

Secondary Countering Violent Extremism (CVE) Interventions: A Rapid Review of the Literature

FULL REPORT

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This report was produced as part of a CREST project to inform the refresh of the CONTEST strategy. The project provides updates to the evidence base behind key CONTEST topics. You can find all the outputs from this project at: www.crestresearch.ac.uk/projects/contest

ABOUT CREST

The Centre for Research and Evidence on Security Threats (CREST) is funded by the UK's Home Office and security and intelligence agencies to identify and produce social science that enhances their understanding of security threats and capacity to counter them. Its funding is administered by the Economic and Social Research Council (ESRC Award ES/V002775/1).

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EXECUTIVE SUMMARY

OVERVIEW

This guide examines the evidence base underpinning countering violent extremism (CVE) interventions working with individuals perceived to be at risk of radicalisation, commonly known as secondary CVE interventions (Elshimi, 2020). The guide seeks to identify relevant lessons for the UK context by reviewing empirical research conducted in the UK, as well as research conducted in other countries in Europe, North America, and Australasia.

METHODOLOGY

This report builds on a previous CREST report that explored contemporary research relating to CVE interventions more broadly (i.e. primary, secondary, and tertiary interventions) (Lewis & Marsden, 2021). The evidence cited in this report draws from that previous research and studies identified through literature searches conducted in June 2022. Searches included forward and backward citation searches of relevant studies cited in our previous report, and of other review articles (e.g., Bellasio et al., 2018; Pistone et al., 2019; Cherney, De Rooy & Eggins, 2021; Hassan et al., 2021a; 2021b), and searches in Google Scholar and PsycNet. In focusing on the most contemporary research, this guide primarily examines literature published between January 2017 and June 2022. Earlier studies are referenced where relevant.

STRENGTH OF EVIDENCE

SECONDARY INTERVENTIONS IN THE UK

There remains a notable evidence gap relating to the use of secondary CVE interventions in the UK. Only six relevant, robust studies were identified: five peer-reviewed studies drawn from three research projects that focused on Channel, and one study that examined the experiences of Prevent police officers. One further study which included interviews with CVE stakeholders in the UK as part of a broader analysis of interventions across Europe was also identified. Whilst these studies provide useful insights from practitioners, robust evidence relating to experiences of individuals supported by interventions in the UK is lacking.

More anecdotal evidence relating to the experiences of intervention clients, as well as practitioners and community organisations working within Prevent, was also identified through the literature searches. Although these sources are referenced in this guide where relevant, they are not discussed in any detail as they are based on anecdotal data/ and or descriptive accounts.

SECONDARY INTERVENTIONS IN OTHER COUNTRIES

Research conducted in other countries has examined interventions using comparable case management models to Channel. The strength of this research varies across different countries. The most robust evidence on case management interventions is found in Australia. Whilst rigorous evaluations of interventions in other countries are lacking, six studies have been published that examine data from evaluations of PRISM and ‘Intervention 1 and 2’ (Cherney & Belton; 2020; 2021a; 2021b; Cherney, 2018; 2020; 2022). These evaluations are notable as they draw on client-level

data, although such data is not presented in every published study.

A small number of studies have explored the development and/or implementation of case management programmes in different countries. This research provides useful insights into processes of intervention design and delivery, as well as some of the key challenges that case management approaches might face. However, it is not possible to comment on the effectiveness of these interventions based on the evidence presented in these studies.

The largest body of research explores individually tailored approaches that are not explicitly defined as case management interventions, but which align with the core principles of case management models. This research provides useful insights into ways of working that are believed to contribute to positive outcomes, particularly those related to building relationships and motivating clients. However, robust impact evaluations of client-oriented interventions are largely absent.

Several relevant interventions that engage families and peer groups when working with clients were also identified. The evidence base underpinning these interventions is not yet robust. However, a small number of relevant interventions have been subject to a preliminary evaluation, and have reported positive results, and are therefore discussed in this guide.

KEY FINDINGS

SECONDARY INTERVENTIONS IN THE UK

Robust empirical research into secondary interventions in the UK – including the UK’s Channel programme – is lacking. Research into Channel identifies useful insights relating to client assessment, and intervention design and delivery, although this evidence cannot yet be considered robust due to the small sample sizes. Key insights include:

- Client assessment is a subjective process. Practitioners have pointed to subjectivity in the process by which individuals are referred to Channel, and in decision-making around whether to adopt an individual as a Channel case.
- Practitioner feedback on using the Vulnerability Assessment Framework (VAF) to inform risk assessment and case adoption decisions is mixed. Gill and Marchment’s (2022) process evaluation suggested that practitioners find the 22 factors contained within the VAF to be useful for assessing risk, and see the use of a standardised risk assessment tool as important for informing their decision-making. However, practitioners argued that the VAF needs to be more user friendly, and suggested a number of improvements – including reviewing and re-sorting the 22 factors; and adding sections to capture summary conclusions, to link risk assessments to management plans, and to record significant changes between assessments. More research is required to understand practitioners’ needs in relation to risk assessment tools.
- Practitioners cite the ability to tailor interventions to the needs of individual clients as a key strength of Channel. Practitioners may use formal (e.g., psychological counselling) and informal (e.g., less structured sessions) methods to support clients, depending on their needs.
- A number of potential challenges have been identified by practitioners. These include questions over the quality assurance when employing intervention providers, and the potential difficulties of maintaining credibility with clients and communities.

It is not yet possible to comment on the effectiveness of Channel. The experiences of individuals supported through Channel are under-researched, and research exploring the individual and community-level impacts of the programme is lacking.

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Secondary Countering Violent Extremism (CVE) Interventions

More research is needed to understand the potential unintended consequences of Channel. Whilst the potential consequences of being incorrectly referred to Channel have been widely discussed, empirical evidence relating to these effects is lacking. Similarly, research has yet to explore whether being supported through Channel produces any unintended consequences.

INDIVIDUALLY TAILORED SECONDARY INTERVENTIONS IN OTHER CONTEXTS

A number of secondary interventions operating in other countries use comparable case management models to Channel. Similarities include tailoring support to the needs of the individual client, and the use of multi-agency approaches.

A range of other interventions tailor their content to individual clients. Whilst not explicitly underpinned by case management models, interventions such as France's CPDSI intervention, alongside a range of approaches in other European countries, are tailored to each client.

The evidence base relating to these secondary interventions is mixed. The research relating to some case management interventions – particularly those operating in Australia – is stronger than for Channel. However, much of the relevant research in other countries suffers from the same limitations as research on UK provision. Key insights include:

- Practitioners elsewhere in Europe align with those in the UK in pointing to the subjectivity of assessing risk. Whilst a variety of risk assessment tools may be used to support these assessments, they are not used consistently within or across countries.
- The adoption rates of most programmes are unclear. Only one identified study cited a specific figure based on a small caseload of 15 referrals.
- Motivating clients to engage with voluntary programmes can be challenging and time-

consuming. There is no conclusive evidence to suggest that secondary programmes benefit from being mandated, whilst practitioners working across different countries have expressed a preference for voluntary approaches.

- Practitioners emphasise the importance of tailoring interventions to individual clients. This may expand beyond simply tailoring the specific forms of support offered, and involve taking the client's own perspective about their circumstances into account.
- Trust between practitioners and their clients is considered a key component of intervention effectiveness. A range of different rapport building techniques may be used to foster these trusting relationships.
- More research is needed to understand how multi-agency working arrangements operate in practice. A key area for future inquiry relates to the potential challenges of collaboration between the police and other sectors.
- The effectiveness of current approaches is unclear. Results from the limited number of evaluations published to date are generally positive, but the evidence base is not yet robust.
- A number of evaluation challenges can be identified. These include a lack of clarity around what success 'looks like'; the fact that intervention goals often vary across individual clients; and the absence of clearly defined theories of change.

SECONDARY INTERVENTIONS WORKING WITH PEERS AND FAMILIES

The evidence base underpinning interventions that formally engage with family members and peer groups is not yet robust. However, positive engagement with family members and peer groups is often identified as a core component of long-term intervention success.

A number of promising approaches to working with and in communities are reflected in the evidence base. Particularly notable approaches include the Tolerance Project, an educational intervention in Sweden, and mediated dialogue approaches that have been trialled in the UK.

Informal peer support has been identified as potentially impactful in the secondary prevention space. Research in Scandinavia in particular has pointed to the positive effects that interventions from peers might have on interrupting radicalisation processes.

RECOMMENDATIONS: LEARNING FROM OTHER CONTEXTS

Case management approaches used in other contexts are directly comparable to Channel. Whilst the effectiveness of most interventions remains unclear, Channel appears to align with some of the good practices (as defined by practitioners) identified in other countries in that it:

- Tailors the support to individual clients;
- Is offered on a voluntary basis; and
- Uses a multi-agency approach.

A range of methods identified in other countries may in turn be transferable to the UK context, although more research is needed to understand the potential applicability of such methods:

- It may be beneficial to integrate socio-ecological models of prevention into current practice in order to support the identification of risk and/or protective factors existing in an individual's broader social environment.
 - a. Socio-ecological models may provide the foundation for identifying community- and family-level sources of resilience that might be utilised to support intervention outcomes.
 - b. These models may in turn provide a foundation for more explicitly integrating engagement with family members and peers into intervention plans.
 - c. Specific approaches that could be used to embed socio-ecological models into interventions might include adapting client assessment tools to better capture risk and protective factors existing at the social and ecological level; adapting case planning tools to ensure that intervention plans consider how best to mitigate risk factors and/or harness protective factors existing at the socio-ecological level; and training practitioners to consider the intersection between different levels of analysis – for example, encouraging practitioners to consider how changes in someone's social ecological context might influence individual-level risk factors; and more formally integrating peer, community and familial engagement into case management plans where relevant.
- Motivational techniques are likely to be important in encouraging individuals to agree to participate in, and engage fully with the support delivered through voluntary interventions. Less formal types of support have the potential to be particularly impactful in this regard.
- Case management approaches in other countries appear to place less emphasis on ideological interventions than in the UK. However, programmes such as France's CPDSI

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intervention illustrate how tackling the underlying, individualised factors that motivate each client's engagement with extremist ideology – as opposed to focusing heavily on challenging the content of their extremist beliefs – may be important.

- Models for facilitating multi-agency working – most notably the Nominal Group Technique (NGT) – could be used to evaluate and inform the processes of multi-agency collaboration that underpin Channel.
- Future evaluations of Channel could potentially learn from evaluations of international case management interventions, most notably Cherney and Belton's (2021a; 2021b) evaluations of PRISM and Interventions 1 and 2 in Australia. The data used to evaluate these interventions – case notes and results from risk assessments – could also be used to evaluate Channel provision.

- Research testing the assumptions underpinning socio-ecological models of prevention.
- Evaluation studies examining the impact of family, community, and peer-led interventions on radicalisation processes.

EVIDENCE GAPS AND DIRECTIONS FOR FUTURE RESEARCH

KEY AREAS OF FUTURE RESEARCH TO ADDRESS IDENTIFIED EVIDENCE GAPS WILL INCLUDE:

- Impact evaluations of existing interventions, including Channel.
- Process evaluations of existing interventions to capture, for example, how risk assessment tools are used in practice; how multi-agency working arrangements operate in practice; and how the impacts of interventions are assessed and captured.
- Research exploring the experiences of individuals supported through secondary interventions, including any unintended consequences of such support, as well as the potential unintended consequences of inappropriate referrals to interventions.

1. INTRODUCTION

In recent years, there has been a rapid increase in the number and type of countering violent extremism (CVE) interventions that are being delivered around the world. The field of CVE is diverse, and includes interventions seeking to prevent individuals from becoming radicalised, as well as programmes working to promote the desistance, disengagement,

and deradicalisation of individuals who are already engaged in violent extremism. These interventions are often categorised using the public health model of primary, secondary and tertiary prevention.

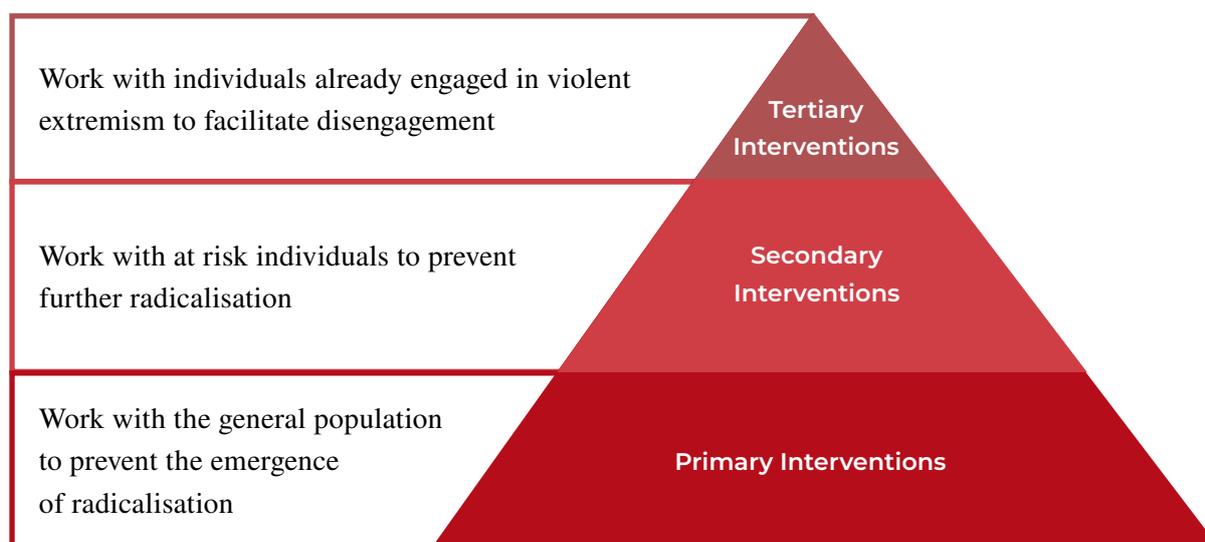


Figure 1: Public Health Model of CVE

As Figure 1 illustrates, primary CVE interventions have the broadest focus, and work with the general population (or specific groups therein, such as school pupils) so as to build ‘individual and communal ‘resilience’ against radicalisation’ (Elshimi, 2020, p. 234). In this way, primary interventions work to pre-emptively tackle radicalisation amongst broader populations. In contrast, secondary and tertiary interventions are more targeted approaches. Secondary interventions work with individuals identified as being ‘at risk’ of radicalisation to ‘prevent the progression of radicalisation and reduce the potential for future radicalisation’ (Elshimi, 2020, p. 235); and tertiary interventions work to facilitate the disengagement – and in some programmes, the deradicalisation – of those who are already engaged in violent extremism.

