
ABOUT THE PROJECT INTERNATIONAL FORUM FOR EXPERT EXCHANGE ON COUNTERING ISLAMIST EXTREMISM (INFOEX)

InFoEx is a joint project of the Migration, Integration, and Asylum Research Centre of the Federal Office for Migration and Refugees (BAMF) and the German Council on Foreign Relations (DGAP). Over the course of 2019 – 2020, InFoEx is collecting inspiring practices from practitioners working in tertiary prevention in Germany and abroad, as well as insights from academics conducting research in this field.

It is the project's objective to identify and generate empirical findings on processes of (de)radicalization, with a focus on their practical applicability for deradicalization efforts. To this end, the BAMF Research Centre initiated a consortium of research fellows who are embedded at local advice centers that work together with the BAMF Advice Centre on Radicalisation and various research institutions partnering with the BAMF Research Centre. These research fellows, along with the counselors working at the local advice centers, constitute the core stakeholders of InFoEx.

ABOUT THE WORKSHOP IN BERLIN, MAY 23 – 24, 2019

Among the 30 participants were network partners of the BAMF Advice Centre on Radicalisation from civil society and government institutions, as well as practitioners and academics from Denmark, France, Germany, the Netherlands, Norway, and the United Kingdom. To align the workshop with the needs of its stakeholders, research fellows embedded at local advice centers in Germany shared – in agreement with practitioners at their local advice centers – specific information needs and questions regarding counseling work in tertiary prevention prior to the workshop.

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InFoEx Workshop, Berlin, May 23–24, 2019
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by Sofia Koller

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Issue Paper: Psychological Factors and Mental Health Issues in Tertiary Prevention

by Sofia Koller

Executive Summary

Psychological factors and mental health issues are a complex and sensitive – yet important – issue in tertiary prevention of radicalization and Islamist extremism. This Issue Paper lays out the most important aspects of these topics as addressed during the second InFoEx workshop in May 2019. Topics range from risk assessment tools to professional (medical) confidentiality. The paper thus aims to contribute to a better and more nuanced understanding by including highlights from expert discussions and additional perspectives of relevant researchers, as well as practical recommendations.

From these findings, the following, more general recommendations result for those involved in the design, planning, funding, and implementing of tertiary prevention projects and programs:

Key Recommendations

1) Ensuring integration of mental health expertise in tertiary prevention: There is no consensus on how exactly mental health impact an individual's decision to disengage from an extremist group. Yet there is a correlation and experts largely agree that tertiary prevention should include mental health expertise and provide psychological support when needed.

2) Developing a common understanding around mental health: To ensure a common understanding of the topic, involved actors should generate definitions, standards, and assessment tools, as well as establish ongoing monitoring and evaluation processes.

3) Enhancing and improving multi-agency training:

There is an urgent need for joint trainings of different professions, such as social workers or security agencies. Project budgets should aim to include training units, for example regarding risk assessment, information-sharing, and medical confidentiality. Existing training programs should be regularly updated to include current developments in research and practice on radicalization and extremism, as well as relevant challenges, such as legal matters regarding prevention work.

4) Providing frameworks for effective cooperation and support counseling within and across professions:

Funding authorities should provide funding for projects that develop opportunities for institutionalized exchange between professional peers as well as across professional borders. In this way, the access to professionals with relevant knowledge on radicalization and extremism can be improved, for example through (internal) intervision¹ and peer-to-peer counseling.

5) Expanding (existing) public structures²: Existing support structures should be expanded to alleviate pressure on mental health specialists who are supporting tertiary prevention and ensure access to psychiatric care.

6) Translating research findings into practice and informing research from practical experience:

Researchers should make sure to involve mental health professionals in the design of their research, as well as ensure that research results are discussed with practitioners and translated into practical recommendations. At the same time, workshops including case intervision, as well as talks on and presentations of practical experience, can be used to influence research questions and design.

¹ Intervision is a method used to discuss an individual case and possible approaches to it with colleagues, in order to efficiently use the available expertise and experience in a team or a group of experts.

