learning needs?
- Do interventions vary in terms of their timing, duration, intensity, and focus depending on the assessed risk and need of individual prisoners?

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A TCVE-informed approach would address these and other considerations in a holistic manner. Individual interventions and their relationship to other objective areas would be organized around the six principles of trauma-informed care, which offers a strengths-based service delivery approach “that is grounded in an understanding of and responsiveness to the impact of trauma; that emphasizes physical, psychological, and emotional safety for both providers and survivors; that creates opportunities for survivors to rebuild a sense of control and empowerment.”<sup>83</sup> As such, TCVE-informed would permit interventions to be adjusted within the context of the helping relationship and relevance to a client’s history, current needs, and treatment goals.<sup>84</sup>

John Horgan and Mary Beth Altier have emphasized that treatment programs addressing violent extremism “must include the individuals’ initial



motivations for becoming involved, the idiosyncratic experiences and meaning they derived from their involvement, (...) and what led to their disengagement.”<sup>85</sup> A TCVE-informed approach provides a comprehensive framework appropriate for framing these conversations; tailoring individualized assessments and interventions; and connecting ideological, psychological, sociological, and psychosocial realms.

Many convicted extremists or those susceptible to radicalization in prison settings will be unwilling to renounce fundamentalist religious or spiritual frameworks. However, rather than attempting to alter ideological orientation and worldview completely (i.e., deradicalization), culturally sensitive TCVE-informed approaches would consider, where appropriate, utilizing interest or commitment to religious or spiritual belief systems to design interventions so that epistemological literalism or fundamentalism can be transitioned to serve as an inoculator against violent extremist behavior (i.e., disengagement), referencing texts and scripture to establish trust, reorient understanding, identity, and belonging.

For example, religious leaders who understand the political and religious interpretations of extremists can be used to deliver support services; sensitive topics such as mental health (often interpreted as secular or ‘western’ constructs by Christians or Muslims) can be framed in a manner that respects the right to retain fundamentalist adherence; and interventions can be designed to incorporate evidence-based practices from various disciplines such as cognitive behavioral therapy, motivational interviewing, narrative therapy, meaning-making, story-editing, art therapy, mentorship, mindfulness and meditation trainings, life coaching, etc.

Additionally, ‘speaking the language of extremists,’ while touching core traumas and toxic stress, is likely to evoke physical, verbal, and emotional reactions helpful in identifying risk in-

dicators of feigning, reengagement, recidivism, and the like.

Ideological convictions can be experienced as an addiction that fulfills a spiritual void and loss of psychosocial connection consistent with the symptoms of trauma.<sup>86</sup> For example, in cases of violence and, in particular, cases of terrorism, perpetrators often lack the ability to regulate their bodily response to perceived danger.<sup>87</sup> As trauma treatment practitioners shift from traditional interventions towards modalities that have a direct correlation between the patient and their body,<sup>88</sup> mind-body healing through trauma-informed interventions could measure how patients are able to resource their body to access and reconstruct memories, which in-turn alters their perceptions of traumatic events and, consequently, their current realities.

The first results of functional magnetic resonance imaging (fMRI) scanning for those susceptible to radicalization are promising and informative (revisited in Objective #5).<sup>90</sup> Plus, recent developments in fields such as neurobiology, psychopathology, and neuroscience are generating an emerging understanding of the underpinning processes and experiences related to trauma,<sup>91</sup> while enhancing the evidence-base for non-traditional forms of trauma treatment,<sup>92</sup> including for intervention methods.<sup>93</sup> In providing services, trauma impacts trust, cooperation, planning, and follow-through. It may manifest and drive aggression or ideations of revenge. Recognizing trauma can help interrupt the cycles of inter- and intra-personal violence and therefore represents a critical element in building individual and community resilience. Providers should therefore focus on the intersection between trauma, radicalization into extremism, and any effort to disengage.

TCVE-informed care focuses on the development of skill sets among adults so they can function and cope with anxiety and toxic stress as well



as reintegrate effectively, while attaining social, familial, educational, and economic stability. Additionally, it also focuses on advancing the skill-set of providers so that the correlations between trauma and outcomes in other life areas are considered in providing holistic treatment. Such an approach advances policy so that trauma-informed interventions are connected to cost-effective initiatives, saving expenses in health care, criminal justice, mental health, educational, social services, and other related sectors over the long term.<sup>94</sup> A TCVE-informed approach can also facilitate alternatives to incarceration for those charged with extremist convictions,<sup>95</sup> thus also addressing issues related to the costs of incarceration.<sup>96</sup>

A TCVE-informed approach will prove crucial to address psychosocial needs and to adjust programming dynamics so that they might offer a sense of support and community, resembling the sense of belonging, meaning, purpose, and community that program participants experienced while engaged with in the extremist movement (much of which has likely been called into doubt as a result of the gap between the initial lure and idealisms and their actual experiences and witness). However, psychosocial support by themselves cannot facilitate safe, healthy, and dignified social reintegration if underlying individual needs remain unmet. Yet, TCVE-informed approach also enables the communication of thoughts, feelings, and emotions associated with significant life events and can help in coming to terms with connecting trauma, depression, and mental health concerns to violent extremist involvement. To achieve this, the skill and sensitivity of the interventionist and intervention must nurture a communicative relationship with those serviced. Thus, increasing additional trauma and violence informed care (TVIC) actors' knowledge of P/CVE and including them in the development of TCVE-informed interventions would enhance knowledge within the entirety of the ecosystem.

Civil society organizations and community actors supporting rehabilitation, reentry, and recidivism reduction efforts for violent extremist offenders are uniquely capable of identifying these specialists and facilitating their involvement in the capacity-building process, training front liners on TVIC, developing case management systems that document progress, activating and strengthening stakeholder knowledge, and the like. They can ensure that program beneficiaries receive individualized one-on-one services that address

individual needs and target healthy (i.e., physical, mental, and spiritual) reintegration and rehabilitation indicators based on underlying radicalization risk and protective factors, and that program beneficiaries engage in trauma- and violence-informed mental health and psychosocial support (MHPSS) mechanisms that can reorient radicalization into positive group/community engagement. Group work can also be done. For example, group exercises and interventions in prison

### Activities/outputs

- Further explore the prevalence of adverse childhood experiences and trauma, both pre- and post-incarceration for extremist offenders;
- Pulling from known “risk and protective factor”<sup>97</sup> develop an individualized screening and assessment tool and conduct screenings<sup>98</sup> for extremist offenders and those at-risk for radicalization as early as possible in prison settings that will serve to guide individual programming and assessment;
- Advance individual services and intervention mechanisms for one-on-one care with appropriate interventionists, tailored to the needs, risk, and responsiveness model of rehabilitation and reintegration;<sup>99</sup>
- Provide education for extremist offenders and those susceptible to radicalization in prison settings, as well as for multidisciplinary practitioners and those tasked with in-prison and in-community post-release supervision, on TCVE-informed and self-care mechanisms that are framed in relevant socio-religious terms where appropriate;
- Utilize a three-pronged intervention effort to satisfy psychosocial needs and address affective, pragmatic, and ideological bonds concurrently, while linking in-prison interventions to post-release in-community psychosocial supports (e.g., with religious community or P/CVE CSOs).<sup>100</sup> These efforts should refer to best practices from trauma-informed, recidivism reduction, reentry and reintegration, and P/CVE research and practice.

Because trauma affects worldview, beliefs, spirituality, and ultimately identity, trauma-informed care works back and through the identification of the role trauma has in manifesting harmful behaviors in other life areas, including radicalization. The ability to reintegrate after incarceration can also hinder absent efforts to address underlying traumas. People who have experienced traumatic life events are often sensitive to reminders of the original event; these reminders or triggers may cause a person to relive the trauma and even to view programs or providers as a source of distress rather than an avenue for healing and wellness. Hence, gaining program participant trust and engagement will decrease the likelihood that these hindrances formulate.

If CSOs and interventionists oversee the design, development, and coordination of care

**“ The ability to reintegrate after incarceration can also hinder absent efforts to address underlying traumas.**

with the inclusion of specialist TVIC providers and/or P/CVE specialists incorporating TVIC-approaches, then multi-layered mechanisms for intervention will formulate to achieve the overall goal. While certain content of individual interventions should remain confidential and anonymized,<sup>101</sup> documenting sustained engagement with TCVE-informed approaches is likely to correlate to enhanced reintegration and lower risks of recidivism.

Expanding to a TCVE-informed paradigm represents an acknowledgement of the complexities of radicalization. Therefore, a TCVE-informed framework will enhance the likelihood that risk factors for (re-)radicalization or risks for mobilization or commission of violence are identified early. Thus, capacity-building efforts should enhance knowledge and awareness of the TCVE-framework throughout the ecosystem, including government actors, prosecutors, and those tasked with post-release community supervision. Essentially, merging trauma- and violence-informed care and applying it to the realm of terrorism prevention programming could advance a ToC and an appropriate TCVE-informed framework, which would be perhaps equally appropriate for advancing the field of P/CVE altogether (see objective area #7).

## Implications for M&E

For many, such as law enforcement agencies, the counterterrorism community, or corrections professionals, a trauma-informed perspective seems to shift agency, implying that perpetrators are victims. Practitioners may also resist this approach, as it challenges long-standing core understandings that focus on individual behavior, as opposed to understanding engagement in terrorism as the intersection of contextual, structural, and ideological factors. For evaluation, such complexities suggest difficulties in measuring progress, and while interventions for returning foreign fighters and their family members have started to highlight the need to treat trauma as part of repatriation, rehabilitation, and reintegration programming,<sup>102</sup> there remains a dearth of empirical outcome-related research. Additionally, interventions that address trauma for male extremist offenders have not been utilized.

Nevertheless, there is a growing body of evidence from related fields of human service intervention that can guide measurement and evaluation of the impact of trauma-informed approaches and interventions. For example, in the United States, the Substance Abuse and Mental Health Services Administration (SAMHSA) has been working on transitioning to a trauma-informed framework for two and a half decades.<sup>103</sup> SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) alone displays over 15 interventions focusing on the treatment of trauma.<sup>104</sup>

The process of leaving deeply meaningful and embodied extremist identities can be compared to a struggle against addiction,<sup>105</sup> with continuing cognitive, emotional, and physiological responses that are involuntary, unwanted, and triggered by environmental factors. Therefore, it is worth pursuing M&E mechanisms that are based on developments in trauma-informed approaches to other phenomena and populations. Appropriating these mechanisms and processes for extremist offenders could justify a TCVE-informed framework and facilitate evidence-based interventions likely to be as applicable to other countries and contexts.

Yet, with a TCVE-informed approach necessitating trust and transparency, it will be important to create mechanisms to anonymize research results and case studies, while being clear about what data and content shared by participants in programming can be passed on, for example to probation officers or counterterrorism authorities. Preserving confidentiality and comfort is key to developing healthy relationships between care providers and program participants.

## OBJECTIVE #3: ADVANCE AND CONNECT SOCIAL, EDUCATIONAL, AND ECONOMIC CAPITAL

“Efforts advance social, educational, and economic capital for extremist offenders and those susceptible to radicalization in prison settings to fulfill unmet needs, construct positive narratives, and establish connection to prosocial networks that enhance quality of life, facilitate meaningful resocialization, and reduce recidivism risks.

While positive social environments can determine how a person responds to trauma,<sup>106</sup> extremist communities use distorted narratives that position personal factors, grievances, and traumas within a collective discourse mostly centered around shared grievances, cognitive in-group/out-group biases, and claims to victimhood that create a sense of communal safety and support and position negative personal trauma and experience as collective traumatization.<sup>107</sup>

A TCVE-informed approach does not suggest all extremists suffer from diagnosable trauma. However, it would argue that those who suffer from complex trauma or PTSD are at heightened risk of accepting extremist or prejudicial narratives, and that engagement in extremist ideologies or movements, particularly where the outcome is incarceration, is traumatizing. It also suggests that grasping how and why that is the case opens the arena for disengagement and deradicalization-oriented interventions to benefit from such trauma-informed perspectives.