The evidence base underpinning CVE interventions – particularly more targeted secondary and tertiary

programmes – is not yet robust. Several review articles have pointed to the absence of robust, publicly available evaluations of many interventions, and the challenges that efforts to evaluate these programmes might face (e.g., Pistone et al., 2019; Bellasio et al., 2018). These challenges include practical issues – such as practical, ethical and security challenges in accessing data and in identifying comparison groups; analytical issues – such as the range of individual and contextual factors that might contribute to intervention effectiveness (or lack thereof); or a lack of clear metrics with which to evaluate intervention effectiveness (Lewis, Marsden & Copeland, 2020). However, the evidence base has begun to improve, and a number of empirical studies exploring the implementation and/or effectiveness of tertiary (e.g., Webber et al., 2018; Cherney & Belton, 2020) and secondary (e.g., Weine et al., 2018; Harris-Hogan, 2020) interventions have been published in the past five years.

2. OVERVIEW OF THE REPORT

This guide explores empirical evidence relating to the use and effectiveness of secondary CVE interventions in the UK context. To do so, it draws on relevant academic research published since 2017 conducted in the UK, and in comparable contexts – namely the United States, Canada, Australia, and a range of countries in mainland Europe.¹ The analysis that follows builds on a previous CREST report that explored contemporary research relating to CVE interventions more broadly (i.e. primary, secondary, and tertiary interventions) being delivered in these countries, and in other parts of the world (Lewis & Marsden, 2021).

The evidence cited in this guide draws from our previous research and additional studies identified through literature searches conducted in June 2022. These searches included forward, and backward citation searches of relevant studies cited in our previous report, and of other review articles (e.g., Bellasio et al., 2018; Pistone et al., 2019; Cherney, De Rooy & Eggins, 2021; Hassan et al., 2021a; 2021b); and keyword searches in Google Scholar and PsycNet.

¹ Research relating to the use of secondary CVE interventions in New Zealand would also have been included, but no relevant studies were identified.

3. THE UK CONTEXT

A diverse range of secondary interventions may be used to engage those identified as being at risk of radicalisation. Hassan et al.'s (2021a) international systematic review identified a number of secondary interventions that differed in how at risk individuals are identified; the type(s) of setting in which they are delivered; the specific type(s) of support being offered; and the type(s) of delivery agents used. Similar diversity is also evident in the UK context.

Most obviously, a diverse range of support is delivered through the government's Channel programme, a core part of the Prevent counter-radicalisation strategy (HMG, 2018). Channel is a multi-agency secondary intervention which aims to provide 'support at an early stage to people who are identified as being vulnerable to being drawn into terrorism' (HMG, 2020, p. 7). Channel was first piloted in 2007, before being rolled out nationally in 2012 (HMG, 2020). In 2015, it was put on a statutory footing by the Counter-Terrorism and Security Act (CTSA), which placed a legal duty on local authorities to establish multi-agency 'Channel panels' (HMG, 2020). These panels play a central role in delivering the three elements of Channel: identifying individuals at risk; assessing the nature and extent of any identified risk; and developing appropriate, and individually tailored, packages of support. Channel works by using a 'case management' model that tailors the support offered to the specific needs of each individual client (Cherney, 2022). A review of the case management process that underpins Channel helps to illustrate the diversity of intervention types that can be delivered to clients.

Individuals identified as being potentially at risk of radicalisation can be referred to multi-agency Channel panels by a range of actors, including family members; community members; the police or teachers. All referrals are first subject to a 'police gateway assessment' (PGA) by police officers and specialist staff 'to determine whether there is reasonable cause

to suspect that an individual is vulnerable to being drawn towards any terrorism offences, and therefore appropriate for support through Prevent' (HMG, 2020, p. 20). Individuals who are deemed to be potentially eligible for Channel support after this gateway assessment are then assessed by a Channel case officer using the 'Vulnerability Assessment Framework' (VAF), a specialist risk assessment tool that is organised around 22 indicators of potential vulnerability to radicalisation (HMG, 2020, p. 26). This initial VAF will then be discussed by a local multi-agency Channel panel, which determines whether an individual should be adopted as a Channel case; diverted to other forms of support; or does not require any intervention. When this assessment suggests that an individual requires a Channel intervention, the panel will design a bespoke intervention plan that is tailored to the specific needs of the individual identified through the risk assessment stage, offered on a voluntary basis (HMG, 2020).

The relevant support required to address the needs of each client may 'span several agencies' (HMG, 2020, p. 32), including a range of statutory agencies, as well as specialist Home Office-approved Intervention Providers (IPs). IPs may be tasked with delivering individual treatments as part of an intervention plan that is coordinated, and monitored, by a single Channel Case Officer. These treatment plans encompass a diverse range of treatments including – but not limited to – educational, psychological, and counter-ideological interventions (HMG, 2020).

The individualised intervention plans offered through Channel may span a number of the different forms of secondary prevention identified by Hassan et al. (2021a) in their review. In addition, a diverse range of other secondary interventions funded by local and/or national government have previously been delivered in the UK. Examples include educational interventions such as the part-Home Office funded 'Being Muslim Being British' (BMBB) intervention, which involved

non-governmental actors working with young Muslims who had been exposed to extremist discourse in order to improve their ‘integrative complexity’ (Liht & Savage, 2013), and a range of mentoring programmes delivered by community actors in different local authority areas in England (e.g., Spalek & Davies, 2012; Iacopini et al., 2011).² Taken together, secondary prevention in the UK involves a number of different actors, working

in a diverse range of settings, delivering a package of support to those at risk of radicalisation.

This guide therefore adopts a broad definition of a secondary intervention when identifying relevant research relating to the UK context, and reviews empirical research relating to any intervention that works with individuals who are deemed to be at risk of radicalisation.

4. IDENTIFYING COMPARABLE INTERVENTIONS IN OTHER CONTEXTS

The diversity of UK-based interventions suggests that lessons from a wide range of interventions operating in other countries are likely to be relevant. This guide therefore uses a broad approach when identifying research conducted outside of the UK, and reviews empirical research relating to any intervention working with at risk individuals. Some interventions may span secondary and tertiary prevention, and work with individuals who are already engaged in violent extremism (e.g., those convicted of terrorist offences) as well as those at risk of radicalisation (e.g., Cherney, 2022). Evidence drawn from these interventions will be included, but only when the evidence cited relates to work with at risk individuals.

² Whilst Liht and Savage (2013) frame BMBB as a form of primary prevention, it is included here as it is cited as an example of a secondary intervention in the review by Hassan et al. (2021a).

5. THE EVIDENCE BASE

5.1. THE UK CONTEXT

As noted in previous CREST reports (Lewis & Marsden, 2021; Morrison et al., 2021), there is a notable evidence gap relating to the use of secondary CVE interventions in the UK. Whilst six relevant empirical studies are examined in this guide, only five peer-reviewed studies – drawn from three research projects – were identified that explicitly focused on Channel.³ One further peer-reviewed study examining Prevent policing was identified that offered helpful insights into risk assessment practices in the UK (Dresser, 2019).

These studies provide useful insights from practitioners, particularly in relation to risk assessment processes. However, none of these studies examined the experiences of individuals supported by Channel.⁴ First-hand accounts from those who have taken part in Channel therefore remain under-researched, and the effects (both intended and unintended) that UK-based secondary interventions have on individuals, and on broader communities, is unclear.

More anecdotal evidence relating to the experiences of individuals supported through Prevent (Pilkington & Hussain, 2022), and practitioners (e.g., Evans, 2020) and community organisations (e.g., Weeks, 2019) engaged in CVE work was identified through the literature searches. Although these sources are referenced in this guide where relevant, they are not discussed in any detail as they are based on anecdotal data/ and or descriptive accounts.

Finally, one qualitative study drawing on interviews with 29 CVE stakeholders working in different countries across Europe quotes practitioners from three community organisations in the UK, the Active Change Foundation; St Giles Trust; and Safer London (Puigvert et al., 2020). Whilst relevant to the UK context, aspects of these interviews are discussed with the analysis of interventions operating in other countries given that the insights relating to the UK context were not always separated from the broader analysis presented in this study.

5.2. OTHER CONTEXTS

5.2.1. CASE MANAGEMENT INTERVENTIONS

A number of secondary interventions outside the UK use case management models that are comparable to Channel. Examples include the Pro-Active Integrated Support Model (PRISM) (Cherney & Belton, 2020) and Countering Violent Extremism Early Intervention Program (CVE-EIP) (Harris-Hogan, 2020) in Australia; Community Connect in the United States (Ellis et al., 2020); and FOCUS Toronto and ReDirect in Canada (Thompson & Leroux, 2022).

The most robust evidence on case management interventions is found in Australia. Whilst rigorous evaluations of interventions in other countries are lacking, six studies have been published that examine data from evaluations of PRISM and ‘Intervention 1 and 2’ (Cherney & Belton; 2020; 2021a; 2021b; Cherney, 2018; 2020; 2022). These evaluations are notable as they draw on client-level data, although such data is not presented in every published study.

³ In addition, Gill and Marchment (2022) have published a short article in CREST Security Review which examines how practitioners use the Vulnerability Assessment Framework (VAF).

⁴ Thornton & Bouhana (2019) interviewed ‘former radicals’ as part of research into Channel, but only report on interviews with practitioners. Weeks (2018) interviewed six individuals supported through UK-based interventions, but does provide a detailed analysis of these interviews. Moreover, as these individuals had all been convicted of a terrorist offence, this analysis falls into the tertiary space.

THE EVIDENCE BASE

Secondary Countering Violent Extremism (CVE) Interventions

A small number of studies have explored the development and/or implementation of case management programmes in different countries (e.g., Harris-Hogan, 2020; Thompson & Leroux, 2022)⁵. This research provides useful insights into processes of intervention design and delivery, as well as some of the key challenges that case management approaches might face.

5.2.2. OTHER INDIVIDUALLY TAILORED INTERVENTIONS

Most of the relevant research identified examines individually tailored approaches that are not explicitly defined as case management interventions, but which align with the core principles of case management models. This includes research interviewing practitioners who have discussed using ‘client-oriented approach[es]’ (Haugstvedt, 2019, p. 167) when working with at risk individuals, as well as specific interventions that are tailored to clients in some way.

Individually tailored mentoring appears to be widely used, both as a standalone intervention delivered in several countries (e.g., Christensen, 2019; Costa et al., 2021), and as part of more holistic case management approaches (e.g., Cherney, 2022). However, it is not possible to comment on the effectiveness of mentoring in this context based on the evidence available.

Research interviewing practitioners provides useful insights into ways of working that are believed to contribute to positive outcomes, particularly those related to building relationships and motivating clients (e.g., Haugstvedt, 2019; Raets, 2022). However, robust impact evaluations of client-oriented secondary CVE approaches are largely absent.

5.2.3. SECONDARY INTERVENTIONS WORKING WITH PEERS AND FAMILIES

A number of interventions – including individually tailored interventions such as the CPDSI programme – engage with, and support the social network surrounding clients (e.g., friends, families, and/or communities) to maximise the impact of intervention plans (e.g., Ellis et al., 2020).

Several standalone interventions seek to engage families and peer groups when working with individuals at risk of radicalisation.⁶ The evidence base underpinning these interventions is not yet robust. Haugstvedt’s (2022a) scoping review of ‘family directed services aimed at preventing violent extremism’ identified seven eligible studies, none of which met the inclusion criteria for this report (i.e. published before 2018; more focused on tertiary prevention; and/or not conducted in the countries covered in this report). However, a small number of relevant interventions have been subject to a preliminary evaluation, and have reported positive results, most notably Sweden’s Tolerance Project (Skiple, 2020), an educational intervention that has been used to engage intolerant youth aged 14-16 in Sweden.⁷

5.3. LIMITATIONS OF THE RESEARCH

Whilst the authors consider the evidence base relating to the use of secondary interventions to have improved in recent years, there are a number of important limitations in the evidence base that should be considered when reading this report, most notably:

- Publicly-available evaluations of secondary interventions are almost entirely absent, whilst those evaluations that are available are based on relatively small samples.

5 PRISM is a prison-based intervention for both convicted terrorist offenders and other prisoners deemed to be at risk of radicalisation. Whilst this type of custody-based intervention is delivered in a different context to Channel, research on PRISM provides useful insights relating to case management.

6 For a typology of different family-oriented approaches to P/CVE that spans primary, secondary and tertiary prevention see El-Amraoui & Ducol (2019). Koehler and Ehrt (2018) have also examined the relevance of support groups for families in the tertiary prevention space.

7 In a separate paper, Skiple (2018) examines the motivations that practitioners who implemented the Tolerance Project had for doing so.