² German: Regelstrukturen

INTRODUCTION

This Issue Paper is based on group discussions and debates as documented during a workshop of the International Forum for Expert Exchange on Countering Islamist Extremism (InFoEx) in May 2019 in Berlin. The workshop's goal was to facilitate knowledge exchange in countering Islamist extremism.

Around 30 participants from Denmark, France, Germany, the Netherlands, Norway, and the United Kingdom came together in Berlin to discuss experiences, lessons learned, and inspiring practices regarding the role of psychological factors and mental health issues in the field of tertiary prevention.

Both psychological factors and mental health issues need to be considered in this discussion. A counselor working at an advice center needs to be able to consider psychological factors, such as group dynamics and cognitive processes, when dealing with a radicalized individual. At the same time, he or she might be dealing with an individual that is considered radicalized but has a mental illness. The available data in this research area is still quite limited. Thus, no causal connection has been established between mental illness and extremism so far. At the same time, experts largely agree that considering an individual's psychosocial background and personality forms the basis of exit work.

Integrating a needs-based approach³, the workshop focused on the following topics and chapters:

1. Lone Actors and Group Dynamics
2. Risk Assessment Tools
3. Multi-Actor and Multi-Agency Cooperation
4. Professional (Medical) Confidentiality
5. Psychological Perspectives on the Role of Gender
6. Personality Profiles
7. Resilience

Each chapter briefly summarizes highlights from the expert discussion during the workshop. Furthermore, selected articles, studies, and papers – written by some of the international participants themselves or recommended by them or other relevant stakeholders – have been included. This paper does not aim to provide an exhaustive literature review or scientific analysis but to shed light on inspiring practices and perspectives from international experts in the field of (tertiary) prevention. Finally, international speakers have contributed personal key recommendations for practitioners working in tertiary prevention.

Research Perspectives on the Role of Psychological Factors and Mental Health Issues

So far, there is evidence for two diverging perspectives on this topic. The first suggests that terrorists may have a distinct personality or psychological profile differentiating them from the general population. The second evidences against this assumption (Corner & Gill 2017). Rather than causality, Corner and Gill suggest speaking about “pathways” along which involvement in from extremist groups group happens and along which disengagement also takes place.

Furthermore, mental health is not only about confirmed and current diagnoses, but also about potential vulnerability and subclinical cases (RAN 2019). Research suggests that “clinical diagnoses of mental health problems span a wide range, from common mental health disorders such as depression to severe pathology such as schizophrenia as well as disorders of personality and neurodevelopment” (Corner, Gill & Mason 2016, p. 561). Studies have shown that certain diagnoses, such as neuropsychiatric disorders of schizophrenia or autism spectrum disorder (ASD), are overrepresented in individuals involved in violent extremism or at risk of violence (RAN 2019). Special attention should also be paid to trauma and resulting psychosocial impairments (see chapter 6 on personality profiles).

Generally, these factors “interact in complex and changing ways across the different phases of the terrorism process and interact with other factors in the progression from [radicalization] to [terrorist action]” (Corner, Bouhana & Gill 2018, p. 124).

³ In preparation of the InFoEx workshop, research fellows embedded with local advice centers were asked to share – in agreement with practitioners – specific information needs and questions on the topic. This input was used to develop the workshop's format and content, as well as to select relevant (international) speakers.

Key Recommendations

- Mental health problems may play different roles at different stages of the radicalization process.
- We need to think about the “relevance” of the mental health problems to the individual’s risk and not just whether these problems are “present” or not.
- Many times, extremist behavior is a response to an individual’s life problems, and it is often those problems which need addressing most.

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1. LONE ACTORS AND GROUP DYNAMICS

In the area of tertiary prevention of extremism, it is important to consider different roles and dynamics in extremist groups, for example to differentiate between a bomb-maker and a bomb-planter, or between a lone actor and a group-based terrorist.