Traumatized minds live in a state of fight-flight-freeze. External stimuli or information is processed by the brain in the amygdala, a cluster of cells that determines whether external stimuli and body sensations are perceived as a threat. When we encounter the tense moments of a story, our brain also releases cortisol, the ‘stress hormone,’ as part of our brain’s fight-flight-freeze response; when we hear a good narrative—with a clear hero, villain, and quest—cortisol enhances focus and oxytocin prompts us to trust the message and act.<sup>108</sup> Prejudiced or extremist narratives offer simplistic worldviews that boost oxytocin, ‘the love hormone,’ which induces a willingness to cooperate with or help others, to act, and to accept ethnocentric views or the intergroup bias that fuels prejudice, xenophobia, and violent extremism.

From a TCVE-informed perspective, extremists



(unwittingly) offer emotional narratives, moving the adherent slowly from fight-flight-freeze and into the prefrontal cortex, where meaning, purpose, belonging and the adoption of a worldview fuse the adherent’s identity to the movement. Extremist ideologies craft dichotomous narratives that unite the cause of in-group crisis to an out-group. In other words, our problems are caused by your actions. This blurred distinction between personal and collective grievance has been identified as identity fusion, a visceral feeling of oneness with a group that motivates individuals to make extraordinary self-sacrifices on behalf of the group or of its members.

Taking from social identity theory, scholar Marc Sageman explains this process by saying, “This activation of a martial social identity does not usually come as a conscious epiphany (some sort of ‘cognitive opening’ ). Neither is it a gradual evolution due to careful reasoning or some-



thing derived from a specific ideological interpretation... but at some point, the actor views him – or herself as a soldier, fighting for comrades and cause.”

A TCVE-informed approach is most appropriate for understanding, unwinding, and reorienting the in-group/out-group bias that underline extremist ideologies, but not so much in how they affect the psychology of individual adherents and how they create the scaffolding upon which extremist networks and movements fulfill social needs, offering not just an individual sense of purpose, meaning, and significance but a sense of social connection, community, and camaraderie. Much as it occurs within gang culture, inmates may decide to join an extremist group as a means to secure personal protection, for economic gain, or even as a means to gain the sense of having a surrogate family.<sup>113</sup> Since, at its core, the extremist identity is one that merges self with group, rehabilitation and reintegration efforts will require the creation of positive social and learning environments in which extremist offenders can reintegrate the connection between concepts of self, state of mind, meaning-making, narrative, and community.

Socially based interventions provide not only a means of addressing individual risk-factors but also of reorienting radicalization. This includes shifting an individual’s perceptions or past experience so that they can acknowledge the falsity of extremist narratives and identity or address legitimate grievances through non-violent methods of political or social contestation. As a study conducted among Somali refugees in the United States identified, the manifestation of trauma as support for violence (i.e., PTSD) or commitment to non-violent activism (i.e., post-traumatic growth) is mediated by social bonds and positive community connection and group influence.<sup>114</sup>

This objective area seeks to apply a TCVE-informed approach to the social dimension. If successfully implemented, this would expand social, educational, and economic capital and exploit their interrelationships to address individual needs and facilitate effective reintegration in line with good practices in recidivism reduction. Furthermore, it would help mediate or reorient radicalization in a positive direction, generating opportunities to meet individual needs through new narratives and alternative networks, so that risks of recidivism or re-radicalization into violence are included in the focus of programming and thereby diminished.

## Strategies

1. **Enhance** understanding of a TCVE-informed approach for individual and social interventions throughout the ecosystem of actors and how the TCVE framework is also useful to pre-release risk assessments, in-community monitoring, and post-release supervision efforts.
2. **Identify** and establish relationships with jails, prisons, and criminal justice institutions that can utilize TCVE-informed approaches to prevent and reduce radicalization risks for susceptible inmates around the country.
3. **Identify** and build a database of universities, employers, civil society organizations, and houses of worship that may serve as community-based partners for reentry and reintegration support services. Strengthen relationships with educational centers or employers who are willing to accept individuals with criminal backgrounds post-release.
4. **Develop** a reentry and reintegration guide of national and local resources to give to extremist offenders prior to their release from incarceration.



Unemployment and a sporadic work history can serve as a major trigger, running the risk of pushing an adherent back into contact with old networks or cementing notions of disenfranchisement and discrimination that might lead to (re-) engagement with extremist networks. Interviews conducted among reintegrating terrorism-related offenders have highlighted that in-prison educational programs, when available, were insufficient and that they suffered from additional barriers to employment post-release that the Federal Bureau of Prison (BoP)'s re-entry initiatives did not address.<sup>115</sup> Yet, the BoP, where most terrorism-related offenders are currently housed, considers current re-entry preparation programs sufficient because, they argue, extremist offenders have access to the necessary job training, education, and substance abuse treatment all federal inmates can voluntarily participate in.<sup>116</sup>

Vocational education programs are designed to expedite the transition to employment post-release as higher rates of employment and stronger connections to the formal economy should lead to reductions in recidivism.<sup>117</sup> They typically focus on imparting occupation-specific skills that local employers value, thereby increasing the pool of jobs inmates can apply for upon release. Other prison education programs, "focus on adult basic education and secondary education that aim to improve foundational reading, writing, numeracy, and English language skills."<sup>118</sup> Yet, only about 27 percent of America's general inmate population participate in prison education programs.<sup>119</sup>

Several barriers to in-prison academic education have been identified. First, the limited range of tasks that can be undertaken in a prison environment prevents these programs from adapting to the poor literacy skills and little or no experience in job hunting inmates have, and fail to provide the in-depth knowledge employers require, particularly when it comes to licenses and certifications.<sup>120</sup> In other cases, these programs do not take into consideration the needs of inmates that have higher academic qualifications, which terrorism-related offenders often possess.<sup>121</sup> Second, inmates have serious handicaps that make it hard for them to reintegrate into society, including uncontrolled anger, an inability to establish healthy personal relationships, and failure to establish realistic goals, as well as a lack of ability or willingness to choose ethical behavior. These handicaps are risk factors commonly found in general American inmate populations.<sup>122</sup>

Additionally, in-prison academic education pro-

grams have been deemed to rely on poorly qualified instructors and tutors; to provide limited access to quality education materials, given that security concerns prevent the internet to be utilized in distance education programs alongside video or satellite instruction;<sup>123</sup> to coordinate poorly in cases of institutional transferring;<sup>124</sup> and the ability of in-prison programs to formally translate into postsecondary education for students after release.<sup>125</sup> Another limitation is access to funding. The BoP states that "[s]ome traditional college courses are available, but inmates are responsible for funding this coursework."<sup>126</sup>

This financial burden prevents inmates from accessing educational opportunities beyond what is offered in the federal and state prison system. This was particularly the case after 1994, when inmates were banned from accessing Pell Grants, a college financial aid program established to provide monetary support to students with ex-

**“Research indicated that inmates participating in correctional education programs are 32 per cent less likely to recidivate. Yet, findings linking employment and crime reduction are conflicting.”**

ceptional financial need who have not earned a bachelor's, graduate, or professional degree.<sup>127</sup> On December 21, 2020, however, Congress lifted the long-standing ban on federal student aid - specifically, the Pell grant - for those incarcerated,<sup>128</sup> thus increasing access to postsecondary prison education for prison population.<sup>129</sup>

Participation in correctional education programming has been associated with a reduction in recidivism.<sup>130</sup> Research conducted by RAND Corporation in 2018 indicated that inmates participating in correctional education programs<sup>131</sup> are 32 per cent less likely to recidivate when compared to inmates who did not participate in such programs. Yet, findings linking employment and crime reduction are conflicting. While employment can redirect behavior away from crime and towards family and the community,<sup>132</sup> meta-analyses of ex-offender employment programs have shown no impact on recidivism.<sup>133</sup> Additionally, evidence on correctional education's ability to accomplish its goal (i.e., post-release employment)



is inconclusive, as participants in correctional education programs are no more or less likely to find employment following their release than are those who did not participate.<sup>134</sup>

The best recidivism outcomes come from interventions that target criminogenic needs (i.e., dynamic risk factors that, if changed, reduce chances of recidivism).<sup>135</sup> More specifically, the most effective correctional programs are those that are based on and implement the risk, need, and responsivity (RNR) model. The RNR model serves higher-risk individuals, addresses their specific criminogenic needs, and is responsive to the learning style of program participants.<sup>136</sup> Because altering behavior requires more than providing information or basic knowledge, education should change offenders' perception of reality and their actions by improving and expanding their cognitive, moral, and social development.<sup>137</sup> Hence, it is believed that informal education related to the development of life skills can help inmates alter their develop inmates' sense of self-esteem, social competence, and self-efficacy,<sup>138</sup> and thus provide the motivation to desist from criminal lifestyles and activity.<sup>139</sup> Therefore, informal educational programming can complement programs aimed at developing vocational skills and employability after release.

To build basic personal management skills, some correctional facilities offer life-skills programs that provide inmates with the knowledge, skills, and attitudes they need to maintain strong family ties, find and keep good jobs, including anger management, cognitive awareness, and offender responsibility and corrections. Although the size effects are usually moderate, programs that take a behavioral or cognitive-behavioral approach significantly reduce recidivism.<sup>140</sup>

Absent any formal in-prison intervention initiative

tailored for extremist offenders,<sup>141</sup> informal faith-based prisoner rehabilitation and reentry programs might represent a viable resource to prevent recidivism, were they to apply evidence-based practices that focus on providing a behavioral intervention within a therapeutic community, address the criminogenic needs of participants, and deliver a continuum of care from the institution to the community.<sup>142</sup> For some inmates, adapting to the prison subculture indeed entails reinforcing behavior patterns that are counterproductive and debilitating. For others, however, a personal transformation occurs in which they admit their offenses and attempt to redirect the focus of their life by transforming themselves and helping others (e.g., peer counseling).

One particularly common source for this transformation can be religion and spirituality. Spirituality,<sup>143</sup> refers to involvement in alternative self-directed or group informal activities. Such involvement is equally as important as formal religious activities on inmate well-being.<sup>144</sup> In fact, the BoP provides interfaith chaplain services that ensure religious freedoms and rights. Such services not only help mitigate the effects of the institutional predominance of Christianity,<sup>145</sup> but also serve the approximately 9 percent of Muslim inmates,<sup>146</sup> as well as other faiths. Overwhelmingly, state prison chaplains consider religious counseling and other religion-based programming an important aspect of rehabilitating prisoners. Nearly three-quarters of chaplains (73 percent) say they consider access to religion-related programs in prison to be "absolutely critical" to successful rehabilitation of inmates; 78 percent say they consider support from religious groups post-release to be critical to inmates' successful rehabilitation and re-entry into society. A TCVE-informed approach can also connect



the benefits of informal and formal correctional educational programming so that it expands beyond the individual and connects to fulfilling social needs as well.

As a trauma-informed approach shifts the perspective, away from asking “what’s wrong with you” to “what happened to you,” it advances key principles of what has been termed asset-based program development.<sup>147</sup> Asset-based or strengths-based approaches expand the questions “what’s wrong with you” and “what happened to you” to include “what is right with you”<sup>148</sup> or, in another strength-based conceptual framework, to ask: “what knowledge do you have” (‘head’); “what skills do you have” (‘hands’); and “what are you passionate about” (‘heart’).<sup>149</sup> As such, asset-based approaches to interventions share core understandings of empowerment as being both internal and external as well as benchmarked by external outcomes and impact (i.e., performed, tangible actions that lead to change). By focusing on what is working well, informed successful strategies support the promotion of mental wellness for those experiencing challenges,<sup>150</sup> which could enhance the outcome of the social, educational, and economic interventions outlined above.

The lens applied to deradicalization programs is deficit-based, that is, implicitly based on the notion that the problem of radicalization should be the focus of attention. However, a continuous focus on a problem, particularly when there is limited understanding of the defense mechanisms an extremist identity can put forth when confronted, can hinder any ability to motivate individuals to make positive alterations. As asset-based approaches concentrate on identifying skills and interests and cultivating assets and visions for growth, some of the processes that might be part and parcel of radicalization into violent extremism can be transitioned. For example, many radicals desire a greater need apart from mere concern for self. In short, they are idealists, almost by nature. Interventions should seek to create opportunities and exercises that assist in identifying these strengths, while helping the individuals recognize the harm that they can bring to self or others when misdirected. They can also look at means and opportunities for putting these assets forth in positive, prosocial, and healthy directions and contexts.