- The perspectives of individuals supported through secondary interventions are rarely captured, and more research is needed to understand the effects (whether intended or unintended) that interventions have on individuals, and on broader communities.

Where relevant, the analysis that follows will discuss the specific limitations of individual studies. However, despite these limitations, the overall conclusions presented in this report are based on solid empirical evidence drawn from studies that the authors assessed as being robust.

6. ANALYSIS

6.1. OVERVIEW

The analysis that follows draws on the research described in Section 5 and is organised into three sections. Section 6.2. examines empirical research into the use of secondary interventions in the UK which, as noted above, has primarily focused on Channel. Section 6.3. reviews empirical research which has examined comparable case management interventions operating in other contexts, as well as other types of individually tailored approaches. This research is used to compare and contrast different approaches (and perceived strengths and weaknesses); to identify potentially transferable lessons to the UK context, and to address key evidence gaps identified in the literature relating to Channel. Finally Section 6.4 considers interventions that focus on engaging families, peers and communities either as standalone programmes, or as components of more holistic packages of individually tailored support.

6.2. UK-BASED SECONDARY INTERVENTIONS

This section examines three core themes evident in the limited evidence base relating to Channel: identifying eligible individuals; intervention content and delivery; and assessing impact. This discussion examines key findings relating to each theme in order to provide more insight into how Channel is delivered in practice, and to identify evidence gaps.

6.2.1. IDENTIFYING ELIGIBLE INDIVIDUALS

Channel practitioners point to the subjective nature of the process of making a Channel referral in several studies. For example, Thornton and Bouhana (2019) note, based on interviews with six Channel practitioners, that ‘the threshold for referral was discretionary and differed significantly between local authorities’ (p. 336). To illustrate, they quote one respondent who stated that

Key Findings

- **Client assessment is a subjective process.** Practitioners have pointed to subjectivity in the process by which individuals are referred to Channel, and in decision-making around whether to adopt an individual as a Channel client.
- **Practitioner feedback on using the Vulnerability Assessment Framework (VAF) to inform risk assessment and case adoption decisions is mixed.** More research is required to understand practitioners’ needs in relation to risk assessment tools.
- **Practitioners cite the ability to tailor interventions to the needs of individual clients as a key strength of Channel.** Practitioners may use formal (e.g., psychological counselling) and informal (e.g., less structured sessions) methods to support clients.
- **A number of potential challenges have been identified by practitioners.** These include the quality assurance of intervention providers, and the potential difficulties of maintaining credibility with clients and communities.

another local authority's 'threshold was incredibly low compared to ours' (p. 336). Similarly, Dresser (2019) draws on 21 interviews with Prevent police practitioners and other local practitioners to illustrate how referrals from the police were often rooted in 'gut feelings and instinct' as opposed to any specialist knowledge on radicalisation (p. 339).

Both studies draw attention to the issue of inappropriate or spurious referrals being made to Channel. This speaks to a more fundamental challenge relating to secondary intervention, namely the extent to which it is possible to pre-emptively identify radicalisation risk (Pettinger, 2020a). This issue is not discussed in this report. Whilst concerns about spurious referrals have been discussed widely in the literature (see Lewis & Marsden, 2020), this discussion has predominantly focused on how members of the public identify radicalisation, and not on how Channel practitioners identify eligible individuals.

Decision-making around whether someone is eligible for Channel support has also been described as subjective. Pettinger (2020a; 2020b) specifically examines this question in interviews with 18 'Prevent-related actors', including six Channel mentors.⁸ Similarly to Thornton and Bouhana (2019), Pettinger (2020a) reports that 'many officials pointed to the totally different assessments in each area, noting that what would be referred and accepted by the process in one area would not in another' (p. 977).

This type of subjectivity illustrates the importance of understanding how more structured risk assessment tools which are supposed to help inform decisions over eligibility for support are used in practice. In the UK, the relevant instrument is the Vulnerability Assessment Framework (VAF).⁹

Although research into violent extremist risk assessment tools is growing (Lloyd, 2019), research

specifically focused on the VAF is limited. One exception is a process evaluation conducted by Gill and Marchment (2022) using a practitioner survey (n=181) and semi-structured interviews (n=13). The full process evaluation has not yet been published. The only publicly available data is a two-page summary, which makes it difficult to comment on the scope and strength of the conclusions. Nevertheless, the findings remain useful given the absence of research on this topic. The study notes that whilst practitioners were generally supportive of the VAF, they also suggested improvements:

Most survey participants agreed or strongly agreed that each of the VAF's 22 factors were useful for understanding the overall risk in most cases. However, respondents commonly expressed that the VAF needs to be more user friendly and could be condensed through reviewing and re-sorting risk factors. Respondents requested the inclusion of a summary conclusion section, a management plan section and a section dedicated to noting significant changes between VAF assessments.

(Gill & Marchment, 2022, p. 30)

More research is needed to understand how the VAF is being used in practice, and the different sources of information that are used to determine whether an individual is eligible for Channel.

6.2.2. INTERVENTION CONTENT AND DELIVERY

Channel is a case management intervention that works by tailoring the support offered to the specific needs of each individual client (Cherney, 2022). A number of studies highlight the diverse range of interventions that might be delivered to individual Channel clients. A key theme emerging from Thornton and Bouhana's

⁸ The number of interviews cited in Pettinger's two studies ranged from 17 to 18.

⁹ On this point, it is perhaps notable that one regional Prevent official interviewed by Pettinger (2020b) referred to the Extremism Risk Guidance (ERG) 22+ framework on which the Vulnerability Assessment Framework (VAF) is based as 'a very subjective document' (p. 123).

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(2019) interviews with Channel practitioners was the importance of offering a holistic package of support tailored to the individual client:

The holistic approach to interventions made possible by the panel mechanism was one of the programme’s main strengths according to many of the interviewees. By having representatives of various arms of the local authority on the panel, it was possible to get help for individuals regarding housing, employment or benefits, substance abuse, healthcare and education, as well as any counselling or ideological intervention, all of which could contribute to address radicalization [sic] concerns.

(Thornton & Bouhana, 2019, p. 342)

Whilst practitioners interviewed for this study identified the ‘ability to tailor each intervention package to the specific needs of the individual, rather than employing a one-size-fits-all approach’ as a key strength of Channel, they also noted that theological and ideological interventions were one of the most common types of support offered to clients (Thornton & Bouhana, 2019, p. 342). Whilst some practitioners questioned this focus – with one stating that ‘Channel has an undue focus on theological sort of interventions’ (p. 342), and should concentrate on offering individuals alternatives to religion rather than seeking to change their beliefs – the delivery and effects of this type of intervention are under-researched in the UK.

Pettinger (2020a) draws attention to the point that ‘[t] here are no set rules for how the intervention should function, and so the mentor decides what sessions will look like’ (p. 977). Various approaches were discussed by practitioners interviewed for this study. This ranged from less structured sessions that were ‘spent just

chatting with the individual, trying to understanding their thought patterns, so that mentors can gently probe to help the person become more reflective and critical’ – an approach also adopted by IPs interviewed by Weeks (2018) – through to ‘various forms of social, economic, and psychological support’ (Pettinger, 2020a, p. 977). Providers were given scope to deliver sessions however they saw fit, ‘making decisions on how to construct the interventions, feeding back to the Channel panel to let them know how the case was progressing, and suggesting when a case should be concluded or whether they needed more sessions to be sanctioned’ (Pettinger, 2020a, p. 977).

A range of different providers may be tasked with delivering specific forms of support to individual clients. This includes a diverse range of Home Office approved IPs. Interviews with 23 IPs working across both the secondary and tertiary prevention space found ‘that the United Kingdom uses a wide range of interventionists with a variety of backgrounds’ (Weeks, 2018, p. 529). This includes ‘roughly half’ of the sample of IPs that were former (non-violent or violent) extremists.¹⁰ More broadly, Weeks (2018) notes that the ‘U.K. government typically uses community-based resources as its primary source of interlocutors’ (p. 530) on the basis of their perceived credibility, although the evidence underpinning this observation is not specified. In discussing credibility, Weeks (2018) points to the challenges that IPs face in having to walk a ‘very narrow path to maintain their credibility with those they mentor, the community, and government (p. 531):

If they are not seemingly sympathetic to the issues that those they mentor are angry about, they lose credibility with those they are tasked to help. If they do not remain active in their communities providing any number of services such as counseling [sic] services, after school

¹⁰ The limited evidence base relating to the use of formers in P/CVE was discussed in detail in a previous CREST guide (Lewis & Marsden, 2021) and so is not discussed here. However, it is worth noting that the research published on this topic since 2020 aligns with the conclusions in this guide, with practitioners continuing to disagree about the potential utility of using formers (e.g., Baaken et al., 2020), and the evidence base for their effectiveness remaining limited (e.g., Walsh & Gansewig, 2021).

youth programs, mosque programs, and so on, they lose credibility with the community. If they are too sympathetic to the issues raised by individuals and the community, they risk losing credibility with the government.

(Weeks, 2018, pp. 531-532)¹¹

The role of IPs, and associated issues related to credibility, are also discussed by practitioners interviewed by Pettinger (2020a) and Thornton and Bouhana (2019). Both studies identify concerns relating to the knowledge held by accredited IPs. For example, Thornton and Bouhana (2019) report that one practitioner was ‘scathing in his opinions of [IPs] and of the process by which they became Channel providers’ (p. 341). This same respondent discussed how their local authority sought to ‘utilise what we’ve got’ (p. 341) by drawing on local practitioners to support Channel work in their region.

However, the respondent – who had delivered ideological interventions on behalf of their local authority – expressed frustration that ‘[t]he Home Office would not accept us as intervention providers. They would not accredit us’ (p. 341). Whilst this frustration appeared to be a minority view, Thornton and Bouhana identified broader agreement amongst interviewees who ‘felt that much remained to be done to ensure that all Channel intervention providers could demonstrate genuine expertise, while in other cases the seeming inflexibility of OSCT [Office for Security and Counter-Terrorism] when it came to accrediting in-house, local authority experts was perceived as a weakness’ (p. 341).

Both Pettinger (2020a) and Weeks (2018) interviewed IPs who had been ‘sought out’ (Weeks, 2018, p. 530) by Prevent officials due to their perceived credibility or knowledge. Whilst anecdotal, Pettinger

(2020a) interviewed one mentor who problematised this approach:

Have you ever seen a competency framework for a violence prevention practitioner? Have you seen it? [Me:] “I haven't, no.” Exactly, there should be one! So therefore how do we know the people we’re employing are competent?

(Respondent quoted in Pettinger, 2020a, p. 976)

Although the opinions of one mentor cannot be considered representative of practitioners delivering Channel work, the above quote raises an important point. The effectiveness of Channel, and comparable interventions operating in other countries, largely rests on the capabilities of those who deliver Channel support. Although the current number is unclear, Weeks (2018) noted there were 58 Home Office approved IPs in 2018, and it is possible that competencies differ across the current cohort of IPs.

Whilst it is not possible to comment on the relative effectiveness of IPs, Pettinger (2020a) illustrates how mentors may question the efficacy of their colleagues by pointing to one mentor who ‘challenged another mentor at a joint meeting because they were suggesting a particular Channel case should be concluded’ (p. 977). This mentor reflected:

I assessed that [the other mentor] hasn’t provided sufficient tackling of [the person’s ideas]. So these are cosmetic changes. So in my estimation there’s a problem here, because I would not say “this person is safe”.

(Respondent quoted in Pettinger, 2020a, p. 977)

¹¹ Weeks (2019) explores this issue in more detail in a separate study by discussing the experiences of a community organisation in East London engaged in secondary and tertiary prevention work.

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A key aspect of Channel is that it is voluntary, meaning that individuals must be willing to access the support offered to them. A key evidence gap relates to the methods that practitioners use to motivate clients to engage. Although practitioners interviewed for existing studies have pointed to the importance of developing positive relationships with clients to ensure that they engage in the process, this does not go into depth (Weeks, 2018; Pettinger, 2020a).

Interestingly, one practitioner interviewed by Thornton and Bouhana (2019) discussed how ‘we would do quite a lot of our meetings [with mentees] via the school’ when working with students – when deemed appropriate – because ‘students already expected ‘to do what the school [told] them to do’ (p. 338), thereby increasing the likelihood of the student engaging with the programme. However, crucially there was no indication that these students were forced to participate. Moreover, practitioners interviewed for this study – including those who lamented cases where individuals had refused to engage – were unsure as to whether Channel should be mandatory (Thornton and Bouhana, 2019).

6.2.3. ASSESSING IMPACT

There is a key evidence gap relating to the effectiveness of Channel. Only one study was identified that examined the experiences of an individual who had received support through Channel. Drawing on interviews with 39 members of far-right and Islamist milieus, Pilkington and Hussain (2022) interviewed ‘Jermaine’ who had been referred to Prevent whilst at college:

He had been referred to Prevent through college and had struck up an instant rapport with his mentor, in whom he ‘had a lot of trust’. The mentor had given Jermaine confidence that he could redeploy his skills successfully and, subsequently,

he not only withdrew from activism but started to engage in CVE himself by talking to young people about his own experience, first guided by his Prevent mentor and then later through an NGO focusing on the deployment of ‘formers’ to counter right-wing extremism.

