#### **Before Radicalization**

#### Follow-up to the study of behavioral problems and disorders in radicals in police files

Conference

#### Law Enforcement and Public Health

Session: Shifting paradigms in approaches on Radicalisation

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## **This presentation**

- Overview of the research
- Sample and methodology
- Preliminary results
- Discussion

## Disclaimer

#### Findings are very preliminary

- Views/conclusions expressed are mine and not necessarily those of the National Police of the Netherlands
- In a new paper more definite outcomes will be presented

# Studying the backgrounds of radicals – why?

- Police have an obvious need to know their customers
- Questioning the consensus in terrorism studies that MH is not much of an issue in terrorism. In a paper I tried to challenge this, and also discussed troubled backgrounds and behavioral problems.
- Recent similar findings: Simi (2015 & 2016) on right wing violent extremism; Van San (2015) on converts
- Recent attacks: seem to confirm the relevance of MH issues, but the focus of my research was more on radicals and not on terrorists per se.

# Focus on the individual

- Number of travelers relatively speaking not extremely high, compared to number of criminals. Number of actual attackers even much lower. Still, LE has to deal with hundreds of cases.
- Networks and groups important but a focus on the individual is essential to understanding who is vulnerable for group pressure, and who might eventually commit an attack.
- For Law Enforcement the ultimate question is:

How to identify, among hundreds of radicals, the potentially dangerous ones?

## Phase 2

Three things need to be done:

- Refine the approach
- Analyse new cases
- Find a way to compare large numbers of radicals that helps to identify the relatively dangerous / Lone Actors. Proposal:

All other things being equal, when an extremist combines the extremist ideology with a propensity for violence (a record of violent crime) we should be more alarmed than when he or she does not have a violent history (cf dry run data)

Of course, this is not the only 'predictor', but we will have to check it anyway.

After an initial selection, risk assesments will have to be done by specialists.

## **Central Questions**

To what extent do jihadi's in Dutch police files have a history of problem behavior and mental health problems?

Additional question in phase 2: On which individuals is an in depth risk assessment needed?

Explorative-descriptive

## Sample

## Phase 1:

- Travelers to Syria, Sample 1 (S1), n=140, February 2014
- Explorative-descriptive research in police files
- Perspectives on Terrorism 9/2 (April2015)
- 2015: unfinished work on a second sample S2 (n=321)

# New sample and methodology

- N = 347 (children not included); for now, focus on effective travelers (n=226)
- Phase 1: assigning radicals to either of three categories (A no problems/social background issues), B (Behavioral problems), C (mental health issues) – Caveat: scoring on each item
- Phase 2 Reworking the categories based on HCR20v3
- Theoretical background:

HCR20-V.3 (historical clinical risk management (violence)) Life course criminology / biosocial criminology 'Adverse Childhood Experiences' (ACE) approach (Baglivio & Epps eo)

## Categories and historical (non-clinical) variables as in HCR20.v3

#### A: Problems in adapting to life's demands

- H.3 Relationships (conflicts in or difficulties with intimate and nonintimate relationships)
- H.4 Work and income (conflicts at work, no work, failing academic achievement)
- H.8 Trauma/victimisation/problematic home sitiuation (cf ACEs; e.g. abuse, minor at time of divorce or death in the family)

## **B: Antisocial behavior**

H.1 Violent behavior (quantitative, qualitative and trajectory)H.2 Other anti-social behavior

## **C: Mental health problems**

H5 Substance abuse H6 Mental illness H7 Personality disorder

## Score

# Scores, three point scale (cf HCR20):

0 = not found

1 = present to some extent / some indication

2 = clearly present

# **Computing scores**

Category A: working on it

- Problem is: many variables relevant (ACE's) looking for a way to make a composite score – though not strictly necessary
- Stong data on background of parents/marriage, less strong on work, education etc (but see: Bakker & De Bont, 2016)

Category B:

- Strong data on crime and violence; score: 0 (<3 crime ants, no violence; 1: 3-5 ants, or less but violence; 2: >5 ants)
- More subjective on other indicators of ASB/lack of self control; not analyzed so far.

Category C:

- Indicators often subjective, sometimes less ambiguous, but score definition (not /to some extent/clearly present) helps
- I do not diagnose
- & As said: risk assessment is work for professionals

## **Data sources**

- A: mainly: Marital status of parents (cf A). Source: GBA.
- B:Crime and violent crime (cf B). Source: BSM/BVI-IB, HKS, JDO
- C: References to mental health problems (cf C).
   Source: BSM/BVI-IB; verdicts
- Open source information (verdicts, media)

If time:

**Comparing non-converts with convert travelers** 

## Limitations

No access to medical files, and no use of standardized psychiatric measurement tools.

