



Closeout Report for TVTP Award #138

Created by

Life After Hate Inc.

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1. Project Overview

With this grant funding, Life After Hate (LAH) individualized ExitUSA intervention and aftercare services for men and women with risk factors for violent white supremacist extremism (VWSE) targeted violence and terrorism; enhanced outreach to build awareness of the VWSE exit process among the public and ExitUSA intervention services for those seeking disengagement, de-radicalization, and reintegration assistance; and a pioneering local prevention framework training to enhance the ability of direct service professionals, including those in law enforcement, mental health, and community-based organizations, among others, to identify and respond to individuals at risk of mobilizing to violence.

LAH collaborated with Moonshot CVE as well as violent white supremacist extremism (WSE) expert and National Consortium for the Study of Terrorism and Responses to Terrorism (START) researcher Dr. Pete Simi to further develop services and public awareness in a targeted and data-informed capacity.

The implementation and key areas of focus as outlined in the Implementation and Measurement Plan (IMP) were broken down into three major goals:

Goal 1: Assist more extremists disengage from violent WSE, de-radicalize, and contribute to society without violence.

Objective 1.1: Provide ExitUSA services to facilitate exit from violent WSE

Objective 1.2: Provide ExitUSA services aftercare services to build individual resilience

Objective 1.3: Enhance outreach to build awareness of the violent WSE exit process and ExitUSA intervention services

Goal 2: Build favorable community attitudes toward those exiting violent WSE & formers.

Objective 2.1: Enhance outreach to build awareness of the violent WSE exit process and ExitUSA intervention services

Goal 3: Enhanced ability of local prevention networks to identify and work with individuals at risk of mobilizing to violence.

Objective 3.1: Build local capacity to enhance their ability to identify and respond to individuals at risk of mobilizing to violence

LAH accomplished these objectives by developing and implementing risk and threat assessment and mitigation, case management, skills training, and peer mentoring services to over 100 individuals who are or were involved in VWSE in the United States. Services were provided to over 50 family members and intimate partners with loved ones involved in VWSE including risk and threat assessment and mitigation, case management, psychoeducation and skills training, and peer mentoring. LAH developed and refined comprehensive service protocols, including intake screening and assessment, risk and threat assessment and mitigation, and intervention modules for both client populations. These services contributed to a reduction in the threat of violence from violent extremism in America.

2. Key Accomplishments and Outcomes

LAH produced and distributed six counter-narrative videos, in two unique styles, designed to help current members of violent extremist groups see paths of exit. These videos garnered nearly 500,000 viewers, with three-quarters of those viewers coming in Q8 and Q9 of the grant period. The videos were also used as the focal point of community engagement activities and events focused on disengagement from hate groups.

Online forums were developed and moderated to provide asynchronous virtual community spaces for populations working with Life After Hate, including exiting individuals, families affected by VWSE, and mental health professionals working with exiting individuals.

LAH provided virtual, synchronous education and training in promising practices to one hundred fifty-seven (157) mental health providers, community members, and other professionals who may be working with or encountering individuals who are involved in VWSE. In addition, sixty-six (66) individuals

received asynchronous education about VWSE in the United States and recommended practices when interacting with individuals who are involved in violent extremism.

Additionally, LAH conducted 2151 meetings, an average of 14 meetings for each of the 157 clients over the course of the grant. Most exiting individual clients who made meaningful progress toward disengagement, deradicalization, and reintegration were in services for over a year.

LAH recognized the need for a clear scope of practice for former clients now serving as peer mentors. This updated scope was developed after extensive review of peer mentoring roles and best practices in other fields (e.g., mental health, substance abuse recovery, and forensics), consultation with subject matter experts and practitioners, and extensive input from formers. The framework includes the minimum standards for readiness (e.g. operational definitions of the minimum standards for disengagement, deradicalization, accountability, and reintegration) and appropriateness to serve as a peer mentor in tertiary intervention, the multidisciplinary context in which peer mentoring is embedded, and the scope of work that a peer mentor can and should do in this field, and a brief list of training and continuing education topics covered with our former clients. It establishes the standards and procedures used by LAH and serves as a model for the field.