(Pilkington & Hussain, 2022, p. 25)¹²

It is not possible to generalise about the effectiveness of Channel based on individual cases. Indeed, the fact that interventions are tailored to individual clients, and that a variety of different providers might be involved in delivering different treatments, means that the specific outcomes likely to be relevant to assessing the effectiveness of an intervention plan will vary across clients (Cherney, 2022). Moreover, the possibility that different providers might disagree when assessing whether an individual is eligible to leave the programme (Pettinger, 2020a) illustrates how practitioners might assess and manage risk differently. This demonstrates the challenges of objectively evaluating whether an intervention has been effective in individual cases.¹³

There is a similar evidence gap related to the experiences of individuals who are referred to Channel, but who are not adopted as Channel cases. As noted above, concerns related to high numbers of spurious or inappropriate referrals have raised questions relating to what Leona Vaughn (2019) termed ‘well-intentioned harm’ in her PhD research on Channel, where being referred to Channel might have a detrimental impact on the individual. However, robust empirical research examining these effects is notably absent. This reflects a broader evidence gap relating to the unintended consequences of Channel for individuals and communities.

Whilst the potentially detrimental effects of Prevent, and counter-terrorism measures more broadly, have been

¹² This positive account should be considered alongside the more negative experience of a second respondent who reported being ‘disappointed in the minimal contact or support he received from his [Prevent] mentor’ (Pilkington & Hussain, 2022, p. 23)

¹³ Whilst more focused on tertiary prevention, Weeks (2018) similarly points to the challenges of evaluating effectiveness by noting how the IPs in his sample often used different metrics when assessing the effectiveness of their work (e.g., level of engagement) than those used by the government.

widely examined in the academic literature (see Lewis & Marsden, 2020), the unintended effects of Channel have yet to be considered in detail. To date, discussions of this question have been largely anecdotal. For example, one university student interviewed by Abbas et al. (2021) discussed how being wrongly referred to Channel had ‘caused so much confusion that they suffered from paranoia, with a lasting effect on their life’ (p. 11).

Further lessons can be drawn from studies exploring the effects of counter-terrorism measures more broadly. For example, several studies discuss how some individuals who fear being mis-identified as being at risk of radicalisation might adjust their behaviour or ‘self-censor’ to avoid potential suspicion (e.g., Abbas et al., 2021; Younis & Jadhav, 2019).¹⁴ These findings have parallels with research which has pointed to similar responses amongst those who fear being viewed with suspicion in public places (see Lewis & Marsden, 2020). However, more empirical peer-reviewed research that examines the unintended effects of Channel is needed.

6.2.4. CONCLUSIONS: THE USE OF SECONDARY INTERVENTIONS IN THE UK

Research relating to the use of secondary interventions in the United Kingdom is extremely limited. There are particularly important evidence gaps surrounding the experiences of individuals supported through these interventions, and their overall effectiveness. However, existing research has helped to illuminate how the case management model underpinning Channel is being delivered in practice; the range of interventions offered through Channel; and the diverse range of practitioners and providers that are involved in delivering this support to clients. The next section will examine the extent to which case management interventions operating in other countries are delivered in ways that are comparable to Channel, and will discuss how the findings of research relating to these different interventions speak to the evidence gaps relating to Channel identified in this section.

Key Findings

- **Practitioners point to subjectivity in assessing risk.** Whilst risk assessment tools may be used to support these assessments, they are not used consistently within or across countries.
- **Motivating clients to engage with voluntary programmes can be challenging and time-consuming.** There is no conclusive evidence to suggest that secondary programmes benefit from being mandated, whilst practitioners have expressed a preference for voluntary approaches.
- **Practitioners emphasise the importance of tailoring interventions to individual clients.** This may expand beyond simply tailoring the specific forms of support offered, and involve taking the client’s own perspective about their circumstances into account.
- **Trust between practitioners and their clients is identified as key to intervention effectiveness.** A range of rapport-building techniques may be used to foster this trust.
- **More research is needed to understand how multi-agency working arrangements operate in practice.** A key area for future inquiry relates to the potential challenges of collaboration between the police and other sectors.
- **The effectiveness of current approaches is unclear.** Results from the limited number of evaluations identified are generally positive, but the evidence base is not yet robust.

¹⁴ Although, it is worth noting that other studies suggest that this type of self-censorship might not be as pronounced some fear it to be (e.g., Busher et al., 2017).

6.3. CASE MANAGEMENT INTERVENTIONS IN EUROPE, NORTH AMERICA AND AUSTRALASIA

6.3.1. OVERVIEW OF INTERVENTIONS

Case Management Interventions

Case management CVE interventions working with at risk individuals in other countries often identify eligible clients using comparable methods to Channel. For example:

- The sources of referrals to interventions such as Intervention 01 (Australia) and Community Connect (United States) are comparable to the most common sources of Channel referrals listed in Home Office statistics (Cherney, 2022; Ellis et al., 2020), and might include the education sector, community members, or law enforcement.
- However, there are differences across contexts. For example, referrals to PRISM (Australia) – one of the few custody-based interventions examined in this guide – predominantly come from correctional staff (Cherney, 2018).
- International case management interventions use a multi-agency approach to assess individuals. For example, Focus Toronto uses a ‘situation table’ model through which multi-agency partners assess deidentified cases (Thompson & Leroux, 2022).¹⁵
- The different sectors represented at these multi-agency panels used in internationally comparable programmes often align with those present at Channel panels in the UK. For example, Eijkman and Roodnat (2017) discuss how ‘representatives

of the local authority, police, Public Prosecution Service, the Probation Service, youth care services, the child protection board, and youth workers’ are present at ‘multidisciplinary case conference[s]’ that are used to inform ‘person-centred interventions’ delivered at the municipal level in the Netherlands (p. 182).

Case management interventions vary in regard to the different forms of extremism they focus on. Whilst Islamist extremism is the sole (e.g., Eijkman & Roodnat, 2017) or predominant focus (e.g., Ellis et al., 2020) of many interventions, other programmes are oriented towards other forms of extremism such as far-right ideologies (Costa et al., 2021).¹⁶

Most interventions specifically focus on tackling radicalisation. All but two of the interventions identified are CVE-specific. The exceptions are Community Connect in the United States (Ellis et al., 2020); and FOCUS Toronto in Canada (Thompson & Leroux, 2022), which work with individuals at risk of radicalisation, but also engagement in other forms of violence.

Support is tailored to the needs of individual clients in much the same way as Channel. Several studies discuss the process of tailoring intervention plans to individual clients. For example:

- Clients (n=20) supported through Intervention 1 and 2 (in Australia) are offered a range of different treatments tailored to their specific intervention goals (Cherney & Belton, 2021a).¹⁷ The most common forms of support were informal support (n=13); psychological support/ counselling (n=11); and vocational training (n=8).¹⁸

¹⁵ A notable feature of this model is that cases are deidentified before being discussed by multi-agency partners (Thompson & Leroux, 2022). Initial assessments of individuals who were referred to Community Connect (United States) were similarly based on de-identified records (Ellis et al., 2020).

¹⁶ See Jämte & Ellefsen (2020) for a discussion of how public servants in Sweden (n=26) conceptualise the distinctions between far-right, Islamist and far-left forms of extremism.

¹⁷ Cherney (2022) examines this cohort of Intervention 1 clients in a separate study, and has pointed to similar variations in treatment in analyses of PRISM (Cherney, 2018; Cherney & Belton, 2021b).

¹⁸ Cherney and Belton (2021a) conclude that ‘both Intervention 1 and 2 generally focused on one or more of the following areas: 1) education, 2) employment, 3) lifestyle (e.g., sports, hobbies, personal health), 4) psychological support, 5) family support, and 6) informal support. From the data, one can conclude there are some consistent intervention goals, that being the development of pro-social supports and activities (e.g., engagement in sport, work and education) (p. 15). Raets (2022) identifies a similar typology in an analysis of different forms of support delivered through CVE interventions in Belgium.

- Theological support was rarely part of the intervention plans offered to this cohort of intervention clients (n=2), contrasting with findings of research on Channel cited earlier, but aligning with research conducted in Europe which has suggested that counter-ideological work is often not a core focus of individually tailored interventions (e.g., Costa et al., 2021).¹⁹ For example, Raets (2022) reports that several respondents in her analysis of interventions in Belgium had stated that ‘only a minority of case-managed individuals receive religious or ideological counselling’ (p. 236).
- More anecdotally, Ellis et al. (2020) outline the process by which the support offered to two clients of Community Connect was tailored to specific needs of individuals using a socio-ecological model that was used to identify ‘strengths and challenges’ existing at different levels of analysis (e.g., individual, social and environmental factors).²⁰

¹⁹ Costa et al.’s research draws on interviews with 17 practitioners working across 14 European Exit programmes, which appear to be primarily oriented towards tertiary prevention, although this is unclear.

²⁰ Whilst the process of tailoring support is not always made explicit, studies such as Eijkman and Roodnat’s (2017) analysis of local interventions in the Netherlands simply note that ‘Tailoring each response to the particular person and situation is crucial.’ (p. 182).

CASE STUDY

YOUTH JUSTICE NEW SOUTH WALES

Barracosa and March (2022) provide a detailed overview of the case management process adopted by the dedicated Countering Violent Extremism Unit (CVE Unit) in the youth criminal justice system in New South Wales, Australia. This unit works with ‘at-risk and radicalised youth offenders, their families, and multidisciplinary frontline staff’ (p. 4). This paper is notable for its detailed examination of different stages of the case management process.

Early Identification and Referral

The CVE Unit receives referrals from a variety of sources, including frontline staff; government agencies; law enforcement; and non-governmental actors (p. 5). Referrals are first subjected to a screening process, during which the CVE Unit assesses relevant information held by different agencies/ sectors. At this stage, individuals who are assessed as being ineligible for CVE intervention may be signposted to other services.

Where an individual is deemed to be potentially eligible for CVE support, the Unit will provide a ‘case presentation’ to a High Risk Youth Offender Panel which has the ‘sole authority’ for deciding whether the Unit should proceed in engaging the individual on a voluntary basis.

Risk Assessments

Client assessments are conducted by trained CVE practitioners, who again assess a range of file information drawn from different agencies. Assessments might also include in-person clinical interviews, during which a variety of ‘youth-specific psychometric and criminogenic tools’ may be used to ‘explore individual factors such as personality traits and characteristics, cognitive skills and capacities, trauma, anti-social attitudes, violence and delinquency, and protective factors’ (p. 6). These tools are also used to assist practitioners in interpreting the results of assessments conducted

using dedicated violent extremism risk assessment tools. Whilst a range of other tools have been trialled, VERA-2R is the risk assessment tool used.²¹

This process explicitly considers ‘factors related to psychosocial and developmental vulnerability’ when interpreting the indicators of radicalisation risk captured by tools such as VERA-2R (p. 6). Intervention plans are therefore developed to reflect the intersection of these different factors, by ‘formulating risk scenarios and case management plans that cut across individually-specific characteristics, vulnerabilities, and environmental factors’ (p. 7). In this way, the risk assessment and intervention planning stages ‘ensures the process is not reliant upon a single assessment measure or data source.’ (p. 7).

Case Management

CVE Unit clients are offered individually tailored, multi-disciplinary intervention plans that ‘make use of pre-existing resources within and external to Youth Justice NSW’ (p. 7). A key component of this case management approach is leveraging existing resources and services, with the CVE unit supporting ‘pre-existing multidisciplinary practitioners and programs’ to incorporate and address the ‘relevant risks of radicalisation and violent extremism’ in their existing work (p. 7). This support includes monitoring and updating case management plans to respond to changing circumstances, and offering training to providers.

²¹ VERA-2R (the ‘Violent Extremism Risk Assessment Version 2 Revised’) is a dedicated risk assessment tool for assessing risks related to engagement in violent extremism (see Lloyd, 2019). It consists of 45 items (including both risk and protective factors), organised around eight domains, with assessors asked to provide a quantitative rating and qualitative information for each item.

A number of interventions align with strengths-based models of rehabilitation by explicitly working to building strengths that are believed to be relevant to countering radicalisation:²²

- Cherney's (2022) case studies of three Intervention 1 clients pointed to efforts to 'provide alternative pathways and to promote pro-social activities' through a focus on 'strengthening protective factors against re-engagement (i.e. psychological functioning, family stability, pro-social networks, work and education)' (p. 16).²³
- The case notes of all 14 PRISM clients analysed by Cherney and Belton (2021b) referenced intervention goals relating to developing pro-social activities and supports.
- Four of the CVE stakeholders in Belgium interviewed by Raets (total n=50) emphasised the importance of what one respondent had termed 'building up pro-social pillars' through CVE work (Raets, 2022, p. 238).

The sequencing of intervention plans is under-researched. Anecdotal discussions of how different elements of intervention plans might build on each other are presented in case studies provided by Cherney (2022); and Ellis et al. (2020). Similarly, local and national officials (n=10) engaged in local prevention work in the Netherlands emphasised the importance of sequencing and staggering interventions to try and maximise their effectiveness:

[T]he deployment of too many interventions within a short space of time may be counter-productive with all the available ammunition being used up at once. For instance, it may be unwise

to set up a wide range of support measures at once instead of starting off with just one form of support. Doing too much at once leaves no options to be explored, and if the approach fails, there is no path left to pursue.

(Eijkman & Roodnat, 2017, p. 193)

Support is often offered on a voluntary basis. This is true of secondary interventions in community contexts such as Community Connect in the United States (Ellis et al., 2020), as well as interventions delivered in post-conviction contexts for at risk and radicalised offenders in New South Wales, Australia (Cherney, 2018; Barracosa & March, 2022). However, many studies do not explicitly state whether the intervention examined is voluntary or mandatory.

Interventions vary in terms of whether they are led by the police or local authority. For example, Eijkman and Roodnat (2017) report that local 'person-specific interventions' in the Netherlands are coordinated by the municipality, in much the same way as Channel.²⁴ Similarly, the Youth Justice NSW CVE Unit 'does not have a security, intelligence, or law enforcement remit', but 'represents a practitioner-based framework designed to support relevant youth offenders and staff across custodial and community supervision environments in NSW' (Barracosa & March, 2022, p. 4). In contrast, interventions including FOCUS Toronto, ReDirect in Canada (Thompson & Leroux, 2022) and Intervention 1 in Australia (Cherney, 2022) are police-led.

