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to extremism
and polarisation

WOMEN, GIRLS AND ISLAMIST EXTREMISM

A Toolkit for Intervention Practitioners

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About this toolkit

The return of women and girls from former ISIS-held territories presents new and difficult challenges for governments, communities and frontline practitioners. The importance of disengagement and deradicalisation work with this cohort of women cannot be underestimated. This toolkit provides evidence-based guidance for policymakers and practitioners, drawn from the expertise of intervention providers and practitioners in the UK and The Netherlands who have worked with over 250 females who were affiliated with Islamist extremism. The toolkit is designed to highlight effective practices and processes for intervention provision with women and girls, as well as to lay out existing policy frameworks and practical tools available for those involved in these cases. The toolkit's insights and recommendations are primarily designed to support individuals directly involved in the provision of tertiary interventions with women and girls, but also to provide guidance for practitioners and broader community stakeholders involved in safeguarding at-risk women and girls in The Netherlands and the UK.

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INTRODUCTION

In February 2015, three schoolgirls made their way from Bethnal Green in London to Syria, intent on joining hundreds of other women and girls who had travelled from Europe to live in ISIS-held territories.¹ That same year, a Dutch woman known only as Um Mohammed travelled from the Netherlands in search of a new life in the so-called Caliphate controlled by ISIS, in search of a 'happier' existence.² While women have always played an important role in extremist movements, the number of women that left to join the Islamic State in Iraq and Syria (ISIS) was unprecedented.

13%

of **foreign citizens** who became affiliated with ISIS between April 2013 and June 2018 were women

12%

of **British travellers** between April 2013 and June 2018 that joined ISIS were women (totaling 100 women)

30%

of **Dutch travellers** between April 2013 and June 2018 that joined ISIS were women (totaling 100 women)

According to ICSR at King's College London, 13% of the approximately 42,000 foreign citizens who became affiliated with ISIS between April 2013 and June 2018 were women.³ Figures on the number of women who joined ISIS from the UK and the Netherlands vary: around 12% (100 women) of all British travellers⁴ and 30% (100 women) of all Dutch travellers are recorded as being women.⁵ With the defeat of ISIS's territorial stronghold, the fate of the women and girls remaining in Syria and Iraq remains unknown.

The return of radicalised women and girls from former ISIS-held territories presents new and difficult challenges for governments, communities and frontline practitioners. The importance of disengagement and deradicalisation work with this cohort of women cannot be underestimated. However, our research presented in this report suggests that there is a significant gap in the confidence of practitioners to understand, address and embed gender-focused approaches in their work. This toolkit aims to address this gap by providing evidence-based guidance for policymakers and practitioners, drawn from the expertise of female intervention providers and practitioners in the UK and The Netherlands who have worked with over 250 females who were radicalised.

The toolkit is designed to highlight effective (and ineffective) practices and processes for intervention provision with women and girls, as well as to lay out existing policy frameworks and practical tools available for those involved in these cases. The toolkit's insights and recommendations are primarily designed to support individuals directly involved in the provision of tertiary (i.e. downstream)⁶ interventions with women and girls, but also to provide guidance for practitioners and broader community stakeholders involved in safeguarding at-risk women and girls in the Netherlands and the UK.

The toolkit is split into three main sections:

1

Research Insights for Interventions: Pathways and networks

Key findings from the academic literature, expert interviews and case files relating to female radicalisation in the UK and the Netherlands.

2

Recommendations: Policy and practice

Recommendations for practitioners involved in interventions with women and girls affiliated with Islamist extremism in the UK and the Netherlands.

3

Case studies: Applying research and recommendations

Three scenarios designed as tools to help practitioners understand the opportunities and challenges in the real-world application of recommendations.

CHAPTER 1: RESEARCH INSIGHTS FOR INTERVENTIONS

KEY FINDINGS:

How do women and girls become radicalised to Islamist Extremism?

KEY FINDINGS:

How do women and girls interact in and engage with others in extremist networks?

Up-to-date research is an essential resource for practitioners working on cases involving the radicalisation of women and girls. This section presents the findings of a six-month research project that sought to understand the latest trends in the radicalisation of women and girls to Islamist extremism in the UK and the Netherlands. The research sought to answer the following questions:

- 1** What are the radicalisation pathways of the women and girls joining ISIS and/or groups supportive of ISIS in the Netherlands and the UK?
- 2** How do women and girls interact in Islamist extremist networks?
- 3** Are there female Islamist extremist networks and, if so, how are they structured and how do they operate?

The research that fed into this toolkit included:

- an academic literature review;
- an expert meeting of intervention providers, police, frontline service practitioners, academics and policymakers from the UK, the Netherlands and Belgium, held in London in 2018;
- in-depth structured interviews with two UK intervention providers, with a combined experience conducting interventions stretching over two decades;
- in-depth structured interviews with two Dutch practitioners, who have been working directly with girls radicalised to Islamist extremism from different parts of the Netherlands;
- interviews with case-directors from the 'Zorg-en Veiligheidshuis (Safety House) Rotterdam Rijnmond' and members of the Rotterdam CTER Unit (Counter Terrorism, Extremism and Radicalisation Unit) to gain further insight in the (de)-radicalisation of women from the Rotterdam area;⁷
- access for researchers to case files from criminal investigations conducted by the Rotterdam Police into Islamist-related activities between 2013 to 2018, through the support of the NCTV, the Rotterdam Public Prosecution Service and the Rotterdam Police;⁸
- ISD's existing research on the social media profiles of Western female migrants who travelled to join ISIS and support its state-building efforts.⁹

KEY FINDINGS: HOW DO WOMEN AND GIRLS BECOME RADICALISED TO ISLAMIST EXREMISM?

1 Simplistic explanations of female involvement in Islamist extremist movements as ‘jihadi brides’ are unhelpful in understanding the reasons for women and girls’ support for Islamist extremist groups.¹⁰

The Dutch and UK cases of female radicalisation reviewed demonstrate the complexity of motivations for female support for extremist movements. According to intervention providers who worked with radicalised women and girls, this framing misses a number of key factors at play in the process of radicalisation. A simplistic view of the motivations of women and girls affiliated with Islamist extremism can also reinforce misleading stereotypes and biases that suggest that women are passive followers rather than active, ideological supporters. Recent research, such as Pearson and Winterbotham’s, “Women, gender and Daesh radicalisation: A milieu approach” (2017), has provided further weight to the argument that such conceptualisations are reductive and unhelpful in understanding the reality of female recruitment and radicalisation.

2 However, marriage does remain a factor in many cases and proved relevant in two ways.

The insights of both the UK and Dutch experts demonstrate that marriage was used by women and girls as a practical means to escape their current lives and, for those with the ambition of 3 living in the Caliphate, as a way to facilitate their migration. First, some women and girls regarded marriage (to an Islamist fighter), or the prospect thereof, as an important goal in itself (considering marriage a religious duty). For other girls, marriage was considered a means to an end that could increase their status and, in the case of travel to Syria or Iraq, facilitate their migration and ease their lives once there. [For a case study involving the dynamics of marriage in female interventions, see Case Study One].

3 There are a wide range of drivers for female radicalisation, which need to be better understood by practitioners.

As with male cases, a complex combination of drivers appears to affect women and girls in the UK and the Netherlands in their pathways to radicalisation, as the most recent academic literature has highlighted.¹¹ Specific influencing factors are often weighted differently in terms of what proves most important for female or male individuals. The interviews with intervention providers underscored the necessity for employing gender-sensitive approaches within existing deradicalisation programmes when delivering interventions with women and girls affiliated with Islamist extremism. Drawing from the research conducted for the development of this toolkit, we can identify some of the motivations commonly experienced as initial drivers to extremist radicalisation or as catalysing factors for women and girls as:

The appeal of the 'sisterhood'

'Sisterhood' and the appeal of forging new friendships online, offline and in some cases internationally, were strong influences in driving individual girls and existing friendship groups into ISIS networks. These friendships were not only a motivation, but often also a mechanism through which women and girls were drawn towards extremist organisations, according to intervention providers. The deep, emotional bond with 'sisters' that is cultivated through highly intense contact, not only on a religious level but also on a social level, binds women to an Islamist network. Analysis of the social media profiles of Western female recruits to ISIS from ISD's 2015 paper, 'Becoming Mulan?', adds to this finding, suggesting that strong female friendships also played a significant role in women's decision to travel to ISIS-held territories.¹²

A desire to be part of the state-building effort of ISIS, or to be part of something bigger and "divine"

The research highlighted a recurring theme of feeling useless, or undervalued, which served as a compelling push factor for these women and girls to want to do something meaningful with their lives. Some girls showed a clear interest in global politics and social activism, and a clear aspiration to make a meaningful difference in the world. For other women, joining ISIS offered the opportunity to break away from the past, particularly for women who experienced traumatic events in their lives, such as (domestic or sexual) abuse. [For a case study involving post-traumatic factors in female interventions, see Case Study One].

Travelling to the proclaimed 'Caliphate' was perceived to be an aspect of living a true and pure Islamic life

Perceived religious duty was a significant influence for converts and older women in particular, as well as for girls seeking an opportunity for religious redemption. While there was a notable lack of religious knowledge among several of the British and Dutch women studied in the research, there was still a strong perception among several women and girls that it was their religious duty to move to the Caliphate, particularly the older women and new female converts to Islam. [For case studies involving perceived religious duty and the experience of religious converts in female interventions, see Case Study Two and Case Study Three].

Feelings of social exclusion or experiences of discrimination fuel a dilemma over belonging

The subjection of female Muslims to social abuse, prejudice or discrimination in the West as members of a visible minority is a contributing factor to the radicalisation of some women and girls. For different women and girls in the UK context, the opportunity to escape discrimination they perceived in their home countries, as a result of their gender, religion and/or race, was a significant driver in their radicalisation. Many of these young women expressed resentment towards the prejudice they suffered as a result of the way they dressed, through wearing a headscarf or other religious clothing, for example. [For a case study involving political and social grievance factors in female interventions, see Case Study Two].