[Formers-as-Peer-Mentors](#)

Examples of Client Progress

Client A identified as a “Neo-Nazi,” holding violent, anti-Semitic beliefs for over 30 years, he reached out to Life After Hate in the summer of 2021 stating, “I don’t know what I want, but (my beliefs) are becoming a problem.” He has worked closely with a peer mentor who has helped him to challenge his long-held anti-Semitic and racist beliefs. Client A began disposing of his Nazi paraphernalia, including flags and clothing emblazoned with swastikas and “WWII memorabilia” (his terminology for Nazi artifacts). He now states, “violence isn’t right,” has tentatively begun engaging with anti-racism information, and independently challenges the rhetoric that promotes Jewish conspiracy theories. He has begun developing and nurturing friendships with prosocial people outside of VWSE. Most recently, the peer mentor has convinced him to work more actively with the social worker assigned to his case to find and access mental health services to address the effects of childhood trauma, abuse, and neglect.

Client B identifies as a “patriot” with anti-government, anti-immigrant, and anti-Muslim beliefs steeped in white supremacist and antisemitic justifications. He reached out to LAH saying his involvement in VWSE is straining his family relationships. He is a high school dropout, unemployed, and socially isolated beyond the VWSE group. Client B has worked with the social worker to identify the steps necessary to obtain his GED and figure out how to re-establish friendships with peers he had lost contact with after joining the violent extremist group. With the social worker’s encouragement, Client B found a church to attend regularly, a community institution in which he found comfort and support as a child. The peer mentor has worked with Client B to problem solve the safest way to slowly disengage from the violent extremist group and has helped him to challenge some of the VWSE ideology, making progress in reducing violent anti-government beliefs. This client is in the early stages of a long path to exit VWSE

Client C was part of a white supremacist gang and engaged in illegally transporting drugs and weapons. He reported to LAH that he suffered from anger management issues, anxiety, and depression, and had a history of substance abuse from which he had been sober for some time. He was largely ambivalent about exiting but told LAH that he was estranged from his family and saw exiting as a means of potentially reconnecting with them. After establishing a working relationship with a social worker and peer mentor he admitted he had participated in militia-style “training exercises” with a violent extremist group. He confided that he had been binge-watching videos of acts of mass violence based on white supremacist beliefs and fantasizing about committing a similar mass violence attack. He stated that he had relapsed into substance abuse, was barely sleeping, and experienced racing thoughts. He told his Peer Mentor that he was reaching his breaking point, wanted to change, and needed help.

Within less than 24 hours, Client C met with the social worker who conducted a comprehensive assessment of the needs and targets for intervention, assessed risk and threat, and developed a plan to address the complex set of needs. The wrap-around plan included identifying substance abuse treatment facilities and helping Client C access substance abuse and mental health treatment. Client C also felt he couldn’t sustain change while still in the company of the violent extremist group. The case manager helped Client C identify a new place to live with a prosocial/nonviolent acquaintance, and supported relocation away from his violent extremist group. After Client C’s relocation, the social worker helped him access substance abuse and mental health treatment. During these initial weeks, the case manager and peer mentor met with Client C via phone, video meeting, or text check-in at least daily to provide emotional support, reinforce his positive choices and changes, and address any barriers to continued progress.

Client C continued to meet with the peer mentor and case manager throughout substance abuse and mental health treatment, has taken steps to have his hate symbols tattoos covered up, reports he no longer fantasizes about committing acts of violence, and is challenging the violence-justifying, racist beliefs he has held for so long. He has re-established contact with his family, established a nonviolent and prosocial social network, and is looking for ways he can give back to his community. When Client C was at his lowest point, he trusted his LAH peer mentor and social worker enough to be honest, ask for help, and is now meaningfully reintegrating into society.