Political scientist Robert Putnam, who helped popularize the term ‘social capital’ in the 1990s, defined this term as “connections among in-

dividuals – social networks and the norms of reciprocity and trustworthiness that arise from them.”<sup>151</sup> Since its inception, the term has been applied to the realm of peacebuilding, post-conflict reconciliation, international development, and P/CVE practice as a “resource which leads to shared knowledge, beneficial civic engagement, and the acquisition of skills that are required to solve particular problems” facing a community or society more widely.<sup>152</sup>

Drawing from the literature on correctional education and reentry, and recognizing the unique characteristics of the target population, efforts within this objective area should link informal and formal educational capital-building exercises to the cultivation of social capital and thereby to economic capital, particularly employability after release.

Indeed, pathways to successful reintegration and recidivism reduction for extremist offenders are more complex than targeting employment. That is not to say that extremist offenders will not face significant barriers to employment upon release or that employability should not be considered as a targeted objective area, but it is to say that employability and economic capital is more likely to occur naturally for the extremist offender population if prosocial attitudes and social connections develop beforehand. In fact, evidence from the realm of reentry suggests the three spheres (i.e., social, educational, and economic capital) are interconnected. In talking about faith communities, Dr. Harold Dean Trulear, director of Healing Communities, a faith-based reentry initiative funded by the Annie E. Casey Foundation, explained the impact of social capital on recidivism:

*“[faith communities] promote values, or what in criminology we call prosocial attitudes; [they] also promote relationships, which in criminology we also talk about as prosocial relationships. What is interesting is that although jobs are important... the life skill development is part of the program; it’s not just about jobs. One of the things that we know is that having the right attitude and the right social network is twice as influential on recidivism outcomes as whether or not you’re employed. The fact of the matter is, I can get you a job, but if you still think the same way and you still hang with the wrong people, you’ll lose the job.”<sup>153</sup>*

A TCVE-informed perspective may facilitate the ability to provide pathways to desistance, deradicalization, and material needs simultaneously:

Addressing unmet needs through personal development and self-improvement instruction can alter self-perception and generate new identity and meaning, thus generating new narratives of self and its relationship to community. A new identity and self-narrative can facilitate openness to engagement with new prosocial networks. As such, TCVE-informed approaches can promote healthy group belonging, thus altering community and context and widening the scope of deradicalization so that it veers away from individualistic conceptions of agency and what positive change occurs for extremist offenders.

Therefore, if in-prison and post-release interventions for extremist offenders and those susceptible to radicalization in prison seek to would increase productive social engagement and opportunities after release, especially employability, they should focus on advancing social, educational, and economic capital with mechanisms that link individual transformation and progress to enhanced social connections.

General laws that underlie the study of network theory inform this process. For example, a principle called the strength of weak ties documents that people are more likely to adopt new ideas from acquaintances than from close friends.<sup>154</sup> In the early 1970s, social network scientist Mark Granovetter found that within an individual's core strong ties network, people with weak ties outside the network (i.e., acquaintances, acquaintances of those you have strong ties with, or friends of your friends with a common cultural background or social interest) serve as bridges to other networks. His work documented that people with weak ties not only find jobs that the rest of the network are unaware of, but those jobs come with higher compensation and satisfaction.<sup>155</sup>

Further research has shown that more than 80 percent of jobs are found through networking and word-of-mouth referrals.<sup>156</sup> Thus, enhancing social and educational capital, while building links to in-community networks, whether they be faith-based or civil society organizations, can foster the kind of alterations in life skills development, positive attitudes, and the healthy social networks, which facilitate the strength of weak ties phenomenon.

## Activities/outputs

- Utilize the TCVE-informed paradigm to research and develop further understanding of the interrelationships between social, educational, and economic capital and recidivism reduction for extremist offenders and its relation to an RNR approach and principles to the reintegration of extremist offenders.
- Develop TCVE-service delivery manuals and briefings for practitioners, ecosystem stakeholders, those tasked with in-prison and post-release supervision, and others.
- Design in-prison intervention mechanisms that enhance social networks, education, and economic potential. Such interventions should connect individuals to post-release reentry initiatives and positive networks in the community (e.g., P/CVE organizations, houses of worship, civil society organizations, etc.) to bridge pre- and post-release reintegration efforts.
- Encourage participants to participate in employment services, such as job preparedness and career development; the building of job preparedness and career development skills; and job placement offered to the general inmate population to overcome post-release barriers.
- Create informal TCVE-informed social, educational, and vocational opportunities after release with connections to schools, colleges, prisons, health care, and social service providers, CSOs, and NGOs, preferably with expertise and activity related to P/CVE programming focused on operating in-community.
- Develop a robust and effective in-prison and aftercare and reintegration program for extremism offenders in the BoP that includes on-going social educational and economic capital building efforts.

Decades of research in sociology, psychology, and criminology literature that suggest prosocial bonds and a sense of belonging are key for people to voluntarily exit roles—including violent roles like criminal and gang desistance and ideological ones like cult disaffiliation—have largely been ignored by deradicalization programs and initiatives.

A TCVE-informed perspective for the development of social, educational, and economic capital should be thought of as building in-community networks to advance social capital for rehabilitating and reintegrating extremist offenders. These in-community networks, which can be faith-based entities, P/CVE initiatives, community organizations, or others, should be comprised of localized actors that are armed with TCVE-informed knowledge of radicalization, rehabilitation, and reintegration, should show interest in supporting reintegrating extremist offenders and be particularly qualified, networked, and respected in the local community.

However, a TCVE-informed approach would not wait until after release to build these bridges and the connections necessary to make them meaningful. Instead, in-community networks should be involved in facilitating in-prison programming related to the advancement of social, educational, and economic capital to extremist offenders and those susceptible to radicalization in prison settings, and then, upon release, offer avenues and programming that connects to post-release reintegration efforts with appreciation to the mechanisms and ToC outlined in this objective area, that is, that closely links to social opportunities and a new, positive prosocial network, ideally with the same organization, individuals, or entity engaging with the program participants while incarcerated.

A TCVE-informed framework recognizes that people's behavior emanates from their (mis)interpretations of the external world, but that the narratives we tell about ourselves can be redirected and serve as sources of empowerment. Such an approach, therefore, would encourage in-prison programming—whether administered in the facility in groups or by mail correspondence—to target personal and social narratives, to attempt to restructure meaning, and to reorient the narrative in order to utilize an asset-based approach while exercising empathy and understanding. Program participants would utilize educational and social capital-building interventions to first take charge of their own life narratives, restructure the meaning associated with nega-



tive memory and experience, cultivate empowerment, and reorient radicalization in a benevolent direction compatible with social cohesion.

Research documents that small changes in the stories and narratives people tell about themselves have lasting impacts on their behavior. So-called 'story-editing' interventions have produced significantly better outcomes than those that employ mere behavioral and individualized interventions.<sup>157</sup> For example, story-editing approaches to teen pregnancy, drug use, violence, and gang involvement seek to alter narratives from "I don't fit in" to "I'm a valued community member," but do so via a holistic approach that incorporates behavioral interventions that employ social, emotional, or cognitive competence training.

Story-editing also promotes prosocial norms, improved decision making, self-determination, and improved communication skills. These newly discovered assets link to fulfilling social opportunities, such as community service, which can include cultural activities or collaborative artisan and community projects. If participation includes connecting with individuals outside the exclusive out-group extremists cite, then engagement offers a new sense of community membership and belonging. Efforts to enhance social, educational,



and economic capital should therefore link individual gains to productive and healthy social engagements while in prison and after release. The objective is to use human capital development to promote social cohesion and community agency, which thereby increases access to tangible opportunity.

As prisoners' attitudes adopt more functional values and behaviors rewarded by the broader society, this could also facilitate a shift to taking part in other forms of prison programming or self-help activities<sup>158</sup>, including participating in academic and vocational education programs that might facilitate in-community reintegration upon release.

A useful framework for grasping the processes and practices outlined here may be found in the work of Arie Kruglanski, extremist scholar and social psychologist, who described the radicalization process as determined by needs, narratives, and networks (the 3N model).<sup>159</sup> This model encapsulates the interrelationships between need fulfillment, narrative, and social connection, and can therefore serve as a guide to thinking about risk and protective factors and reorient the process of radicalization, as well as to measure and evaluate social, educational, and economic capital development and progress in this objective area. These elements are what a TCVE-informed approach should encompass.

Faith-based organizations and informal religious or spiritual groups can play a major role in this process. Participation in in-prison groups can also create a safe environment in which individuals can connect to one another and access otherwise unobtainable resources, while also maintaining a sense of solidarity and higher purpose. Like participation in group therapy, informal spiritual groups can reinforce prosocial behaviors, such as stronger bonding mechanisms with others and better self-control, which could result in an increased adjustment to prison.

Moreover, there is evidence that religion contributes to feelings of well-being, reduces stress, and increases general health. One important advantage of faith-based approaches is their existing tie to the community in which the released inmate resides and the credibility that these organizations generally have within the community. This enables faith-based organizations to help released inmates reintegrate while protecting the local community. Religious groups are also associated with family integration and other factors related to well-being, such as employment.

## Implications for M&E

This objective area represents the bridge between the personal, familial, and social. Engagements in this area could prove determinantal in facilitating long-term outcomes and crucial to making engagement in other objective areas for the ToC possible.

This ToC connects social, educational, and economic capital advancement to general resocialization and reintegration efforts. Social, educational, and economic capital cannot be measured unless they are clearly defined—both in terms of theoretical perspective and the context of investigation.

Yet, as programming evolves, competent mechanisms for defining and measuring social, educational, and economic gains, and their broader relationship to other indicators associated with the healthy, safe, and dignified rehabilitation and reintegration of extremist offenders can be identified and developed. These efforts should advance monitoring and evaluation mechanisms that can bridge such in-prison programming to effective reentry and recidivism reduction outcomes.<sup>160</sup>

A trauma-informed paradigm applied to (de)radicalization examines how individual cognitive and behavioral responses are triggered by structural and contextual factors. A story-editing or narrative-focused approach could start the difficult process of full-fledged rehabilitation and reintegration, particularly when conducted in a group setting. Additionally, establishing formal and informal in-prison education programs permits the creation of client-centered, culturally appropriate safe spaces that promote trustworthiness, peer support and collaboration, and mutuality based on participants' strengths (see Objective #2). A TCVE-informed framework would facilitate an enhanced likelihood of receptiveness from the target population.

As activities are expanded in ways that becomes more integrated with prison existence, participation in activities positively associated with involvement in other productive individual and group behaviors, such as peer mentoring or lower serious infractions in prison may protrude. Thus, higher levels of participation in related in-prison activities have the potential to decrease identification with less productive behaviors and values of conventional prison culture and increase the assimilation of prosocial in-community attitudes and connections to new networks valuable to ef-



fective reintegration and recidivism risk reduction upon release.

While opportunities for longitudinal or randomized control trials of rehabilitation and reentry programming practices remain limited, a connection between in-prison programming and continuity, as well as connection to post-release programming seems warranted, theoretically sound and, in a practical sense, facilitative of measuring outcomes and identifying best practices. This is justified with consideration to the promising Minnesota Comprehensive Offender Reentry Plan (MCORP) initiative, a case management program implemented in seven different correctional institutions across Minnesota.

Participants in MCORP worked with their prison caseworkers and community supervision agents to develop strategies to prevent recidivism through motivational interviewing and SMART (Small, Measurable, Attainable, Realistic, and Timely) planning strategies.

