



GGD

Amsterdam

A practical public health perspective from the Amsterdam approach to radicalization

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C6 Shifting paradigms in approach of radicalisation



Overview presentation

Introduction:

- Research on radicalization and psychopathology
- Person-oriented programs on security & public health care in Amsterdam
- Proces of screening
- Results of screening in Top 600 diversion program
- Similarities and dissimilarities Top 600 & Radicalization



Research on radicalization and psychopathology

Criticism on research R & P (Silke, 2002/2008/2014)

- Best research based on secondary data: biographies, newspaper clippings, court reports etc.
- Limited dataset, literature research and reviews & different conclusions, theories and speculation
- No data from researchers with direct access to jihadi's



Research on radicalization and psychopathology

Conclusion: radicalization & psychopathology (Silke, 2002)

- Psychological processes are important
- No proof of a higher prevalence of psychopathology in group of convicted terrorists
- Exception: 'lone wolves'



Research on radicalization and psychopathology

What do we expect from screening in Amsterdam?

- Selection of population:
 - Difference between people convicted for terrorism & youth susceptible to radicalization
- Violent Extremist Risk Assessment (VERA-2) vs HCR-20
- Two relevant studies: Sageman 2004, Bakker 2006
 - 172 % 242 jihadi's, secondary data
 - Social background, individual factors & social circumstances



Person-oriented programs in Amsterdam (security & public health care)

- Juvenile delinquency (Top 600 & Top 400)
- Nuisance, abuse and intimidation approach (treiter-aanpak)
- Multi-problem families (OMPG aanpak)
- Dangerous mentally disordered people
- Radicalization
- Hooligans

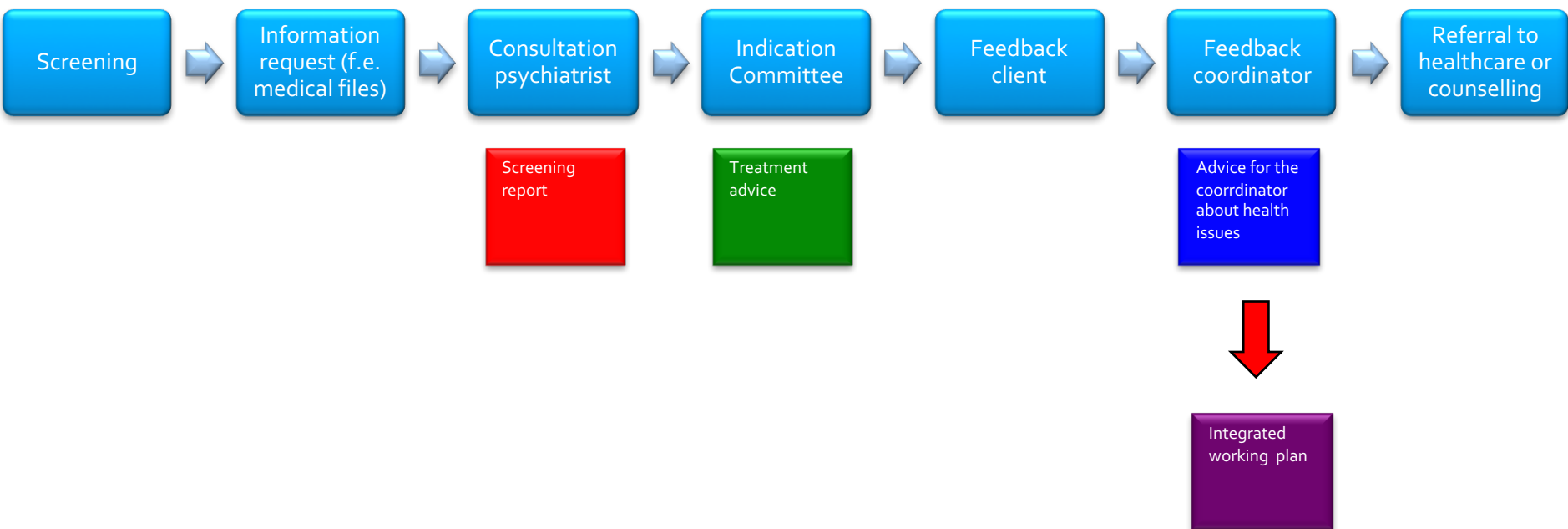


Information about Top 600 in Amsterdam

- Start of project: may 2011
- Diversion program for criminal youth (n=600)
 - Person-orientated, multi track approach
 - Combining criminal prosecution with care and counselling
- GGD screening (september 2016): about 900 clients



Proces of screening GGD





Screening instrument GGD Top 600

- Semi-structured interview with social-psychiatric items
- In cooperation with UMC Utrecht, VU Amsterdam & Einstein College of Medicine New York
- Includes:
 - Self-Sufficiency matrix
 - Screening instrument for intellectual disability (may 2014)
- On indication:
 - Psychiatric testing by psychiatrist
 - IQ test (WAIS-IV or SON-R)