3. Deliverables

- A. ExitUSA Exiting Individuals Services (previously submitted to DHS)
 - Biopsychosocial intake
 - Suicide screen; suicide assessment
 - Violence screen; violence assessment
 - Risk decision matrix

- B. ExitUSA Family and Friend Services - Screening tools (previously submitted to DHS)
 - Biopsychosocial intake

- C. Mental Health Seminar (MHPCD) (previously submitted to DHS)
- Curriculum

- D. ACD Course

<https://form.jotform.com/221535469560156>

Counternarrative videos

<https://youtu.be/8EhJy0jPfrE>

<https://youtu.be/q4lml0PYrCs>

<https://youtu.be/K8q0YHVfpWg>

<https://youtu.be/stb59XVFQjA>

<https://youtu.be/xJxhtOcVF-o>

<https://youtu.be/0I9BQ5VWDhU>

4. Challenges and Lessons Learned

Over the course of the past two and a half years, LAH was able to reflect on the work and methods utilized to complete the goals outlined in the FY20 Award. This reflection has revealed much about the way in which we accomplish the pioneering work that we do in this space. A few of the key lessons learned are:

Focus on Outcomes, Not Just Inputs – Those operating under CP3 grants should employ clear goals and clear metrics to measure, whether the goals have been achieved or not. A continuous feedback loop, allowing for the adjustment of goals to match what is being experienced in the field, only further strengthens the lessons learned through the grant period.

Embrace Data and Data-Based Decision Making - It is no longer sufficient to just try and do what we think is best. As a result of this grant, LAH has now embraced a commitment to data, ensuring that data collection and analysis is at the center of all of our programs and initiatives. Through clear metrics and robust data, we can now determine what is effective, why it is effective, and how it can be replicated. All in the space should be able to prove what they do is effective.

LAH is proud of the results of its FY2020 grant work. We are a better, stronger, and more effective organization as a result of this work, and its impact is reflected in how we operate today. While this work has now been successfully completed, its impact and the lessons learned from it are now core to our structure, staff, and initiatives. We expect the field to hold these beliefs as well, and are committed to working toward a more professional, accountable space.

5. Sustainability

Each of the initiatives funded under the grant will continue to function in the organization post-performance period and into the foreseeable future. To ensure sustainability over the long term, the ACD training program and Mental Health Training will need to undergo significant updates to reflect the current social climate and new research being published in this space.

6. Contributions to the Field and Next Steps

At its core, Life After Hate's FY2020 grant was focused on helping violent extremists exit hate groups. It is clear that the need for programming for "exiting individuals" will only continue to grow, both as more see the need to exit the VWSE groups and as others see that exiting is possible and re-engaging with society in a positive, meaningful way can be achieved. To meet these demands – particularly the mental health needs of exiting individuals – future programming must focus on five key components. This would include: 1) risk and threat assessment; 2) case management; 3) skills training; 4) social support; and 5) mental health services.

Done effectively, and with purpose and proper preparation, such programming can be enormously successful in addressing the growing risks of violent extremism and providing the support that exiting individuals need to both begin the process and successfully complete it. Without that purpose and preparation, such programming can be damaging to both the individual, to the exit process in general, and potentially to society resulting in a step backward for the field.

Knowing this, and reflecting on the profile that this most recent data set provides, LAH has five recommendations for the field that are now embodied in its own work:

1. Licensed mental health professionals and social workers must be part of the exit process and must be trained both in how to identify and address risks such as suicidal ideation, self-harm, and several forms of violent ideation and behavior.
2. Exit programs must work closely with trained and licensed mental health professionals who can provide the specific care and interventions required to address any relevant mental health needs.
3. Programs working with exiting individuals must have clear ethical standards, professional roles, and codes of conduct that both abide by all state and federal laws, including confidentiality standards and mandated reporting laws.
4. The community must work together to identify and expand mental health services available to those seeking to exit violent extremism.
5. Exiting individuals should be made aware of the time investment the process takes, with programs being honest about the time required and the complex issues that must be addressed for

successful exit. Programs should be prepared to work with participants for 18-24 months, which we have determined is the length of time needed in services to create meaningful change toward disengagement, deradicalization, and reintegration. Most exiting individual clients who made meaningful progress were in services for over a year.