Rebellion against (Western) society, parents and an opportunity to take control of one's life

The excitement of joining an anti-societal, rebellious group, and of the adventure of living in an international 'Islamic utopia', enhanced by a sense of rebellion against the perceived monotony of more traditional life trajectories were significant motivating factors for women and girls. Insights from the intervention providers substantiated research from the Carter Center (2017) and RUSI (2017) to show that in many cases, women and girls were frequently drawn into Islamist networks through narratives which emphasised the excitement of both travelling to a new 'Caliphate' and living an adrenaline-fuelled life once there.¹³ Notably in the expert interviews, this trend was identified across generations: the quest for rebellion was a driver for both adult women seeking to change their lives and young girls searching for adventure.

Female empowerment and a rejection of Western feminism

Recent scholars have noted the importance of the promise of female agency inspired by Islamic ideals and the emphasis on the divine role of women as mothers and wives that is often manipulated in Islamist propaganda (Carter Center, 2017). According to Dutch and UK intervention providers working with women and girls, this rhetoric appears to resonate with many women who feel frustrated and marginalised by Western ideals of female empowerment.

Issues around female sexuality are often overlooked, but appear to be a relevant factor for women in different ways

Taboos on female sexuality can expose women and girls in search for answers about their sexuality in the context of Islam to recruiters, who often exploit this vulnerability. Experiences from (Dutch) intervention providers suggest that this context of sexual taboo can be a relevant factor in the experience of some radicalised women and girls. Their insights explain how joining a group such as ISIS has been experienced by at least some women as sexually liberating, as they no longer required permission from their parents in the case of marriage.

4 In the case of ISIS, recruiters engaged in highly personalised recruitment tactics, tailored to the interests and preferences of the women and girls they were communicating with.

According to insights from intervention providers working with women and girls, recruiters would spend a significant amount of time and energy in assessing the desires and ambitions of intended recruits. They would also create a comprehensive individual profile, based on informal contact with the individual and through information they were able to glean online. Initial contact usually began gradually, with women who expressed curiosity or interest in such groups and through friend networks. Once a woman was identified as a potential recruit, recruiters would approach her tactfully and tailor recruitment methods to the issues and tone most likely to prove appealing to her. Recruitment was ultimately an individualistic process, designed and adapted on a case by case basis. [For an example of online recruitment tactics targeting female individuals online, see Case Study Three].

KEY FINDINGS: HOW DO WOMEN AND GIRLS INTERACT IN AND ENGAGE WITH OTHERS IN EXTREMIST NETWORKS?

1 The organisational structure of female Islamist networks can vary significantly, from formal groups organised along strict, hierarchical lines to loosely structured, fluid groups.

Insights provided by intervention providers suggest that Western female Islamist networks linked to ISIS appear to be more loosely structured, with overlaps between online and offline groups. Hierarchy does still exist within these newer networks, and appears to be related to:

- The level of involvement and commitment;
- Theological or linguistic knowledge of Islam and Arabic;
- The status of any husband or contacts within the network and with other networks;
- To a more limited extent, physical appearance.

2 Islamist networks fuel strong bonds of sisterhood between female members of the group.

Islamist organisations usually maintain a strict separation between unrelated men and women, though pragmatic considerations can, at times, supersede the rigid separation of sexes. The intense contact between the women and their close involvement with each other's personal lives fosters strong, emotional bonds that form the foundation on which trust is built. This dynamic is often referred to as the 'sisterhood' and has been identified as strengthening the level of commitment of the members of the group and increasing the sense of loyalty between them. This is fostered through both offline and online networks.

Women in Islamist groups maintain intense contact with one another, often speaking to or texting each other multiple times a day. They consult each other on personal issues and engage in activities such as cooking together and watching each other's children. This contact is also maintained through meetings in both formal and informal settings. Formal meetings are mostly by invitation-only and have been known to take place at Islamic centres, mosques and homes. Informal, social gatherings can take place in public spaces, homes and restaurants. These strong bonds need to be considered in any attempts to disengage women or girls from such networks, in particular to ensure support or contact is engaged to mitigate the potential loss of structured networks of contacts and friends.

3 Women in female Islamist networks have taken on a variety of different roles, from recruitment to committing violence, which have evolved in line with changes in the operations of these groups.

While women in older Islamist network structures engaged in visible activities including public discussions and demonstrations, women linked to ISIS generally operate more covertly. They travel less than their male counterparts and appear most comfortable in online settings. Their specific roles in ISIS networks include:

Recruitment

The internet has enabled the international reach of female networks and women within the movement. As noted in ISD's 2015 research exploring the social media profiles of Western female migrants to ISIS, such women have notably been involved in recruiting men, sometimes shaming men into supporting violent jihad.¹⁴ Women have also been known to introduce their children to the network and to mediate in marriages between women and members of their husband's networks.

Violence

UK-based experts suggested that there has been a shift regarding the involvement of female networks in violent acts, supported by evidence of female involvement in recent terrorist plots.¹⁵ In the UK context, ISIS rhetoric has moved towards an all-inclusive role for women, playing out in the various recent attempted attacks that have taken place in the UK. This shift has, so far, not been noticeable in the Dutch context.

Supporting roles

Other roles of female recruits to ISIS have included fundraising for jihad and bookkeeping duties, though not noticeably in the UK or Dutch contexts to date. In these contexts, the most prominent supporting role played by women or girls is in spreading media content and recruitment materials.

CHAPTER 2: RECOMMENDATIONS FOR INTERVENTIONS: PRACTITIONERS

[Recommendation Checklist for Practitioners](#)

[Recommendations for Practitioners \(Full\)](#)

In this section, practitioners can find a checklist of recommendations for practitioners as a reference resource, as well as the full set of recommendations detailed below. Based on the research outlined above, these recommendations were developed to support practitioners involved in the successful delivery, assessment and coordination of support to individuals' and to avoid common pitfalls. Many of these recommendations apply interventions as a whole, not solely for those concerning women and girls in the UK and the Netherlands. This is a logical outcome of the research findings, which demonstrate that successful disengagement and deradicalisation work relies on the consideration of each case on an individual basis, avoiding generalised assumptions about female experiences of radicalisation.

In the appendix, a set of recommendations for policymakers is available. These recommendations have been developed to inform government and policy-maker decisions on resourcing, strategy and communication systems for interventions with women and girls.

RECOMMENDATION CHECKLIST FOR PRACTITIONERS:

Pre-intervention

■ Avoid simplistic assumptions about female radicalisation:

All agencies involved in the multi- agency process need to have applied and tested training to ensure they can overcome the gender stereotypes and biases that are heavily applied to understandings of female Islamists.

■ Build understanding of ideological factors in female radicalisation:

Intervention providers' significant wealth of experience and knowledge should be used as a professional development and training resource for frontline practitioners on an ongoing basis, not just for specific cases.

■ Map a candidates existing network of support, social groups and influences:

Establish a clear picture and "ecomap" of the key relationships and influences in a candidate's life recognising the importance of tight-knit female networks for some candidates that may complicate disengagement efforts.

■ Craft a holistic package of support that can speak to the varied drivers of female radicalisation:

Intervention plans should borrow where necessary from public health and social care approaches to provide comprehensive responses to the complex tapestry of female motivations for radicalisation.

■ Establish a clear case management strategy and set of success indicators:

This should be a living document updated regularly that incorporates a baseline assessment of risk and existing protective factors, and outlines the most desirable sequence of intervention activities to achieve intervention objectives.

During Intervention

Build and strengthen trust:

Interventions should be structured to maximise trust-building and mutual respect between practitioners and candidates. To achieve this, practitioners should consider the following:

- A range of professional standards should be employed by intervention providers, including applying the key principles of active listening to foster dialogue.
- Practitioners should select and foster spaces where intervention candidates feel safe to engage in dialogue, to exchange ideas, and to raise questions and concerns that might be considered controversial or taboo.
- Encourage candidates to lead the conversation.
- Ensure a person-centred approach with the mirroring of non-verbal body language and verbal lexicon to help establish common ground, a safe space, and candidate-led dialogue.
- Providers should ensure they are prepared to engage with their candidates by conducting as much background research as possible (e.g. by speaking to family or acquaintances and other frontline practitioners who may have previously engaged with the candidate) and through thorough study and understanding of the case details.
- Practitioners and multi-agency oversight bodies must be patient, as it can take time to establish a rapport.
- Practitioners should encourage open discussion about the concerns voiced by candidates and must show that they take those concerns seriously to establish a rapport.

Harness the desire for finding 'purpose':

Adopt a solution-oriented approach that looks to the goals and aspirations of the candidate in their future.

Maintaining a balance of sensitivity, professionalism and personal support:

All practitioners, especially intervention providers, need to consider how their identity, character and cultural nuances will influence their relationship with a candidate.

Ensure a coherent response to the varied factors involved in female radicalisation: Proactively develop clear responsibilities and communication channels between the specialist intervention provider and other relevant frontline services required in female intervention cases.

Continuously re-examine the case management plan and underlying assumptions: Ensure the case management plan can be adapted, amended and assessed throughout the intervention period to ensure hypothesis are tested, reassessed and, where required, redesigned.

Post-Intervention

- Measure the success and likelihood for sustainability post an intervention:
Review the case management plan to identify if indicators of success have been met and whether they are likely to self-sustain and any the impact of terminating support.
- Review the case regularly after support has ended:
Call upon partners to share updates and information regarding the status of the candidate for a sustained period after support has ended (e.g. each quarter, bi-annually and annually as per the panels' assessment).
- Lessons learned:
All practitioners need to work together to facilitate continuous professional development, learning and exchange with other practitioners.