Police data incomplete; often not older than 5 years; inconsistent reporting.

No control group: it is not possible to apply a similar procedure to a random sample of citizens

Implication: a lower limit, descriptive / explorative.

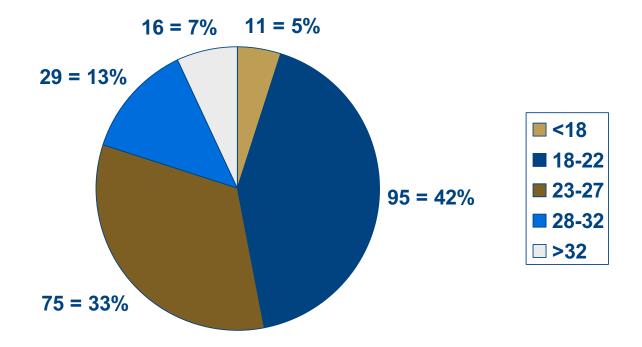
## List status and gender of subjects on S3 (n=347)

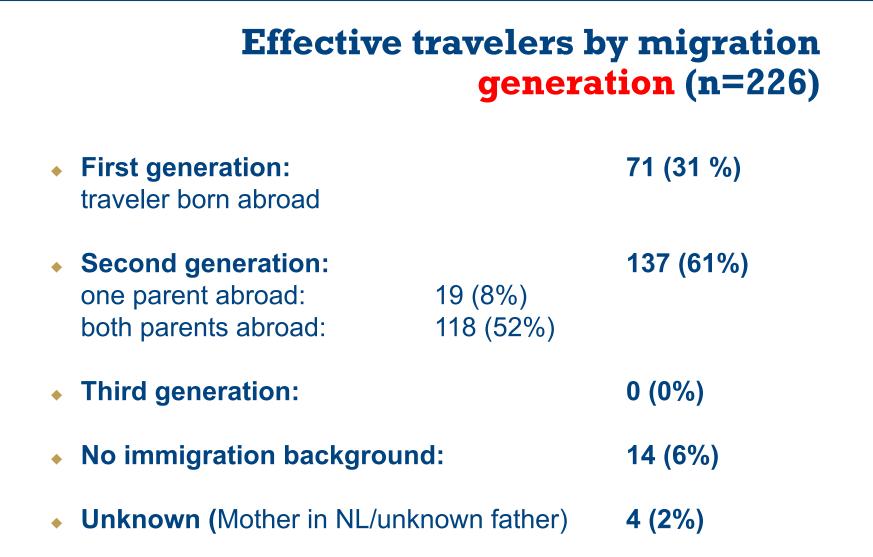
In conflict zone (75 M, 54 F) 129 1. (43 M, 6 F) Returned 49 2. **Presumed dead** (48 M) 48 3. **Failed/attempt** (26M, 13F) 39 4. (47M, 33F) **Potential traveler** 80 5. **Facilitator** 2 (2M) 6. (241M, 106F) **Total** 347

Effective travelers (1-3):

**226** 166 M (73%) 60 F (27%)

## Age at departure (n= 226); average age = 23,8





 In 92% of cases, subjects have an immigration background; the third generation is conspicuously absent

# **Converts**

51 converts on S3 (n=347): 33 Converts among effective traveler (n=226):	15% 15%
List status of the 33 : Returned (6M, 3 F): Dead (M): In conflict zone (6M, 17F):	9 1 23
<ul> <li>Gender</li> <li>Male: <ul> <li>8% of 166 male travelers</li> </ul> </li> <li>Female: <ul> <li>33% of all 60 female travelers</li> </ul> </li> </ul>	13 (39%) 20 (61%)
Age at moment of departure Average: M: 23,5, F: 22,75	23
Immigrant status Both parents born in Netherlands:	14 (42%)

## Something on sample size first

#### Sample n=347

## **Effective travelers**, n=226:

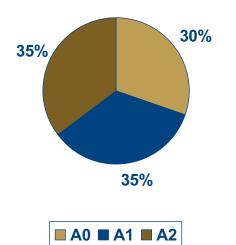
- 193 non-converts
- 33 converts

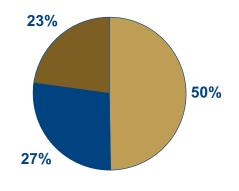
Explored so far, 179 of 226 (79%)

- 146 non-converts
- 33 converts

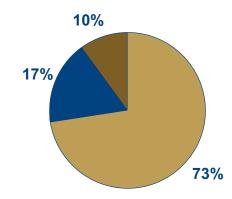
Scores on A and C are very preliminary.

