

ASSESSING COUNTERING VIOLENT EXTREMISM (CVE) INITIATIVES ACROSS THE WEST: LESSONS LEARNED

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INTRODUCTION

Countering Violent Extremism (CVE) programs worldwide aim to prevent individuals from engaging in terrorism. However, such programs vary widely in their approaches, which range from public awareness campaigns aimed at educating populations about the risks of violent extremist ideologies to in-person interventions for individuals who have already been radicalized and, in some instances, engaged in terrorist activities.^[64]

By design, individual-level approaches aim to disengage individuals from violent extremist groups by addressing their vulnerabilities through psychosocial interventions. These programs are most often implemented by mental health and social service professionals and can include the provision of aid services related to psychological aid, employment, housing, legal support, healthcare, and education. In complex cases, however, multiple professionals from various disciplines may come together to coordinate the intervention. This multi-disciplinary approach generally helps individuals disengage from violent extremist social networks without necessarily addressing their ideological beliefs. That said, interventions can address violent ideologies when program participants themselves seek to engage in the topic, or when deemed appropriate by the professionals leading the intervention. In these cases, credible mentors, religious experts, and former extremists can assist with the intervention's ideological or theological component.^[65]

CVE interventions employ social work and psychotherapy to resolve psychosocial issues, such as addiction and mental illness. However, the link between this immediate goal of resolving a client's psychosocial issues and the more distal goal of preventing terrorism remains largely unclear. This is partly due to a limited understanding of radicalization and subsequent mobilization to violence, as well as a lack of standardized knowledge regarding the reversal of these processes through disengagement and deradicalization.^[66] To partially fill this gap, and to better understand violent extremist case management, we conducted interviews with CVE professionals working for governmental and non-governmental organizations in four countries: Canada, Italy, Sweden, and the United States. The sample of interviewees included government personnel, lawyers, social workers, psychologists, law enforcement officers, and NGO personnel, as well as former extremist group members now employed by CVE organizations. The interviewees described their experience in managing different types of cases, which addressed *jihadis*, white supremacists, neo-Nazis, anti-government violent extremists, other right-wing violent extremists, and returned foreign fighters (individuals who leave their country of residence to join a non-state armed group in a conflict abroad).^[67] Through a content analysis of the 31 interviews, we

derived four themes regarding the CVE case management process: (1) assessing risks and needs, (2) building rapport and trust, (3) building collaborations, and (4) providing mental health and social welfare services. A description of each theme is provided below.

ASSESSING RISKS AND NEEDS

Most interviewees noted the importance of assessing risks and needs when managing violent extremist cases. However, interviewees also indicated that it is particularly challenging to determine how likely an individual is to commit an act of violent extremism. An American interventionist we interviewed stated, “our greatest challenge here is distinguishing between individuals who are violent and those who are not. It’s hard because we’re trying to distinguish between somebody that is simply talking about something from somebody intending to carry out real violence.” Discussing the nuances of risk assessment, a Swedish interviewee emphasized the importance of understanding the context surrounding the individual, stating that “knowledge of an extremist’s environment is crucial for understanding the problems and assessing the risks and protective factors” for interventions. Similarly, an interviewee from the United States said, “. . . we work to understand the network of people involved and evaluate how dangerous they may be. . . . We look to identify a clear threat of violence, . . . to understand if they are simply viewing violent propaganda or if they are intending to commit an action with tangible dangerous ramifications.” In discussing the important elements to consider during this risk assessment process, another interviewee from Sweden highlighted ideology, criminal history, health status, and the individual’s ability to engage in conversational communication with the social worker.



File Photo from National Conference on Tackling Extremism in Somalia // 2013 // Public Domain.

BUILDING RAPPORT AND TRUST

Interviewees described building trust-based relationships with their clients as another key component of a successful intervention, emphasizing the importance of listening,

rapport, and open communication. Referencing a case involving a young right-wing extremist, a Canadian social worker noted the importance of incremental trust-building. While “the client cannot have control over all aspects of the relationship,” some components of the relationship, “such as the frequency and duration of meetings,” can be ceded to the client’s control to build reciprocal trust. A director of an intervention-based NGO in the United States explained that he prioritizes listening to the client in order to gain the client’s trust. Similarly, an interventionist in Canada noted that listening is “the best way to gain the client’s respect and validation.” He said he tries to “listen and recognize their feelings, and . . . build trust to later deconstruct views that may be dangerous.” Referring to the case of a young man who was preparing to commit an act of violence at a mosque, this interventionist explained that he introduced the client to the same mosque, where the client “ended up befriending the Imam and giving up violence.” The interviewee emphasized that “it was crucial to listen and not judge and, instead, try to understand why the client had such views.”