This connection between caseworkers was meant to bridge the gap between prison and release. The program, which the program aimed to strengthen the relationship between incarcerated individuals and their caseworkers by limiting caseload sizes, significantly reduced recidivism as measured by re-arrest, reconviction, technical violation revocation, and reincarceration for any reason, but had no significant impact on new offense reincarceration.<sup>161</sup>

Furthermore, it is estimated that MCORP yielded a return of \$1.80 for every dollar spent on

“ Connecting program participants to in-community support programs for continued care from the institution to the community, while addressing the criminogenic risks and needs of program participants is essential for ensuring effective rehabilitation.

the project. It also produced a benefit of roughly \$4,300 per participant, reducing costs by about \$1.8 million overall.<sup>162</sup> Funding and replicating such an effort for extremist offenders and those susceptible to radicalization in prison settings is recommended.

Accurate, on-going assessment of individual needs and risks is an important element in rehabilitation.<sup>163</sup> Connecting program participants to in-community support programs for continued care from the institution to the community, while also addressing the criminogenic risks and needs of program participants is essential for ensuring effective rehabilitation. Involving in-community stakeholders in the process would permit longitudinal analysis and the identification of best practices.

Such evidence-based practices would advance the field of rehabilitating and reintegrating extremist offenders and other related spheres of inquiry, perhaps even trauma-informed reintegration and reentry practices in general.

## OBJECTIVE #4: PROMOTE FAMILY COHESION

“Efforts promote family unity and enhance familial support through education, counseling, and therapy to redefine personal narratives and connect extremist offenders to community-based networks that allow for meaningful re-socialization and reduce recidivism risks.”

Despite evidence that extremist groups turn to the family unit for recruits,<sup>164</sup> “[f]amilies play an integral role in the success of rehabilitation programs and are particularly instrumental after release in keeping the inmate from returning to a life of terrorism.”<sup>165</sup> Good practices related to violent extremist offender reintegration highlight that connecting family members to extremist offenders prior to release or engaging them in rehabilitative efforts “will help the family understand and be sympathetic to what the inmate is going through and be more readily able to provide a supportive environment for the inmate once he or she is released.”<sup>166</sup>

Effective reentry will require a key focus on utilizing trauma-informed approaches to support and empower families of extremist offenders by developing programming established on the principle of first preserving family unity. Programming for extremist inmates and families should, where applicable, facilitate family education, therapy, and counseling. Yet, these services must include, or at least bridge to, an expansive definition of ‘family’ that recognizes that informal social attachments and controls such as extended family (and ‘families of choice’), peer, and interrelated community influences have a more direct effect on a person’s behavior than formal social controls.

Efforts to provide family support will be most successful if they extend the parameters and definition of family and look at the crucial role extended family members can play in facilitating the reentry process, while at the same time serving as support mechanisms for effective reintegration, identifying and bridging to in-community psychosocial supports, and helping to implement individualized treatment plans (particularly where they involve redefining the sense of self, identity, and the role former extremist offenders play in society).

These informal relationships provide the best opportunities for prosocial activities and incentives for prosocial behavior. Education and engagement of community members that supports

### Strategies

1. **Coordinate** tailored case management for extremist offenders.
2. **Establish** specialized service providers with expertise in complex trauma and family counseling.
3. **Formulate** awareness of healthy roles for extended family members and how they might provide support or serve as a hindrance to the reintegration process.
4. **Raise** awareness to promote social cohesion.

familial involvement is likely to prove key to the success of reintegration and rehabilitation efforts.

An effective way to think about these informal relationships is utilizing the model of nested circles, which is used to determine the relational needs of the inmate. In this model, a small circle represents the individual inmates and their immediate relations, while a larger circle (in which this smaller circle is nested) represents their extended family. This should include biological and surrogate family members, those individuals who are potentially capable of filling absent roles, or those exerting positive prosocial influences on program participants. A third nested circle represents community-based networks that provide opportunities for offenders to strengthen their own prosocial skills by engaging with others outside their immediate and extended family.

These networks contain individuals who possess the attitudes and behaviors—and participate in the activities—that offenders will hopefully emulate. Through these larger nested circles, one should analyze how developing an expanded conceptualization of family can extend to effective reentry engagements with the larger community and society, an approach consistent with DHS’s 2019 Strategic Framework for Countering Terrorism and Targeted Violence.



As highlighted in Objective #2, ample research suggests a high prevalence of ACEs among those involved in violent extremism. ACEs can impact the development of a coherent sense of identity, especially if negative experiences occur before the age of 25, the age when the prefrontal cortex of the brain (i.e., the area of the brain related to decision-making and self-regulatory skills) is fully developed. The formative years are a crucial time for fully developing identity, including commitments, personal goals, motivations, and psychosocial well-being.

Magnetic resonance imaging (MRI) studies have shown a correlation between a chronically stressed brain and the lack of presence of gray matter in the prefrontal cortex, the amygdala (the fear-processing center of the brain), and the hippocampus (the area that processes emotion and memory, and manages stress).<sup>167</sup>

Moreover, clinical observation and theory suggest that individuals unable to cope with their exposure to traumatic events often experience a loss of significance to their lives, and will initiate a process of meaning-making through which they will seek to interpret or understand why the trauma happened and dissipate negative emotions. This need for identity, acceptance, meaning, and community, makes individuals particularly vulnerable to extremist narratives, which attracts recruits with promises of glory, adventure, camaraderie, acceptance, and sense of purpose, by allowing them to reconstruct meaning through a shared collective identity.

Incarceration can further erode an individual's sense of self-identity and self-esteem, thus contributing to the lack of social identity and the chances that these maladaptive emotions translate into PTSD reactions.<sup>168</sup> This is particularly true in the case of extremist offenders, who, in addition to the perceived benefits of adhering to an extremist group, will face particularly stringent post-release conditions, increased social stigmatization, and sometimes the threat of violence against themselves and family members. Maintaining or reestablishing relationships with family members and friends may provide a key opportunity through which extremist offenders can identify with others in their life who may not be associated with violent extremist groups, causes, and ideologies.

For decades, researchers studying alcoholism and substance abuse have noted the link between successful treatment and positive family

support.<sup>169</sup> Hence, recent efforts by policymakers and practitioners have focused on preserving the family unit and engaging families in the reentry process of inmates, both actively and purposefully,<sup>170</sup> under the logic that families and social support networks play a critical role in prisoners' transition from incarceration to the community,<sup>171</sup> and will bring about more successful reentry outcomes.

Familial contact and support, including pre-release visitation,<sup>172</sup> has been correlated to lower rates of recidivism post-release,<sup>173</sup> in spite of the low number of family members who reported receiving family inclusive case management services.<sup>174</sup> Research conducted within three U.S. jails revealed that only 64 percent of prison staff involve family members in case management or reentry planning, and only 58 percent of families are involved in reentry programming.<sup>175</sup>

Overall, the influence of family is positive by the general inmate population. 82 percent<sup>176</sup> of of-

**“Incarceration can erode an individual's sense of self-identity and self-esteem, contributing to the lack of social identity and the chances that these maladaptive emotions translate into PTSD reactions. This is particularly true in the case of extremist offenders.”**

fenders rely on family members to address their most immediate concerns, including housing,<sup>177</sup> financial assistance and/or securing employment<sup>178</sup>, transportation needs<sup>179</sup>, and child-rearing responsibilities<sup>180</sup>, while 74 percent of them rely on friends<sup>181</sup>. Yet, family members have listed numerous barriers to staying in contact with their loved one, including distance (29 percent); costs, such as gas, tolls, and for some, renting a car (24 percent); and facility rules (23 percent). Family members drove an average of 30 miles each way to visit and reported the cost of phone calls as a significant barrier to communication (39 percent).

On the other hand, there are family members who do not wish to directly participate in reentry programs or, on occasion, there might be inmates who have difficulty engaging family members in their reentry process directly for fear or

acknowledgement that they had burned bridges with family members.

Yet, when jail staff—both corrections officers and case managers—have helped inmates identify supportive family members and help them use those resources as they prepare for the next step, it has served to build rapport between staff and people in jail and has improved their perceptions of another,<sup>182</sup> which translates into more prosocial in-prison behaviors that can extend post-release. Upon release, family members also provide released inmates support during a stressful transition into society,<sup>183</sup> support that can serve as guidance in staying sober or avoiding criminal behavior.<sup>184</sup> Successful rehabilitation and reentry of extremist offenders has been linked to the absence of friends and family members associated with extremist networks.<sup>185</sup>

Family members and significant others (including employers, teachers, mentors, spiritual leaders, etc.) can best support offenders when they are aware of the work program participants are undertaking, skills they are developing, and can support offenders as they practice these new competencies upon release. And, while healthy family support has been linked to developing a sense of responsibility, a sense of family obligation can also enhance cognitive control and render individuals less susceptible to engaging in risk-taking behaviors.<sup>186</sup>

Moreover, research into lone actor terrorism found that 64 percent of perpetrators had verbalized their intent to family or friends;<sup>187</sup> thus, families can become the frontline to identifying signs of re-radicalization to violence,<sup>188</sup> intervening in the re-radicalization process when necessary, and even averting re-radicalization from the onset.<sup>189</sup>

However, there are cases in which family members are undoubtedly “part of the problem,”<sup>190</sup> especially when they may have contributed to the engagement or the attempted engagement in extremist activities in the first place, either directly,<sup>191</sup> or when the parent-child relationship was nonexistent or dysfunctional. In such situations, inmates may have actively tried to disengage from family members they perceive as being negative influences, in the same way addicts may choose to cut ties with family members who are still active users. Thus, because of the inherent social component to reintegration, programming requires that preservation of and support for the family unity extends to include siblings and

extended family, romantic partners,<sup>192</sup> and those in the community that may fulfill a familial role.

Successful implementation of demobilization, disarmament, and reintegration (DDR) programs in post-conflict settings has proven the importance of families, community participation, social networks, and institutions.<sup>193</sup> Opening spaces for prosocial engagement between returning extremist offenders and community members can prepare communities and families to address the psychosocial needs of returning persons, build capacity and trust, strengthen resilience and social cohesion, and foster reconciliation and prosocial engagement, all of which are necessary to advance familial, societal, and national bonds,<sup>194</sup> and to acquire the cognitive, social, and vocational skills that would enable extremist offenders to more easily adjust to society and replace their violent identities with new ones.<sup>195</sup>

DDR lessons also highlight the need to empower CSOs and community leaders to work with reintegrating offenders. For programs to be legitimate and effective, they should involve credible community figures and local interlocutors, who are respected by program participants and who could provide a supportive role and facilitate the necessary interventions.<sup>196</sup> Family-oriented programming for extremist offenders could benefit from interventions conducted by former extremists. Although this proposition lacks empirical evidence, we find successful evidence-based examples in DDR programming that utilizes former combatants,<sup>197</sup> substance abuse programming that includes addicts in recovery as counselors,<sup>198</sup> and reentry programs that use former inmates as counselors.<sup>199</sup>

Programming to reintegrate and rehabilitate extremist offenders must formulate awareness of a healthy role for extended family members and how they might provide support, while also looking at potential bad actors in an extended family that may serve as a hindrance to the reintegration process.

To assess and address the immediate specialist needs of extremist offenders and do so in a manner that gradually expands reentry and reintegration service provisions to include extended family members, localized in-community stakeholders, and ultimately, society at large, the process of reintegration should facilitate healthy social cohesions, community agency, and equal access to opportunities as well as provide a sense of purpose.

## Activities/outputs

- Utilize the TCVE-informed paradigm to research a further understanding of the interrelationships between ACEs and engagement in extremist activities and how familial support relates to recidivism reduction for extremist offenders. This would be based on an RNR approach and principles that focus on the reintegration of extremist offenders.
- Encourage inmates to participate in trauma-informed family-oriented programming, where viable and appropriate, that concentrates on nurturing healthy and safe living conditions and social relations.
- Design in-prison intervention mechanisms that enhance family cohesion and connect inmates to post-release reentry initiatives and positive networks in-community (e.g., P/CVE organizations, houses of worship, civil society organizations, etc.) to bridge pre- and post-release reintegration efforts.
- Develop TCVE-service delivery manuals and briefings for family members and in-community stakeholders that include knowledge on indications of re-radicalization or re-engagement in extremist activities.