#### **Preliminary scores (n=226)**



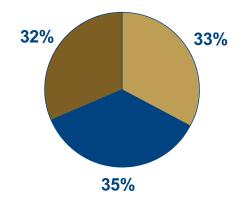


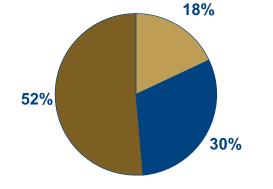




■ C0 ■ C1 ■ C2	
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#### Preliminary scores on A 'Life problems', (n=179) non-converts (left, n=146) & converts (right, n=33)

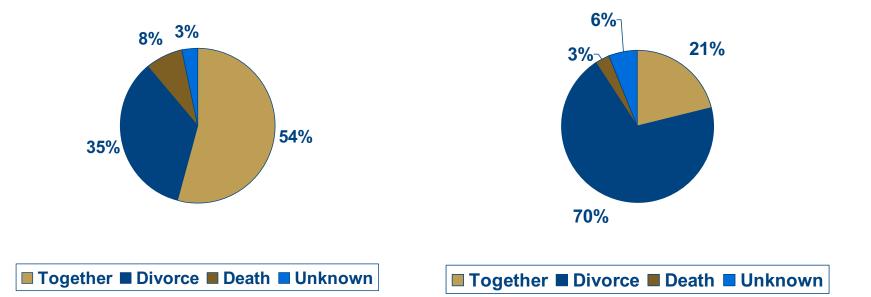




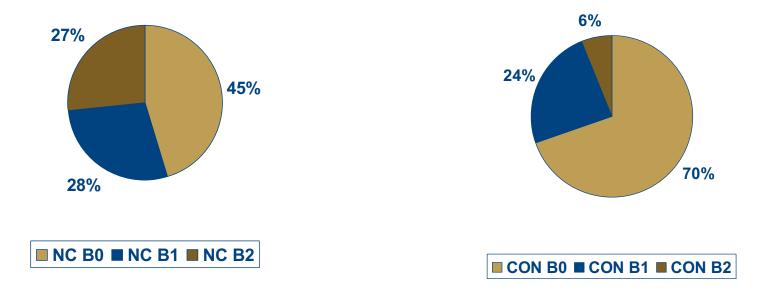




#### Relationship of parents of effective travelers (n=226, 12 brothers/sisters: 214 relationships) non-converts (left, n=193-12=181) & converts (right, n=33)



#### Scores on B, Antisocial behavior (crime), (n=179) non-converts (left, n=146) & converts (right, n=33)



# **Violent crime**

Will be investigated separately: nature, seriousness, trajectory / history etc.

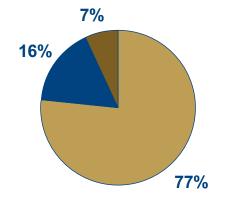
Violence:

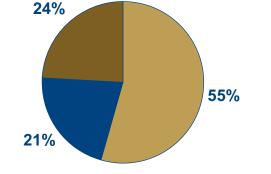
- All travelers (n=226)
   83 (37%)
- Non-converts (n=193):
- Converts (n=33):

74 (38%) 9 (27%)

Non-reported – e.g. domestic - violence not yet included but it should; source: community police officers reports

#### Scores on C, metal health issues (n=179) non-converts (left, n=146) & converts (right, n=33)







■ CON C0 ■ CON C1 ■ Con C2

# **Overall picture**

- Confirms earlier image that life and mental health problems are widespread, and relatively more prevalent among converts (cf. Van San), whereas non-converts tend to be more criminal (60%).
- 17% in C.1 and 10% in C.2 suggest that 27% or one quarter to one third of travelers had some experience with mental health problems
- IS indeed attracts the vulnerable: adolescents (80% <28), with immigrant background (92%), and in some personal crisis.

# Discussion

- Radical behavior was not treated as indicative of a behavioral or MH issue, but is not any fanaticism a form of hysteria?
- A history of violence is the single best predictor of future violence – or not?
- If not, what other variable should be used in a risk assessment tool for prioritising in large samples?