Discussing a case involving an individual recently released from incarceration, a Swedish interventionist stated that their organization sought to understand the needs of the client and “the challenges that this individual was dealing with inside the prison . . . [as well as] concerns or fears that might exist surrounding release.” Similarly, an interventionist from Canada noted that the rapport established between herself and the client was the foundation of the case’s success. She described how, at the start of the intervention, the client felt that no one was “in his corner,” but began to recognize that the interventionists genuinely sought to support him. In the United States, an NGO-affiliated interventionist observed that “if they feel respected, it changes the dynamic because now you have somebody else on the other side that you can talk to, and they can help try to make sense of things.” In short, strong rapport can “help to overcome the worry and suspicion about the CVE program.”

AVOIDING JUDGMENT

Interviewees from Sweden and Canada discussed the importance of having conversations about clients’ actions without expressing judgment or shame, in order to create relationships based on open communication and accountability. Establishing environments in which clients feel comfortable and respected enables them to candidly discuss their past and take responsibility for their engagement in violent extremism. Discussing this subject, a social services worker in Sweden remarked that the client “need[s] to be able to feel like they can just talk about what’s on their mind and have an honest conversation.” Likewise, a Canadian therapist highlighted the importance of creating a space “where [clients] can honestly talk about their involvement in the extremist movement, without downplaying or aggrandizing their experience . . . [and turn] their negative activities and

experiences into something positive.” Another interviewee explained that, to be held accountable, clients must express doubts about their past and take ownership of their actions. Further supporting this viewpoint, a social worker and senior interventionist in Canada reported that clients begin working toward accountability when they acknowledge that “changing certain aspects of their lives might be beneficial to them.”

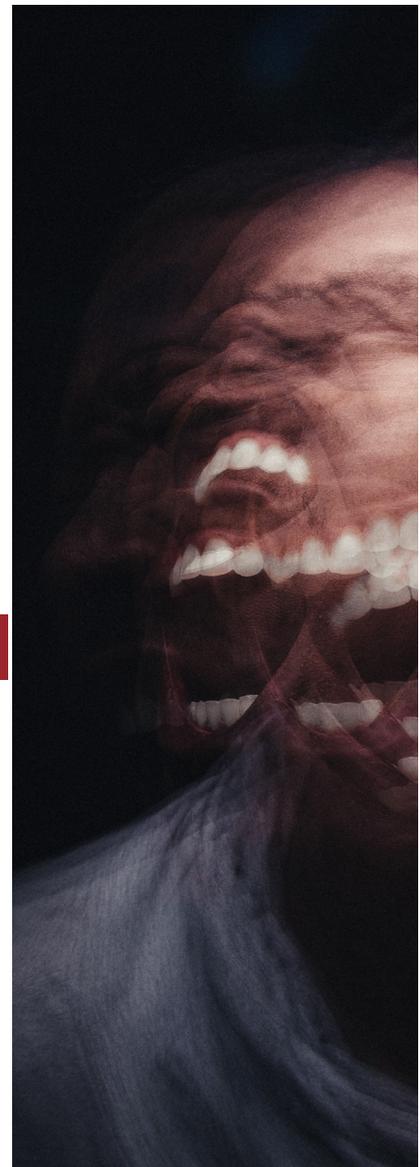
BUILDING COLLABORATIONS

Many interviewees discussed the importance of establishing collaborative relationships with other professionals and organizations, as well as with the client’s personal network of family and friends. One U.S.-based interviewee stressed the importance of interagency collaboration, noting that it is a valuable tool for establishing the information-sharing capabilities that are critical for CVE interventions.

COLLABORATING WITH LAW ENFORCEMENT OFFICERS

Some interviewees discussed how they incorporated collaboration with local law enforcement into their case management process, especially when their clients were at high risk of committing violence. A clinical social worker in the United States remarked that “there is a great relationship between our team and law enforcement — it’s like osmosis, we learn from each other,” and an American clinical psychologist noted that “it’s great to have this partnership with police where we’re both respected and heard.” However, other interviewees maintained a more cautious approach toward law enforcement collaboration, with one Canadian interviewee stressing that they only involve law enforcement agencies when the client is engaged in criminal activity.

