

11/09/2023

CONCLUSION PAPER*RAN Mental Health Working Group meeting**20-21 June 2023, Bologna, Italy*

#626 RAN Mental Health: Trauma, violent extremism and masculinity

Key outcomes

On 20 and 21 June 2023, the RAN Mental Health Working Group meeting on trauma, violent extremism and masculinity took place in Bologna, Italy. Research on violent extremism has started to explore in recent years whether trauma might advance our understanding of some of the factors that contribute to radicalisation. From this premise, mental health practitioners discussed the complex interplay of factors related to gender, trauma and radicalisation by analysing cases of traumatised and radicalised boys and men. These cases included traumatisation by combat, traumatisation by migration processes, abuse in their childhood, and comorbidity with personality disorders and/or drug abuse. After discussions, participants formulated practical insights and tips on how to work with traumatised individuals in preventing and countering violent extremism (P/CVE) while taking into account the different aspects of gender and (toxic) masculinity. These insights are meant for other mental health practitioners who work in P/CVE.

- **CONTEXT IS CRUCIAL:** Trauma is a very individual process. Its expression and experience is related to the context, including expectations, stigma, roles and (lack of) support. This context includes factors related to gender.
- **ISOLATED AND ALONE:** The primary effect of trauma is a change in the perception of the world, where nothing feels certain anymore. This goes together with a deconstruction of someone's identity. This can have an isolating effect as if someone is the only person in the world suffering from the effects of the traumatic experience which they are unable to express.
- **COPING MECHANISMS DIFFER:** The coping mechanisms of men and women when dealing with a traumatic experience can be different. Generally, men are more prone to react to shame and pain (e.g. of being a victim of abuse) with aggression. There are several 'rules of the game of masculinity' ⁽¹⁾ that influence traumatised and radicalised men and boys and their reactions and behaviour.
- **TREATMENT:** When working with trauma and radicalisation, you do not start with treating radicalisation. Radicalisation is very often the way an individual expresses the trauma(s), hence by treating trauma the radicalisation might subside.

⁽¹⁾ Meaning perceptions that could be qualified as aspects of hypermasculinity. See for example the already in 1984 published research of Mosher and Sirkin: [Measuring a macho personality constellation - ScienceDirect](#)

- **TREATMENT OF MEN:** Providing group therapy is an effective way to let men accept themselves as victims and the emotions related to that, to provide a place of belonging and to reconcile the ideal and real image of the self. This will positively impact the self-esteem and proneness to violence and extremist ideas.

Highlights of the discussion

Trauma and violent extremism

There are promising synergies between the psychological and behavioural effects of different forms of trauma and the causal pathways that underpin the radicalisation process. Countering violent extremism interventions also appear to be increasingly aligned with, and in some cases directly informed by, the principles of trauma-focused and trauma-informed interventions. Trauma is defined by the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) as a “*exposure to or witness actual or threatened death, serious injury, or sexual violence*” (2). Traumatic events are associated with many mental disorders, such as post-traumatic stress disorder (PTSD), but also anxiety, depression, addiction, psychotic disorders and personality disorders. When experiencing trauma, the person is transformed, shows unrecognisable behaviour, and is unable to tend to usual tasks or engage in common relationships. Trauma is very much linked to identity and the perception of the world around the person. When someone is traumatised, specific treatment is needed to restore the previous identity and resume normal life.

Learning about the relationship between trauma and identity from group rituals

During traditional initiation rites, a boy typically becomes a man after facing extremely difficult and painful challenges with his peers. When the initiation is over, the boy and his peers reintegrate into the community as grown men. This example shows that it is possible to deliberately use traumatic techniques to deconstruct and reconstruct someone’s identity.

The transformative power of trauma relates to the cumulative aspect of the traumatic process. The primary effect of trauma is a breakdown in how a person sees the world, putting the person in contact with worlds that were previously not known to them and that no one else can see. This explains the isolating effect of cumulative trauma. With each new traumatic event, the everyday world becomes more empty. In search of new meanings, belonging and support, an individual is open to new ideas and is vulnerable to all sorts of social, political and religious ideas, including those of (violent) extremists. Violent extremist groups tap (deliberately) into this need for new meanings and belonging. In addition, many violent extremist groups today assume that a past period of greatness, order or purity needs to be restored and they promote rigid gender roles where men need to be strong, powerful and fearless and women submissive and excluded from public life. The rigid idea of gender feeds the idea that men cannot be victims.

