

WODC-research (projectnr. 3421)
Radicalization and psychosocial issues:
Better understanding, better intervention

Executive Summary

Radicalization that culminates in terrorism remains a danger to Dutch society. There is still much uncertainty about the role of psychosocial factors in the radicalization process. The current research aims to provide an overview of the available scientific knowledge. It also looks at the latest state of interventions being done in practice. Finally, we look at how the cooperation between care-, security- and the social domain is taking place and can be further professionalized. To this end, an analysis of the available scientific literature was conducted (theory), a systematic literature review was conducted on evaluations of interventions that counter radicalization (interventions), and focus groups and interviews were conducted with professionals from the care-, security- and social domain (practice). The results are briefly discussed here based on three themes. We provide our recommendations at the end of the discussion of each theme.

The role of psychosocial processes in the radicalization process, the emergence of receptivity to radical ideas and groups, and willingness to use violence.

In searching and describing the empirical scientific literature, we established a theoretical model, which distinguishes between three categories of factors. These factors play a role in the radicalization process at the individual level:

1. Psychopathology (e.g., ADHD, autism, schizophrenia); It should be noted here that psychopathology by itself is not a strong predictor of radicalization.
2. Psychological needs (the need for a positive social identity, justice, meaning, and/or adventure).
3. Trigger factors (events within or around the person that demonstrably lead to further radicalization or deradicalization).

Based on the literature, we conclude that these factors interact with each other in the social context of the individual. The relationships between these three factors are not linear, but dynamic. That is, they are continuously subject to change depending on what is happening to the individual and what happens around the individual. Thus, the three factors need not always be present within the individual at the same time. It is important that interventions do not focus on only one of the three factors. For example, if an intervention is aimed at treating psychopathology, then the psychological needs of the individual and events at the individual- (micro), group- (meso), or societal- (macro) level must also be considered.

It is important to consider the different phases of the radicalization process. The literature distinguishes three phases: (1) the sensitivity phase (an individual becomes receptive to an

extremist ideology), (2) the group phase (an individual becomes a member of a group or begins to identify with a group), and (3) the action phase (an individual proceeds to support and/or commits ideology-based violence). Again, it is important to note that radicalization often does not follow a fixed (linear) sequence. For example, an individual may skip a phase, or deradicalize and go back a phase. Radicalization is a dynamic process.

The literature shows that the interaction between psychopathology, psychological needs, and trigger factors may depend on a person's age and status within a group, among other factors. For example, adolescents may have a greater need for a positive social identity than adults. Leaders may have a greater need for a strong ego, which may go along with a narcissistic personality disorder, for example. Followers, on the other hand, may be more sensitive to group pressure. Here it is important to realize that causality is difficult to demonstrate. For example, "youth" is not a predictor for radicalization any more than "psychopathology" or "an experience of discrimination." The radicalization literature shows that the various factors can, therefore, interact.

It is important to identify an individual's risk of further radicalization in the most reliable way possible. Customization is central here. Professionals in the care-, security-, and social domain can make a well-founded analysis of the individual and the social context through customization. This should be done based on well-defined factors that may pose a risk. But also protective factors (that prevent radicalization) should be named and included. Here it is important to shift the professionals' attention and look closely at "routes" (developmental paths), rather than "roots" (underlying factors). It is desirable here that professionals from the care domain, the security domain, and the social domain can give their perspective. In this way, the fullest possible picture can be established.

Care and Safety Homes (ZVH) help in this and the Personalized Approach to Radicalization and Terrorist Activities Act (PARTA Act) provides the legal basis. Municipalities are given the task of setting up a local, person-centered approach (PGA). An effective exchange of information helps to avoid missing signals of radicalization and de-radicalization. The tension between information sharing (think of professional confidentiality) and effective risk assessment must be considered.

Recommendations:

- Receptivity to radicalization and willingness to use violence can be understood as an interaction between psychopathology, psychological needs and trigger factors. These factors interact with each other within the social context and are not independent of each other. Thus, interventions should not focus on only one of the three factors. The age of the individual and the individual's status within the group should be considered as well.

- For effective intervention, it is important to consider the phase of the radicalization process (sensitivity phase, group phase, action phase). It should be kept in mind that radicalization is a dynamic, non-linear process.
- A tailored approach is central to identifying an individual's risk of further radicalization. Well-defined risk- and protective factors should be used here. The developmental path should also be considered (rather than just looking at underlying factors).
- Care and Safety Homes (ZVH) and the Data Processing Personalized Approach to Radicalization and Terrorist Activities Act (PARTA Act) provide a good basis for a person-centered approach. Here the tension between information sharing and effective risk assessment must be considered.

Recognized interventions in the psychosocial, care and welfare domain to counter radicalization and violent extremism.

To explore this topic, a systematic literature review was conducted. This resulted in 22 manuscripts discussing 21 "evidence-based" interventions. The inclusion criteria were:

- ***Primary data:*** The study had to include primary qualitative or quantitative empirical data.
- ***Evaluation of interventions:*** The study was to focus on the evaluation of an intervention program.
- ***Focus on psychopathology or psychosocial factors:*** The selected studies had to examine variables related to mental health problems, psychological characteristics or psychosocial factors in relation to extremism or radicalization.
- ***Targeted intervention against radicalization/extremism:*** The intervention had to be specifically aimed at reducing radicalization or extremist tendencies.