It remains unclear how and whether interventions follow-up with clients post-intervention. The only study that explored this in detail was Costa et al. (2021), who interviewed 17 practitioners working across 14

²² In contrast to more traditional, risk-oriented models of rehabilitation that are primarily oriented towards managing and reducing the risk of recidivism, strengths-based approaches focus on building strengths that are believed to contribute to desistance (see Marsden, 2017).

²³ Whilst this observation is based on a small number of clients, a focus on protective factors was also evident in a broader analysis of the intervention goals of 15 Intervention 1 clients (Cherney, 2022).

²⁴ Another feature of the Dutch approach that is comparable to the UK is the designation of certain municipalities as priority areas based on radicalisation risk (Eijkman & Roodnat, 2017).

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Exit programmes.²⁵ Across the eight programmes that followed up with clients, a variety of different approaches were identified. These included using fixed-term follow-up periods of six and twelve months; ad hoc, periodic follow-up; referring individuals to other organisations upon exit; and more structured handovers to other services.

Other Individually Tailored Interventions

A range of other interventions tailor their content to individual clients. Whilst not explicitly underpinned by formal case management models, interventions in a range of European countries (e.g., Haugstvedt, 2019; Baaken et al., 2020) are tailored to each client. One such intervention is France's CPDSI intervention which is discussed in the box below.

The use of individually tailored approaches is predominantly reflected in how practitioners discuss their work. Practitioners in several countries discuss using such an approach:

- Interviews with social workers engaged in CVE work in Norway (n=17) pointed to a preference for a 'client-oriented approach aimed at identifying and working toward the clients' own goals' (Haugstvedt, 2019, p. 167).
- The majority of Baaken et al.'s (2020) sample of 12 CVE practitioners and experts in Germany agreed that 'counseling [sic] processes can never be fully standardized [sic]' on the basis that 'the design of any promising programs must be based on the individual personality structures and needs of the individual' (p. 11).

CASE STUDY

THE CPDSI INTERVENTION (FRANCE)

The CPDSI intervention (France) used a multi-disciplinary approach when working with clients and their families to tackle the 'anxiety-inducing emotional approach' that underpins jihadist propaganda through psychological, emotional and counter-ideological work (Bouzar, 2017).

This work was tailored to each individual client based on identifying their 'particular personal motivations (helping Syrians, creating a world of justice, defending Islam, etc.)' so as to 'place these motivations in front of the contradictions that radical engagement brings' (p. 611).

Formal risk/ needs assessments were supplemented with other data, including 'interactions on social networks, on their computers, and/or phones, which was made possible thanks to the trusted relationship between the relatives of the young recruit and CPDSI'. This information was in turn used to 'better understand the recruit's sensitivity to propaganda' (p. 601).

Whilst counter-ideological work was a core focus of CPDSI work, Bouzar (2017) emphasises that the intervention focused on tackling broader psychological and emotional factors that contributed to the adoption of extremist ideas:

The anxiety-inducing jihadist discourse has provoked a disaffiliation of the individual by placing them in a substitute community and giving them the illusion of belonging to a protective, sacred, and mythical filiation (which we will refer to as "relational indoctrination"). Working with the parents, we started off by invoking the original bond between them and their child as the principal tool in rebuilding their lives.

(Bouzar, 2017, p. 610)

²⁵ This analysis appears to be primarily based on tertiary interventions. However, the authors reference the use of exit programmes pre-imprisonment, suggesting that some of the insights may be relevant.

6.3.2. ANALYSIS OF EVIDENCE

Identifying Eligible Clients

Research examining the processes by which clients are identified is lacking. Most research on risk assessment in this context focuses on how frontline practitioners identify individuals who they feel should be referred to secondary CVE interventions. In line with UK-based research, studies in countries such as Norway (Haugstvedt, 2019) and the Netherlands (van de Weert & Eijkman, 2019; 2020; 2021a; 2021b) point to much subjectivity in how risk is assessed. These findings are useful, but do not capture how eligibility decisions are made after an initial referral.

Those few studies that have examining how practitioners assess an individual's eligibility for an intervention have pointed to much subjectivity in this process. For example, Raets' (2022) interviews with 50 practitioners and policymakers in Belgium found that 'risk assessment tools tend to be used inconsistently across different sectors' (p. 232). Costa et al. (2021) similarly note, based on interviews with 17 practitioners from 14 exit programmes across Europe that four programmes conducted no formal risk or needs assessment; four used their own methods; and six used a variety of different published tools (e.g., VERA-2R; TRAP-18, etc.).²⁶

Although not specifically related to secondary prevention, a number of findings relevant to the use of risk assessment tools can be drawn from Salman and Gill's (2020) survey of 41 risk and threat assessors, 37 of whom had either used (n=16) or heard of/encountered (n=21) a terrorism risk assessment tool (Salman & Gill, 2020).²⁷ The tools most commonly used or encountered by this sample were VERA (n=23) and TRAP-18 (n=23), and the UK's ERG 22+ (n=10):

- 14 of the 22 participants who had encountered more than one tool did not have a preferred tool. Seven preferred TRAP-18; and one preferred VERA.
- Where preference was stated, the most common reasons were ease of use and availability of the tool (n=4); usefulness of the indicators (n=3); the empirical basis (n=2); and the applicability of a tool to specific contexts (n=2).
- 10 of the 16 participants that had used terrorism risk assessment tools had conducted assessments remotely. Five had done so in person, and one did not respond.
- All 41 participants felt professional training should be a requirement for assessors, and 34 (83%) felt assessors should be required to have previous professional experience.
- The majority of participants felt that assessments should be carried out by two (n=25) or three (n=10) assessors. Only one respondent felt that there should be one assessor.
- The majority of participants (n=24) felt that terrorism risk assessments should be carried out in person, despite the fact that most of those with experiences of conducting such assessments had done so remotely.
- Six participants spontaneously referenced the importance of multi-disciplinary approaches to risk assessment.

Whilst risk assessment is always likely to rest on some level of subjective judgement, some programmes have introduced specific measures to formalise this process. For example, the police unit that coordinates Intervention 1 (Australia) developed new guidelines and processes specifically designed to address the challenge of identifying and assessing

²⁶ Both VERA-2R (the 'Violent Extremism Risk Assessment Version 2 Revised') and TRAP-18 (the 'Terrorist Radicalization Assessment Protocol') are widely used risk assessment tools specifically developed to assess those engaged in or at risk of engaging in violent extremism (see Lloyd, 2019).

²⁷ Whilst this study includes risk assessors from the UK and a range of other countries, it is not possible to distinguish the UK-specific findings from the findings relating to other contexts.

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risk. This included the introduction of ‘eligibility case conference[s] with the referring agency to discuss the appropriateness of the referral and any proposed intervention’ (Cherney, 2022, p. 7). This suggests that approaches that are long-established in the UK context are now being identified as potential solutions to challenges identified during the implementation of newer programmes.

INTERVENTION CONTENT AND DELIVERY

The Benefits and Challenges of Voluntary Interventions

The adoption rates of most programmes are unclear. Only one study (Ellis et al., 2020) cited a specific figure: three of the 15 cases referred to Community Connect (United States) between 2015 and 2017 were declined by intervention staff or the individual/their family. Reasons given for cases being declined included the case being outside of the geographic area of the intervention; the perceived stigma of mental health services; and parents preferring to delay the enrolment of an individual in order to ‘wait and see what happens’ (p. 4).

Several studies discuss challenges in motivating clients to engage with voluntary programmes, although the evidence is often anecdotal. Two potential challenges discussed are difficulties in motivating clients to initially participate in voluntary interventions, as well as difficulties in motivating clients in early interactions with providers. For example, two of the three Intervention 1 case managers interviewed by Cherney (2022) ‘emphasised that it often took some time to build rapport and trust with clients, who were often suspicious of police’ (p. 13).

There is no conclusive evidence to suggest that secondary interventions benefit from being mandated. A recent rapid evidence assessment was unable to find any eligible, robust studies which had examined

the relative effectiveness of mandated versus voluntary secondary and tertiary CVE interventions (Cherney, De Rooy & Eggins, 2021).²⁸ Based on a review of 10 studies examining violence prevention programmes more broadly, the study concluded that ‘the effectiveness of mandating treatment is mixed and inconclusive’ (p. 8)

- Drawing on a review of more theoretical and conceptual studies, this review argues that ‘[t]he consistent theme in this literature is that participation must be voluntary for a CVE intervention to be effective’ (Cherney, De Rooy & Eggins, 2021, p. 6).
- These findings are supported by interviews with practitioners. For example, Costa et al. (2021) note that practitioners ‘indicated their preference for voluntary participation, recognising that a willingness to join the programmes is a prerequisite for the intervention’s success’ (p. 17). This finding is based on interviews with 17 practitioners working across 14 Exit programmes in seven European countries.

Individuals who initially refuse to engage in interventions may ultimately decide to participate, although this is unlikely to be true in all cases of refusal. Whilst specific approaches for overcoming initial refusals are rarely discussed in the literature, a number of observations can be made:

- One prisoner interviewed by Cherney (2020) had initially refused to participate in PRISM when first approached because they considered it to be ‘unnecessary’. However, when the programme was explained to him he saw it as ‘offering an opportunity for self-reflection and a means by which to ensure he did not return to prison’ (p. 27). This would suggest that being provided with more information about the intervention, and of the potential benefits that it might have for them

28 Although, the review is primarily focused on tertiary interventions working with individuals who are already radicalised, which are more commonly mandated than secondary interventions.

as a client, helped to overcome this individual's initial reservations about engaging with PRISM.

- Specific delivery contexts may enable ongoing efforts at engaging clients who initially refuse to participate. For example, Barracosa and March (2022) outline how the post-conviction context enables this process in their discussion of the Youth Justice NSW approach. They discuss how '[a]ttempts are made to re-engage youth offenders that decline consent to participate', with such attempts occurring 'in consultation with staff involved in the young person's supervision after a period of time has elapsed' (p. 6).

Engaging Clients

A number of different approaches might be used to enhance clients' motivation to change once they are enrolled in interventions, including less formal types of support, and the use of specific motivational techniques. Practitioners interviewed by Cherney in Australia (2022) and by Raets in Belgium (2022) emphasised the role of informal support in motivating client change:

- Intervention 1 (n=3) staff used different forms of informal support to motivate client change. This included 'transporting clients to appointments, having regular 'catch-ups', participating with clients in supporting activities and having conversations about day-to-day concerns and future aspirations, financial issues, ideas around employment, current and past associates, and ideological beliefs' (Cherney, 2022, p. 14). Engagement with family members (p. 14) was also seen as key, and included providing financial assistance to support clients accessing psychological support.²⁹

- Raets' (2022) analysis of CVE approaches in Belgium reported that 'informal support represents one of the most common forms of assistance' (p. 238). Similarly to the methods identified by Cherney, support included 'listening to an individual's needs, concerns, hopes and aspirations' and 'helping them with very practical issues' (p. 238).
- Bouzar (2017) discusses how CPDSI staff's exploration of the personal motivations underpinning the clients' extremist views 'displays similarities with the techniques of motivational interviewing, which uses amplification of inconsistencies [in worldview] to accompany change' (p. 611). Motivational interviewing is also discussed in Christensen's (2019) interviews with 15 clients and staff involved with EXIT Sweden; and Raets' (2022) interviews with 50 practitioners and policymakers in Belgium.

Frontline practitioners emphasise the importance of tailoring intervention plans to each client's individual needs. Whilst not always working within formal case management processes, practitioners working in a range of sectors recognise a need to tailor their approach:

- Social workers delivering CVE work in Norway (n=17) emphasised the importance of 'perspective taking' in early interactions with clients through which they attempt to 'understand and identify the client's needs by taking into account the client's perspective' (Haugstvedt, 2019, p. 164). This approach draws attention to the specific needs that underpin the expression of extremist beliefs, not the beliefs themselves.
- Practitioners interviewed for a number of studies also emphasise the importance of empathetic,

²⁹ Cherney (2022) in turn concludes that 'The reason informal support is significant is because while services might be offered and new opportunities afforded to clients to engage in work and education and form new social connections, generating the types of prosocial change essential to disengagement must be embedded in the routines of case-managed clients' (p. 16). A number of older studies have similarly pointed to the importance of informal support mechanisms. For example, EXIT Sweden clients and coaches (n=15) interviewed by Christensen (2015) discussed the importance of informal mechanisms of support. Coaches were found to 'often engage in a range of more mundane activities' with their clients as a mechanism to develop 'shared experiences that help people make some sense of each other, which is the first step in a long process of trust building' (Christensen, 2015, p. 254).

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non-judgemental approaches when working with clients. For example, Ponsot et al. (2018) report ‘an empathic, understanding, and open-minded approach also greatly lends itself to the success of an intervention’s implementation’ (p. 16).³⁰

This conclusion was based on interviews with ‘90 experts and front-line practitioners from 27 countries in North America, Europe, Africa, Asia and Oceania’ (p. 1).

Trust

Trust is identified as a key component of relationships between practitioners and clients. Based on interviews with 17 social workers engaged in CVE work in Norway, Haugstvedt (2019) notes that the development of trust is the ‘structure on which the subsequent methods and approaches come to rely’ (p. 160). He also discusses how respondents ‘apply different strategies in face-to-face meetings in order to establish themselves as trustworthy’ (p. 160).