Highlights from the Expert Discussion

- The interplay between identity and group dynamics varies from group to group. To address group dynamics in a deradicalization process, it is crucial to understand the individual’s links to the radicalizing group as well as to his or her family.
- Extremist groups are addressing different needs of the individuals that join them. For example, the group can provide a sense of belonging or propose solutions to guilt redemption and salvation, creating a strong emotional attachment. An expert from the Netherlands mentioned that some research shows that more than half of extremists have a narcissistic parent and thus, once in adulthood, they search for a similar relationship.
- Methods and interventions that specifically address group dynamics are not sufficiently developed. So far, interventions aim to provide positive alternatives to what the radical groups offer. Some practitioners compare this to providing a substitute when dealing with an addiction.

- Especially when it comes to (former) affiliates of extremist groups returning to their home countries, practitioners fear that the stigma of being a returnee might lead to re-radicalization. It is therefore crucial that communities accept the returned individuals and that strong relationships are built.

- In Germany, systemic counselling, for example involving family and trusted persons, is one approach for practitioners.

When dealing with possible “lone actors,” distinct aspects play a role:

- While a “lone actor” does act alone, it is still a contested concept⁴, especially since a certain consensus exists that radicalization is a social process, and individuals normally do not radicalize alone.

- It is also difficult to identify lone actors due to a scarcity of data. In addition, both monitoring and intervention are challenging. As in tertiary prevention in general, different actors have different agendas, cultures, and languages, making it difficult to achieve coordinated approaches and understanding. Due to legal constraints, data and information sharing between different actors is often challenging, especially in the early stages of radicalization. At the same time, a multi-agency approach is considered crucial by most actors in tertiary prevention, particularly when dealing with lone actors (see chapter 3). One of the challenges is the transfer of existing knowledge into practice. For example, while relevant research does exist already, some experts are (still) advocating the development of a common understanding of the phenomenon “lone actors” and adequate responses. There is a need for regular exchange on new developments or observations made between different actors. Standardized profiles for lone actors are contested, since types of radical actors are becoming more varied, also including women and youth. For example, social media can be a very important factor for the radicalization of lone actors: Mobile phone and social media usage increases the exposure to radical milieus of otherwise socially isolated persons.

- In order to achieve a common understanding of the phenomenon of “lone actors,” the dissemination and utilization of research results needs to improve. For example, some researchers find it difficult to match their nuanced findings with security actors’ need for standardized and policy-oriented results. Through work-shadowing programs,

⁴ Keatinge and Keen propose the following definition of lone actor terrorism: “The threat or use of violence by a single perpetrator, not acting out of purely personal-material reasons, with the aim of influencing a wider audience and acting without any direct support in the planning, preparation, and execution of the attack. The decision to act is not directed by any group or other individuals, although it may have been inspired by others” (Keatinge & Keen 2017).

mutual trust and communication between researchers, practitioners, and security agencies could be improved.

- Risk assessment should not only focus on using tools like VERA 2R (see chapter 2) and case files, but also engage (more) in actual conversations with practitioners and researchers.



Research Perspectives

- Research suggests that lone-actor terrorists are more likely to suffer from a mental illness than group-based terrorists (Corner & Gill 2015, p. 30). Furthermore, “those with a history (of mental illness) were significantly less likely to have some form of command and control link,” suggesting that extremist groups might take mental health into consideration when selecting their members (ibidem). Furthermore, there may be a relation between psychological factors and the role that individuals chose within an extremist group: “Being a bomb-maker may be different than being a bomb-planter; (...) being a lone-actor may be different than being a group-actor” (Corner, Gill & Mason 2016, p. 560).

- Lone actors with a mental illness are also more likely to have a spouse or partner associated with an extremist movement and are more likely to be violent (Corner & Gill 2015). In addition, lone actors are more likely to engage in substance abuse or to have a history of criminal convictions (Corner, Bouhana & Gill 2018).

2. RISK ASSESSMENT TOOLS

An important question in tertiary prevention is how to assess risk factors as well as mental health. In a prison context, professionals must, for example, assess if an individual has a mental disorder, if it is related to the offence, if there is a risk of recidivism, and how to manage this risk. Evidence-based professional judgments on these questions are crucial given political and juridical pressure, for example if professionals get accused of withholding information.