RECOMMENDATION FOR PRACTITIONERS (FULL):

Pre-intervention

- 1** Avoid simplistic assumptions about female radicalisation: All agencies involved in the multi-agency process need to have delivered and tested training to ensure they can overcome the gender stereotypes and biases that are heavily applied to understandings of female Islamists.

Assumptions prevent accurate understanding, identification and treatment of risks and protective factors for each individual case. Media reporting and political discourse around female Islamists have been particularly prone to incorrect assumptions about their motivations, as highlighted in the research. The entire practitioner community should have access to specific gender training that encourages exploration of general gender stereotypes, including their application to issues specific to extremism.

Experts in the research emphasised that poor practice results where female candidates have been treated as victims only, focusing for the most part on their relationships to male Islamists. This assumption strips them of agency and contradicts the findings of our research and previous studies, which show a woman's membership of Islamist groups to often be of her own volition, rather than simply something imposed on her by a male figure.

2 Building understanding of ideological factors in female radicalisation: Intervention providers' significant wealth of experience and knowledge should be provided to frontline practitioners on an ongoing basis, not just for specific cases.

Intervention providers can help build significant confidence in staff within these sectors who may feel ill equipped to handle cases that concern radicalisation and/or extremism. As it stands, IP's are not required (in the UK) to attend multi-agency panels. As such, there are limited opportunities to access the direct support and expertise from intervention providers, who often are best equipped to provide insights on the ideological drivers that prove critical in many cases of female radicalisation. Support could be provided through informal mentorship of practitioners, and could include advice on how to maintain relationships with intervention candidates, or information on useful existing resources.

Intervention providers may also be called upon for advice regarding new phenomena in the field of P/CVE and counter-terrorism more broadly. The advent of women and children who travelled to join ISIS and are now returning to their country of residence or citizenship, for example, manifests a new demographic with which community and security officials will need to work to mitigate risks to both the returnees themselves, and the community to which they expect to return. Experienced intervention providers are often equipped to provide guidance to both security officials and relevant individuals in the community on how to navigate such cases, through drawing on their experiences with deradicalisation and reintegration of others, and from their professional fluency in relevant subject matter.

3 Establish a clear picture and “ecomap” of the key relationships and influences in a candidate's life, including tight-knit female networks.

As the research shows, the networks that women and girls are engaged in when involved in extremist groups are intense and tight-knit. Engaging trusted or authoritative influencers in an

individual's deradicalisation process can help to support their exit from networks that may be harmful. Interviewees in the research noted that the involvement of families adds a complicated dynamic to the intervention process, but can be effective in helping to strengthen and reignite an existing network of support around the individual. Successful interventions are able to navigate and leverage the intervention candidate's existing relationships, whether family, friends or community figures.

An "ecomap", a tool widely used in social work across Europe, is a method to produce a realistic individual-centred view on their environment, identifying all the social, environmental and systems at play in an individual's life. As in normal social work, it can be a helpful format for understanding the individual's specific perceptions of the world, illuminating where the individual draws both protective and harmful influences from. In some instances, it is important to consider the role gender and culture can play in engaging and creating appropriate relationships with candidates' family and social circles. For instance, in some cases female intervention providers were better at building trust with candidates' mothers, whereas in others male intervention providers created more "authority". In some cases, male intervention providers interacting with female family members created added tensions due to fears of social exclusion from the community for being seen alone with a male without their husbands. These factors can be crucial to consider when trying to increase the receptiveness of families to an intervention.

4 Craft a holistic package of support that can speak to the varied drivers of female radicalisation: Intervention plans should borrow where necessary from public health and social care approaches to provide comprehensive responses to the complex patchwork of drivers of female radicalisation.

To ensure a comprehensive response to all the candidates' vulnerabilities, practitioners and intervention providers should draw lessons from a range of harm-prevention approaches. This might include gang disengagement tactics and other social and personal health rehabilitation methodologies. This broad perspective facilitates a kind of support that is tailored to the needs and risks assessed per case, which are typically diverse in cases of female radicalisation. It also avoids stigmatisation or simplistic judgements based on an intervention candidate's religion, gender or ethnicity. To aid this approach, practitioner communities should seek to create their own "bank" of case studies and best practices to ensure continuous development and improvement of their approaches, as well as keeping up to date with existing research and emerging case studies from other practitioners.

5 Establish a clear case management strategy and identify indicators of success: Plan clear indicators of success for each unique case, incorporating a baseline assessment of risk, a clear understanding of existing support and the most appropriate sequence of intervention activities to achieve intervention objectives.

It is important to set some clear goals at the pre- intervention stage. Paramount to this is the establishment of a clear baseline risk assessment and laying out of the existing support that can act as 'protective factors' for the candidate. These should feed into the design of an intervention plan and associated evaluation plan, highlighting success indicators that guide the intervention. This should be a living document, adapted as new information emerges throughout each case. It should lay out precise steps for planned intervention activities, clearly assigned to relevant agencies. For effective measurement and evaluation, the plan must involve rigorous data collection from all practitioners involved to track progress on how candidates are responding to their intervention. These metrics for success may be re-assessed sometime after the intervention has been completed to determine the extent of long-term success. In addition, evaluations should feed into an overall data collection process and into multi-agency meeting reviews, allowing for the identification of patterns and comparison of trends over time in female interventions.

During Intervention

6 Rebuilding lost trust: Interventions should be structured to maximise trust-building and mutual respect between practitioners and candidates.

To achieve this, practitioners should consider the following:

a.

A range of professional standards should be employed by intervention providers, including applying the key principles of active listening to foster dialogue. A range of verbal and non-verbal techniques for this approach can be read on the UK National Health Service Improvement website.¹⁶

b.

Practitioners should select and foster spaces where intervention candidates feel safe to engage in dialogue, to exchange ideas, and to raise questions and concerns that might be considered controversial or taboo.

c.

Providers should encourage candidates to lead the conversation - dialogue that is solely directed by the intervention provider, both in regards to content and direction, may cause candidates to feel disempowered or as if they lack agency.

d.

Ensure a person-centred approach with the mirroring of non-verbal body language and verbal lexicon to help establish common ground, a safe space, and candidate-led dialogue.

e.

Providers should ensure they are prepared to engage with their candidates by conducting as much background research as possible (e.g. by speaking to family or acquaintances and other frontline practitioners who may have previously engaged with the candidate) and through thorough study and understanding of the case details. However, while providers should learn as much as they can about their candidate's background, it is important they do not initiate interventions with bias or judgement based on the information they have collected and examined. This would only serve as an obstacle to trust-building, and may discourage candidates from opening up about their experiences.

f.

Practitioners and multi-agency oversight bodies must be patient, as it can take time to establish a rapport. Practitioners should remain open to reassessing the fit between a candidate and their IP, which sometimes may not be fruitful, and this should be tracked using the intervention case management plan (see recommendation 5).

g.

During an intervention, candidates may express social or personal grievances, experiences of discrimination, or other challenges faced or perceived in their society. Practitioners should encourage open discussion about the concerns voiced by candidates and must show that they take those concerns seriously. Dismissing or belittling a candidate's worries or experiences as "paranoia" or something regular or commonplace, for example, will only give the candidate incentive to withdraw from conversation and from the broader intervention approach. When a candidate raises a concern or vocalises a hardship or past experience, providers should reciprocate by showing their interest and encouraging further dialogue. Attitude is crucial: while providers will ideally possess expertise in the phenomena of radicalisation, recruitment and extremism, they should not overstate their knowledge nor present themselves as superior to the candidate in any regard. Language that is inclusive and tolerant, which focuses on care rather than securitisation and that takes the concerns and grievances expressed by the candidate seriously should be maintained.

7 Harnessing the desire for finding 'purpose': Adopt a solution-oriented approach that looks to the goals and aspirations of the candidate in their future.

The research highlighted the importance of women and girls' desire for finding a meaningful purpose and role, which in many cases they saw fulfilled by the promise of activity in extremist groups. Providers should therefore work with such individuals to develop healthy awareness of the innately human desire for purpose, and guide candidates to consider how this can both be a force for good, and a key vulnerability for exploitation. This should focus not only on counselling techniques, but also on practical needs that can assist them with addressing and dealing with their concerns. If, for example, a candidate mentions concern about their employability, providers should work with them to develop a clear career path that sets milestones and provides guidance on how to reach them, and building bridges between existing support and the candidate. Accompanying a candidate to meetings with other service providers, or escorting them to job interviews can be pivotal supportive steps. Multi-agency oversight bodies must build these types of engagements into their success indicators for their cases.

8 Maintaining a balance of sensitivity, professionalism and personal support: All practitioners, especially intervention providers, need to consider how their identity, character and cultural nuances will influence their relationship with a candidate.

Practitioners need to be mindful of their own personal influence at all times, avoiding language that could carry judgement, stigma or that could build barriers between the candidate and the support service. The cultural beliefs of the candidate need to be considered alongside the support worker's own. Consideration of areas where clashes may occur should lead practitioners to develop risk mitigation for these areas to ensure steps are taken to prevent and/or overcome any unintended consequences. Practitioners should also be aware of the physical boundaries that may be expected of them by the candidate on a case-by-case basis. Some candidates may be open to or desire a friendly and close dynamic with their provider, while others may expect a level of formality to be maintained. Providers should be flexible but maintain professionalism, and never push a candidate beyond what they are comfortable with.

9 Ensuring coherent responses to the varied factors involved in female radicalisation: Proactively develop clear responsibilities and communication channels between the specialist intervention provider and other relevant frontline services required in female intervention cases.