Because ACEs, prevalent among extremist offenders, are rooted in disrupted caregiver-child relationships, a TCVE-informed approach acknowledges that systems of care serving this population should be made aware of traumatic experiences and how they increase potential risk factors associated with engaging or attempting to engage in violent extremism pre- and post-release. Individuals within these systems of care therefore should acknowledge the role immediate family members play in supporting or hindering an effective reintegration process and should also encourage a family-focused orientation may need to occur where possible.

Based on the three principles of restorative justice (i.e., reparation, encounter, and transformation),<sup>200</sup> programming aimed at bridging the gaps between extremist offenders and their immediate family members will be based on a cooperative process that brings both parties together and allows for the reparations of harms committed.

Ideally, this process would start in prison and use any lines of communication available, whether it be letters, calls, and/or visits. In a controlled environment, program participants will address any ACEs or other issues of concern that have arisen in individual therapy sessions, while family members can also find a platform to express feelings of despair and anxiety that may have resulted from a loved one's involvement in extremism.

As communication develops, extremist offenders and their families can identify the source of the harm and work towards (emotional) reparation. As healing occurs and both sides learn from mistakes made, take responsibility for actions, acknowledge past traumas, and repent for the harm done, the process of forgiveness can begin,<sup>201</sup> and so can the reintegration of program participants into their family unit. Yet, just as radicalization and engagement in extremism is both an individual and social process, so is the process of making meaning out of trauma through life narration.<sup>202</sup>

Extremist offenders will also interact with an environment outside of their immediate family circle that might initially be hostile or stigmatizing. Programming promoting a two-way healing process between program participants and their family that allows for posttraumatic growth and the construction of redemptive stories around personal trauma that integrate within a broader, self-defining life narrative can be used as a pilot to later implement within the broader community. This could happen through the mediation of network members and in-community stakeholders, who could facilitate a societal interpretative process of sense and meaning-making that can ease the initial reentry process and the eventual reintegration process into the broader community.

The goal of such programming is to reverse engineer the radicalization process by reframing Dr. Arie Kruglanski's 3N (needs, narratives, and networks) within a restorative justice approach. By promoting encounters, extremist offenders can realize that their values and/or social identities are not under threat, thereby dismantling the "us vs. them" narrative promoted by extremists and promoting a new quest for significance: reparation for the damage done. As the network (society) validates the 'narrative of forgiveness' and allows the individual to adhere to the group, it permits the individual to fulfill the individual sense of security, meaning, and purpose that they once found among extremists. Transformation occurs as individual needs are fulfilled, prosocial cognitions and behaviors are promoted, and there is no longer a will to change the established status quo.



## Implications for M&E

Family members, as broadly defined, provide the greatest tangible and emotional support to offenders as they reenter the community. However, as this ToC has set forth, a trauma-informed framework addresses the dynamics and myriad impacts of trauma on an individual by avoiding inadvertently re-traumatizing program participants when providing assistance within the reintegration and rehabilitation ecosystem.

An on-going in-prison assessment of individual needs and risks will allow program practitioners to progressively evaluate program participants' immediate release environment as healthy and safe, as defined the program participants themselves. This approach will further promote trust, peer support, collaboration, empowerment (see Objective #2), and encourage program participation.

Post-release and following a realist evaluation for monitoring the infusion and integrative processes at the service provision level in Objective #1, it is imperative to set forth tools for evaluating

intervention impacts and outcomes as well. That means developing effective and uniform case management and reporting mechanisms so that treatment planning and associated progress in divergent objective areas can chart each participant's gains, identify risk and protective factors and best practices, and document success over the long term.

Yet, trauma-informed organizational culture and frameworks must support and sustain "trauma-specific" services that directly address complex trauma and facilitate a program participant's recovery through individual or group therapy—specifically focusing on trauma recovery centered on achieving safety in one's environment and through developing skills in emotion regulation or interoceptive awareness and interpersonal functioning, while making meaning of traumatic events and enhancing resiliency and integration into a social network. Measuring and evaluating trauma-specific efforts should consider distinguishing between the two.

## OBJECTIVE #5: FACILITATE RESOCIALIZATION BY DECREASING COMMUNITY RESISTANCE AND STIGMATIZATION

“Efforts enhance community awareness, resilience, and belonging and minimize stigmatization of extremist offenders and families while reducing barriers to participant interest in pre- and post-release programming engagement.”

Any utilization of the term social capital in the realm of peacebuilding or P/CVE internationally falls under three primary elements: promoting democratic norms, developing social networks, and building relationships and trust.<sup>203</sup> Demobilization, disarmament, and reintegration (DDR) has successfully relied on advancing social, educational, and economic capital (Objective #3). As such, DDR has been widely referenced as a helpful model for designing and developing deradicalization programming for ex-combatants,<sup>204</sup> extremist offenders,<sup>205</sup> and returning foreign terrorist fighters and family members.<sup>206</sup>

DDR has its roots in a post-cold war environment. Ex-combatants threatened security via rearmament or remilitarization, especially when they were at risk for returning to war or a life



of criminality if they were unable to find work in highly competitive labor markets. Peacebuilding organizations and states therefore shifted focus to post-conflict peacekeeping and reconstruction,<sup>207</sup> which prioritized the demobilization (i.e., disengagement), disarmament (i.e., deradicalization), and reintegration of ex-combatants. Decades of DDR programming and research has produced substantive evidence that documents the approach runs consistent with many of the assumptions promoted thus far in this ToC. These include:

- Social capital—in the form of trust, norms, and networks—is central to the reintegration of ex-combatants but also is itself a key product of these reintegration processes;
- Social networks—whether family, friends, and other social connections, or in some cases former combatant comrades—proved essential to ex-combatants’ reintegration into their communities in the form of both economic and social support;
- Social capital is crucial to understanding not only how reintegration proceeds but also how reintegration may contribute to broader peacebuilding processes;
- Adhering to behavioral norms was important to ex-combatants to show their communities that they had undergone some form of personal transformation since the war; and
- While ex-combatants’ trust in the DDR program could be undermined when their expectations for the program were not met—with broader implications for their ability to trust the new governmental authorities—ex-combatants’ desire to be trusted by their receiving communities was a strong motivator for them and shaped their efforts to be productive members of society.

Therefore, cultivating social capital as a means of facilitating effective reintegration is essentially related to shaping DDR outcomes and is fundamental to remaking post-conflict community relationships. However, stigmatization is a major hindering factor to effective community reintegration. Thus, to be effective, interventions and programming must address the stigma that can surround reintegrating ex-combatants within the communities they reintegrate in—which can prevent ex-combatants from trusting any intervention or reintegration-related programming—and provide services that meet the expectations of participants.

While extremist offenders in the United States might not be coming home to a land recovering from civil war or embroiled in conflict, they will be returning to a divisive, hyper-polarizing landscape subject to further deterioration of the social and political fabric and to an American society or some demographic or faction of that society with which they were once at war. Under such conditions, there will be a great deal of stigma surrounding their release and reentry, not at all unlike the post-conflict settings DDR programming has been implemented in.

DDR research has also documented that the way reintegration efforts are communicated and implemented can have a direct impact on promoting democratic norms, developing social networks, and building (or undermining) relationships and trust.<sup>208</sup> Reintegrating extremist offenders or those that radicalize in prison settings can also

“**Cultivating social capital as a means of facilitating effective reintegration is essentially related to shaping DDR outcomes and is fundamental to remaking post-conflict community relationships. However, stigmatization is a hindering factor to effective community reintegration.**

hinder social capital by contributing to the polarization of the political landscape. For example, Norway saw its government shut down over the repatriation of a single female returning foreign terrorist fighter;<sup>209</sup> the appearance of an alleged returning ISIS-fighter on a popular podcast and in the media split the Canadian body politic and may have hindered the repatriation of other Canadians stranded in Syrian detention centers and refugee camps;<sup>210</sup> and others. These situations undermine the public’s trust in government, can reduce support for human rights and democratic norms, and can facilitate the growth of extremist networks and the resonance of their grievance-based narratives.

Public communication about ex-combatant reintegration feeds into how reintegration is experienced. More specifically, new and existing networks used by ex-combatants in DDR to navigate the post-war environment are an important element of social capital. Four principal

mechanisms have been identified in research on DDR programming that help overcome community stigma and foster program participation: information provision; inclusion of target groups in design and implementation; provision of incentives for participation; and a change in the narrative surrounding ex-combatants.<sup>211</sup>

Applying these lessons with appreciation for the specific realities faced by extremist offenders reintegrating in western democratic societies while looking at how stigmatization has been addressed in other areas of public health intervention, underscores the importance of addressing stigmatization as a necessary component of social capital development and a TCVE-informed approach to extremist offender rehabilitation, re-entry, and reintegration.

The provision of individual and familial reintegration trauma-informed and trauma-specific services to extremist offenders and family members must concentrate on translating rehabilitative gains at the individual and familial level into effective resocialization and reintegration with the extended community. As individual program participants navigate through programming, the true challenge will be extending engagements with supportive extended family or surrogate family to broader community engagement. As such, every interaction from the onset of engagement should utilize a TCVE-informed approach to prepare program participants for such broader social engagement, seeking first to initiate small interactions with family and community members where they will be residing after release but then navigate outward into broader spheres of social engagement with religious communities and other collectives in the broader community.

Efforts to enhance community resilience and belonging and minimize stigmatization of extremist offenders and families should attempt to link individual gains to productive and healthy social engagement, which promotes social cohesion, community agency, equal access to opportunities, and a sense of purpose, while working to eradicate stigmatization in the process. Stigma has been defined as, “elements of labelling, stereotyping, separation, status loss, and discrimination (which) occur together in a power situation that allows them.”<sup>212</sup> Stigma influences affects social relationships, stress levels, behavioral and psychological responses, and resource availability,<sup>213</sup> and may also increase recidivism rates by catalyzing withdrawal and avoidance behaviors that hinder adherence to probation requirements, em-

## Strategies

1. **Understand** the grievances of the broader community with respect to extremist offender reintegration and how DDR programming and evidence-based stigma reduction practices can be incorporated into efforts to mitigate them.
2. **Identify** and address discriminatory and stigmatizing practices in health, vocational, educational, and employment services; legislation; media; and educational materials;
3. **Enhance** community support for extremist offender reintegration and the program’s ability to address underlying social stigmatization and discrimination.
4. **Conduct** community reconciliation forums to explore the potential for community acceptance of extremist offenders and family members and create opportunities for integrated reconciliation activities between extremist offenders, their family members, and re-

ployment searches, and help-seeking behaviors, while reinforcing low socio-economic status.<sup>214</sup>

There is a dearth of research related to interventions that counter stigma toward former extremists. By necessity, those within this relatively nascent field must then look to mental health, physical health, addiction, and incarceration stigma research for intervention solutions. For example, the previously mentioned research from the National Consortium for the Study of Terrorism and Responses to Terrorism determined that extremism is not unlike a “struggle against addiction, with continuing cognitive, emotional, and physiological responses that are involuntary, unwanted, and triggered by environmental factors of addiction.”<sup>215</sup>

Such revelations substantiate the reassignment of drug and alcohol misuse disorder stigma-reducing interventions toward the former extremist population. Notably in this study, the participants themselves described the disengagement process produced similar lingering effects and induced regular thoughts of relapse.

The clear connections established through the literature between child abuse and later radical



extremist behavior<sup>216</sup> substantiate the use of intervention methods that reduce stigma for those with mental health disabilities. Finally, some of the strongest self-stigma (see definition below) interventions for HIV/AIDs focus on improving self-esteem. As in the case of HIV/AIDS survivors, extremist offenders encounter difficult social situations where they face explaining difficult parts of their lives. Thus, HIV/AIDs interventions that role play these types of scenarios are not out of line for the needs of the former extremist population.