Masculinity and violent extremism

During the meeting the participants discussed four cases of men and boys who are traumatised and radicalised. In some cases trauma can be a triggering event, where one incident pushes one towards violent extremism. However, what is seen more often is the accumulation of trauma where a small trauma triggers a bigger one due to the lack of protective factors. In the cases presented during the meeting all had multiple ‘layers’ of trauma — from war trauma, to a trauma because of migration and being isolated from family, to being isolated from society. This together with the lack of support or being failed by the system can lead to losing meaning and finding comfort in extremist narratives and propaganda.

(2) American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. American Psychiatric Association. <https://doi.org/10.1176/appi.books.9780890425596> (p. 271).

Case analyses

- In all four cases discussed, the men were looking for identity, meaning and/or order. It was mentioned by participants that for traumatised individuals, a **void** exists where there is no sense of self.
- The first case that was discussed involved a man who was traumatised by his own participation in combat with an extremist group; he had no sense of self stemming from his military training deliberately developed to harden individuals into perfect soldiers. In this case, an extra concern is the fact that this 'hardened perfect soldier' including his behaviour can be easily reactivated which poses a risk that needs to be taken into account. By addressing this risk and choosing treatment that takes this kind of reactivation into account the risk can be partially mitigated.
- The second case featured a man with an accumulation of trauma by losing his father, a failed migration and integration process, and a drugs addiction. He lost his sense of self and was looking for belonging to a community. In his case, he wanted to join Western society, but was also very proud of the identity of his country of origin. This resulted in identity conflict and he showed stress, emotional numbness and depressive symptoms. He was imprisoned for robbery with violence and when he received the news that he would be deported from the country, he started intolerant rants against Westerners inspired by violent extremist ideas.
- The third case involves an overweight boy being bullied at school and not fitting in. Looking for meaning and belonging, he joined a right-wing mixed martial arts (MMA) group. With the loss of his father, the trainer stepped in and became his role model. His trainer and MMA group helped him to develop a new identity and self-esteem. In this case, the traumatisation led to an increased need to belong and need to be accepted; the group and trainer provided this for him and he could therefore be easily influenced by their extremist right-wing narratives.
- The fourth case described a young man traumatised by the war in his country of origin as well as being traumatised by seeing the failed integration of his parents in the country they fled to. He saw his father as being emasculated because he could not defend his own country and take part in combat. He was bullied in school and experienced racism throughout his life. Because of his traumatisation he lost meaning in life and was looking for purpose. This was the reason Daesh propaganda resonated with him. Daesh gave him the possibility to retaliate, to fight back and to defend his community, something his father was never able to do.

A large proportion of radicalised men show hypermasculinity. Their missions are related to honour, purity and loyalty and the protection of family/clan. If you do not adhere to the 'rules of the game', the title of man can be revoked at any time.

David and Brannon ⁽³⁾ argued that the rules of the game of masculinity are:

- No sissy stuff: men must avoid everything that is feminine and a threat to the masculine identity.
- The big wheel: strive to achieve higher social status through competition and performance.
- The sturdy oak: men do not need help. This distinguishes the men from victims. Being a man and being a victim are two incompatible worlds.
- Give them hell: with no regard for themselves or others. Compromising means to lose and losers no longer belong to the (masculine) group.

These ideas and rules are important to keep in mind when working with traumatised men in P/CVE, to be able to recognise them and to find ways to deconstruct these beliefs that influence the way they cope with trauma.