The research highlighted the broad range of push and pull factors involved in each case of female radicalisation to Islamist extremism. This tends to require an equally broad range of practitioners to deal with the various environmental, psychological and ideological facets of each case. Intervention providers should actively acknowledge when there may be services required by the candidate that an intervention provider is not equipped to and should not provide. This might include mental health support, child services, support with substance abuse and many more. In a multi-agency framework, as seen in both the UK and the Netherlands, providers should already be aware of who they can direct the candidate towards if the individual is in need of assistance beyond the intervention provider's capabilities. If intervention providers operate outside of a multi-agency setting, they should make appropriate connections and build relationships with counterparts in other areas of social work prior to delivering any interventions. Finally, opening and maintaining regular channels of communication with these different agencies enables frontline practitioners in other fields to ask IP's questions about radicalisation and extremism, thus facilitating more holistic responses and encouraging capacity-building.

10 Sustaining progress made in interventions: Review the case management plan to identify if indicators of success have been met and whether they are likely to self-sustain.

In closing out an intervention, practitioners involved should use the intervention and evaluation plan to consider what behaviour changes would prompt the recommencement of a formal intervention. It should also be determined what types of after-care support may be helpful both to the candidate and to their family, friends and other relevant individuals.

Flexibility should remain at the core of the approach upon completion of the intervention. The research demonstrated the divergent needs of different women and girls with regard to the amount and types of engagement, if any, required from the intervention provider once an individual is assessed as no longer requiring direct support. If an individual is known to have an unstable family dynamic or to lack tight-knit, safe personal relations, the intervention provider may wish to consider maintaining contact with the candidate. However, where possible, this should take place under the formal auspices of the after-care plan and case review to ensure that the practitioner's personal and professional boundaries are not transgressed in service of the extended support. Significant caution is advised if relationships between a practitioner is continued in a personal capacity after the case is closed or if is seen as a forced contact between the practitioner and the candidate, bringing them to feel a sense of surveillance of any form. It is hugely important to the integrity and legitimacy of processes like Channel and Safety House that any contact between the candidate and practitioners after the official end of an intervention is overseen by legal, ethical and professional standards. If required, an intervention provider should re-refer risks and the candidate back for formal support to the panel should they be made aware of increased risks in the future.

If aftercare is not recommended by the multi-agency oversight board, significant efforts to identify, introduce or signpost other online and offline services can be valuable to help sustain any progress made. The goal of any aftercare resources should be to foster sustained critical-thinking, to serve as an informal continuation of previous interventions, and to mitigate risks of candidates falling back into closed communities (online or offline) that breed "us vs. them" mentalities.

11 Lessons learned: All practitioners need to work together to facilitate continuous professional development, learning and exchange with other practitioners.

The whole practitioner community should understand that radicalisation and extremist influences do not exist in isolation from wider public and socio-political contexts. New groups emerge with narratives that may appeal to a whole new set of grievances, while existing movements may change their recruitment tactics to sidestep developments in the technology sector that are geared towards minimising their influence online. Furthermore, extremist narratives are interwoven with mainstream political narratives and social discourses. A range of local, national, regional or international incidents can influence the mind-set of a candidate and the community in which they reside. It is important the whole of the practitioner community is able to feed into the identification of local and global dynamics and might affect extremist recruitment efforts and successes. Multi-agency partners can embed a number of continuous professional development opportunities in their work, through best practice exchanges with counterparts in other cities, regions or countries, relevant academic studies, and ongoing engagement with a broad range of partners and experts.

CHAPTER 3: CASE STUDIES: APPLYING RESEARCH AND RECOMMENDATIONS

[Recommendation Checklist for Practitioners](#)

[Recommendations for Practitioners \(Full\)](#)

Multi-agency cooperation is central to both the current UK and Dutch approaches to de-radicalisation, with a significant focus on information sharing and cross-agency cooperation in the oversight, policy and practice of delivering interventions. While these structures operate in the same way, regardless of gender, agencies should be cognisant of the nature of risks, protective factors and response options for women and girls entering intervention programmes, which can inform the approach taken.

This section explores the complementary yet distinct roles of practitioner agencies involved in interventions through a selection of illustrative case studies. These scenarios also touch on the commissioning and use, where needed, of specialist intervention providers, who typically focus on working through the ideological aspect of individuals' radicalisation when there are critical vulnerabilities.

The first case study explores how multi-agency bodies work together practically in the delivery of interventions involving women and girls, as well as with their families. The second case study explores how specialist intervention providers and other practitioners can work together in cases that combine a variety of radicalisation vulnerabilities. The third case study explores the role of intervention providers in intervention processes, and the direct mentoring capacity that they can provide to reduce vulnerabilities identified during risk assessments. This case study is designed to offer insights into how a referral pathway continues once handed over to an intervention provider, and the safeguards that should be put in place in such cases.

These case studies are completely anonymous and put together based on a broad collection of real intervention experiences drawn from practitioners engaged with throughout this project. They do not refer to real individuals but bring together a range of real anecdotes as realistic scenarios. These case studies are included as guides to spark consideration of the different scenarios that are possible in dealing with cases of women and girls radicalised to Islamist extremism and serve as a training material for practitioners to use.

CASE STUDY 1: MULTI-AGENCY RESPONSE TO A DOMESTIC VIOLENCE VICTIM

Types of vulnerabilities: domestic violence, marriage, children

The Referral:

A female domestic violence victim was referred to victim support services in the UK. The victim was identified as being religiously devout, timid and wary of local authorities. The victim refused to cooperate with police investigations and turned down the support of victim services, prompting further information gathering. The victim's husband was connected to a well-known Al-Muhajiroun (ALM) preacher, which results, after investigation, in his being charged and sentenced for support for a proscribed terrorist organisation. Following his arrest and pending prosecution, a Channel Panel was assembled to consider the welfare of the mother and any risks to her two young children.

Practitioner roles

The following pieces of information were shared by partners at a multi-agency Channel Panel:

- **Prosecuting officers and counter-terrorism police** shared information suggesting that the couple followed a pattern akin to several families in the area with historical affiliations to ALM. Significant questions were raised about the potential role of the mother within ALM, including by the mother's sister. It is believed that she and her husband first engaged with ALM via the group's recruitment efforts at a local university, where the couple met and married.
- The local **housing association** presented a number of neighbour complaints that had been registered over the years, including in relation to domestic violence concerns. The concerns also touched on the children's whereabouts, as neighbours infrequently saw the mother and children leave the house.
- **Social services and education teams** had not been granted access to assess the quality of the children's home-schooling, with no legal way to access the family house to conduct these assessments after the refusal of the mother.

The multi-agency Channel team instructed the local CVE officer to oversee the delivery of a council-wide risk mitigation and referral plan for the mother and her children. The following agencies were called upon in this instance:

- **Health:** Information was requested from health agencies to check the children's health, vaccination and other records to assess their welfare.
- **Education:** The eldest child had for a brief period of time attended an after-school madrassah, which was asked to submit a record of any relevant incidents or concerns to the panel.
- **Social care:** A comprehensive assessment of the family was planned by a social worker, exploring the children's welfare and determining if the parents posed a risk to the children. If this was the case, the social worker assessment was to report the extent of that risk and what, if any, measures needed to be put in place to ensure the children's safety and wellbeing.
- **Intervention provider:** An intervention provider conducted specialist coaching for the social worker to help them understand potential radicalisation signs and protective factors, and to themselves engage in an intervention if eventually consented to by the mother.

Intervention activities and processes

A case management outline was designed to identify and assess the following questions:

- What potential motivations can be identified for her engagement with extremist ideas? Already we can anticipate that the following drivers, discussed in the research, would be relevant here:
 - Love and/or marriage;
 - A break from the past, particularly for women who experience traumatic events, including domestic abuse, hate crime, or honour-based violence.
- Given the concern of domestic violence, how should the needs for support relating to this harm be coordinated with any intervention to deal with risks of radicalisation?
- How can the children be best protected and supported in a situation in which their father has been prosecuted for terrorist offences and their mother may be in need of intervention support?

To address these questions, the following steps were taken:

- Individual sessions between the designated social worker and each child to design **personal “ecomaps”**, with two further meetings with the children to discuss their ecomaps, answer questions, and explore their hopes about their family.
- Meeting between the social worker and the mother to explore her parenting style, role and how her husband’s sentence will affect the family. The social worker will also raise questions about the mother’s desire for personal support, with options for **parenting classes, victim support and/or Channel intervention**. Follow-up meeting to present and discuss the results of her assessment.
- Using information compiled by the social worker from initial assessments and the Channel Panel insights from across agencies, a long-term care plan for the children is designed, with **multi-agency roles clearly established, and clear measurable outcomes set** for the children, alongside expectations for the parent.

Outcomes & lessons learnt

- The children had been exposed on a regular basis to a range of unsuitable, violent and emotionally disturbing content from a range of individuals, including their parents, as identified through their ecomaps. A strategy meeting was held under Section 47 of the UK Children Act 1989, which states that there is scope for intervention, “where a local authority has reasonable cause to suspect that a child (who lives or is found in their area) is suffering or is likely to suffer significant harm”. The enquiry set in place an immediate protection **plan for the children**, which included passing temporary guardianship of the children to their mother’s sister, who cooperated openly with social services and expressed concerns about the mother’s relationship with ALM. She was granted permanent guardianship a year later.

- The mother was noted as being highly uncooperative with the assigned social worker throughout the assessment process, including unreliable meeting attendance, dishonesty and a lack of concern about the children's exposure to emotionally harmful content. The mother **never consents to Channel support** from an intervention provider, but showed increasing efforts to engage with the local authority and attending a parenting course once deemed necessary under obligations to acquire visitation rights to her children.
- The children remained on a high priority list to monitor their welfare with continued concerns about their social development, the true extent and impact of their mother's radicalisation and the **potential return of the father** after his release from prison.