A common strategy was clarifying their role as a social worker, and the broader purpose of their engagement (i.e. working with other agencies in order to prevent (further) radicalisation). Haugstvedt also draws attention to the importance of less formal support in developing this type of trust, noting how ‘participants also highlighted how they themselves invest their own time in being available’, which might include being ‘willing to invest private hours in getting to know their clients, even after “office hours”’ (p. 162). As one respondent reflected:

[This work] takes a lot of time and it requires flexibility and availability. So when you receive a text message in the evening, at half past 10, then you have to answer it. And it may very well be messages going back and forth that lasts an hour. There may be some things they wonder about, and then, you show that “I am here. I am here for you.” I

think that is the common denominator for all this work. Availability.

(Social worker quoted by Haugstvedt, 2019, p. 162)

Developing a trusting, therapeutic relationship is similarly identified as important in Ponsot et al.’s (2018) earlier-cited interviews with 90 experts and practitioners who suggest:

... the important thing over the course of an intervention is not to address any particular topic, but to create an atmosphere of trust in which participants (in many cases youth) feel comfortable discussing issues and topics of concern to them, without judgment and with respect for one another.

(Ponsot et al., 2018, p. 17)

The above observation aligns with the way a UK-based practitioner working for the St Giles Trust discussed their approach to engaging with clients:

Peter explained that a valuable aspect of their approach when first establishing ties of trust with the youth on the ground is that many of their staff share similar background characteristics with their clients; they are people who might have previous criminal convictions or who might have been involved in gangs themselves. He argues that practitioners need to empathize with the people with whom they work while also providing tools to address the often underlying problems, such as a situation of material deprivation, lack of employment, lack of housing, or others.

(Puigvert et al., 2020, p. 12)

³⁰ This study explored both primary and secondary prevention in tandem.

Empathetic approaches may benefit the practitioner, as well as the client. Haugstvedt and Gunnarsdottir (2021) note, based on interviews with the same sample of 17 social workers engaged in CVE work in Norway discussed in Haugstvedt (2019), that '[e]stablishing mutual connection [with clients] appears to make the social worker capable of remaining emotionally open to dialogue and truthful to the core values of social work' (p. 11).

This study also discusses the challenges associated with this type of approach, noting that 'meetings with clients at risk of (further) radicalisation are emotionally demanding.' (p. 8). It also describes efforts to adopt a non-judgemental approach when discussing ideology – or 'the efforts of acceptance' – and 'worries in the aftermath' about the potential risk posed by their client – particularly when 'taking into account whether to pass on information to police or not' – as two particular sources of 'emotional dissonance' (p. 9).

In a separate study drawing on the same sample, Haugstvedt (2022b) further explores this type of challenge by discussing the importance of providing institutional and social support to social workers engaged in CVE. Two specific forms of support were identified as being crucial: 'the need for acknowledgement from co-workers and managers and the need for professional strengthening' (p. 153).

Community actors might be well-placed to overcome challenges related to trust-building. This point has been explored in several studies conducted in Scandinavia:

- Christensen (2020) discusses how civil society actors might be better placed than state actors to develop trust with at risk individuals, using data from interviews with 'around 50 individuals who have participated in radical and/or violent right- or left-wing groups in Northern Europe' (p. 143). However, she concludes that 'disengagement and deradicalisation initiatives are not a question of either public initiatives or civil actors, but rather a question of which institutions are best positioned to offer which kind of support at what time, in an often prolonged exit process' (p. 153).
- Mattsson (2021) discusses how 'people who already have trustful relations with the youngsters' might be tasked with 'handling short-term conflicts between permanent youth workers and youngsters' (p. 6), based on interviews with 11 youth workers and their three managers engaged in PVE work in Gothenburg.
 - a. These 'lock pickers' – so-named because 'they are able to open all doors' (p. 6) – are not hired permanently, but are 'called in when needed, that is, when situations need to be controlled or information should be obtained' (p. 6).
 - b. Reflecting on the fact that some individuals from the neighbourhood examined in this study are now known to have travelled to Syria and Iraq, Mattsson (2021) concludes 'it is unlikely that there was much the city of Gothenburg could have done in 2013–2015 to prevent young people from radicalizing' (p. 10).
 - c. However, he also suggests that the ad hoc way in which the local authority engaged with 'lock pickers' may have 'impaired their ability to gain access to further information' that might have helped in preventing radicalisation (p. 10). These reflections are somewhat dated, as these interviews were conducted between 2013-2016.³¹ However, this study raises important questions regarding the most appropriate and effective ways to utilise community resources.
- This point is explored in detail in Holdo's (2021) interviews (n=14) with policymakers, practitioners, and local Muslim associations in Sweden. Whilst Holdo notes that civil society

31 Indeed Mattsson notes that three of the 11 lock pickers interviewed had been hired permanently by 2015.

organisations play a key role in delivering CVE interventions, they do not yet play an active role in shaping policy agendas.

- a. Reflecting on the fact that Muslim communities are likely to be disproportionately affected by CVE efforts, Holdo concludes that, ‘from a democratic perspective’, there is likely to be ‘much to gain from giving more significant roles in policymaking and implementation to those most affected by their consequences’ (p. 492).
- b. However, he also cautions against treating these communities as if they have a ‘special responsibility to contribute to preventive work’, and suggests establishing mechanisms by which ‘civil society groups are able to subtle [sic] and indirectly influence policy processes’ (p. 492). To this end, Holdo stresses the need for policymakers to better anticipate how their decisions might impact different communities, arguing that ‘[b]y anticipating concerns and interests of affected groups earlier in the policy process, when the work is planned and organized[sic], they can be influential without directly participating’ (p. 492).

Multi-Agency Working

More research is needed to understand how processes of multi-agency collaboration operate in practice. Whilst multi-agency collaboration is identified as key to programme effectiveness in several studies (e.g., Ellis et al., 2020; Ponsot et al., 2018), empirical research into how such collaborations operate in practice is limited. However, some preliminary lessons can be drawn:

- One of the only studies to examine this issue is Thompson and Leroux’s (2022) evaluation of FOCUS Toronto and ReDirect. Interviews with FOCUS (n=34) and a survey of ReDirect (n=83) staff identified challenges to multi-agency working, with the authors calling for ‘built-in program mechanisms to calibrate program partners’ that can be used to ‘assess the degree of matching between the expertise available in the program, the intended outcomes of the program, and the needs of program participants are required for program success’ (p. 12). The authors highlight that such mechanisms should be embedded in intervention design, and supported by ongoing evaluation:
 - a. At intervention design stage, care should be taken to include all of those program partners likely to be needed to a) support the target population(s); and b) deliver clearly-articulated, intended outcomes. To illustrate, the authors cite the example of an intervention to reduce truancy amongst at risk youth that ‘should be calibrated to include partners from relevant school boards’ (p. 12).
 - b. Evaluation is identified as crucial in supporting ‘an ongoing process of re-articulating program assumptions and intended outcomes’ (p. 12). To illustrate, the authors identify a range of activities that have supported this process, including an evaluation of ReDirect that ‘yielded a re-designed program logic model, which in turn

enabled ReDirect leadership to clearly identify program partners with expertise that aligned with intended program outcomes'; and a 'case review procedure', where the demographics and needs of program participants are reviewed on a semi-regular basis by the case planning team to assess whether additional program partners are needed' (p. 12).

- The challenges of multi-agency collaboration are examined in detail by Raets (2022) in an analysis of secondary and tertiary CVE work in Belgium that draws on interviews with local practitioners and policymakers (n=50). Whilst respondents again emphasised the importance of multi-agency approaches, key issues included concerns about collaborating with intelligence and security sectors (e.g., pressures relating to secrecy; potential stigmatisation of the client based on their perceived association with violent extremism; and issues related to sharing information between partners from different sectors that are likely to have different levels of security clearance).
- Ellis et al. (2020) outline the 'challenge and promise' of multi-agency approaches based on the authors' own experiences of developing and implementing such a delivery model. Identified benefits included the ability to offer multi-disciplinary packages of support to target specific needs. Challenges included resource and capacity issues, and engaging key actors (e.g., mental health providers; community organisations) in a police-led intervention in ways that do not risk undermining trust in these institutions.
- Municipal officers (n=7) and other partners (n=3) involved in multi-disciplinary local prevention work in the Netherlands were broadly satisfied with the cooperation they received from partners (Eijkman & Roodnat, 2017). However, four of the respondents 'sometimes had problems relating to information-sharing' (p. 187) similar to those highlighted by Raets (2022) above.
- Thompson and Leroux (2022) similarly note how their evaluation 'highlighted the need to improve the quality of partnerships at the [multi-agency] tables' that supported the delivery of the FOCUS and ReDirect interventions (p. 12). Key issues identified included a lack of communication between partners; and mistrust and perceived power imbalances between different partners. However, the authors note that stakeholders 'were diligent in addressing issues related to communication, trust and perceived power imbalances' (p. 13) as soon as these preliminary findings were communicated to them by the evaluators through 'feedback loops' that had been integrated into the evaluation design to provide actional learning to stakeholders. An example of such a feedback loop was a facilitated workshop with stakeholders from the ReDirect intervention.
- An innovative approach for fostering multi-agency cooperation is described by Piltch-Loeb et al. (2021). They discuss the use of The Nominal Group Technique (NGT) with practitioners in the United States, Northern Macedonia, and Sweden (see box on the next page).

FOSTERING MULTI-AGENCY COLLABORATION USING THE NGT

Piltch-Loeb et al. (2021) used the Nominal Group Technique (NGT) to explore the opportunities and challenges of multi-agency CVE collaboration in the United States, Northern Macedonia, and Sweden.

NGT is ‘a structured meeting that attempts to provide an orderly procedure for obtaining qualitative information from target groups who are most closely associated with the problem area’ (Piltch-Loeb et al., 2021, pp. 112-113).

Separate meetings were held in each country to bring together practitioners in Denver (n=78); Skopje (n=27) and Gothenburg (n=30). Attendees at each meeting were first presented with a fictional scenario in which a father shared concerns about his son’s interest in white supremacy with one of the organisations present, before engaging in brainstorming sessions.

The scenario was designed to ‘encourage thinking among participants as to the challenges their agencies would face if asked to address this case and the functions that a system would need to prevent the escalation of the situation to an act of targeted violence’ (Piltch-Loeb et al., 2021, pp. 118).

The results of these sessions were used to directly shape practice in different ways. In Denver, for example, the results informed plans to build awareness of violent extremism; plans to develop the capacity and capabilities of institutions to respond to violent extremism; the development of training materials; and decisions relating to future funding.

A key question relates to the role of the police within multi-agency programmes, particularly those which are police-led. The evidence relating to police involvement is somewhat mixed:

- Social workers delivering CVE work in Norway (n=17) pointed to challenges in working with police relating to transparency and client confidentiality, and concerns about securitisation. This study also pointed to potential unintended consequences, namely ‘lower levels of trust between prevention workers and their target group and a reduced ability to support at-risk individuals’ (Haugstvedt & Tuastad, 2021, p. 1).
- Police officers (n=12) engaged in CVE work in Norway similarly identified a number of challenges, including financial costs and ‘confidentiality, in terms of both how it could hinder the flow of information between the involved services and clients’ lack of trust in the

health services confidentiality’ (Moum Hellevik et al., 2022, p. 9) as potentially inhibiting collaboration between police and mental health professionals. Patients’ concerns about confidentiality were not only linked to concerns about mental health professionals potentially disclosing information to the police, but also to concerns that gatekeepers to mental health support such as family general practitioners would tell their families if they requested a referral to a mental health professional. However, overall, participants were generally positive about multi-agency working.

- A further challenge identified by participants in this study related to assessing individuals presenting with both mental health issues and signs of potential radicalisation risk. Moum Hellevik et al. (2022) report that ‘several’ of the 12 police officers that they interviewed discussed the challenge of determining ‘whether a person’s

mental state involves a need for treatment, and thus requires health services, or if the person's illegal behaviour is the primary concern, in which case an arrest is necessary' (p. 8).

- This type of challenge further demonstrated the importance of multi-agency approaches, with respondents noting how 'the police and health services often worked in tandem on such cases.' (p. 8). However, as noted above, this type of multi-agency working was not without its challenges.

The challenges of multi-agency working are explored in depth by Sizoo, Doosje and Van Meijel (2022) in their analysis of collaborative work between security and health care professionals in the Netherlands. The results of this study – discussed in more detail in the box below – identified a number of potential challenges:

... [I]ntersectoral collaboration in cases where radicalisation and mental health issues co-occur is hampered by the limited knowledge that professionals in the mental health and security domain have of each other's roles, constraints, and capabilities. In addition, the lack of knowledge in mental health care of radicalisation prevents early detection and promotes avoidance. Likewise, does too little understanding of mental health issues among security domain professionals contribute to a mad-bad dichotomy, which can have a negative effect on collaboration, and effective risk management in counterterrorism.

(Sizoo, Doosje and Van Meijel, 2022, p. 14-15)

COLLABORATION BETWEEN POLICE AND HEALTHCARE PROFESSIONALS

Sizoo, Doosje, and van Meijel (2022) explore the opportunities and challenges for fostering collaboration between security (i.e. those working for the police or public prosecutor's department) and mental health professionals in the Netherlands, drawing on focus groups (n=22 respondents) and interviews (n=29 respondents) with representatives of both sectors.

- Mental health professionals reported that there was too little knowledge about radicalisation in their sector. Security professionals pointed to a lack of knowledge about the relationship between mental health and radicalisation within their sector.
- Differences in privacy rules 'defined the context within which professionals can operate in both domains' (p. 9). Security professionals reflected that 'medical confidentiality is, in their opinion, an obstacle for effective risk management' (p. 9), whilst healthcare professionals argued that 'police officers generally interpret privacy rules too freely' and 'often provide more details than strictly necessary about a person' (p. 9).
- There was some disagreement between the sectors when discussing roles and responsibilities relating to countering radicalisation. For example, mental health professionals were concerned that police are withdrawing from care tasks, whilst police felt that mental health professionals – and not police officers – should be responsible for responding to individuals presenting with 'disturbing behaviour'.³²
- Police felt that mental healthcare professionals neglected their role in preventing radicalisation, and often used medical confidentiality as an excuse for not collaborating.