⁽³⁾ David & Brannon (1976), cited in Anderson, E. (2018). Generational masculinities. *Journal of Gender Studies*, 27(3), 243-247. <https://doi.org/10.1080/09589236.2017.1406088>

In many cases, radicalisation and/or violence is a method of coping with identity crises, which is identified by participants to be closely linked to trauma. Participants identified many other factors related to gender or (toxic/hyper) masculinity that can affect the relationship between trauma and violent extremism. These factors can be categorised as follows:

- shame, stigma, not accepting being a victim, being a victim of abuse;
- not able to deal with emotions, anger, frustration, need to retaliate;
- identity conflict, identity threat, low self-esteem, comorbidity with personality disorders;
- (perceived) gender roles in families and society, lack of father figure/role model, status, responsibility to provide.

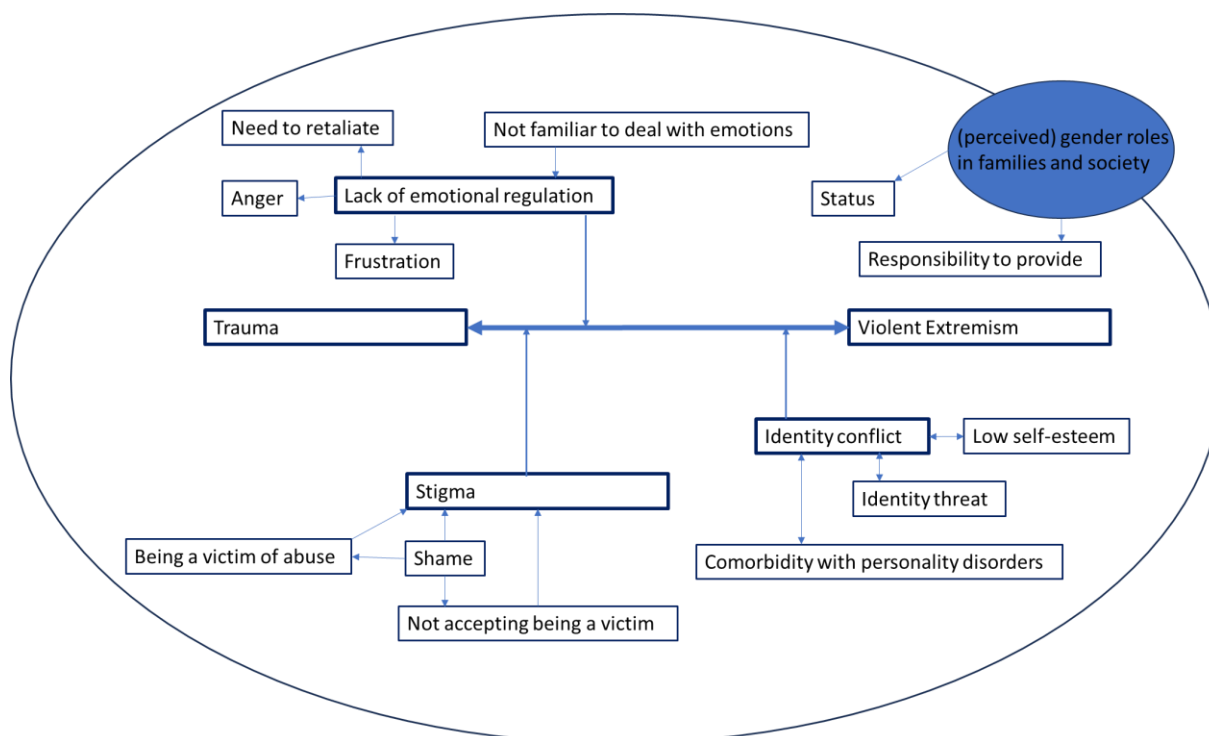


Figure 1. Factors related to gender that can affect the relation between trauma and extremism

Recommendations for treatment

When working with trauma and radicalisation, you do not start with treating radicalisation. Traumatism and PTSD symptoms affect regulation of emotions, identity problems and social problems (e.g. issues of trust). Radicalisation is often the way an individual expresses the trauma(s). Hence, by treating trauma the radicalisation is likely to subside.

(Emotional) regulation

- Develop emotional literacy and a language to be able to identify emotions, their impact on behaviour and thoughts, and to successfully react to them ⁽⁴⁾.