CASE STUDY 2: IDEOLOGICAL INTERVENTIONS - THE "AALIMAH"

Types of vulnerabilities: school, political grievance, perceived religious duty, online

The Referral:

A 17-year-old female was searching for information on suicide bombing and Islamic justifications for the atrocities on 9/11 on a school computer. The school picked up the alert through their e-safety software and had an initial discussion with the student to raise their concerns. During this discussion, the student appeared to justify the 9/11 attacks. The school's designated safeguarding contact decided to refer the individual to the local authority and noted it may be a referral relevant for Channel. Following the acceptance of the case to the Channel panel and an initial risk assessment and information gathering process, the girl's parents and the student agreed to accept support from someone within the UK's Channel programme.

Practitioner roles

- **Intervention provider:** To build in understanding of ideological factors in female radicalisation, given the individual's focus on supposed religious ideological justifications, a female Islamic scholar (an Aalimah) was selected as an appropriate, respected and authoritative figure to coordinate the intervention.
- **Local authority support groups:** The student's mother agreed to take part in a parenting course run by the local authority on safeguarding children against digital harms - a course which runs via the school to educate parents on a range of issues, including exposure to extremist propaganda.
- **The school staff:** Her form tutor had noted the candidate has a close network of female students who she had been withdrawing from over the last few weeks. A member of staff had overheard the student suggesting the girls weren't "Muslim enough".

Intervention activities and processes

- **Understanding the background of the case with careful preparation:** The intervention provider established a weekly meeting with the student. The intervention provider received background information on the individual and assembled a series of questions and talking points as a conversational guide to use with the student in advance of the meetings.
- **Setting the tone:** The intervention provider carefully modulated the tone of the meetings to address the specific grievances that the girl began to express as the sessions progressed, directed by active listening and person-centred approaches. These were particularly useful tools in exploring the foundations of the student's support for suicide bombing, for example.
- **Ensuring a coherent response:** The intervention provider was required to provide regular updates to the police and Channel Panel chair, and to schedule a minimum of one monthly meeting with the parents.
- **Maximising trust-building and mutual respect between the intervention provider and the candidate:** a budget was provided to allow for meetings to take place outside of the family home and after school, to ensure there was sufficient variety in settings and if needed, activities.
- **Harnessing the desire for 'purpose':** The candidate's grievances focused on the geopolitical context and current world affairs, especially relating to Afghanistan. In these conversations, the student spoke about her interest in medicine and its potential to help provide a channel for her to use her intellect as well as her passion to help on the ground in Afghanistan. The intervention provider was able to help frame this as a mutually agreed upon noble intent and higher "jihad", as well as a goal that could help Afghan society in the future. The student was encouraged to recognise her own agency and to harness the power of mobilising and campaigning against issues that she felt strongly about.
- **Taking concerns seriously:** Across four meetings, the intervention provider encouraged open discussion about a number of politically, religiously and personally challenging issues. Active listening and a non-judgmental tone provided a useful trust-framing mechanism for the intervention provider to then explain these points from their position of Islamic scholarship. The issues brought up for discussion included:
 - The specific incident identified at the school and the girl's views on 9/11, revealing the justifications and broader Islamist extremist narratives that she had been engaging with. These included the belief that: there is a war against Muslims led by the Western world; the destruction of the Twin Towers was permissible, given the workers within represented institutions guilty of "Riba", an interpretation of Islamic fiscal law that frowns upon the profiteering and exploitation of financial institutions via interest; and that suicide bombing is a noble sacrifice justified Islamically.
 - Why she had distanced herself from her friendship group, who identified as Shia Muslim whereas she is Sunni. The student had been approached on Reddit in a discussion thread about 9/11 which had escalated into a private WhatsApp group which had encouraged and promoted sectarian and anti-Western views.
 - The role of the student's maternal uncle as a "martyr" in a conflict zone, which had been explicitly justified by her mother as an Islamic and a noble sacrifice, both religiously justified through scripture and Islamist scholarship alongside her belief this this was a political necessity.

Outcome/
Lessons Learnt

- The intervention provider met with the student over the course of six months. During that time, the student had begun to condemn 9/11 and Al-Qaeda, being strongly moved by her own research into the number of Muslims that had died in the attack, but also in other acts of violence around the world. She also re-established her friendship with her school group, seen as a strong protective signal given the traditional supremacy shown by Sunni Muslim towards Shias and other Islamic sects promoted by Al-Qaeda.
- While distancing herself from supporting violence, she applied herself in politically active channels with the support of her school, launching a signature-gathering campaign to call for the withdrawal of forces from Afghanistan, for example. She has become focused on her studies, submitting an application to university to study medicine.
- **Sustaining support:** While the formal Channel case closed after six months, there were monthly reviews of the case over the next quarter, extending to quarterly reviews for the year ahead. This included an information gathering process from all agencies, as well as a small number of visits from the Channel Police practitioner to the family home to check in. While the case was seen as a success, the student had commented on how much she wished she was still able to meet with the intervention provider after the weekly meetings had ended.

CASE STUDY 3: DRAWN TO VIOLENCE – THE ISOLATED GIRL

Types of vulnerabilities: mental health, perceived religious duty, convert, online

The Referral:

A young woman aged between 19-26 years old lived in a rural village in the countryside. Raised in a devout Christian household, she was exposed to outbursts of violence from her parents and brother before moving out to live on her own. She sought out extremely violent content on the dark web and developed a fascination for video games, graphic pictures, beheading and torture videos, leading her to become engrossed with ISIS content online. While she did not engage interactively with others on the dark web, her expressions of interest in ISIS on Twitter led her into online conversations with others on the site, before migrating to Facebook groups and private messages. This involved her receiving significant attention from two ISIS-supportive men online.

She developed a close relationship with one of the men, who presented himself as a caring, empathetic and supportive character. Through an attempt to forge a close, sympathetic, but non-romantic relationship with the woman online, this man was able to paint an attractive and glorified picture of the violence and mission of ISIS to the girl over time, resulting in her adopting a romanticised view of ISIS.

The second man continued to recruit the young woman to ISIS online through a different tactic, through discussion of the main tenets of Islamist ideology. He approached her with discussion of Islamic 'fiqh' (religious rules and ethics) and chapter of the Quran which centre on warfare. Despite her interest in violence and her emotionally fragile context, she did not enjoy talking to this man, as his demeanour was harsh and he used a forceful approach without demonstrating empathy. The conversations did, however, introduce an ideological framing for her continuing interest in violence. She soon began to consider converting to Islam, despite lacking any local or personal connections to the Islamic faith beyond the efforts of these two male characters online.

Practitioner roles

- **Police** - Due to the girl's connection to the known IS recruiters, she was flagged to the Channel Police who proceeded to arrange a Channel Intervention for her. This included arranging a formal meeting for the girl with an intervention provider.

- **Intervention Provider** – an intervention provider was allocated. The intervention provider chosen was seen as being uniquely placed to support the candidate, given training as a psychologist and therapist. A formal meeting for the girl was scheduled and immediately approved by the Channel Panel.
- **Family and community** – The woman’s family was judged to show Islamophobic attitudes, with a history of violence, which rendered them uncooperative and potentially harmful to the intervention process. Similarly, the local community around the candidate did not provide constructive support, with the young woman also stating her sense that there was a deep mistrust of Muslims in the broader community.
- **Mental Health practitioners** – The clear underlying mental health vulnerabilities demonstrated by the young woman should have been identified as a priority for any intervention, given the central role that these played in her attraction to ISIS. The lack of appointment of a mental health professional, however, meant the intervention provider and other practitioners involved in the young woman’s case approached the intervention without due regard to her mental health requirements. As such, they were left unapproached during the course of the intervention.

Intervention activities and processes

- **Resetting her relationship and understanding of Islam:** ISIS recruiters had provided her with her only introduction to Islam, leaving her with a significant theological deficit. The intervention provider therefore played a critical role in:
 - Re-introducing the candidate to Islam, and contextualizing the Quran and the life of the Prophet Mohammed from the historical to the modern day.
 - Providing a framework and tools for the study of the Quran and the scripture, ensuring she was able to utilise a more objective framework of analysis to question meaning in the scripture and in Islamist propaganda. This training enabled her to independently verify and seek out reliable sources and critically assess arguments brought to her by others.
 - Allowing her discussion space to raise and critically assess different passages in the Quran, allowing her to flag concerns and to lead the conversation based on passages that she was most drawn to.
- **The creation of a safe space:** to avoid stigma, the practitioners took extra precautions to ensure a safe space for the candidate, rather than meeting her in local cafes or public spaces. This helped to avoid exposure to a potentially hostile community that she distrusted. Practitioners, including the intervention provider, mutually developed a cover story in the instance that they were approached by any friends or family of the woman, ensuring that the girl felt safe to meet with them.
- **Channel panel and intervention provider communication:** In this case, the intervention provider had the opportunity to sit on the Channel panel, which was helpful for the entire practitioner group. The intervention provider gave direct feedback on the case. This is not usual practice, with the panel usually relying on second-hand engagement with the intervention provider. However, in complex cases it can be achieved and can make a significant difference to a clear and coordinated understanding of the case.
- **Addressing the underlying vulnerabilities:** The candidate was significantly isolated and had been subject to negative socialisation, which reinforced her current perceptions of Muslims being "othered".