Highlights from the Expert Discussion

- Practitioners agree that “the one” – meaning a typical profile of a potential extremist – does not exist. One participant shared the impression that policy makers in different countries may find this hard to accept since they would prefer having a checklist, while security agencies would prefer lists of attitudes to identify possible security risks. Another perception shared by some of the practitioners was that state-

run exit programs in Germany tend to focus too much on past actions as indicators for future risk.

- For counseling work, it is considered difficult to deal with the fact that clients may not tell everything to the counselor – concerning, for example, what returnees say about what they did during their time in Syria or Iraq. It was mentioned that exit work should therefore primarily focus on a client’s resources and potential.

- Especially some social workers and researchers from different countries are skeptical about database-informed risk assessment tools and self-correctional mechanisms. For example, one perception was that once a person is on a list for being possibly dangerous or a terrorist offender, it may be difficult to get them removed from that list when circumstances change or if they have been put on that list by mistake.

Research Perspectives

Several risk assessment tools have been developed in the last few years, mostly based on structured professional judgement (SPJ). This means that experienced professionals guide the process systematically, identifying risks and evaluating the individual in context. These tools are normally based on the presence and relevance of risk factors and can result in an overall risk prediction – for example high, medium, or low risk (RAN 2017). Some risk assessments (VERA 2R and ERG22+) focus on both protective and risk factors. Some tools, such as ERG22+, can also be used in a correctional capacity.

VERA 2R (Violent Extremism Risk Assessment, version 2-revised; Sadowski et al 2017) is a clinical risk assessment tool developed in forensic psychology. Described as the systematic and structured assessment of information, it includes 34 primary indicators (for example beliefs, attitudes, and social context) as well as 31 additional indicators (based on scientific literature) divided among five domains, for example personality traits. Indicators are assessed as low, moderate, or high (sample questions are included) and risk is portrayed in scenarios. Regular participation in supervision and intervision, as well as general experience with and knowledge of risk assessment, is required before using this tool, as is attending an obligatory two-day training. VERA 2R was launched in the Netherlands in 2015 and has since been used there by 200 professionals including forensic psychiatrists and psychologists, probation workers, and psychologists in prisons.



In **ERG22+** (Extremist Risk Guidance; Lloyd & Dean 2015), factors are divided into three dimensions: engagement, intent, and capability. The following four questions should be asked:

- What contextual circumstances seem to have contributed (or could contribute) to their offending?
- What personal attributes seem to have contributed (or could contribute) to their offending?
- What did the individual get out of (or could get out of) their offending?
- What circumstances or attributes could protect the individual from offending in the future?

A distinct feature of ERG22+ is that “more factors do not equate with a higher level of engagement, the combination of factors simply tells the risk ‘story’” (ibidem, p. 46). This tool has been embedded in offender management and intelligence management systems (NOMS) in the United Kingdom since 2011.

TRAP-18 (Terrorist Radicalization Assessment Protocol; Meloy & Gill 2016) is used for individual case analysis, rather than as an actual prognostic tool. There are eight proximal warning behaviors (for active risk management) and ten distal characteristics (for active monitoring by national security threat assessors). A distinct feature of TRAP-18 is its focus on targeted violence (intended and purposeful violence), the differentiation of roles (lone actors vs. control and command), as well as a temporal distinction between indicators. Typologies provide a framework to consider the multiple dimensions of a problem and how they interact.

TRAP-18 was used to assess a sample of 111 lone-actor terrorists from the United States and Europe (Meloy & Gill 2016).

Key Recommendations

- Know the risk and protective indicators of violent extremism and terrorism and do not think “I know best.”
- Participate in a training in structured professional judgment of violent extremism risk assessment and management.
- Practice supervision and intervention in violent extremism risk assessment and management.

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3. MULTI-ACTOR AND MULTI-AGENCY COOPERATION IN MENTAL HEALTH AND TERTIARY PREVENTION

When addressing mental health issues in (tertiary) prevention, relevant actors can include social workers, police and intelligence agencies, the judiciary, prison and probation actors, as well as mental health specialists. In this multi-agency setting, the objectives, approaches, and assessments vary greatly. Communication and information-sharing represent constant challenges.