Changes in screening-instrument for the Amsterdam radicalisation approach

- More detailed questions about day-time activities (including social media, music, computergames)
- Factual questions about religion, changes in religious beliefs and practices.
- Opinions about violence
- Questions about identity, self-image, discrimination

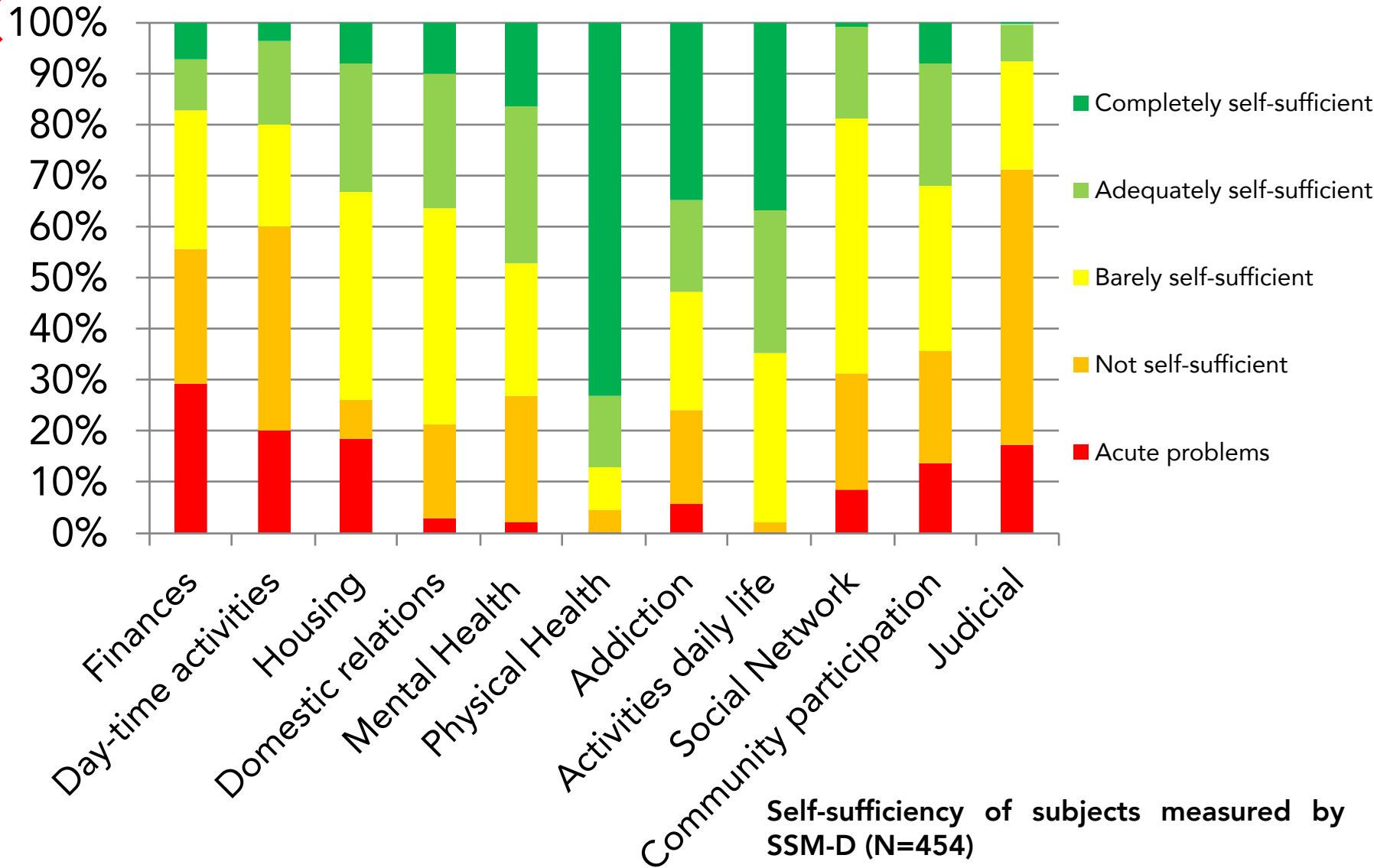


Results of screening Top 600 project

	Classification (DSM)	Lower limit (%) without differential diagnose	Upper limit (%) Including differential diagnose
Axis 1	Addiction: abuse	20,6	30,0
	Addiction: dependence	36,3	39,2
	Addiction: dependence or abuse	47,2	54,6
	Anxiety and mood disorders	6,3	22,2
	ADHD, ADD	7,1	15,0
	Psychotic disorder	3,8	7,6
	Other Axis 1 disorder	9,9	15,4
Axis 2	Personality disorder	11,8	65,5
	Intellectual disability/mental retardation	15,2	52,3



Results of Top 600: Self-Sufficiency Matrix





First results screening: differences with the Top 600 population (trends)

- Higher education level
- More day-time activities (education, (sideline) jobs)
- Less financial problems
- Less judicial problems

- Religion is important, often inconsistent practices (drugs, western music & clothing)
- Questions about identity, goals in life are important
- More reflection on negative behavior in past (dissapointment)



Questions?



Literature

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