Outcome/ Lessons Learnt

- **A mental health assessment:** Given the young woman's history of mental health vulnerabilities, the intervention plan should have included a full mental health assessment before the intervention provider began an ideological intervention, not only to ensure the safety of the intervention provider, as far as possible, but also to rule out any mental health issues that may have drawn the young woman to violence in the first instance. Even after the conclusion of the intervention provider sessions, it should have been of paramount importance to regularly check-in on the woman's wellbeing and to evaluate long-term risk. In this case, the intervention provider was a qualified psychologist and therapist, which bridged some gaps, but did not fulfil all of the functions of a full mental health assessment.
- **Privacy:** the counter-terrorism police posted a reminder of the upcoming intervention provider appointment to the family home, which fell into the hands of the family. This resulted in the girl withdrawing her consent to continue with the intervention process. Any correspondence on an intervention process should be kept private and confidential from the candidate's family, friends and associates unless they are legally mandated (e.g. for those under the age of 18 in the UK) or form a necessary or supportive part of an intervention. This is to ensure that trust with the candidate is not compromised, and any connections to the candidate do not negatively impede the chances of a successful intervention.
- **Conclusion of intervention:** the intervention was stopped by the candidate, who withdrew her consent to continue. However, the intervention provider felt that the sessions had already achieved a 'satisfying' level of disengagement from extremist attitudes.
- **Managing risks after an intervention completes:** Given the significant mental health presentation noted in this case and the withdrawal of the candidates consent to continue the process, there should be a formal referral process to adult mental health services. This would provide the woman with access to treatment and ensure a regular professional check-in on her wellbeing and long-term care requirements.

APPENDIX 1: RECOMMENDATIONS FOR POLICY-MAKERS

Recognising the importance of gender dynamics in extremism: Programmes specifically aimed at radicalised women and girls should embed considerations of gendered factors and dynamics into processes. While each case remains unique, gender plays a crucial role in the influence and identity constructions of radicalisation cases and it is a factor that requires increased attention from policy-makers to ensure it is embedded into intervention frameworks and policy guidance. There are gendered motivations, behaviours, dynamics and recruitment tactics that specifically expose women to risks of radicalisation, even if many overlap with male radicalisation factors. This suggests that, at least in some cases, radicalised women may require a different approach compared to their male counterparts. The research conducted for this toolkit identified the following factors:

- The dynamics of the 'sisterhood';
- The prospect of love and/or marriage;
- Rebellion against predetermined, mundane lives with little agency over one's decisions;
- A break from the past (particularly for women who experienced traumatic events, including domestic abuse, hate crime, or honour-based violence);
- Discrimination experienced by women or girls based on their gender, ethnicity and/or religion.

Furthermore, the research underscores the impact of gender dynamics on the possible effectiveness of interventions and de-radicalisation approaches. In some analysed cases, female intervention providers were better at building trust with candidates' mothers, whereas in other cases, male practitioners were perceived as better fitting the broader cultural stereotype of 'authority' and were therefore conducive to a more receptive respondent. In some cases, mothers of radicalised individuals were more willing to talk to male practitioners because it allowed them to avoid perceived feelings of shame and judgement from other women whereas in other cases, male intervention providers interacting with female family members created added tensions due to fears of social exclusion from the community for being seen alone with a male without their husbands. Awareness of these gendered effects can help optimise interventions and responses.

Avoiding assumptions about female radicalisation: Training for intervention providers needs to be ongoing, frequent and built into the commissioning process, including ongoing updates about the gender dynamics of extremist movements and their recruitment strategies. At times, intervention providers may lack the up-to-date knowledge on ideological trends, tactics and narratives often required to create legitimacy, trust and to adequately address the individual's vulnerabilities. This in turn could mean the intervention provider is unable to build the strong interpersonal bond needed with an individual, and the ability of the intervention provider to provide a safe intervention. As global conflicts and local drivers to radicalisation evolve, intervention providers need to be equipped with this knowledge through training, so that they can make effective and well-informed decisions on cases. Experts should be invited to support this training, so that the most relevant updates on tactics, trends and movements can be incorporated into interventions work.

Ensuring the response to radicalised women and girls is multi-faceted. In many of the reviewed cases in the research, aside of ideological drivers, experiences of prejudice, feelings of powerlessness or lack of purpose were identified as significant factors in individual radicalisation processes: Professionals working with Islamist radicalised women and girls may benefit from a wider perspective of tools and tactics. Drawing from the outcome of the research, these could include:

Female empowerment within the context of Islam. Several women proved susceptible to the rhetoric that Western society is degrading of women and ISIS empowers women by allowing them to fulfil their 'true roles' as intended by Allah. In this case, a better understanding of the teachings of 'Islamic feminism' and of different interpretations of female empowerment within the context of Islam may help practitioners offer women a different route to female empowerment.

Working with traumatised women. In the Dutch context, several women had a history of traumatic experiences, including domestic or sexual abuse. Training for professionals in how to work with women with such troubled pasts might be beneficial. In addition, for women with such backgrounds, the prospect of re-integration or disengagement from the extremist scene can potentially be more challenging as they have no safe family structures to return to. It may also prove more difficult for the practitioner to gain the trust of the female subject. Rather than a 'professional approach', establishing 'low-key contact', careful listening and offering help with 'small chores' might prove helpful in bridging possible distrust.

Tactics and tools that deal with self-worth and self-esteem. In the UK context, different women who were fed up with the status quo in their lives were prone to be more attached to the cause they had adopted and were very hard to challenge due to their complete conviction towards it as an ultimate solution to their troubles. Awareness of this dynamic can help practitioners with finding these women a different route to gain agency over their life decisions and to re-claim control over their lives through a non-violent route. Practitioners and interventions providers dealing with female cases may benefit from tactics and tools to deal with self-worth and self-esteem, where these have been identified as significant in an individual's process of radicalisation. The research exposed issues of women and girls feeling 'undervalued' or without purpose, which fed into their vulnerability to radicalisation. To ensure long-term resilience is built into intervention goals, practitioners in contact with these individuals should, where feasible, have access to additional tools to support these women and girls, such as women's support groups, language lessons, parenting programmes, and more general community engagement and outreach initiatives.

Building the necessary capacity to handle the increasing number of cases involving women and girls: Governments and local authorities should commit resources to building sustainable networks of intervention providers and multi-agency partners who can work in tandem throughout interventions. In the UK context specifically, the small numbers of qualified intervention providers can mean an overreliance on the same individuals across geographically and ideologically diverse cases. There are just a handful of female intervention providers active in the UK context, while numbers of female returnees from Syria and Iraq will continue to rise. This can cause gaps in both capacity and capability, signalling the need to invest in a larger network of trained providers who together share a broad array of tactics, tools and professional disciplines to provide more comprehensive interventions and to prevent the over burdening of a few individuals or organisations.

A number of existing UK intervention provider specialists are former extremists or individuals with a deep and often personal ideological understanding of extremist movements. Yet the number of potential formers who could be engaged to deliver intervention work remains small. Increasing the available resources for interventions should therefore focus on improving the capabilities of practitioners with existing expertise on social work and/or public health interventions, integrating specialist training on the ideological factors specific to extremism. Governments and local authorities should focus on building out a network of partners that is demographically and professionally diverse. This will also ensure a wider range of appropriate expertise is on hand, and that a holistic approach can be provided to each individual.

Prioritising the development of a strong and trusted relationship between the intervention provider and the candidate: Clear policy and related guidelines need to be established to guide the start and end of the intervention process, which should place a stronger emphasis on the interpersonal relationships formed between the intervention provider and the candidate. Specialist practitioners report that there is often a poor consideration of match-making between the intervention provider and the candidate at the start of an intervention process. Clearly established protocols need to be established that pay attention to the power dynamics associated with gender, as well as socio-economic factors, and ethnic and religious background, which can all have a powerful impact on whether effective interventions can take place. Interpersonal factors should play a key role in the process of assigning a practitioner to an individual. Due regard must also be paid to the potential harm done by the sudden absence of a strong relationship between an intervention provider and an individual at the end of a case. To ensure no harm is caused, there must be a consideration of the value of these relationships and in-depth consultations with IP's before rotating them between cases. Additionally, IP's must be able to feed directly into the multi-agency panels and have the right for appeal to ensure their first-hand knowledge of the candidate is around the table during decision making. This can help to avoid the intervention provider relationship being shut down prematurely.

Developing trust in the system: Public communication efforts must be rooted in transparency to ensure the safe and successful practice of intervention programmes. State-run and municipality-led intervention programmes require the consent and support of individuals and their families for interventions to take place successfully. These programmes often receive significant media interest and are the focus of community suspicions, which can cause mistrust and affect the support and agreement of individuals, families, communities and institutions to engage with such programmes. All agencies involved in the process need to ensure they have broad public-facing information available on their role and activities. Such efforts help remove the initial barriers to trust with individuals and their families that practitioners often face. Best practice includes:

- The launch and maintenance of public-facing education content via a range of online and offline platforms. This can include details on the exact role, processes and remit of these intervention initiatives, as well as the multi-agency practitioners involved.
- The running of “community table tops” allows key influencers to experience the process first-hand.
- A public-facing website with clearly explained referral pathways and criteria.
- Significant investment in intervention provider training, possibly to include certification and training in child and adult social work provision alongside a focus upon data protection and how to follow the European Convention on Human Rights (notably Article 8: Right To Respect Family Life, Article 9: Freedom of Thought, Conscience and Religion, and Article 10: Freedom of Expression).