Highlights from the Expert Discussion

- In some cases, the scope of an organization’s responsibilities seems to be perceived differently by the actors involved. At the same time, lack of coordination can have far-reaching consequences for personal and national security. The legal obligation to professional medical confidentiality complicates information-sharing both within and between organizations (see chapter 4).

- In practice, it is mostly the task of social workers to assess if a client needs mental help. The lack of therapists, particularly with experience in the field of radicalization, and the client’s possible aversion to receiving mental treatment often stand in the way of clients getting the help they need.

- Context is important: While there are some promising examples of multi-agency cooperation dealing with mental health and (violent) extremism, good or inspiring practices in one country are not necessarily transferable to another. Top-down legislation can work when its assumptions have been tested, jointly developed, and are building on current good practices.

- Stakeholders call for educating a multi-agency network together, including sharing knowledge about each other’s organizational culture, responsibilities, and limits. Offering joint training to those actors who work together in real life would help to develop a common understanding, as well as trust and mutual respect, for each other’s goals.

Examples of Inspiring Practices

- Denmark has developed an interdisciplinary cooperation involving the police, social services, and psychiatry known as PSP (Sestoft, Hansen & Christensen 2017). The platform was piloted at a local level in 2004 and implemented by law in 2009. After the identification of an individual at risk (for instance of committing suicide, substance abuse, social decline, or mental illness), actors jointly assess whether the case is a “social challenge” or whether there are security concerns involved. They then coordinate relevant

intervention and treatment; cases can also be referred to the Info House⁵. Two-day training courses for all PSP groups on a national level include content such as knowledge of radicalization as a social, psychological, and political phenomenon; prevention among mentally vulnerable people; and risk of stigmatization. PSP relies on a combination of top-down and bottom-up information-sharing. Crucial in this regard is the creation of both a safe space and a clear framework for sharing this information. Overall, practitioners are led by three basic questions:

- Identification: What concerns do I have?
- Analysis: What do I need to know more about?
- Action or Effort: What will I do?



Research Perspective

• Several challenges to multi-agency cooperation regarding mental health have been identified, such as unrealistic assumptions on the reduction of high reoffending rates, assess risk, and predict recidivism (Harte 2015). Some factors, such as a clear division of tasks, joint vision and common goals, equal participation, and developing realistic expectations could make cooperation more beneficial.



Key Recommendations

- Should legislation on multi-actor information-sharing not be in place in your local setting or on your specific case level, then think and talk about how you, as a practitioner, can still partake by sharing your knowledge and the experience you gained from similar cases or similar kinds of prevention work.
- It takes time to develop an efficient multi-actor prevention setting and it involves both bottom-up and top-down exchanges of experiences and perspectives. During this development process, don't forget to check what you already have in your prevention toolbox.
- Often the best results in multi-agency prevention work are based on a large degree of trust between all relevant actors, which makes it important to invest time in obtaining successful experiences in prevention work through a positive and well-organized cooperation.

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4. PROFESSIONAL (MEDICAL) CONFIDENTIALITY

In several European countries – for instance France, Germany, and the Netherlands – both mental health professionals, such as psychotherapists and psychologists, and social (education) workers in prevention programs are legally obliged to obey professional (medical) confidentiality. In other words, no information can be shared without the clear consent of the person concerned. However, there are important differences between the two professional groups. While social workers can be obliged to testify in court, psychotherapists and doctors are able to refuse this. There are also some exceptions to confidentiality that vary from country to country, for example when patients or clients are in danger of seriously harming themselves or others. In this case, the professional can breach confidentiality to report to the authorities. In any case, a doctor or psychotherapist can discuss the case anonymously with colleagues.