While many interviewees reported active collaboration with law enforcement agencies, some encountered challenges in this area. One interviewee commented that in some situations, local law enforcement was



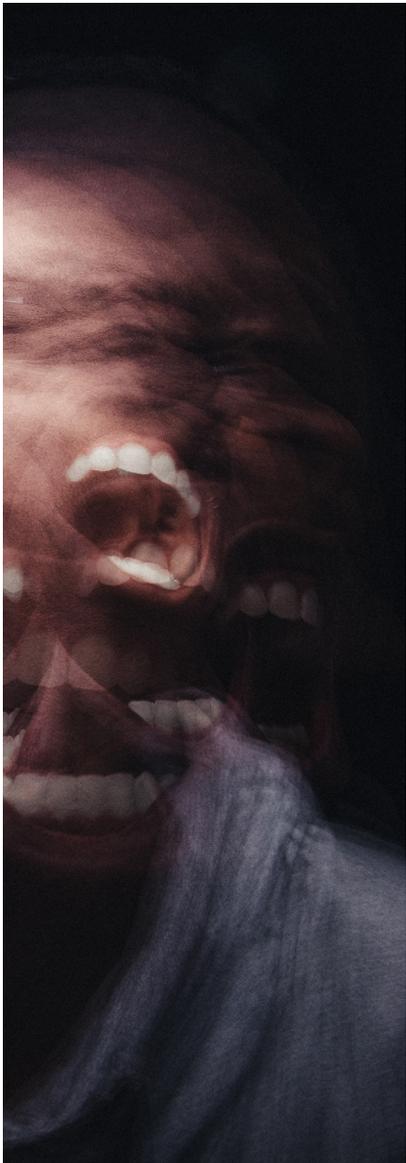


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reluctant to “think outside the box” or consider alternative solutions to incarceration. Interviewees also reported that law enforcement officers often overestimated the threat posed by clients. They explained that this tendency can give some clients the impression that law enforcement officers are simply waiting for them to fail.

COLLABORATING WITH MENTAL HEALTH PROFESSIONALS

Mental health professionals such as social workers, therapists, psychological counselors, and certified psychologists were frequently cited as important members of multidisciplinary case management teams, providing both individual and group therapy for clients. A case manager in the United States noted that mental health professionals can coach clients, helping them reconsider their choices, including their involvement

in extremist activity. The involvement of mental health experts was seen to make CVE approaches more holistic, thereby reducing the likelihood of escalation. Speaking on the utility of mental health practitioners in crisis situations, one interviewee noted that they are generally able to deescalate verbally “without a need to arrest the individual.”

COLLABORATING WITH FAMILY MEMBERS AND FRIENDS

Interviewees highlighted the need to collaborate with an individual’s support network — family, friends, school officials, and community and religious leaders. Some interviewees noted that these external support systems were crucial for convincing clients to participate in intervention programming. Additionally, interviewees noted that incorporating family members into the case management process made the client more likely to speak candidly. Family members can also reinforce reintegration efforts at home. Asserting that “peace starts at home,” one social worker in Sweden underscored the importance of involving parents: by “arm[ing] parents with knowledge of the situation around

them” regarding “gangs, extremism, drugs, or other forms of destructive behavior,” they will become better equipped to confront these challenges if, and when, their children face them.

While family members can be beneficial partners in the fight against radicalization, some interviewees acknowledged challenges in engaging with clients’ families. One Swedish social worker noted that “parents often defend their children, even if they themselves don’t believe in extremist views,” alluding to the denial parents experience sometimes when their children are involved in violent extremism. Cultural and language barriers can further complicate parental involvement, with one caseworker in Sweden stating that “parents sometimes don’t have the basic knowledge of the societal structure in this part of Europe,” and may thus be suspicious or fearful of government organizations. This interviewee contended that parents sometimes lie to defend their children “simply because they’re afraid and lack knowledge of the [protective] systems in this country.” However, the interviewee also noted that parents may become more productively engaged if provided with knowledge of these systems. A different interviewee described a more extreme example of this dynamic, in which the family of the client also supported the extremist ideology in question, making their inclusion in the reintegration effort substantially more complex.

COLLABORATING WITH COMMUNITY LEADERS

Interviewees discussed the importance of collaborating with community leaders, religious leaders, and school administrators, especially in cases involving minors. These individuals can assist in the management of cases by protecting the returning fighters’ families from becoming socially stigmatized within their communities. According to several interviewees, schools can serve as a supportive space for long-term programming; one interviewee noted that schools can allow for “the provision of discussions, conversations, mentorship, and leisure activities” that are ultimately beneficial for intervention efforts. However, this viewpoint was not held by all interviewees. Some of those interviewed noted that schools often prefer to avoid intervening in CVE-related situations and can even act in ways that are counterproductive to the intervention. Describing a case in the United States, a social worker recalled that “school counselors were defensive and not very open about what was happening,” and that the school’s underestimation of risk and general lack of involvement “made it difficult for us to work together.”