■ **Developing and applying consistency in responses to returnees: Policy-makers need to ensure they accommodate the specific and complex experiences of woman and girls returning from ISIS territory.** Policy-makers need to balance the competing goals of rehabilitation with prosecution, further complicated by the fact that most women and girls that have returned from Syria or Iraq do not want to self-incriminate by revealing the true extent of their role whilst in ISIS territory. This is extremely challenging for policy-makers: careful attention needs to be paid to ensure that practitioners tasked with working with this cohort have clear guidelines on how to establish bonds and trust in the face of simultaneous evidence-gathering processes. This may need to include an extension of the scope of existing intervention programmes, which are often “pre-criminal” in nature, rendering it impossible to work with individuals whilst an investigation is underway. Furthermore, policy-makers should consider how to create a trusted and open relationship necessary for a successful deradicalisation process in these circumstances. One option includes exploring the role of professional therapists and counsellors, who are trained to hold privileged information, which could help to overcome concerns of this cohort of returnees that they will incriminate themselves through engaging with intervention programmes. Existing guidelines, including a case study from the 2018 UK CONTEST strategy, touch on these issues, but fall short of providing explicit guidance on how to negotiate the specific period of time in which returnees are under investigation, beyond the requirement to report into police on a regular basis.¹⁷

APPENDIX 2: EXISTING RESOURCES AND GUIDANCE FOR INTERVENTION PRACTITIONERS AND POLICYMAKERS

RESOURCES	AUTHORS	GEOGRAPHY	TARGET AUDIENCE USERS	SUBJECT	LINK TO RESOURCE
Compendium of Good Practices for VOEs	Eelco Kessels, Christopher Dean and Sebastien Feve	UK, USA, New Zealand, Australia, Canada	Correctional services practitioners who support Violent Extremist Offenders (VEOs)	Considerations to be made prior to interventions. Reintegration policies, strategies and planning.	http://veocompendium.org/
Terra Toolkit	Holly Young, Jorien Holsappel, Magda Rooze, Arjan de Wolf, Jonathan Russell and Usama Hasan	EU member states	Teachers, social workers, law enforcement religious leaders and policy makers who work with young people	Best practice manual and tips to understand radicalisation amongst different groups of individuals.	https://terratoolkit.eu/wp-content/uploads/2014/09/TERRATOOKIT_FULL_PRINT_web_27.pdf
Preventing and Fighting Radicalisation at the Local Level (Chapter V)	Sebastian Sperber, Juan Cristellys and Veronique Kaetelar.	EU member states	Various stakeholders (e.g. practitioners, families, educators)	Practical insights and tools for strengthening local stakeholders' capacities to deal with radicalised individuals.	https://issuu.com/efus/docs/publication_liaise_en-web
Terrorism, Radicalisation & Countering Violent Extremism	Shashi Jayakumar	International	CVE practitioners	A practitioner-focused academic CVE primer/manual.	https://www.palgrave.com/gp/book/9789811319983
A New Approach? Deradicalization Programs and Counterterrorism	Ellie B. Hearne and Nur Laiq	UN member states	Practitioners involved in deradicalisation programmes	Report on lessons learnt and best practices in the design of deradicalisation programmes.	https://www.ipinst.org/wp-content/uploads/publications/a_new_approach_epub.pdf
RAN Exit Academy 'Communicating with radicalised individuals in an exit setting'	Maarten van de Donk	EU member states	"Exit work" practitioners	Best practice guide on how to establish meaningful communication between practitioners and participants, with a focus on 'former extremists'.	https://ec.europa.eu/home-affairs/sites/home-affairs/files/what-we-do/networks/radicalisation_awareness_network/about-ran/ran-exit/docs/ran_exit_academy_communicating_25-26_04_2018_en.pdf

RESOURCES	AUTHORS	GEOGRAPHY	TARGET AUDIENCE USERS	SUBJECT	LINK TO RESOURCE
The Roles of Women in Counter-Radicalisation and Disengagement (CRaD) Processes. Best Practices and Lessons Learned from Europe and the Arab World.	Jennifer Philippa Eggert	Lebanon	Policy-makers and practitioners working on CRaD processes	Discussion of existing approaches to CRaD and the roles of women in these processes by highlighting academic and international practitioners' debates as well as the experience of three grassroots organisation that work in Lebanon, the UK and Germany.	https://www.berghof-foundation.org/fileadmin/redaktion/Publications/Other_Resources/Berghof_Input_Paper_Women_Counterradicalisation.pdf
The United Kingdom's Strategy for Countering Terrorism	UK Home Office	UK	Police, security services and other policy makers	Fourth edition of the UK's CT strategy, CONTEST, that aims to highlight terrorism related threats in the UK. p.26 provides details on the Channel programme. p.36 provides a case study on the UK policy on radicalised individuals returning from Syria and Iraq.	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/716907/140618_CCS207_CS0218929798-1_CONTEST_3.0_WEB.pdf
Prevent Duty Toolkit for Local Authorities and Partner Agencies	UK Home Office	England and Wales	UK practitioners working in the Prevent network	Report on lessons learnt Provides practical information and examples of best practice to support local authorities and their partners in their work to protect vulnerable people from radicalisation. p.13 discusses Channel Panels.	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/736759/Prevent_Duty_Toolkit_for_Local_Authorities.pdf
Channel Duty Statutory Guidance: Protecting vulnerable people from being drawn into terrorism	n/a	England and Wales	UK practitioners working in the Prevent network	Provides guidance for members of a panel and partners of local panels in England and Wales on the duty in the Counter-Terrorism and Security Act 2015 to provide support for people vulnerable to being drawn into terrorism.	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/425189/Channel_Duty_Guidance_April_2015.pdf

APPENDIX 3: EXISTING INTERVENTIONS POLICIES AND APPROACHES IN THE UK AND THE NETHERLANDS

Women and girls, like their male counterparts, are a growing target audience of deradicalisation, disengagement and rehabilitation programmes regularly referred to as “intervention” programmes. Both the Dutch and UK contexts have significant advantages in the acceptance and treatment of female cases through their existing and mature intervention programmes. This section provides an overview of the existing policy frameworks and intervention approaches used in the Dutch and British contexts. The differences between these approaches are laid out to help explain the focus of each programme and policy. Existing resources that can be used as guidance to accompany practitioners in these policy settings are listed and summarised in Appendix 2.

Interventions Framework One: The UK Channel Programme

How does it work?

Channel is a confidential, voluntary programme delivered by all local authorities across England and Wales. Channel forms part of the “Prevent” band of the UK’s national counter-terrorism strategy, CONTEST, and is aimed at safeguarding and supporting individuals who are assessed by a multi-agency “Channel Panel” as being vulnerable to radicalisation of any form.

Referrals can come from the public, from schools, for example from concerned teachers or classmates, and from frontline workers in other areas of social services and healthcare. These are generally made via phone or email and are received either by the local authority or by local police, who together conduct an initial information gathering process to verify the risks that are of interest to the Channel Panel. If a case is accepted to the panel, a vulnerability assessment will be completed to determine if a referral requires further action. Historically, this process has been led by the counter terrorism police, but in recent times some local authorities have piloted conducting these assessments in partnership with police colleagues. Where necessary, referrals will be passed to mainstream support services (i.e. drug and alcohol rehabilitation, employability services), or to the Channel Panel if there are concerns around vulnerability to radicalisation.¹⁸

The Channel Panel is a multi-agency structure that brings together representatives from education, healthcare, local police and social services, among others. The Panel is convened to provide secondary assessments of referrals passed to them by the police and, if deemed necessary, to develop holistic support plans that cater specifically to the individual needs of each referral. The Channel panel should be established in every local authority in the UK and should meet monthly, with representation from all relevant sectors.

Who is involved?

The Channel Programme is reliant upon a multi-agency framework to assess and plan support for cases of radicalisation. As such, it involves a range of stakeholders at the community and policy levels. The Channel Panel gathers representatives from local law enforcement, local government, education, youth detention services, mental health and broader healthcare, and employability services. This ensures that a wide range of partners' perspectives and insights can feed into the individual work plan, as well as ensuring that a wide range of supportive measures can be drawn upon, as needed, to address the specifics of each case.

Who is involved?

The Channel Programme and the broader Prevent stream of CONTEST have historically garnered significant speculation and criticism. Critics of the programme argue that it fuels fear and division through encouraging, and in some instances requiring, public officials to report on individuals based solely on initial baseline judgements, with little understanding of how radicalisation realistically manifests (e.g. the Prevent Duty requires officials in education to refer individuals they assess as vulnerable to radicalisation). However, those supportive of the duty discuss the usefulness in placing a legal requirement on a range of agencies ensuring the programme is embedded with social services agencies, rather than being purely policing-led, which is viewed as central to making the programme more transparent. All sectors subject to the Prevent Duty have access to a range of e-learning and in person training to ensure there is adequate understanding of risks and signs of radicalisation, alongside an emphasis that all referrals should be referred by a designated safeguarding lead in each context as per the standard safeguarding reporting processes (e.g. reporting substance abuse, child neglect).

Prevent has also been accused of endorsing state-led surveillance and impeding on freedom of expression, with a range of lobby groups encouraging the boycotting of the programme. Prevent practitioners and the Home Office have struggled to balance the privacy of individuals referred to Channel and the ability to report the facts, challenge misrepresentations or, at worst, lies promoted by a range of anti-Prevent groups. These groups have equally been accused by practitioners of fostering scaremongering, promoting fear and falsehoods about the nature of the programme, and encouraging communities to halt cooperation and engagement with authorities.

Prevent teams within local authorities across the UK run a range of different community-facing initiatives. These include emphasis on open dialogue between Prevent officials and the communities in which they work, as well as trainings which raise awareness of radicalisation and provide education on the Prevent Strategy and the Channel Panel process. Additionally, Operation Dovetail, piloted in 2017 in nine areas across the UK, aims to further de-securitise the programme through the sharing of its operational responsibilities with the local authority, rather than solely in the hands of local law enforcement with a view that over time, local authorities can lead on Channel with relative independence. This helps challenge the security connotations that have continued to place a shadow over the Channel Programme and reflects the commitment and duty of local government to ensure protection from radicalisation is more closely embedded within existing public health approaches to a range of other social harms.

Interventions Framework Two: The Dutch Localised Approach

How does it work?

In the Netherlands, approaches for the prevention and countering of violent extremism are delivered at a local level through a network model that brings together partners from various sectors in what is locally known as a “Veiligheidshuis” or “Safety House”. The Safety House model was originally modelled to tackle broader crime prevention. As Dutch citizens began to travel to Syria to join ISIS, the remit of Safety Houses was expanded to address radicalisation to extremism. This necessitated the development and implementation of local prevention and CVE-intervention programming.