Highlights from the Expert Discussion



- In tertiary prevention, social workers are often confronted by the typical “double mandate” in social work: Social workers establish a trustful relationship with the client but at the same time can or even must breach confidentiality due to security concerns. One of the challenges mentioned by social workers is the lack of knowledge on legal implications regarding information sharing.
- Mental health professionals may not have (enough) knowledge of the context of radicalization and might, for example, not be experienced in recognizing “danger ahead” or “planning of a serious crime” in order to apply the existing regulations. They also might not be able to recognize radicalization in the conditions of an existing mental illness.
- Professionals with different backgrounds might also interpret and define safety risk differently. For example, a therapist might consider it progress for the client to have new friends, while the police might view this as a possible safety risk.
- Regarding multi-agency cooperation, the debate about professional confidentiality focuses on roles and responsibilities. For instance, (governmental) exit workers may insist on getting all information about a client in order to perform a risk assessment. At the same time, mental health professionals might be restricted to share a client's very personal stories and developments to protect the therapeutic space.

⁵ Since 2010, the Info House (Infohuset) in Aarhus, Denmark brings together a multi-agency group working on cases related to radicalization and discrimination. It is jointly run by the East Jutland Police and the Aarhus Municipality. For more information, see page 5 of the DGAPreport International Tour d'Horizon of Tertiary Prevention of Islamist Extremism based on the InFoEx workshop held in March 2019.

• Another consideration involves the general safety and self-protection of those caseworkers or professionals that must testify against their client. Social workers can use preventative measures such as making sure not to share their personal address (both online and offline).



Examples of Inspiring Practices

• In Germany, mandatory memberships for doctors and psychological psychotherapists in a professional association⁶ is considered a good way to spread relevant information. This network can be useful for health care professionals to consult with an expert – for example a more experienced colleague – before breaching confidentiality.

• NEXUS is a model of collegial consulting for psychotherapists in Berlin. It makes a group of psychotherapists with expertise in radicalization and extremism available to provide intervention (consulting with a professional peer) for each other.

5. PSYCHOLOGICAL PERSPECTIVES ON THE ROLE OF GENDER

The relatively large number of women who have joined the so called Islamic State (IS) in recent years has led more attention to be paid to whether and to what extent men and women are motivated by different factors to join or leave an extremist group and, in turn, the implications for tertiary prevention work. Western societies often perceive women solely as manipulated victims of grooming and persuasion tactics. For example, the media often portrays women as naïve and being “lured” into joining Islamist organizations. However, this understanding is not always adequate, since women have agency and actively choose their own paths.



Highlights from the Expert Discussion

• Gender is not the sole reason, but it can be one of many factors in explaining human behavior. This means that the motivation for radicalization, deradicalization, or disengagement is not solely based on gender. Some practitioners thus recommend to not work with gender-specific tertiary prevention.

• At the same time, research indicates that recruiters target women differently than men. Women seem to be motivated to join extremist groups because of their specific offer, such as appreciation for their role as mothers and wives or making

it possible for them to distinguish themselves by wearing the hijab. At the same time, the number of female clients is rising. While women are more apt to radicalize on the internet and social media than at a mosque, practitioners report that female clients seem to radicalize more quickly than men. It has also been observed that female clients often have more religious conversations with their counselors than male clients.

• European countries have different approaches to gender in radicalization and prevention, for example regarding the prosecution of female returnees from former IS territory.

Research Perspectives



• Profiles of women who have radicalized and traveled to IS territory are diverse and complex, “making it impossible to create a broad profile of females at risk of radicalization based on age, location, ethnicity, family relations, or religious background” (Saltman & Smith 2015, p. 69). There are many different reasons for joining an extremist group. While it would be incorrect to regard women who have joined IS solely as “jihadi brides,” “the primary role of Western women under ISIS-controlled territory is to be the wife of the jihadist husband they are betrothed to and to become a mother to the next generation of jihadism. However, these women are also playing crucial roles in propaganda dissemination and recruitment of more women online, both directly and indirectly” (Saltman & Smith 2015, p. 70).

• Regarding those returning from Syria and Iraq, Saltman and Smith point out “a particular lack of infrastructure and understanding around gender dynamics within deradicalization” (p.71). In their study, they observed a “lack of female mentors within prevention and deradicalization programs, resulting in a lack of credible female voices to reach young women in a meaningful and directed way” (ibidem).