⁽⁴⁾ See: <https://eric.org.au/>

- Be conscious that the language of emotions is not universal and that when working with individuals from other cultural contexts than your own, it is very important to have an ethno-clinical mediator present.
- Match the therapy with the world as perceived by the client, including language, culture and their family, and connect with existing resources.
- Reduce vulnerability by teaching practical ways to go through unpleasant emotions, e.g. breath work.
- Work on self-esteem and reflection through, for example, mindfulness or Rock and Water. Rock and Water is a course focused on positive development of social and emotional competences of students ⁽⁵⁾.

Identity and social problems

- Assess family histories and connections between family members. Include family in the intervention plan.
 - Challenge assumptions of gender roles, e.g. “Is it really asked of you to provide for the family?”
- Construct a new world in which the succession of events and their implications make some sort of sense. This is needed because the world the individual knew does not exist anymore.
- Psycho-education is important to explain the relationship between all life problems of the individual.
- Work on awareness of the **different roles** within an individual, e.g. by using parts language from Internal Family Systems:

“The basic premise of parts work is that our conscious minds are made up of multiple sub-personalities or ‘parts’. ... each ‘part’ develops its own perspectives, interests, memories, and viewpoints to protect the ‘self’ in different ways” ⁽⁶⁾. In parts work therapy it is argued that to be able to heal from trauma or PTSD, it is necessary to work through inner conflict between different parts of yourself. Using parts language might already help an individual by understanding that different parts (protector, pleaser, victim) can exist within one individual.

- Work on awareness of **maladaptive patterns**, e.g. by using schema therapy:

Schema therapy focuses on stubborn thinking patterns (schema’s) that developed in interplay with experiences throughout life. These thinking patterns have specific triggers and influence thoughts, feelings and behaviour. The schema therapy model distinguishes 18 early maladaptive schemas that are self-defeating patterns that are repeated throughout our lives ⁽⁷⁾.

Overcoming shame and stigma in therapy

- Start with **small steps** not addressing the (big) trauma at once.
 - Work with narratives by reflecting on the victimhood of someone else and normalising being a victim, e.g. “Do you know anyone who has never been a victim of something?”
 - Start with small feelings of injustice before working on bigger issues.
- Talking about being a victim of abuse as a **larger theme** instead of talking about the individuals themselves, e.g. “what is being considered a victim of abuse” in general as a theme. This provides an opening to talk about the individual themselves.

⁽⁵⁾ See: <https://www.rockandwater.org.uk/>

⁽⁶⁾ See: <https://integrativepsych.co/modalities/internal-family-systems-new-york>

⁽⁷⁾ See: <https://schematherapysociety.org/Schema-Therapy>

Group therapy

Group therapy was presented during the meeting as a way to treat traumatised and radicalised men. In group therapy special attention must be paid to shaping the relationships and group cohesion. There are several exercises to work on this:

- **Know your worth/self-esteem:** show a banknote to the group and ask how much it is worth. Ask the same question after you crumple the banknote, after you stomp on it and after you throw it away. The answer will stay the same throughout the exercise. This is a way to show and explain that someone's worth does not change after being a victim of something.
- **Group cohesion building:** all participants standing in a circle, looking outward, with their eyes closed and humming their own tone. Over a duration of 5 minutes participants are asked to alternatively hum louder and more quietly. With their eyes closed they need to turn around, open their eyes and find a mutual tone with other participants without speaking. After finding a common tone, everyone closes their eyes, turns around and finds their own tone again. This demonstrates that as an individual you can join the group and go back to being an individual again whenever you want.
- **Accepting help:** ask a volunteer to come forward. After someone has agreed, ask them to lie down on a blanket on the floor. Ask the group who wants to help to carry the person in the blanket. When enough participants decide to help, the person in the blanket is carried around and slowly swung from side to side. After the exercise, ask the group to reflect on how it felt to decide to stand up and help, how it felt to receive or give the support. By telling other men about their inner processes, this gives insight into what they are feeling themselves.

While men can experience the fear of being judged and evaluated by the group as being 'quasi' female by showing emotions or empathy, with group therapy they are offered a relationship that plays into the desire for closeness and the need to belong.