³² Disturbing behaviour 'refers to any behaviour in the public domain for which the police is called out, regardless of whether it originates from a mental health condition, intoxication, anger, or other non-psychiatric cause' (Sizoo, Doosje, & van Meijel, 2022, p. 15).

- Mental healthcare professionals reported concerns that their ‘patients will be harmed by repressive measures, which will then also have a negative impact on the therapeutic alliance between the mental health care professional and the patient’ (p. 10). However, they also noted that the management teams in mental healthcare institutions might neglect concerns about patients related to potential radicalisation.
- Respondents argued that ‘collaboration can only be effective when participants understand and respect the constraints and capabilities of professionals in the other domain’ (p. 11). Training and awareness-building activities focused on intersectoral collaboration were identified as key for enhancing collaboration in future, with the authors concluding that ‘[i]mprovement of the intersectoral collaboration by a cross-domain familiarisation strengthening trust and mutual understanding, begins with the basic training programs of professionals but must become common practice at all management levels of the mental health care and security domains’ (p. 15).
- The authors argue there is support for ‘collaboration above cooperation or coordination to address the complex problem of radicalisation with mental health concerns’, with collaboration requiring ‘a novel plan of action, in which there is an interdependency between participants based on trust, and a long relational timeframe’ (p. 14)

A number of countries have sought to formalise multi-agency working between mental health professionals and police officers. A prominent example of such an approach is the PSP (Police, Social Services, and Psychiatry) model of multi-agency collaboration in Denmark which, as Knudsen (2021) notes, is somewhat comparable to the Vulnerability Support Hubs (VSHs) that integrate mental health professionals with counter-terrorism police in the UK.

Whilst more formalised agreements of this type could theoretically provide a solid foundation for multi-agency working, the police-led model that underpins the VSH (which is distinct from the PSP and other similar arrangements) has been criticised for blurring the lines between mental health care and counter-terrorism (Aked, 2022; Knudsen, 2021).

More research is needed to understand the effectiveness of this type of working arrangement, and any unintended consequences. However, these concerns are not present in every study. For example, Sizoo et

al. (2022) report ‘none of the participants in the focus groups or interviews mentioned any adverse effects of collaboration for mental health professionals’ (p. 14).

Case workers engaged with FOCUS Toronto and ReDirect (Canada) raised similar concerns about how police participation might undermine trust (Thompson & Leroux, 2022). However, interviewees were generally positive about police involvement. A number of factors were seen as key to overcoming concerns, including ‘sustained exposure to police representatives in a broader context of relationship and trust building’ (p. 14) and the personalities of the specific police officers involved being seen to ‘contribute positively’ to multi-agency working (p. 14).³³

One of the few studies to comment on how multi-agency teams assess and identify risk is van de Weert and Eijkman (2020), who found some scepticism about this process in their interviews with 15 local officials working across 15 municipalities in the Netherlands. They discussed hearing ‘doubts that existed regarding

³³ In addition to the studies mentioned here, Mazerolle et al. (2021) have published a Campbell systematic review examining ‘multiagency programs with police as a partner for reducing radicalisation to violence’. However, the results of this study are not discussed here as the review included studies that covered a much broader range of interventions than those that are the focus of this guide.

the practice of working within a multidisciplinary setting' (p. 501) in seven of the municipalities examined in this study:

Because of this, respondents from these municipalities were critical of themselves and of the assessment process that takes place within the 'weighing team' ... They wondered whether the risk assessment of ideologies was objective. Interestingly, it was particularly these seven respondents who indicated a significant need for reflection on the broad approach in general and the integral approach more specifically.

(van de Weert & Eijkman, 2020, p. 501)

Assessing Impact

The effectiveness of case management interventions remains unclear. The only relevant, publicly available evaluations identified were evaluations of Intervention 1 and 2 and PRISM in Australia. These evaluations used an innovative methodology, in which researchers reviewed case note data collected for individual clients to identify the specific intervention goals set for each client, and mapped progress towards these outcomes over time (Cherney & Belton, 2021a; 2021b; Cherney, 2022). Progress was assessed by reviewing case notes from interactions between the client and an intervention provider, and assessing whether there was any evidence of the client making any positive or negative progress towards a specified outcome between each interaction. This enabled the researchers to map disengagement trajectories using line graphs.

An analysis of case note data from 20 clients of Interventions 1 and 2 found that 'overall, they had some meaningful [positive effect]' (Cherney & Belton, 2021a, p. 16). Whilst the authors point to several limitations of their analysis, most notably the challenges of identifying causation, they conclude that Intervention 1 and 2 'provided direct benefits to clients ... hence helping to facilitate forms of client change, measured here as compliance and engagement in pro-social behaviours' (p. 16).

Importantly, change was found to be non-linear, with positive intervention trajectories marked by periods of stalled progress, and even regression. The authors therefore argue stalled progress should not be taken as conclusive evidence that an intervention is not working for that client.

In a separate analysis of the same cohort of Intervention 1 clients (n=15), Cherney (2022) draws attention to the unfortunate inevitability of interventions failing in some individual cases. However, he argues that individual instances of 'client failure' should not 'spell disaster for a program' (p. 16) without a proper investigation of the case, and the specific causes of failure.

Key factors seen to contribute to intervention success were the length and intensity of treatment (Cherney & Belton, 2021a), whilst key challenges included 'fluctuations in client motivation, sudden declines in mental health, struggles with day-to-day coping, levels of family support especially if a client is young, and family and relationship breakdowns' (Cherney, 2022, p. 16).

The same research team reports similar findings in an evaluation of PRISM that also drew on the case notes of 14 intervention clients, nine of whom were non-terrorist offenders identified as being at risk of radicalisation (Cherney & Belton, 2021b).

Interviews with practitioners and clients for two evaluation studies identified a number of self-reported benefits (Cherney, 2018; 2020). In the largest study, interviews with 12 clients – of whom seven were considered to be at risk of radicalisation – pointed to a range of positive impacts, including improved psychological coping; religious understanding; opportunities for self-reflection; and the development of key life skills for re-entry.

The only other individually tailored secondary intervention that reports quantifiable outcomes is France's CPDSI intervention. Of 809 clients, all of whom had been prevented from travelling to Syria and Iraq, 86 per cent were reported to have disengaged

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from violent extremism, although only 43 per cent were deemed to be deradicalised (Bouzar, 2017).³⁴

Practitioners are often unclear what ‘success’ looks like. Policy makers and practitioners (n=18) involved in Australia’s CVE-EIP disagreed about the programme’s aims and how to evaluate impact. Goals included prevention; increasing local capabilities; and managing risk (Harris-Hogan, 2020). Similar disagreements were noted in a sample of 50 practitioners and policy makers in Belgium (Raets, 2022). Whilst practitioners with FOCUS Toronto (n=34) and ReDirect (n=unstated) struggled to ‘articulate what measurable outcomes they expected’ (Thompson & Leroux, 2022, p. 10). This lack of clarity created ‘barriers to buy-in because they contributed to misinformation and misunderstandings about the program’ (p. 10).

This type of disagreement highlights the importance of a clearly-defined theory of change that links activities to intended outcomes. A key point from Thompson and Leroux’s (2022) evaluation of ReDirect was that ‘the underlying theory of change for the program was non-existent’ (p. 10) as the intervention’s activities were often not aligned with its intended outcomes. For example, whilst an initial intended outcome was ‘decreased violent ideology’, the ‘original ReDirect logic model also did not have program activities aimed at changing ideology’ (p. 10). As noted above, a key aspect of the evaluation was thus to re-conceptualise the theory of change to better link activities to outcomes in ways that were likely to be effective.

The evidence base underpinning the use of mentoring in secondary interventions is not yet robust. A review of 27 studies examining P/CVE mentorship interventions spanning primary, secondary and tertiary prevention reported that no intervention could be categorised as effective, although 12 were deemed ‘potentially effective’ (Winterbotham, 2020).³⁵ Potentially effective interventions were those

identified as producing positive effects in ‘[s]tudies that based conclusions on intermediate outcomes or anecdotal evidence of success’ (p. 52).

The most relevant research cited in Winterbotham’s report relates to the Aarhus Model (Denmark). A quantitative survey of young people in the US (n=322) and Denmark (n=364) provided some empirical support for the Life Psychology Model that underpins this intervention (Ozer & Bertelsen, 2019). This model assumes that an insecure life attachment makes individuals more vulnerable to radicalisation. However, the analysis was limited as it explored the assumptions underpinning this model amongst a non-radicalised sample, and did not attempt to provide specific evidence of intervention effectiveness.

The individually tailored nature of many interventions means that the specific goals set for clients often vary. Intervention goals may vary according to the specific needs of the individual (Cherney and Belton, 2021a), or based on what is deemed feasible based on an individual’s perceived level of risk and/or radicalisation (Eijkman & Roodnat, 2017):

- Cherney and Belton’s (2021a) analysis of goals for 20 clients of Interventions 01 and 02 identified a range of aims, the most common being securing and maintaining employment (n=13) and assessment of/ assistance with mental health needs (n=13).
- National and local officials (n=10) interviewed by Eijkman & Roodnat (2017) emphasised the importance of being able to ‘set realistic goals and to adopt a realistic view of the situation’ (p. 192). The example they cite relates to the challenges of deradicalising an entrenched violent extremist and is therefore more relevant to tertiary prevention. However, this study illustrates that what is considered a realistic goal

³⁴ As the full report is only available in French, it is not possible to comment on the methodology.

³⁵ 23 of the 27 studies included in this review focused on interventions in ‘Western and developed-country contexts’ (Winterbotham, 2020, p. 6). The three most common countries included were the UK (nine studies); Denmark (six studies); and Australia (four studies).

might vary across individuals according to their specific circumstances.

The absence of clearly defined theories of change or logic models makes evaluation challenging. Formative evaluations of several interventions (e.g., Thompson & Leroux, 2022; Weine et al., 2018) emphasise the importance of clearly defined theories of change. However, the only intervention identified through our literature searches with an empirically-supported, clearly defined theory of change is the Aarhus model in Denmark (Ozer & Bertelsen, 2019).

Raets (2022) notes in her analysis of approaches in Belgium that ‘most interventions are loosely based on notions found in the literature, but their activities do not always accurately reflect the mechanism of change implied by these notions’ (p. 246). A related challenge identified by Raets (2022) is a perceived ‘disjuncture between theory and practice’ (p. 234): three respondents expressed a belief that ‘the academic literature on this topic [violent extremism] does not answer the questions that are causing uncertainty for intervention providers’ (p. 234).

Unintended Consequences

A number of studies allude to concerns that have also been identified in the UK context, including the potential for interventions to contribute to the securitisation or stigmatisation of communities, or undermine trust within communities (e.g., Raets et al., 2022; Thompson & Leroux, 2022; Puigvert et al., 2020). However, it is often not possible to distinguish between concerns linked to CVE work more broadly (such as those that relate to policy) and those that are specifically linked to the implementation or experiences of secondary interventions.

6.3.3. CONCLUSIONS

Case management approaches used in other contexts are directly comparable to Channel. Whilst the effectiveness of most interventions remains unclear, Channel appears to align with good practices (as defined by practitioners) identified in other countries in

that it tailors the support offered to individual clients; is offered on a voluntary basis; and uses a multi-agency approach. In turn, there are a number of transferable lessons relating to motivational techniques; ideological interventions; and multi-agency working that appear to be relevant to the UK context. These lessons are examined in more detail in Section 7.2 of this report.

6.4. INTERVENTIONS WORKING WITH PEERS AND FAMILIES

Key Findings

- **Secondary interventions often engage family members when working with at risk individuals.** The support of family members is often identified as key to positive outcomes.
- **The effectiveness of family-oriented interventions remains poorly understood.** More research is needed to understand the effectiveness of standalone family-oriented interventions, and those delivered as part of case management programmes.
- **A number of promising socio-ecological approaches engage with the broader social environment surrounding at risk individuals.** Interventions working with peer groups and other social contacts have reported positive outcomes relating to counter-radicalisation.

6.4.1. OVERVIEW OF INTERVENTIONS

Studies routinely emphasise the importance of engaging families, peer groups and communities when working with at risk individuals. Such engagement is often embedded in intervention plans delivered through case management and other forms of individually tailored intervention (e.g., Cherney & Belton, 2021a; 2021b; Cherney, 2022). Most notably,

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the French CPDSI intervention actively worked with parents ‘by invoking the original bond between them and their child as the principal tool in rebuilding their lives’ (Bouzar, 2017, p. 610).

Community organisations engaged in CVE work also emphasise the role of the social environment as key to intervention effectiveness. For example, CVE stakeholders (n=29) working across a range of European countries, including the UK, identified ‘[n]onviolent peers and family networks such as parents, siblings, or even other relatives and closed members of the community’ as key actors in CVE work (Puigvert et al., 2020, p. 9). This included one representative of the Active Change Foundation, a community organisation engaged in CVE in the UK, who reflected ‘[b]ecause we have a good relationship with the community, the father or the mother may come to the center [sic] and ask for help’ (Puigvert et al., 2020, p. 10).

6.4.2. ANALYSIS OF EVIDENCE

The effectiveness of interventions that formally engage with family members and peer groups is not yet robust. Haugstvedt’s (2022a) review of research into family-directed CVE approaches concluded that ‘there is limited, yet some, support for family-directed services to directly prevent engagement in extremist groups’ (p. 1). However, as noted above, many of the studies cited in this review fall outside the scope of our report based on the country in which they were conducted and/or because they don’t specifically focus on secondary prevention.