COLLABORATING WITH NONGOVERNMENTAL ORGANIZATIONS

Interviewees reported that nongovernmental organizations engaged in CVE can assist in a variety of ways. NGOs provide unique support and guidance to social workers, law enforcement, and other professionals handling cases;

initiate relationships with clients and their families; and collaborate with government officials to provide subject-matter expertise as needed. However, NGOs often struggle with limited funding. One Swedish interviewee explained that small organizations attempt to overcome this issue by collaborating and pooling their limited resources with other similarly under-resourced groups to better support their clients. Also of note, NGOs that had received government funding encountered unique challenges with client management, as some clients feared that the government funders would require organizations to share information about their cases.

PROVIDING MENTAL HEALTH AND SOCIAL WELFARE SERVICES

While interviewees in most countries emphasized the importance of mental health support in the crisis intervention process, some in Canada and the United States found it difficult to convince clients to use mental health services. Various social and political factors fueled their apprehensions. One interviewee found that clients were concerned that attending therapy would damage their “street cred.” Another explained that white supremacist clients viewed social workers and mental health professionals as “too liberal” and therefore untrustworthy. Illustrating the necessity of mental health services, an interventionist described a case in which a client diagnosed with histrionic and borderline personality disorders refused mental health treatment; consequently, the intervention could not continue safely. This trend of refusing treatment may result from perceived stigma or a lack of awareness of the need for mental health support.

A social worker in Canada said that they believed group therapy or peer support group programs would benefit their clients, citing reports that many clients feel isolated after disengaging from violent extremist networks. Interviewees discussed how mental health issues hinder interventions and how various logistical barriers prevent interviewees from connecting clients with mental health services. Interviewees described various ways of providing mental health services; some programs maintain in-house mental health professionals, while others use contract workers. However, privacy concerns prevent correctional institutions from informing family members about the mental health concerns of an inmate. One interviewee described how mental health issues contributed to a client’s inability to seek out CVE programs. A case manager working for an NGO explained that finding therapists willing to work with extremists is a major challenge in providing mental health support; it can be difficult to overcome “the hurdles of discrimination and biased views from practitioners, who have pre-judgment of certain groups associated with terrorism, extremism, and hate groups.”

However, family therapy and individual therapy for clients’ family members can facilitate clients’ disengagement from extremism. As a youth worker detailed, relationships and communication between individuals and family members

can improve when parents enhance their own mental health and parenting methods. This interviewee suggested that improving parental relationships can, in some cases, contribute to the disengagement process. Another interviewee described a case in which the client and their family members initially began attending therapy sessions separately, but later participated in joint-caregiver therapy sessions as treatment progressed. The parents’ therapy sessions focused on reducing parent-child conflict, improving parenting strategies, and establishing electronics-use boundaries for the client in the family home to reduce exposure to extremist groups online. After five months of individual therapy, the client joined his parents in family therapy while continuing to work with the interventionist.

Across interviews, interventionists identified programs related to job training, access to and support for education, and housing assistance as some of the most important resources they use during their CVE interventions. Interviewees also highlighted several other useful programs and services, such as addiction treatment, government financial assistance, religious counseling, and tattoo removal services.

DISCUSSION

The CVE interventions described by the interviewees are based on multi-disciplinary approaches anchored in health and social services. As such, the core tenets of these interventions are similar to other types of psychosocial interventions, such as gang disengagement, domestic violence prevention, and suicide prevention. The CVE practitioners interviewed discussed the goals of interventions and strategies they believe are important to reduce the likelihood that the individual will engage in an act of violent extremism. Many of these goals go beyond what can be achieved by a single organization. They depend on the client’s access to a whole system of services and tools that the interventionist can use to assess and mitigate the situation. For example, at the start of an intervention, it is important to determine the risk posed by the client to himself and others, but this task is made difficult by limited research on the validity and reliability of risk assessment tools for violent extremists. According to the professionals we interviewed, establishing rapport and communication between the interventionist and client lies at the core of building reciprocal trust and accountability. In some cases, former extremists, now themselves working in CVE, are engaged in this process. “Formers” can sometimes more easily develop trusting relationship with individuals engaged with extremism; extremists may perceive these “formers” as more capable of understanding their views and reasons for engaging in violent extremism. When possible, family members, friends, and community leaders can be engaged in the intervention as well, providing a support network critical to managing the situation. Describing

external services useful for case management, interviewees emphasized the key importance of mental health support. They also cited the integration of social welfare support and job training as particularly important elements of the reintegration process.