Definitions of stigma have been separated into three forms that serve the purposes of this objective area:

- **Self-stigma** is defined as a subjective process that is 'characterized by negative feelings (about self), maladaptive behavior, identity transformation, or stereotype endorsement resulting from an individual's experiences, perceptions, or anticipation of negative social reactions' based on a stigmatized social status or health condition;
- **Social stigma** describes 'the phenomenon of large social groups endorsing stereotypes about and acting against a stigmatized group;'
- **Structural stigma** refers to the rules, policies, and procedures of institutions that restrict the rights and opportunities for members of stigmatized groups. Examples of structural stigma are the negative attitudes and behaviors of representatives of public institutions, such as people who work in the health and criminal justice sectors.<sup>217</sup>

Intervention methods with the extremist offender populations should work to address each form of stigma. Researchers have noted the importance of addressing stigma through multifaceted interventions that work on personal, social and structural manifestations, and have cautioned that "circumscribed interventions that target only one mechanism at a time are unlikely to bring about change because they fail to address broader contextual factors."<sup>218</sup> The design of anti-stigma intervention models for extremist offenders must also be cognizant of how this population differs in the public eye from those who may struggle with mental illness or substance use disorder. Recent research documents that Americans are less supportive of rehabilitation programs for terrorist offenders versus criminal offenders who have committed comparative offenses as the ideolog-

ical nature of terrorist offenses may cause the public to assume they are less redeemable.<sup>219</sup> Additionally, jihadist offenders were considered even less redeemable than other extremists.

At the same time, however, a closer look at the data reveals that most Americans are still supportive of such programming. Support for rehabilitation programming was higher "among men, younger individuals, those with some college education, and liberals,"<sup>220</sup> while women tended to fear violent offenders more. The study also found that public support would increase if the rehabilitation program was found to be effective.<sup>221</sup> Reintegration of these offenders is, in part, contingent on community acceptance, political backing, and financing of programs that reduce recidivism in this population, as well as public perception that this population is redeemable. It is therefore critical to focus efforts toward reducing stigma for this population.

To address stigma, leading researchers note that:

*"Identifying risk and protective factors of self-stigma is the first step in understanding which criminal offenders may be most vulnerable to the psychological and behavioral consequences of stigma, which potentially involve avoidance of important activities (e.g., court dates, meetings with probation officer, seeking treatment for addiction or mental health), withdrawal from prosocial others and institutions, such as those that offer legal employment or financial/housing assistance, and further engagement in risky illicit behavior during the reentry period after release from incarceration."*<sup>222</sup>

Researchers defined one notable risk factor for perceived stigma as "strong identification as a member of one's stigmatized group," which can cause the individual to internalize stigma-related stereotypes, make them anticipate future discrimination, and cause a "hypersensitivity to discrimination" when they are in unfamiliar situations.<sup>223</sup> They also described the intersectionality between incarceration and mental illness. By looking at risk and protective factors for self and internalized stigma amongst incarcerated individuals, they determined that mental health symptoms posed risk factors for self-stigma. Additionally, those displaying antisocial characteristics were at greater risk for internalized stigma, as well as stereotype agreement.<sup>224</sup>

Along these lines, meta-analysis of addiction



stigma interventions determined that individuals who received employment skills training while going through substance use treatment had reduced levels of social alienation and improved views of society. It also showed that shame from self-stigma and its related internalized stigma could be significantly reduced through the use of Acceptance Commitment Therapy (ACT),<sup>225</sup> a form of mindfulness-based therapy. Trauma-informed mindfulness aims to create a sense of safety, connect thoughts and feelings, and discover the ways that the mind has been conditioned to generate repeated additional distress can help manage emotional and physical flooding. Research has documented mindfulness reduces rumination and stress; boosts working memory; enhances focus; decreases emotional reactivity; generates more cognitive flexibility and relationship satisfaction; and enhances self-insight, morality, intuition, and fear modulation.<sup>226</sup> Additional research, showed that satisfaction with life was a protective factor against internalized stigma<sup>227</sup> and that spirituality may represent a protective factor against self-stigma.<sup>228</sup>

Models borrowed from other areas of stigma research that focus on increasing coping mechanisms and self-esteem should be considered,<sup>229</sup> as stigma interventions focused on social, educational, and economic capital can facilitate social connection and address self-stigma. Intervention developers should be cognizant of risk factors such as a strong identification to one's group and mental health issues while developing the planning of individualized and group interventions to reduce self-stigma.

Sympathetic narratives can also increase policy advocacy, leading to a reduction in structural stigma. As mentioned, research has found that contact-based approaches can enhance the effect of educational interventions.<sup>230</sup> Dovetailing with this research, other studies have "indicated that programs focused on educating medical students about substance use problems and exposing them to people with substance use disorders are likely to decrease their stigmatizing attitudes and increase comfort levels towards working with this population."<sup>231</sup>

Additionally, the incorporation of ACT for counselors working with those struggling with substance use disorder may also reduce stigma and negative attitudes toward their clientele.<sup>232</sup> Police officers also respond to educational interventions for those with substance use disorders as an "instructive and interactive crisis intervention skills training program (...) significantly reduced officers' desire to maintain social distance from people with substance use disorders, including alcohol ( $g = 1.12$ ,  $SE = 0.38$ ,  $P < 0.01$ ) and cocaine dependence ( $g = 1.90$ ,  $SE = 0.45$ ,  $P < 0.001$ )."<sup>233</sup> There is also evidence of the effectiveness of interventions that target "implicit-automatic processes," subconscious biases that fuel stigma (e.g., subconscious biases). Maintaining cognizance of the impacts of these biases when developing future intervention approaches may be important.<sup>234</sup>

Similarly, medical practitioners and police officers often represent the first line of contact for incarcerated extremists. Reducing stigma in these populations may be helpful to reducing

recidivism in the long run. Extremist offenders are unlikely to be met by the public with the same level of empathy as those that suffer from addiction, mental illness, or the like. Nevertheless, perceived stigma often plays a role in radicalization and can be a crucial component of legitimizing terrorism as a tactic for those radicalizing to violence. A TCVE-informed framework attempts, as much as possible, to humanize the issue at individual and social levels.

At the same time, that humanization is based on the notion that such an approach is also key to identifying risk indicators of re-radicalization, feigning, or sustained support and commitment. As former jihadist and coauthor of this report the late Jesse Morton pointed out, once extremism is seen and treated like addiction then interventions, while they must preserve best practices in client-practitioner confidentiality, can serve as an additional layer of monitoring and evaluation. He explained:

*“Substance abuse programs are not merely about treatment. They also include monitoring mechanisms. Addicts are required to submit urinalysis. Counsellors observe phenomenon, such as the discrepancies between attitude and behavior in individual and group sessions, to identify relapse risk factors and prospects of feigning. Counsellors are required to report regularly to probation officers.*

*“There is, therefore, a fluid connection between criminal justice and community-based organizational efforts. Similarly, we should change the goalposts of rehabilitation and reintegration programming for terrorism-related convicts so that they target disengagement but also focus on protecting the public. There may be no way to measure extremism through physiological assessment, such as urinalysis, but qualified interventionists can identify similar discrepancies when program involvement puts participants in individual and group settings.”<sup>235</sup>*

## Proposed interventions

CSO and government partners will connect beneficiaries to actors within DHS local prevention and general community networks that offer and promote pathways to dignified reentry and reintegration, free of stigma and discrimination and with an effective means of coping with perceived social and self-stigma and discrimination.

## Activities/outputs

- Generate opportunities for extremist offenders and family members to perform reintegration-oriented community service projects and internships (within CSOs, religious communities, or P/CVE programs where appropriate);
- Assess program participant experience of actual discrimination or perceived or internalized stigma and of returning extremist offender attitudes and/or practices towards the general citizenry;
- Address those perceptions and psychometric variables via engagement in reconciliation programming—reconciliation seminars in potential receiving communities (absent FTF or family participation) and, where possible, integrated reconciliation actions between FTFs, families, and host communities;
- Training for FTFs and families on coping skills for overcoming stigmatization and discrimination;
- Generate opportunities for extremist offenders to perform reintegration-oriented community service projects and internships (within the NGOs and P/CVE network where appropriate);
- Actively identify and document engagement in avenues of community involvement (e.g., school, work, non-radical religious, and other social engagements) and, where appropriate and necessary, host events in at-risk communities that promote the initiative;
- Develop community-led online and offline public awareness campaigns to alter social attitudes and perception of extremist offenders and family members that target stigma reduction; and
- Facilitate program completion with sustained engagement in more general P/CVE programming or community support services upon program completion to generate potential feedback loops into general prevention efforts.



One of the key challenges for effective reintegration and a source of recidivism to illicit behaviors among former extremists, is rejection by society based on real and perceived fears associated with a reintegrating extremist offender. It is critical, therefore, to conduct a measured reconciliation process that includes community members and allows them to have their concerns acknowledged, while also helping them build understanding of extremist offenders. Reconciliation is based in a restorative justice framework and its methodologies include, as appropriate, exploring histories and grievances, acknowledging worldviews and perceptions, processes of pardon, restitution and reparations, and newly integrated identities.

The purpose of reconciliation is to rehumanize the “other” and break down destructive stereotypes that prevent the construction of social cohesion. To document that “deradicalization” is indeed possible and that those that leave extremism can reintegrate effectively and serve as effective voices to counter the radicalization of others in the process. This requires careful planning to address fears and grievances associated with distinct experiences and identities in a safe environment.

By encapsulating an asset-based, trauma-informed, and narrative focused approach, the probability of healthy, safe, and dignified reintegration and resocialization outcomes is increased. Service providers should establish relationships with those most qualified in the community to facilitate re-engagement. These individuals should help prepare communities for the acceptance of extremist offender reintegration, while facilitating opportunities at productive social activity and reduction of stigmatization.

Associated interventions should draw from a narrative-story-editing approach that can link community engagement to alterations in narrative and promote the notion that program participants can recover and find meaning, thus restructuring memories and traumatic experiences to identify new meaning and hope, and thereby cement disengagement and begin the long process of what could effectively become deradicalization.<sup>236</sup>

As noted above, there is a paucity of research on how to reduce different forms of stigma in the former radical population. Still, the impacts of stigma are far reaching and may affect how an individual reintegrates into their society after incarceration. Therefore, stigma reduction ef-



forts must be considered as a component of P/CVE-related efforts to rehabilitate and reintegrate extremist offenders and those that are susceptible to radicalization in prison settings. The stigma interventions and best practices described above show positive approaches that may work for this population, yet because the extremist offender population is different, there will need for greater input from program conception to execution from former extremists, therapists, P/CVE practitioners, and others in the community. Interventions will need to be piloted first, professionally evaluated for efficacy through qualitative and quantitative pre- and post-testing, and then scaled. While this is no small challenge, developing such practices may advance our understanding.

The following interventions, for each type of stigma detailed above, incorporate some of these concepts and may serve as the basis for a campaign to attenuate social stigma directed at rehabilitating and reintegrating extremist offenders.

Some salient in-the-field intervention tactics have been shown to attenuate self-stigma. For example, the research area most flush with interventions for building coping skills and self-esteem focused on HIV/AIDS self-stigma reduction.