- Being rigid about the rules of conduct in the beginning and simultaneously being soft and balanced in the support offered helps to create a safe place for the participants.
- The basic approach is to manage the group discussion in a way that all participants can equally contribute to create group support and stable relationships and open up the possibilities for them to be accepted by other men.
- The aim is to reconcile the ideal and real self-image of the participants. The greater the gap, the more unstable the identity. The group can provide a place where it is allowed to take own decisions for one's own well-being and create a new reconciliated identity.

Follow-up

The cases of masculinity, trauma and radicalisation offer a broader framework to understand the causal processes in the medium and long term that could influence maladaptive behaviour. These insights could also be compatible with those related to violent extremism, in terms of its predisposing factors and its treatments and/or models/strategies to mitigate its negative consequences. Gender specificity could be included in all topics related to mental health and P/CVE. When taking into account all factors related to gender, better interventions can be drafted so better support can be provided. It should always be taken into account that assumptions made about gender say something about the average of a group and not about the individuals in that group.

Further reading

- Al-Attar, Z. (2019). *Extremism, radicalisation & mental health: Handbook for practitioners*. Radicalisation Awareness Network. https://ec.europa.eu/home-affairs/system/files/2019-11/ran_h-sc_handbook-for-practitioners_extremism-radicalisation-mental-health_112019_en.pdf
- David, D. S., & Brannon, R. (Eds) (1976). *The forty-nine percent majority: The male sex role*. Random House.
- Good, G. E., Dell, D. M., & Mintz, L. B. (1989). Male role and gender role conflict: Relations to help seeking in men. *Journal of Counselling Psychology*, 36(3), 295-300. <https://psycnet.apa.org/doi/10.1037/0022-0167.36.3.295>
- Krasenberg, J., & Gssime, Y. (2019). *Taking mental health insights into account in local P/CVE*. Radicalisation Awareness Network. https://home-affairs.ec.europa.eu/system/files/2019-06/ran_local_hsc_taking_mental_health_28052019_en.pdf
- Martin, R., & Young, J. (2010). Schema therapy. In K. S. Dobson (Ed.), *Handbook of cognitive-behavioral therapies* (pp. 317-346). Guilford Press.
- Raymond, I. (2005). The Rock and Water program: Empowering youth workers and clients. *Youth Studies Australia*, 24(4), 34-39. <https://rockandwatertraining.com.au/wp-content/uploads/2014/11/the-rock-and-water-program.pdf>
- van der Velden, M., & Krasenberg, J. (2018). *PTSD, trauma, stress and the risk of (re)turning to violence*. Radicalisation Awareness Network. https://home-affairs.ec.europa.eu/system/files/2020-09/ran_h-sc_ptsd_trauma_stress_risk_re-turning_violence_lisbon_10-11_04_2018_en.pdf
- Dzhekova, R., & Wolf, A. (2022). *Gender-specificity in practical P/CVE: Reviewing RAN Practitioners' activities in 2021*. Publications Office of the European Union. https://home-affairs.ec.europa.eu/system/files/2022-08/ran_ad-hoc_gender_in_pcve_15082022_en.pdf
- Olf, M., & Langeland, W. (2022, April 27). *Why men and women may respond differently to psychological trauma*. Psychiatric Times. <https://www.psychiatristimes.com/view/why-men-and-women-may-respond-differently-to-psychological-trauma>
- Barker, E. D., & Riley, H. (2022). *The role of trauma and mental health in violent extremism*. Cross-Border Conflict Evidence, Policy and Trends (XCEPT). <https://www.xcept-research.org/publication/the-role-of-trauma-and-mental-health-in-violent-extremism/>
- Carlsson, L. (2022, November 13). *Working with victims of torture*. Centre for Research and Evidence on Security Threats. <https://crestresearch.ac.uk/comment/working-with-victims-of-torture/>
- Marsden, S., & Lewis, J. (2021, August 9). *Trauma, adversity, and violent extremism*. Centre for Research and Evidence on Security Threats. <https://crestresearch.ac.uk/resources/trauma-adversity-and-violent-extremism/>