• Winterbotham and Pearson challenge the “maternal logic” of existing prevention programs and advocate for future prevention work to “acknowledg(e) what women and men – across communities can actually do” (Winterbotham & Pearson 2016, p. 63) in terms of prevention.

• Furthermore, some research on radicalization and IS demonstrates the significance of gender in radicalization: “The norms, expectations, and structural pressures differ for men and women. While structural issues – including discrimination, alienation, and socioeconomic concerns, or individual factors, such as belonging and identity – affect both men and women, the specific impacts were highly gendered” (Pearson & Winterbotham 2017, p. 68).

Key Recommendations

- The reason for being involved with extremism is not based on gender but on the entire complexity of a person's life and situation.
- Women primarily choose this path in life themselves as a response to and reflection of their current life situation.
- It is not recommended to work with gender-specific prevention in general as people don't do things solely due to their gender. However, gender should not be overlooked or neglected but be considered as a factor on an interventional level if the individual ascribes gender a significant role to himself or herself.

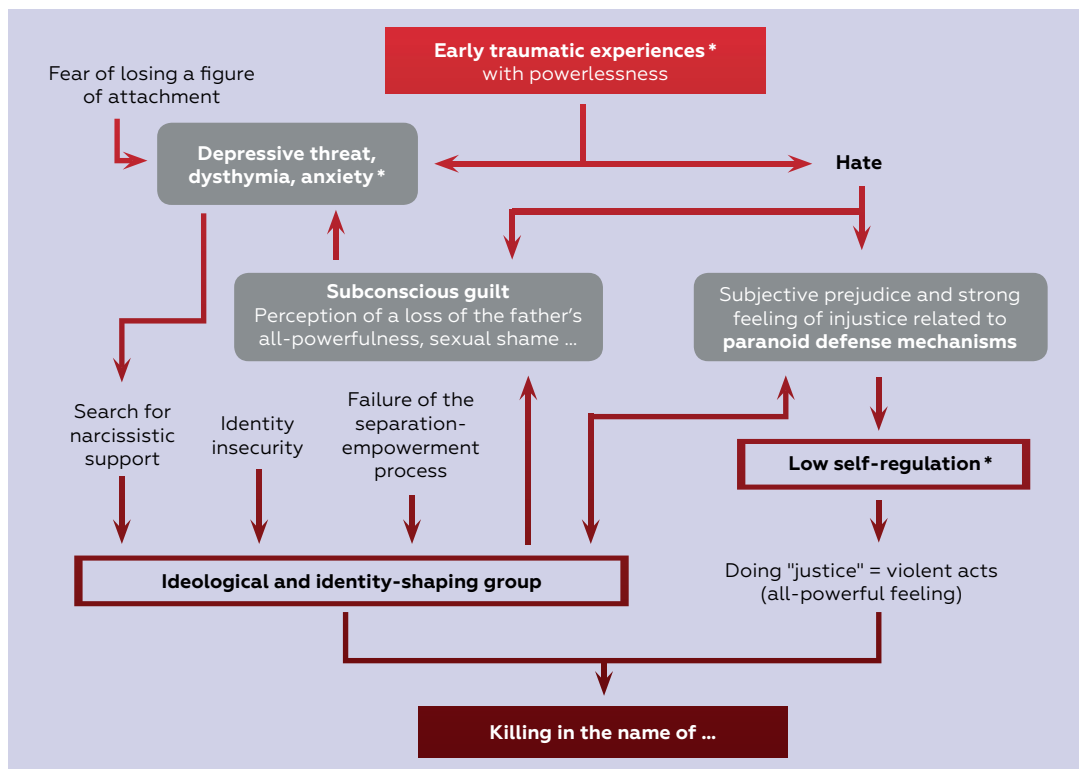
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6. PERSONALITY PROFILES

Many of those who have left to join extremist organizations in Syria and Iraq were relatively young. Adolescence can be considered a phase of searching for one's identity and, consequently, vulnerability to influence by extremist groups. Increasing attention is therefore being paid to why and how teens and young adults engage in extremism, and what this means for deradicalization and disengagement efforts.