Best practices established for these self-stigma interventions incorporate the following elements:

1. **Journaling:** Abel and Colleagues (2004) developed an Emotional Writing Disclosure Intervention, which had significant results in its pilot study. Participants were encouraged to write about and discuss stigma-related events that had caused them significant stress. Through writing the participants developed frameworks to view their experiences more positively.<sup>237</sup>
2. **Workshop trainings incorporating education and contact:** Rao et al. (2012) described another intervention that exploited the modeling and learning tactics found in Social Learning Theory, which was applied to black women living with HIV/AIDS. This intervention was delivered as a 4-5-hour workshop for two consecutive afternoons. The intervention elements included:
  - An intervention manual that gave instructions on the intervention exercises;
  - Discussions with the target population on what stigma meant to them;
  - Breaking participants into groups of five and delivering five exercises to them that focused on: self-care and relaxation techniques; sharing coping strategies between members of the target population; and viewing ‘trigger’ videos of stigma-related scenarios relevant to this population; and
  - Participants were then encouraged to discuss their reactions to these videos and to brainstorm and roleplay how they might handle potentially stigmatizing situations in various settings (e.g., workplace and with family).<sup>238</sup>

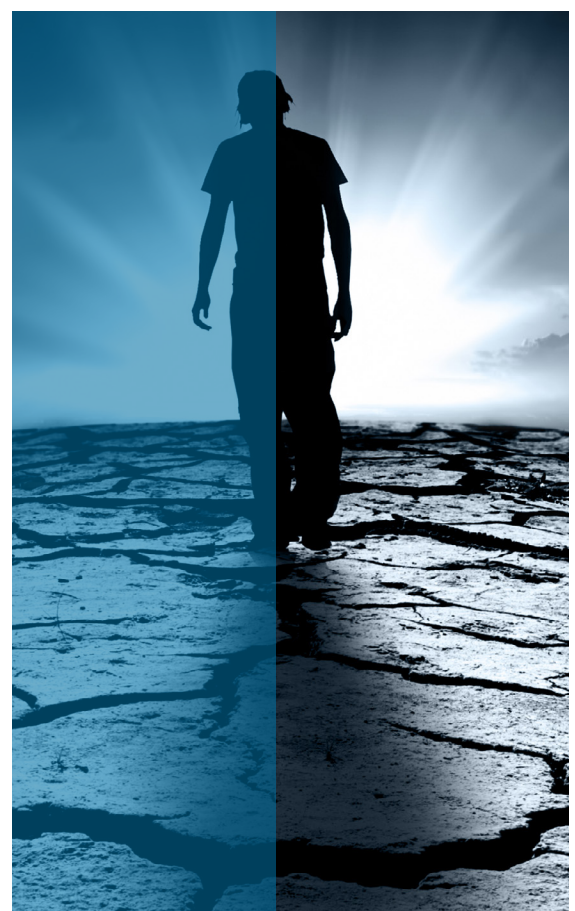
Borrowing from a very similar intervention, Project ACCEPT (Adolescents Coping, Connecting, Empowering and Protecting Together),<sup>239</sup> the intervention manual designed for this stigma intervention could also be informed by qualitative interviews of other members of the target population (e.g., former extremists).

Project ACCEPT utilized the following elements within their training, which could be incorporated into this TCVE-informed framework: education on stigma; intervention activities focused on identifying friends/family networks that could provide social support; building group cohesion; and social support amongst participant members.

With regards to reducing social stigma, one of largest, most successful social anti-stigma campaigns, Time to Change, has been ongoing in England.

Aside from a mass media campaign focused on raising national awareness toward those struggling with mental illness, the campaign has the following elements, which works at the community level:

- Local community events where those with mental illness interacted with the public. Within this framework were various activities including “Living Libraries,” where a group of people could “borrow” an individual suffering from stigma and mental illness, and the individual would present their lived experience of the challenges they have faced;
- A grant program that endowed funds for “grassroots projects led by people with mental health problems;”
- A program that forges a network between those struggling with mental illness. This program empowers them to challenge social stigma as a group;
- An anti-stigma program targeted at employers, teachers, and medical students; and
- Contact based peer-service programs that take place in public settings and college campuses. These programs educate the public on the impacts of stigma.<sup>240</sup>



Research on intervention practices related to the reduction of social stigma has shown that public contact with individuals with schizophrenia and severe mental illness combined alongside education that challenges myths about mental illness can have a strong effect on reducing stigma, as “contact produced positive changes that exceeded education effects in attributions about targeted psychiatric disabilities: depression and psychosis.”<sup>241</sup>

From other areas of stigma research, it appears that public contact and education must work in tandem. For example, “contact with people living with HIV was found to be a promising strategy for reducing stigma, but it is not sufficient without information approaches.”<sup>242</sup> Communication interventions focused on sympathetic narratives that “humanize the experiences and struggles of individuals with mental illness or substance use disorder,” may both reduce stigma and increase advocacy for policies that assist the target population.

Within this framework, other research has determined specific approaches to deliver these narratives as well as what to avoid:

- Narratives can blend stories about individuals with contextual information about policy issues—this represents a key strength;
- Messages highlighting structural barriers imposed on the target population can raise support for beneficial policies without increasing stigma;
- Messaging strategies highlighting the structural barriers to treatment, such as inadequate insurance coverage, provider shortages, and lack of availability of evidence-based services has been shown increase the public’s willingness to allocate additional resources to mental illness and substance use disorder treatment and do not elevate stigma;
- Messages focused on treatment effectiveness may reduce mental illness/substance use disorder stigma, but effects on policy preferences are uncertain;
- Narratives portraying individuals with untreated and symptomatic mental illness and substance use disorder increase public stigma; compared to these depictions, portrayals of people experiencing successful treatment recovery decrease stigma; and

- On their own, messages about treatment effectiveness may not increase support for expanding mental illness and substance use disorder treatment, potentially because depictions of individuals successfully accessing services fail to convince the public of the need for treatment expansions.<sup>243</sup>

Similar activities may be incorporated into an anti-stigma intervention for former radicals, starting with smaller piloted events that incorporate appropriate evaluation to determine the effectiveness of these interventions.

Structural stigma includes stigma amongst practitioners. Successful stigma-reduction interventions have been applied to reducing stigma amongst police and medical providers. Elements from these interventions could be incorporated into pilot programs that focus on reducing stigma toward extremist offenders amongst those tasked with supervising and providing services to the population.



### Stigma reduction training for police officers

The following Swedish intervention model successfully reduced stigmatizing attitudes and intentional behavior concerning mental illness for police trainings. Program elements included:

- A three-week course that incorporated both lectures and six videos that addressed attitudes and stigma toward mental illness. The presenters within the video were people telling their lived experience of stigma and mental illness.<sup>244</sup>
- The incorporation of two live lectures by individuals describing their lived experience with mental illness. These lecturers also interacted with the officers and gave their perspectives on how best to respond to people with mental illness.



### **Stigma reduction training for medical providers**

Silins et al. (2009) described an intervention that significantly improved the attitudes of medical students toward those struggling with substance dependence disorder.<sup>245</sup> The program elements included interactive educational modules alongside contact with patients both struggling with substance dependence and those who were in remission. Such models could set the groundwork for pilot programs focused on stigma-reduction for the police and social service providers who interact with former and current extremists.

In conclusion, while DDR represents a distinct process from efforts to deradicalize and reintegrate returning foreign fighters and families, stressing the importance of communication offers an applicable realm of practice to reference for developing mechanisms of stigma reduction and facilitating effective extremist offender reintegration. That being said, extremist offenders in the United States represent a miniscule percentage of the population within the communities to which they are returning. Hence, while DDR can inform the development of stigma reducing mechanisms, borrowing from other related social service arenas, such as addiction and mental health fields, might prove more appropriate. This objective area has merged the two.

Participation in extremist movements typically transforms a person's identity and worldview. Experience as a perpetrator within or supporter of a violent extremist movement, and especially from the sense of loyalty and devotion to fellow extremists, entrenches support and commitment. The path to rehabilitation in a TCVE-informed approach is not merely the alteration of mindset and belief but also a shift in social relationships and personal circumstances.

To achieve that, socialization programming must offer an alternative meaning, purpose, and significance that seeks to erode the black-and-white thinking that formulates and is sustained by in-group/out-group dynamics and biases that underlie extremist thinking.<sup>246</sup> It must instead seek to paint grays into the personal narratives and worldviews of extremist offenders and their families by offering them pathways to healthy, productive, and non-stigmatizing prosocial engagements.

At the same time, giving the program efforts a positive in-community reputation will promote dignified, legitimate reintegration and thereby mitigate further or future radicalization and enhance long-term national-level resilience to violent extremism.



### **Implications for M&E**

Trauma-informed and trauma-specific interventions appreciate the link between individual and the external world at cognitive and behavioral levels. Yet, a trauma-informed paradigm also stresses the importance of considering structural factors. It will be important, wherever possible, to gauge the impacts of stigma-reducing interventions for extremist offender rehabilitation and reintegration program participants.

Participants in the ecosystem of actors should be cognizant of extremist program participant engagements in this programming, assessing, and evaluating the attitudes, beliefs, and experiences of extremist offenders and family members engagement in these initiatives which will create an opportunity, during and after involvement, to process in a safe and therapeutic setting new learning that can also document the narratives and stories of reintegrating extremist offenders. This would help in identifying best practices in informing more on the pathways associated with effective and full-fledged deradicalization.

## OBJECTIVE #6: FACILITATE RESOCIALIZATION BY DECREASING COMMUNITY RESISTANCE AND STIGMATIZATION

“Efforts enhance community awareness, resilience, and belonging and minimize stigmatization of extremist offenders and families while reducing barriers to participant interest in pre- and post-release programming engagement.”

In April 2019, DHS announced the establishment of the Office for Targeted Violence and Terrorism Prevention (TVTP). This paradigm also widened the scope of DHS’s previous endeavors by ensuring that efforts going forward address all forms of violent extremism that threaten homeland security, regardless of the grievances driving them. Today the threat posed by violent extremism, terrorism, and targeted violence in the United States is evolving and complex, with threats sustaining from foreign terrorist organizations, such as al-Qaeda and ISIS, alongside mounting concern for domestic extremism from far-right, far-left, and other “forms of racially, ethnically, and religiously motivated violence that can overlap and intersect with (politically motivated) terrorism.”<sup>247</sup>

To better understand and prevent extremist attacks and acts of violence from such a diverse range of extremist ideologies and movements, in late 2019, DHS advanced a Strategic Framework for Countering Terrorism and Targeted Violence,<sup>248</sup> which proposed developing localized whole-of-society approaches with the realization that the nature of the threat and the approach and actors needed to address it must be tailored to the local context. This is to be achieved via state, local, and tribal and territorial partnerships with DHS-led engagements that, “enhance [local partners’] ability to identify and respond to individuals at risk of mobilizing to violence,” and that keep local partners “informed of evidence-based practices and protocols that can inform local prevention frameworks.”<sup>249</sup>

These efforts will include trainings and technical assistance to support the development of local prevention frameworks and engagements with key local stakeholders (e.g., civil society groups, mental health professionals, non-profit organizations, academia, law enforcement agencies, social services, and other government offices) to develop the trust and information sharing that is critical to forming effective prevention frameworks.<sup>250</sup> Each local prevention framework will



necessarily confront questions surrounding the potential for radicalization in local jails, state prisons, and federal detention facilities alongside concern for any extremism-related offenders set to return to each locality after incarceration.

Implementation of this ToC would provide a crucial long-term evidence-base for facilitating the objectives and efforts of the Strategic Framework. The advancement of such programming and civil society organization involvement (such as the Alternative Pathways initiative) in providing pre- and post-release services to the target populations will generate a wealth of information and data. This in turn will constitute the empirical bedrock of evidence-led practice, actionable knowledge, and the necessary building blocks for long-term strategic development. As case studies, intervention techniques and approaches, and delivery mechanisms are identified as promising, additional efforts should seek to disseminate learning—documenting outcomes (i.e., successes and failures) or identifying myths or faulty assumptions, difficulties, or barriers. Such evidence will prove valuable to informing the field of extremist offender rehabilitation and reintegration as well as to P/CVE research and practice at large, contributing to a better understanding of (de)radicalization processes, addressing root causes, preventing future radicalization, and other topics of general P/CVE inquiry and importance.

This holistic ToC has been formulated with careful consideration to the underlying identification of the role a TCVE-informed perspective can play in effectively rehabilitating, reintegrating, and disengaging and deradicalizing the target populations. This ToC has attempted to document that despite the identification of the pervasive effects of trauma on extremist populations, little has been achieved thus far in the way of translating these realizations into actual trauma-informed and trauma-specific interventions and support service approaches.

A TCVE-informed framework intends to push the realm of research and inquiry forward in the direction of practice. Essentially, a TCVE-informed framework, though it preserves and acknowledges advancements in knowledge and effective P/CVE programming and practice, calls for new thinking about how positive change and interventions for these high-risk individuals can be realized, implemented, and evaluated. Efforts over recent years to implement trauma-informed approaches to other adverse social phenomena have made it evident that addressing trauma requires a “multi-pronged, multiagency, public health approach inclusive of public education and awareness, prevention and early identification, and effective trauma-specific assessment and treatment.”<sup>251</sup> This awareness is compatible with DHS’s whole-of-society, local prevention framework approach as outlined in the Strategic Framework.