A detailed overview per intervention found is given in the **Toolkit Systematic Literature Research Interventions** (see attached Excel file **Toolkit SLO Interventions**). Firstly, it is striking that of the interventions found, none focuses solely on psychopathology. If psychopathology is addressed, it is in conjunction with psychosocial factors. Effective elements of interventions focus on the following factors:

- Cognitive factors (critical thinking skills, greater tolerance for ambiguity)
- Psychosocial factors (emotion regulation, reducing anxiety and depression, promoting self-confidence, empathy and personal resilience)
- Social and educational development (renewed commitment to education, skills development and enhanced capacity among professionals to recognize and respond appropriately to radicalization risks)
- Behavioral factors (decreasing support for political violence and extremism while increasing resilience to recruitment and supporting long-term reintegration into society)
- Factors at the societal level (civil and political competence)

Factors that limit the effectiveness of interventions include the duration of interventions (short-term pathways often do not lead to behavior change) and resistance to ideological change. Stigma and mistrust are also cited as barriers, particularly when interventions lack transparency or do not sufficiently connect with the experiences and perceptions of communities involved (for example, cultural stigma surrounding therapy and mental health services). Interventions sometimes lack a holistic (instead of a one-sided), trauma-informed and context-sensitive approach.

In addition to the systematic literature review, an exploratory search of public databases of individual interventions was conducted. Databases in the Netherlands, Germany, Belgium, France, Switzerland, Austria, Denmark, Sweden and the United Kingdom were considered. A total of 44 interventions were identified that focus on psychosocial issues and countering radicalization. These are summarized in the **Toolkit Database of Interventions** (see attached excel file). Elements from these interventions are largely consistent with the 21 evidence-based programs from the systematic literature review. A recurring element is a systems approach involving the social context of the individual (teachers, youth workers, peers, family). Resilience is strengthened not only in the radicalizing individual but also in the environment.

Based on the literature review and the exploration of databases, it appears that there is still very little systematic evaluation done. Thus, there is still much to be gained here. The knowledge gained should be disseminated to professionals in the care-, safety- and social domain. The **Toolkit Systematic Literature Review (SLO) Interventions** and the **Toolkit Database Interventions** attached to this report contribute to this.

Recommendations:

- To counter radicalization, it is advisable to focus interventions on multiple elements such as cognitive factors, psychosocial factors, social and educational development, behavioral factors and social factors. Thus, effective interventions focus on multiple factors, of which psychopathology may be a component.
- It is recommended to invest in:
 - Long-term involvement of professionals.
 - Structured family and community engagement (a systems approach).
 - Standardized risk assessments and systematic long-term follow-up.
 - Inclusive, transparent and culturally responsive interventions.
 - Coordinated delivery of interventions by multiple sectors, including mental health, education, law enforcement and community leaders.
 - A holistic (rather than a one-sided) and more trauma- and context-sensitive approach.
 - Leveraging people drawn from the affected community to build trust and achieve lasting, meaningful impact.

- Investing in systematic evaluation research is necessary to build more knowledge about the effectiveness of interventions and disseminate it to professionals in the care, safety, and social domains. See also the attached **Systematic Literature Review (SLO) Interventions Toolkit** and the **Interventions Database Toolkit**.

Opportunities and preconditions for good cooperation and further professionalization between the social, security and care domains in a multidisciplinary approach to radicalization.

How can cooperation between the social-, care- and security domain be further improved in everyday practice? To answer this question, two focus groups and two in-depth interviews were held with 16 participants from the care-, security- and social domain. About the possibilities and preconditions for using existing psychosocial interventions to counter radicalization, the participants confirmed that radicalization is a "wicked problem". Factors at different levels (individual, group, societal) interact with each other in the social context of the individual. Interestingly, ideology plays a less important role compared to psychosocial needs (the need for a positive identity, justice, meaning, or adventure/thrill seeking). Interventions are customized, not only with the radicalizing individual in mind but also in terms of collaboration between chain partners from the care-, security-, and social domain.

Professional experiences are often not systematically evaluated. However, experiences are already widely shared with each other in Care and Safety homes. Being able to share perspectives of different disciplines is important for careful risk assessment. It is, therefore, recommended to continue working on this. So, to continue to share information at the local level between different chain partners. It is also important to focus more on early intervention at the "front", especially with young people. Online radicalization is a point of attention here. The security domain has relatively much "digital expertise" compared to the care domain. Knowledge exchange between these domains in this area is therefore desirable. Knowledge exchange is also important with a view to counteracting the possible diversion of action among professionals. Getting to know each other better is also important. Knowing each other well helps in assessing which care or safety measures should be taken. It also helps in determining how to involve the social context around the individual (or simply to check with each other to what extent this has already been done). A working model to systematically map the perspectives of different domains can be effective in this regard. This is sometimes applied in care and safety houses, but not yet structurally.

Careful risk assessment is critical. Once the "label of radicalization" is placed on an individual, that person may face this for life. Awareness of this risk should be included in the consideration of whether and how to intervene.

Investing in getting to know partners in other domains, and developing a shared language, is important for sharing information. This may also help understand better that some information cannot be shared (think of professional confidentiality). It also pays to carefully coordinate with each other on what information does not need to be shared, or which consultations someone is not absolutely required to join. Finally, there are differences between cities and regions. Especially in the regions, there is often less knowledge and experience available. Continued investment in information sharing at the local level is therefore desirable.

Recommendations:

- When designing interventions, a cooperation between chain partners from the care-, security-, and social domain should be done using a tailored approach.
- Continued efforts should be made to share each other's perspective and exchange knowledge at the local level. In this way, careful risk assessment can be carried out. This also helps to counteract intergroup anxiety among professionals. Here, there must be continuous attention to the question of whether information may be shared (professional confidentiality) and the question of how information may be shared. Using a working model to do this systematically helps.
- Invest more in intervention at the "front end" (prevention), especially with young people. Online radicalization is becoming increasingly important here. It is, therefore, recommended to also invest in more knowledge about this topic and to properly share the available knowledge between domains.