# Discussion

## Kenning:

Do not focus on the causes of radicalisation, they are diverse & complex – but on mechanisms.

Adolescents 'grap the IS-brand' and not the other way round.

IS offers a second chance to 'victims', a justification for revenge and an opportunity to become a hero. Ideology is the excuse.

So far, jihadism is not community based – and we have to keep it that way: a focus on 'counternarratives' is counterproductive - it "pumps value into the IS-brand, as does islamophobia".

# **Thank You**



#### Example - dry run foreign attackers, in open sources (n=18)

Name	Α	В	С	A+B+C	HoV
THOMPSON	1	2	2	5	2
MERAH	2	2	1	5	1
COUTURE-ROULEAU	2	2	1	5	1
NEMMOUCHE	2	2	0	4	2
MONIS	0	2	2	4	2
A. COULIBALY	0	2	2	4	2
SALHI	2	2	0	4	2
MATEEN	1	2	1	4	2
ABDULAZEEZ	1	1	2	4	0
YOUSEF	0	2	1	3	2
ZEHAF-BIBEAU	1	1	1	3	1
ARCHER	1	1	1	3	0
ABDALLA	0	2	1	3	0
BROWN	1	2	0	3	0
NOLEN	0	2	0	2	2
EL-HUSSEIN	0	2	0	2	2
EL-KHAZZANI	1	1	0	2	0
HAIDER	1	0	0	1	0

#### Dry run, cumulative results (n=18) – (to illustrate the model)

- A. Problems in adapting to life's demands
- A0: 7 A1: 7 A2: 4
- B: Antisocial behavior (Crime and History of Violence)

<b>B0:</b>	1	HoV0: 6
B1:	5	HoV1: 3
<b>B2</b> :	12	HoV2: 9

- C: Mental health issues
- C0: 7
- C1: 7 C2: 4

## Migrant backgrounds of effective travelers: country of birth of parents (n=226)

	Father in NL	Father abroad	Father unknown	2
Mother in NL	14	16	2	32
Mother abroad	3	180	5	188
Mother unknown	0	0	6	6
	17	196	13	226

## **Countries of origin of parents (n=226)**

Both parents born in:

- Morocco: 92 (41%)
- The Netherlands: 14 (6%)
- Turkey: 10 (4%)
- Iraq: 6 (3%)
- Afghanistan: 4 (2%)

## **Country of birth of effective travelers** (n=226)

The Netherlands	155	(69%)
Morocco	22	(10%)
Iraq	9	(4%)
Turkey	6	(3%)
Afghanistan	6	
Somalia	6	
Yugoslavia	3	
Syria 3		
Tunisia	3	
Other Europe	4	
Other Asia	3	
Other Latin America	3	
Other Africa	2	

## Five examples of A2 in converts; cf Van San (2016))

Parents divorced when subject was a toddler. Domestic violence from father and several boyfriends. Stepfather with PTSD. Mother divorced from stepfather and seriously ill.

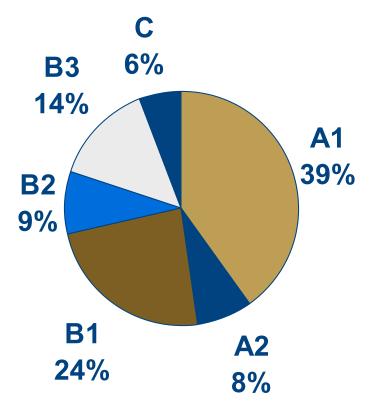
Parents divorced when subject was a child. Father convicted for sexual abuse of children, mother for trade in narcotics. Problem behavior and disorder in sisters.

Parents divorced when subject was a toddler. Domestic violence. Substance abuse.

Father died when subject was a child, living in another European country. Mother went to the NL, child followed years later; mother an alcoholic and divorced from stepfather.

Parents divorced when subject was a child. Father alcoholic, stalker, aggressive.

#### RESULTS Phase 1 Behavioral problems and disorders in S1 (n=140) A = no hit; B = Behavioral problems, C = Disorders



# **Prevalence - check**

- Schizophrenia
   3 subjects: 2%
   Lifetime prevalence in DSM V is 0,3 to 0,7%.
- Psychosis
  - 2 subjects psychotic: 1,4% prevalence in DSM V is 0,21 tot 0,54%.
- Caveat: small numbers