The field of P/CVE practice and terrorism prevention programming is a relatively nascent one. Where reviews of radicalization and violent extremism/terrorism research once regularly highlighted shortcomings in rigorous study and a paucity of original data,<sup>252</sup> more recent reviews have documented advancements in outcome evaluations as well as increased empiricism (involving methodological rigor and falsifiability)<sup>253</sup> and particularly in the availability and utilization of better quality data, especially primary sources.<sup>254</sup> This evolution has been described as a data revolution in terrorism studies and as “a transition from a data shortage to one of ‘sufficiency and perhaps even excess.’”<sup>255</sup> Additionally, in past years, the sentiment was that terrorism research has lagged behind analogous fields and that, “a great deal more need[ed] to be done before research is consistently building on past work rather than rehashing old data.”<sup>256</sup> Yet, now an ample body of research exists to put forth new conceptualizations and methodologies justified by evidence

## Strategies

1. **Embed** the efforts of the ecosystem of actors dedicated to extremist offender reintegration and recidivism reduction (Objective #1) and lessons learned by early programming into broader training and technical assistance efforts of DHS.
2. **Develop** mechanisms for safely sharing information and lessons learned with the government and law enforcement communities that protect confidentiality and preserve civil liberties.
3. **Utilize** the data generated by the adoption and implementation of uniform case management and reporting mechanisms for each case and for group and community interventions (Objective #2) to identify promising practices and disseminate them to local, national, and global stakeholders.
4. **Continue** identifying and addressing structural risk and protective factors and individual indicators of effective reintegration/rehabilitation or recidivism risks.
5. **Utilize** the identification of structural, behavioral, and attitudinal risk and protective factors in other related terrorism prevention programming (i.e., including the narratives of program participants at reconciliation events).
6. **Create** mechanisms for program participants and graduates to contribute to new and existing P/CVE and terrorism prevention initiatives (i.e., as credible counter-messengers, volunteer volunteers, employees, etc.).

that can help grasp the evolving, mutating, and diversifying realm of extremism we see unfolding currently.<sup>257</sup> This ToC has attempted to outline what a move from research to practice might look like, drawing from existent radicalization and extremism studies research while advancing new hypotheses by drawing from multiple levels of analysis and interdisciplinary perspectives.<sup>258</sup>

The implementation of the strategies and activities included in this TCVE-informed framework for extremist offenders and those susceptible to radicalization in American prisons may prove as



applicable to the realm of terrorism prevention interventions at large. The call for the development of uniform reporting and records-keeping approaches for individual and group interventions in this ToC, for example, represents an opportunity to expand knowledge in the non-criminal intervention space—interventions conducted by local stakeholders for cases where a potential attack or risk is identified but has not advanced to a level where the subject of inquiry has violated any laws, or where someone convicted of an extremism-related offense is granted an alternative to incarceration.<sup>259</sup>

As scholar Dr. Haroro J. Ingram documented before DHS released its Strategic Framework, a “multitiered system of interventions” would have to be central to any proposed framework for terrorism prevention in the United States. By multitiered, Dr. Ingram suggests that federal, state, local, and non-governmental entities should divide into three spheres: macro (i.e., a federal government agency responsible for overall PVE/CVE program coordination), mezzo (i.e., the provision of training and funding to federal, state, and local practitioners), and micro (i.e., targeted individual interventions offline, online, and in prisons).<sup>260</sup>

Implementing the strategies and activities included in this ToC would contribute to activity relevant to all three spheres of Dr. Ingram’s proposed framework, but utilizing the data and lessons learned from implementing this ToC for reducing recidivism can assist as DHS formulates foundational policies and procedures for both non-criminal and post-criminal interventions.

Additionally, this ToC, by inculcating multidisciplinary references, highlights how a TCVE-informed approach vantage can expand the development of impactful intervention mechanisms cases of radicalization into violence. Such an evolution could mirror advancements in other ‘helping professions.’ For example, intuitively, it makes sense that advancing one-on-one interventions, in particular those conducted by former extremists, would prove effective. Yet, that proposition has hardly been tested with scientific rigor.

Anecdotal and qualitative, case study- derived evidence abounds, but the evaluation of disengagement-deradicalization programming for extremist offenders has hardly been subject to empirical inquiry.<sup>261</sup> A pertinent example for the United States may lie in the realm of substance abuse counseling, a profession that has made



“ The call for the development of uniform reporting and records-keeping approaches for individual and group interventions in this ToC represents an opportunity to expand knowledge in the non-criminal intervention space.

significant strides and now represents a progressively advancing realm of evidence-based practice.

Addiction counseling has its basis in the “lay therapy movement” of the early 1900s. “Lay counselors” were clients turned therapists and represented a “cadre of addiction treatment providers from individuals who had participated in the treatment process.”<sup>262</sup> Then, the 1930s birthed the 12-step self-help model of Alcoholics Anonymous (AA) which revolved around sponsors or sponsors as “wounded healers.” By 1950, lay therapists were entrenched in treatment programs but lacked formal training. Following the adoption of the disease concept of addiction in 1967, the National Institute for Drug Abuse (NIDA) was formed. In the 1980s, another shift occurred when formally educated social service professionals entered the field. Three primary types of interventionists have since come to predominate: 1) minimally educated paraprofessional helpers with recovery as their entry; 2) master’s degree

level counselors without recovery status as an entry point; and 3) a hybrid, master's degree level counselors with a background in recovery.<sup>263</sup>

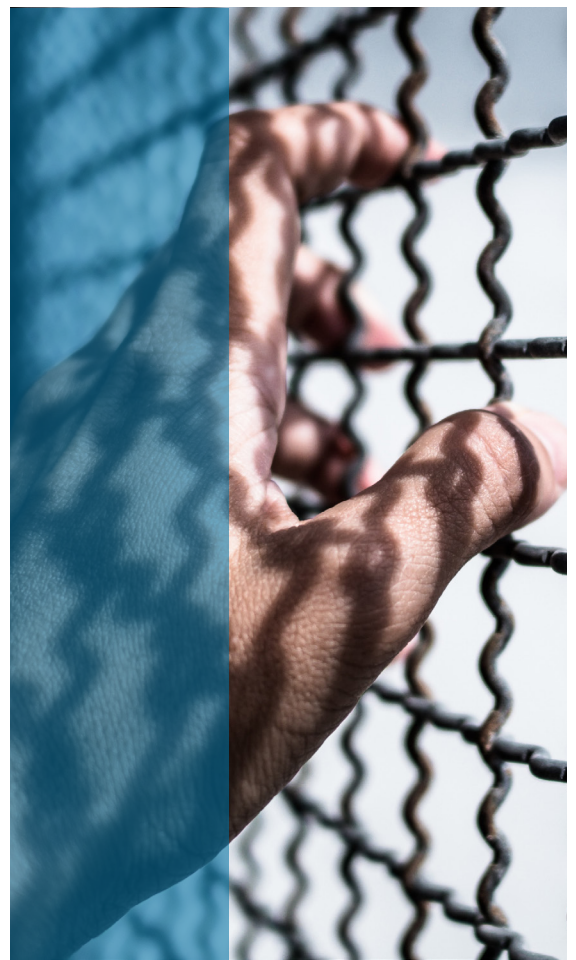
This history may be appropriate for replicating in the broader field of P/CVE practice. Yet, grasping this evolution associated with substance abuse counseling may also be suitable for other questions, such as looking at the use of former extremists as practitioners. While 'formers' have been proposed as credible voices for an array of P/CVE activity, their utility has never really been tested. The substance abuse workforce is unique in that a majority (57 percent) of counselors are themselves in recovery<sup>264</sup> from addiction. Research suggests a correlation between counselors in recovery and professional commitment based at least in part upon the notion that "walking with others through a process that is similar to their own experience constantly reminds them of their own personal recovery."<sup>265</sup> Similarly, many working in the field of reentry and reintegration were formerly incarcerated.

This final sphere of activity will assist in addressing broader risk and protective factors associated with the mutating threat extremism poses. For example, the symbiotic relationships between jihadist, far-right, and far-left radicalization are clearly of concern going forward. At the same time, newer and more diverse expressions of violent extremism continue to emerge (e.g., violent Incel attacks). As reciprocal relationships between divergent extremists and communities targeted by violence targeted violence communities are likely to be improved by exacerbated, realizing the strategies listed in this objective area and would facilitate a better identification of the similarities and differences between and nature of those interrelationships and thereby a better means of addressing them as well.

Additionally, utilizing success stories and the narratives of reformed and transformed individuals (i.e., formers) can help promote social cohesion and reconciliation while feeding early prevention efforts. These notions document the way a TCVE-informed ToC can come full circle, transitioning from specific rehabilitation and reintegration programming to general P/CVE and terrorism prevention activities and enhancing the ability to address root causes, while at the same time offering outlets to individuals impacted by interventions for sustained psychosocial support and positive community engagement. Disengagement seems to be mostly an event, while broader deradicalization can be a much longer process.

Taken altogether, implementing this ToC would help construct a 'community of practice,' for P/CVE and terrorism prevention interventions, particularly those focused on reducing recidivism risks for reintegrating extremist criminal offenders. A community of practice represents a group of people who share a craft or profession. Such a community manifests when a body of shared interests, language, culture, and customs coalesce. The development of any field of practice requires such a foundation. Apart from improving the tools, skill sets, and measurability of the terrorism-prevention infrastructure in the United States, this ToC aims to develop an underlying affiliation network upon which a community of practice can protrude, thus connecting all spheres and objective areas included herein so that they contribute to broader efforts to achieve DHS's strategy for countering terrorism and targeted violence at large.

In conclusion, it is imperative to come full circle, to once again begin with the end in mind, but not merely with an end as defined in relation to the overall project goal of facilitating the safe, healthy and dignified rehabilitation and reintegration of extremist offenders and those susceptible to radicalization in U.S. prisons, but instead, to utilize efforts at rehabilitating and reintegrating extremist offenders to identify and address root radicalization causes thus also creating resilience to extremism over the long-term.



## Implications for M&E

In delineating the implications for monitoring and evaluating efforts in Objective #1, this ToC narrative identified that a realist evaluation framework offered an alternative set of metrics perhaps most appropriate for current P/CVE programming, a nascent field with limited outcome evaluations or evidence-base from which to pull, especially with regard to extremist offenders. Typical social science research standards might not apply to such an at-risk population and may even enhance risk, such as the ‘gold standard’ utilization of randomized control trials and longitudinal analysis which necessitate a control group that means not treating members of the target population. Such concerns, however, should not impede efforts to begin such work. Rather, they will inform them at every step, from pragmatic research design to results communication.

Realist evaluation frameworks for monitoring and evaluation offer a theory-driven process that seeks to identify a combination of mechanisms and contexts that might lead to desired outcomes. This constitutes a realistic next step after the formulation of a ToC and movement toward program implementation.

As scholar P.J. Rogers asserts, the primary advantages of theory-driven strategies, such as a realist framework, are that they “can be analytically and empirically powerful and lead to better evaluation questions, better evaluation answers, and better programs,” while “lead[ing] to better information about a program that is important for replication or improvement, which is unlikely to

be produced by other types of program evaluation.”<sup>266</sup>

Realist evaluations test the theory that underlines change via a ‘context-mechanism-outcome’ configuration, where outcomes identify the intended impact that an intervention or policy has on the population, mechanisms explain how the intervention induces change and how specific instruments align themselves with producing those alterations, and contextual conditions rest on “the notion that interventions are dynamic systems, which depend on context, in which they are implemented and evolve over time as the context and stakeholder reasoning changes.”<sup>267</sup>

Realist evaluation has been increasingly endorsed as an applicable framework for CVE programs. A realist approach has been utilized to design rehabilitation and reintegration programs,<sup>268</sup> and to review the validity of CVE research<sup>269</sup> and to evaluate programs that support the families of foreign fighters.<sup>270</sup> Realist program planning goes beyond simply outlining a program structure. As researcher Tinka M. Veldhuis explains, “interventions are always rooted in some kind of theory that describes how the particular implementation of a program will bring about a desired outcome.”<sup>271</sup>

This ToC outlines such a theory and details multidisciplinary intervention areas and references that can inform programming, be measured independently, and assist not only in attaining the long-term goal but also of informing broader practice throughout the United States and around the world.





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