A number of promising approaches to working with and in communities are reflected in the evidence base. Several examples were discussed in detail in our previous CREST report on CVE interventions (Lewis & Marsden, 2021). Whilst these approaches are not discussed in detail here, we previously identified two particularly noteworthy approaches:

- The Tolerance Project (Sweden): an educational intervention that brings intolerant and at risk youth (aged 14-15 years old) into dialogue with peers, tasking peers, family members, and teachers with supporting their positive socialisation (Skiplé, 2020).
- Mediated dialogue (UK): Hussain et al. (2019) brought together six members of extreme-right and Islamist milieus, who participated in a facilitated discussion. Participants expressed a desire to engage in further dialogue, with Hussain et al. (2019) concluding that this willingness to engage further ‘speak[s] to the potential for such interventions to prevent the solidifying of extremist attitudes/behaviour and thus their usefulness among the tools of CVE and youth work practice’ (p. 11)

This emphasis on the social environment aligns with the growing use of socio-ecological models of prevention (Lewis & Marsden, 2021). Proponents of such models, which focus on the interaction between an individual and their environment, have argued that socio-ecological approaches provide a foundation for developing more holistic intervention plans that consider risk factors that exist at different levels of analysis (Ellis et al., 2020); and for leveraging strengths and/or protective factors existing in the social environment (Grossman et al., 2022).³⁶

Social factors may play a key role in inhibiting radicalisation amongst individuals who might otherwise be at risk. A key theme identified in Ali et al.’s (2017) interviews with 38 Muslim individuals in Australia was that ‘the community can be regarded a font of strength and support during times of distress and hardship’ (p. 51). In turn, the authors argue that ‘when individuals can derive strength, solace, and support from a suitable community, they experience a sense of belonging’ that may negate the potential appeal of extremist ideologies (p. 53).

³⁶ A further benefit of this type of approach outlined by Kaczkowski et al. (2020) is the idea that working to ‘foster prevention skills and resources within peer networks’ may help to engage at risk individuals that other providers are unable to reach (p. 15).

Social factors might also play a role in supporting individuals who are already on a radicalisation trajectory. For example, interviews with 16 persistent and 17 former members of al-Muhajiroun or Jemaah Islamiyah (Kenney & Chernov Hwang, 2021) suggested that the presence of alternative social networks outside of these movements was a key factor that differentiated former from persistent members.

Two examples of socio-ecological approaches are described in the boxes below.

CASE STUDY

FAMILY AND PEER INTERVENTIONS IN NORWAY

Young Muslims (n=26) in Norway interviewed by Ellefsen and Sandberg (2022) emphasised the importance of less formal family and peer intervention in interrupting their own radicalisation (n=7) or the radicalisation of those close to them (n=19). In contrast, police or security services-led interventions were seen as playing a more minor (albeit still important in some cases) role.

Our study finds that family and peer interventions were important for the interrupted radicalization [sic] that our participants experienced, and that police interventions played a relatively minor role and had mixed results. ... Family and friends played a key deradicalizing [sic] role in this process by their religious guidance, by challenging certain religious views and imposing social control, mainly independent of the police and state agencies.

(Ellefsen & Sandberg, 2022, p. 14)

Whilst Ellefsen and Sandberg are positive about the potential role of this type of informal intervention, they recognise that these efforts will not always succeed. In turn, they discuss the potential for families and peers to collaborate with more formal, state-led interventions, but identify a number of challenges. These include the potential for such collaboration to undermine relationships between family members/ peers and the individual being radicalised.

Such findings are important considering that research has pointed to an apparent preference amongst family members and peers for informal engagement within families/ peer groups before third parties become involved (e.g. Gøtzsche-Astrup, Lindekilde & Fjellman, 2021).

CASE STUDY

VALIDATING THE BRAVE MEASURE OF RESILIENCE

Empirical support for socio-ecological models of secondary prevention is presented by Grossman et al. (2022), who illustrate how ‘community-level strengths and protections’ might contribute to resilience against radicalisation.

This study outlines the development of the Building Resilience Against Violent Extremism (BRAVE) measure, a 14-item scale for assessing resilience to violent extremism that was organised around five domains related to different levels of an individual’s social ecology that were seen as being related to resilience to violent extremism:

- **Cultural identity and connectedness:** Importance of cultural traditions; Familiarity with culture; Centrality of cultural identity;
- **Bridging capital:** Trust in persons outside community; Support from persons outside community; Engagement with diverse others;
- **Linking capital:** Trust in law enforcement agencies; Confidence in engagements with authorities; Feeling heard in engagements with authorities;
- **Violence-related behaviours:** Willingness to speak out against violence; Willingness to challenge violent behaviours of others.
- **Violence-related beliefs:** Belief in violence as a source of strength; Belief in violence as a source of respect; Community acceptance of youth violence.

BRAVE was validated using qualitative and quantitative data collected from a sample of Australian (n=200) and Canadian (n=275) youth.³⁷ Analysis of the quantitative data found the measure had good internal validity, whilst respondents’ scores were found to be ‘significantly positively correlated’ with several ‘measures of constructs which are thought to be related to resilience to violent extremism’ (Grossman et al., 2020, p. 481).

Whilst not an intervention in itself, Grossman et al. discuss how the BRAVE measure might be relevant to different forms of CVE intervention. Whilst they state that the domains listed above ‘can have particular relevance in primary prevention work at the broad community level’ (p. 471), they also argue that the measure could be used to inform secondary interventions:

It may also have applications in secondary interventions for individuals who are on radicalization to violence pathways but who have not yet committed violent action by helping to understand their relationship to various protective resilience assets that they may struggle to access or navigate in meaningful ways.

(Grossman et al., 2022, p. 471)

37 Respondents were described in this study as Somali and indigenous Canadians; and Somali, South/Sudanese, Indonesian and Lebanese Australians.

6.4.3. CONCLUSIONS

There is some evidence to suggest that peers and family members can play an important role in supporting individuals at risk of radicalisation. However, more research is needed to examine the effectiveness of standalone interventions that are specifically oriented towards the broader social network surrounding at risk individuals, as well as specific techniques for engaging peers and/or family members as part of broader case management interventions.

7. CONCLUSIONS

7.1. KEY FINDINGS

SECONDARY INTERVENTIONS IN THE UK

Robust empirical research into secondary interventions in the UK – including the UK’s Channel programme – is lacking. Research into Channel identifies useful insights relating to client assessment, and intervention design and delivery, although this evidence cannot yet be considered robust due to the small sample sizes.

Key insights include:

- Client assessment is a subjective process. Practitioners have pointed to subjectivity in the process by which individuals are referred to Channel, and in decision-making around whether to adopt an individual as a Channel case.
- Practitioner feedback on using the Vulnerability Assessment Framework (VAF) to inform risk assessment and case adoption decisions is mixed. Gill and Marchment’s (2022) process evaluation suggested that practitioners find the 22 factors contained within the VAF to be useful for assessing risk, and see the use of a standardised risk assessment tool as important for informing their decision-making. However, practitioners argued that the VAF needs to be more user friendly, and suggested a number of improvements – including reviewing and re-sorting the 22 factors; and adding sections to capture summary conclusions, to link risk assessments to management plans, and to record significant changes between assessments. More research is required to understand practitioners’ needs in relation to risk assessment tools.
- Practitioners cite the ability to tailor interventions to the needs of individual clients as a key strength of Channel. Practitioners may use formal (e.g., psychological counselling) and informal (e.g., less

structured sessions) methods to support clients, depending on their needs.

- A number of potential challenges have been identified by practitioners. These include questions over the quality assurance when employing intervention providers, and the potential difficulties of maintaining credibility with clients and communities.

It is not yet possible to comment on the effectiveness of Channel. The experiences of individuals supported through Channel are under-researched, and research exploring the individual and community-level impacts of the programme is lacking.

More research is needed to understand the potential unintended consequences of Channel. Whilst the potential consequences of being incorrectly referred to Channel have been widely discussed, empirical evidence relating to these effects is lacking. Similarly, research has yet to explore whether being supported through Channel produces any unintended consequences.

INDIVIDUALLY TAILORED SECONDARY INTERVENTIONS IN OTHER CONTEXTS

A number of secondary interventions operating in other countries use comparable case management models to Channel. Similarities include tailoring support to the needs of the individual client, and the use of multi-agency approaches.

A range of other interventions tailor their content to individual clients. Whilst not explicitly underpinned by case management models, interventions such as France’s CPDSI intervention, alongside a range of approaches in other European countries, are tailored to each client.

The evidence base relating to these secondary interventions is mixed. The research relating to some case management interventions – particularly those operating in Australia – is stronger than for Channel. However, much of the relevant research in other countries suffers from the same limitations as research on UK provision. Key insights include:

- Practitioners elsewhere in Europe align with those in the UK in pointing to the subjectivity of assessing risk. Whilst a variety of risk assessment tools may be used to support these assessments, they are not used consistently within or across countries.
- The adoption rates of most programmes are unclear. Only one identified study cited a specific figure based on a small caseload of 15 referrals.
- Motivating clients to engage with voluntary programmes can be challenging and time-consuming. There is no conclusive evidence to suggest that secondary programmes benefit from being mandated, whilst practitioners working across different countries have expressed a preference for voluntary approaches.
- Practitioners emphasise the importance of tailoring interventions to individual clients. This may expand beyond simply tailoring the specific forms of support offered, and involve taking the client's own perspective about their circumstances into account.
- Trust between practitioners and their clients is considered a key component of intervention effectiveness. A range of different rapport building techniques may be used to foster these trusting relationships.
- More research is needed to understand how multi-agency working arrangements operate in practice. A key area for future inquiry relates to the potential challenges of collaboration between the police and other sectors.

- The effectiveness of current approaches is unclear. Results from the limited number of evaluations published to date are generally positive, but the evidence base is not yet robust.
- A number of evaluation challenges can be identified. These include a lack of clarity around what success 'looks like'; the fact that intervention goals often vary across individual clients; and the absence of clearly defined theories of change.

SECONDARY INTERVENTIONS WORKING WITH PEERS AND FAMILIES

The evidence base underpinning interventions that formally engage with family members and peer groups is not yet robust. However, positive engagement with family members and peer groups is often identified as a core component of long-term intervention success.

A number of promising approaches to working with and in communities are reflected in the evidence base. Particularly notable approaches include the Tolerance Project, an educational intervention in Sweden, and mediated dialogue approaches that have been trialled in the UK.

Informal peer support has been identified as potentially impactful in the secondary prevention space. Research in Scandinavia in particular has pointed to the positive effects that interventions from peers might have on interrupting radicalisation processes.

7.2. RECOMMENDATIONS: LEARNING FROM OTHER CONTEXTS

Case management approaches used in other contexts are directly comparable to Channel. Whilst the effectiveness of most interventions remains unclear, Channel appears to align with some of the good practices (as defined by practitioners) identified in other countries in that it:

- Tailors the support to individual clients;
- Is offered on a voluntary basis; and
- Uses a multi-agency approach.

A range of methods identified in other countries may in turn be transferable to the UK context, although more research is needed to understand the potential applicability of such methods:

- It may be beneficial to integrate socio-ecological models of prevention into current practice in order to support the identification of risk and/or protective factors existing in an individual's broader social environment.
 - a. Socio-ecological models may provide the foundation for identifying community- and family-level sources of resilience that might be utilised to support intervention outcomes.
 - b. These models may in turn provide a foundation for more explicitly integrating engagement with family members and peers into intervention plans.
 - c. Specific approaches that could be used to embed socio-ecological models into interventions might include adapting client assessment tools to better capture risk and protective factors existing at the social and ecological level; adapting case planning tools to ensure that intervention plans consider how best to mitigate risk factors and/or harness protective factors existing at the socio-

ecological level; and training practitioners to consider the intersection between different levels of analysis – for example, encouraging practitioners to consider how changes in someone's social ecological context might influence individual-level risk factors; and more formally integrating peer, community and familial engagement into case management plans where relevant.

- Motivational techniques are likely to be important in encouraging individuals to agree to participate in, and engage fully with the support delivered through voluntary interventions. Less formal types of support have the potential to be particularly impactful in this regard.
- Case management approaches in other countries appear to place less emphasis on ideological interventions than in the UK. However, programmes such as France's CPDSI intervention illustrate how tackling the underlying, individualised factors that motivate each client's engagement with extremist ideology – as opposed to focusing heavily on challenging the content of their extremist beliefs – may be important.
- Models for facilitating multi-agency working – most notably the Nominal Group Technique (NGT) – could be used to evaluate and inform the processes of multi-agency collaboration that underpin Channel.

Future evaluations of Channel could potentially learn from evaluations of international case management interventions, most notably Cherney and Belton's (2021a; 2021b) evaluations of PRISM and Interventions 1 and 2 in Australia. The data used to evaluate these interventions – case notes and results from risk assessments – could also be used to evaluate Channel provision.

7.3. EVIDENCE GAPS AND DIRECTIONS FOR FUTURE RESEARCH

Key areas of future research to address identified evidence gaps will include:

- Impact evaluations of existing interventions, including Channel.
- Process evaluations of existing interventions to capture, for example, how risk assessment tools are used in practice; how multi-agency working arrangements operate in practice; and how the impacts of interventions are assessed and captured.
- Research exploring the experiences of individuals supported through secondary interventions, including any unintended consequences of such support, as well as the potential unintended consequences of inappropriate referrals to interventions.
- Research testing the assumptions underpinning socio-ecological models of prevention.
- Evaluation studies examining the impact of family, community, and peer-led interventions on radicalisation processes.

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