That said, the case management process for individuals engaged in violent extremism can be uniquely challenging. The literature reports that social workers, for example, are noticing an extra dimension of responsibility when managing these cases.^[68] Many have also expressed concern over the stigma sometimes associated with CVE programs and participants, which deters some individuals from seeking help and creates an additional burden for existing program participants. Violent ideologies within CVE set it apart from other types of interventions. Intervention providers often find the intricacies of these ideologies particularly daunting.^[69] They may struggle to correctly identify different levels of radicalization without letting misconceptions — including biases about race and gender — influence their assessments. This leads some practitioners to doubt their professional instincts and question the degree of their client's relationship with violent extremist ideologies and the propensity for acting upon them.^[70] Practitioners worry about their biases driving them toward overreaction, believing that an individual may be at risk of committing an act of violence when he/she is not.^[71] Additionally, the availability of clinically trained

social workers and psychologists with knowledge of violent extremist ideologies is quite limited. Finding practitioners with the cultural competence and requisite knowledge of extremist ideologies remains a challenge.

Interventions aimed at preventing violent extremism are complex and involve more elements than those discussed in this article. Effective terrorism prevention requires that governments and their citizens be willing to invest in rehabilitation initiatives for violent extremists. Developing competent professionals and enabling them to implement meaningful interventions requires significant investments. The return on this investment is evident. Disengaging and rehabilitating violent extremists curtails terrorist activity, but the merits of this strategy extend beyond this goal. By addressing these individuals' vulnerabilities — such as past trauma and ideological grievances — through voluntary programs, democracies may simultaneously counter terrorism while avoiding further societal polarization and upholding democratic values.

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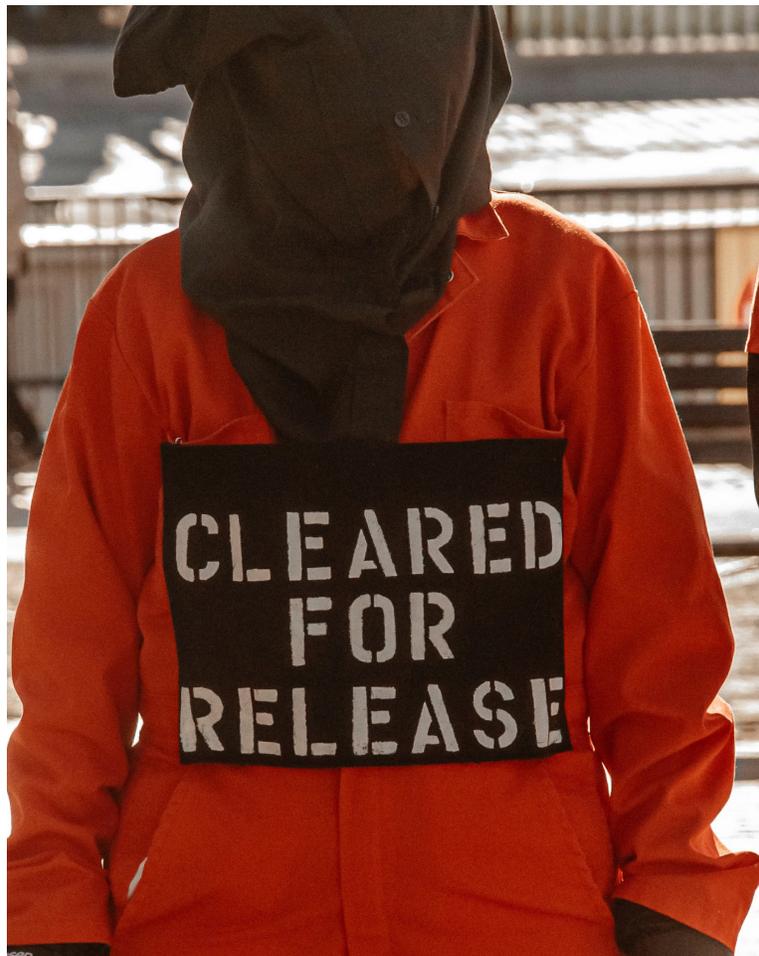


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