Research Perspectives

- In Strasbourg, the Virage Network has dealt with the cases of 55 clients who were between 14 and 24 years old and involved in a radicalization process. The results suggest that traumatic experiences can be related to depression, dysthymia, and anxiety, as well as hate and subconscious guilt, that can ultimately lead to joining an extremist group, as well as engaging in violent action (see graphic). Radicalization is thus understood as a meeting between personal



From Trauma to rage

Graphic adapted from the original graphic by Dr. Guillaume Corduan, Réseau Virage, France.

The terms labeled with asterisks refer to psychiatric symptoms as described in Bhui et al 2019.

fragilities and an ideological product in a favorable context. Furthermore, their research indicates that “radical engagement often soothes at first a preexisting psychological distress [such as] psychotic disorders, conversive and posttraumatic stress disorders, and mainly depressive and narcissistic vulnerabilities” (Rolling & Corduan 2018, p. 1). Consequently, mental health professionals can play a crucial role in deradicalization efforts, especially for adolescents and young adults.

- A multidisciplinary review of psychological and social profiles of European youth who have engaged in radicalization suggests that there are three different categories of risk factors (Campelo et al 2018):

- Individual risk factors include psychological vulnerabilities such as early experiences of abandonment, perceived injustice, and personal uncertainty.
- Micro-environmental risk factors include family dysfunction and friendships with radicalized individuals.
- Societal risk factors include geopolitical events and societal changes such as Durkheim’s concept of anomie, a condition in which society provides little moral guidance to individuals.

- A prominent model to explain radicalization of both youth and adults is Moghaddam’s Staircase to Terrorism, which is based on the concept of psychological deprivation: “Although the vast majority of people, even when feeling deprived and unfairly treated, remain on the ground floor, some individuals climb up and are eventually recruited into terrorist organizations” (Moghaddam 2005, p. 161).

- In addition, both mental health and social workers should have trauma awareness and be able to recognize trauma signals (RAN 2018). It is important to consider that trauma is a dynamic process that normally becomes more complex over time, especially regarding child returnees and foreign fighters. In this context, long-term follow-up should be put in place, with close cooperation between professionals in the fields of law enforcement, justice, prison and probation, social services, health, and education.

Key Recommendations

- Understand the radicalization process as an active choice to sooth dysthymic, anxious, and post-trauma symptoms.
- Continue to search for narcissistic traumas in the past of people affected by extremism, as well as in their family histories.
- Take account of paranoid functioning (on an individual and familial level).

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7. RESILIENCE

If radicalization is understood as a pathway and process with incremental steps, different risk factors play a role, such as post traumatic symptoms, as well as grooming by a radical group. Individuals need to be resilient to bounce back from adversity in life and resist these risk factors.



Highlights from the Expert Discussion

- It is indispensable for practitioners to speak with the individual's family and gain knowledge about recruitment tactics to understand how resilience can be strengthened in tertiary prevention work.
- Resilience is not just a competence, but also a team effort. For example, communities need to be resilient to be able to prevent radicalization processes through social connections, but also to be able to reintegrate former extremists back into society.



Research Perspectives

- Research around protective factors, mental disorders, and terrorism remains scarce (Corner & Gill 2017). Protective factors can be individual (such as personality factors), related to peers (such as close relationships with noncriminal peers), and familial (such as close connections to family).
- Regarding community resilience, experts suggest that enhancing and harnessing existing social connections is fundamental to mitigating risk factors (Ellis & Abdi 2017, p. 290). Social connections can involve social bonding (within communities), social bridging (between communities), and social linking (between communities and institutions or governing bodies).
- Social psychology and manipulation are used in targeted recruitment tactics of extremist organizations, for example through principles of persuasion such as reciprocity and scarcity (Moestue 2016).

Key Recommendations



- As humor is associated with resilience and the capacity to tolerate stress, practitioners should explore and strengthen clients' humor and ability to be mentally flexible.
- Practitioners should help clients become more able to tolerate uncomfortable feelings and to feel more confident about their innate ability to successfully manage life.
- Practitioners should help clients explore what a healthy moral compass looks like and help them find healthy communities that will strengthen their resilience.

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