The Safety House model convenes multi-sectoral representation, gathering different areas of expertise to collectively assess and support cases that are brought to the attention of the Safety House due to concerns around radicalisation and engagement with extremism. Representatives of the three The Safety House model convenes multi-sectoral representation, gathering different areas of expertise to collectively assess and support cases that are brought to the attention of the Safety House due to concerns around radicalisation and engagement with extremism. Representatives of the three core partners in the Safety House – police, prosecution and municipality – serve as ‘attention officers’ for their respected fields. They can refer individuals they or their colleagues come across, and grow concerned about, in their line of work to the rest of the Safety House. Here lies a subtle difference between the Channel Programme and the Safety House model - the Channel Programme does not employ designated “attention officers” per partner-agency, but rather referrals are made directly to local police or the local authority instead. However, similarly to the Channel Panel, the Safety House collaboratively assesses these referrals and, where necessary, develops and delivers wrap-around support aimed at safeguarding those that are referred from further risk.

Who is involved?

The Safety House model brings together representatives from three core partners: police, prosecution and municipality. If relevant, representatives from other partners including probation and juvenile detention centres, youth protection and youth care services, and other areas of social work (e.g. employability assistance), education and mental healthcare are invited to discuss and develop the most effective approach for the discussed individual.

What are the potential issues?

Potential issues that arise with multi-agency frameworks include gaps in knowledge and understanding of extremism and cooperation between partners, especially about information sharing. Relying on officers from the variety of sectors that make up the multi-agency network to report concerns and/or suspicions of radicalisation or engagement with extremism requires them to be well-versed in these topics. It requires officers across subject-matter areas to understand the signs that are thought to indicate vulnerability to radicalisation. While training can assist with creating an understanding and awareness of this, there is always concern with over-reporting or referring individuals falsely due to limited experience with the subject matter. This can also create risks around the reputation or communication of the programme. Programmes that are found to be over-reporting may be subject to accusations or concerns about censorship, surveillance or stigmatisation.

Secondly, operating with a multi-agency framework can raise issues with information-sharing and, even once information is shared, can breed concerns about how information is used. This can be mitigated through creating legal frameworks that clearly stipulate why and how information will be collected, used, and potentially shared. Carefully delineated legal frameworks can also serve to hold the various institutions involved in the programme to account for their roles and responsibilities, and provide important documentation in cases of staff turnover, facilitating a smooth handover process and a clear understanding of institutional commitment to the multi-agency approach.

APPENDIX 4: DEFINITION OF TERMS

Islamist Extremism

Islamist extremism describes the advocacy of a system of belief that promotes the creation of an exclusionary and totalitarian Islamic state, within which those who do not subscribe to this vision are portrayed as an inferior 'out-group' and are subjected to implicit, explicit or violent means of subjugation and prejudice. Islamist extremists propagate a dehumanising 'othering' mind-set that is antithetical to pluralism and the universal application of human rights. Extremist groups pursue and advocate a systemic political and societal change that reflects their world view. They may do this through non-violent and more subtle means, as well as through violent or explicit means, including terrorism. Extremism can be advocated by state and non-state actors alike.

Intervention Provider

Intervention providers, as referred to in this toolkit, are practitioners who focus on working through the ideological aspect of an individual's radicalisation when there are critical vulnerabilities. A commonly used feature in the UK Channel Programme, intervention providers are employed across the geography of the UK and are tasked to work one on one with individuals focusing on key vulnerabilities and ideological factors relating to their radicalisation. In the UK, intervention providers are paid for their time and hold a service level agreement with the Home Office. In the Dutch context, the Safety House team make decisions on what kind of approach could be most helpful for each individual and, in certain cases, this might include the joint decision to engage a specialist on ideological guidance, if it is determined that this could potentially benefit the individual's case.

Practitioner

A practitioner, as referred to in this toolkit, is anyone working in a public sector or frontline setting. Practitioners are different than policy makers or civil society leaders in that they are the individuals working on the ground to enact policy or civil society goals. This includes but is not limited to healthcare providers, social workers, law enforcement personnel, and charity staff. Interventions can be delivered either by practitioners or by specialist intervention providers.

Jihad and jihadism

Jihad generally translates as 'effort' or 'struggle'. The Islamic tradition distinguishes between two forms of jihad. There is the inner struggle to do 'the right thing', a struggle against temptation. For the majority of the Muslim community, this inner jihad is a daily practice of their faith. The term jihad is also used to refer to fighting injustice and oppression, spreading and defending Islam, and creating a just society through preaching, teaching and armed struggle or holy war.¹⁹ When referring to jihad in this toolkit, it refers to this latter interpretation and not to the inner struggle of individual believers.

Jihad and jihadism (continued)

The origins of contemporary jihadism can be traced back to the Soviet occupation of Afghanistan in the 1980s. Starting out as a defensive jihad against the Soviet invasion, it evolved into a proxy war with recruits travelling to Afghanistan to support the Mujahedeen (jihadist fighters) from all over the world.²⁰ During and after the jihad in Afghanistan, and under the influence of ideologues such as Abdallah Azzam and Osama bin Laden,²¹ modern jihadism developed into a transnational ideology with strong anti-Western views.²² Rather than an organised, singular movement, the jihadist movement should be considered a loose network of actors that is subject to constantly changing alliances and rivalries. Nevertheless, the actors share the broad goals of safeguarding what they see as 'true' Islam by returning to a puritanical and literalist understanding of their faith. Jihadism constitutes one of several currents within the Salafist movement, set apart by the belief that violence alone can save the community of true believers and lead to final victory.²³

Radicalisation

Scholars on the topic differ in opinion on how the process of radicalisation works. For this report, we define radicalisation as the social and psychological process that moves individuals away from the mainstream and towards the extreme in their thoughts and/or behaviour. This process is generally understood as a highly complex, multi-causal and multi-dimensional process which can differ from person to person. It is often argued that a combination of different factors pushes and pulls a person to or from a violent extremist group.²⁴ These factors can help explain why a person becomes more susceptible to the rhetoric of extremists. Examples can include feelings of estrangement from society, the pull of the cause, a change in group dynamics, economic deprivation, perceived injustices and geopolitical events. In addition, trigger-events such as the death of a loved one, the meeting of a charismatic (radical) person, the loss of employment or a direct confrontation with discrimination can catalyse this process.²⁵

There is not one road to radicalisation (leading to violent extremism). There can be many different pathways, and even shared pathways may have different outcomes. Ideological commitment to a cause does not necessarily precede radicalisation. For some, this commitment can lead to attachment to a grievance and group affiliation, while for others, it can be the other way around; a grievance or social/group affiliation can lead to ideological commitment. Similarly, for some, conviction and commitment to a cause may precede their willingness to take action, while for others, engaging in action strengthens their commitment to the cause.²⁶

Terrorism

In the absence of a generally accepted definition under international law, for the purpose of this report, we follow the United Nations and understand terrorism as: "any action (...) that is intended to cause death or serious bodily harm to civilians or non-combatants, when the purpose of such act, by its nature and context, is to intimidate a population, or to compel a government or an international organisation to do or abstain from doing any act."²⁷

For reference, the NCTV defines terrorism as threatening, making preparations for or perpetrating, for ideological reasons, acts of serious violence directed at people or other acts intended to cause property damage that could spark social disruption, for the purpose of bringing about social change, creating a climate of fear among the general public, or influencing political decision-making.²⁸

Terrorism (continued)

The UK Government's statutory definition of terrorism is contained in Section 1 of the Terrorism Act 2000. It specifies that terrorism is, "the use or threat of action which is designed to influence the government or an international governmental organisation, or to intimidate the public or a section of the public, and which is made for the purpose of advancing a political, religious or ideological cause. The action used or threatened must involve serious violence against a person, serious damage to property, endangering a person's life, creating a serious risk to public health or safety, or the intention to interfere with or seriously disrupt an electronic system".²⁹

Violent extremism

As with terrorism, there is no internationally agreed definition of violent extremism. Often, the two are used interchangeably. Mostly, violent extremism is regarded as including, but not limited to, acts of terrorism.³⁰ This is also reflected in the VE Action Plan in which the Secretary-General observed that "violent extremism encompasses a wider category of manifestations" than terrorism since it includes forms of ideologically motivated violence that falls short of constituting terrorist acts.³¹ For the purpose of this report, we follow the definition deployed by the United Nations Educational, Scientific and Cultural Organisation (UNESCO), that defined violent extremism in its 'Preventing Violent Extremism Through Education: A Guide for Policy-makers' document as referring to the "beliefs and actions of people who support or use violence to achieve ideological, religious or political goals. This includes terrorism and other forms of politically motivated and sectarian violence."³²

The NCTV deploys the term extremism for the phenomena whereby persons or groups intentionally cross the boundaries of the law in pursuit of their ideals.³³

For reference, the UK Government definition of extremism is defined in the Government's Prevent Strategy as: "vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces".³⁴

Deradicalisation and disengagement

Renowned scholar Alex Schmid points out in his conceptual discussion and literature review on radicalisation, deradicalisation and counter-radicalisation that there is a lack of conceptual clarity in the discourse on deradicalisation. For the purpose of this report, we follow John Horgan, one of the leading scholars on the topic, who defines deradicalisation as the "social and psychological process whereby an individual's commitment to and involvement in violent radicalisation is reduced to the extent that they are no longer at risk of involvement and engagement in violent activity."³⁵ This process, as pointed out by other scholars including Moghadam, is not (necessarily) the reversed path of radicalisation, rather it is a different process.³⁶

Deradicalisation and disengagement (continued)

Schmid points out that alongside this individual process, deradicalisation can also be defined as a programme or policy. He writes that some scholars see deradicalisation as any effort aimed at preventing radicalisation from taking place, while others see deradicalisation less in terms of prevention and more in terms of de-programming of those already radicalised.³⁷ Schmid refers to John Horgan who defines deradicalisation programmes as “programmes that are generally directed against individuals who have become radical with the aim of reintegrating them into society or at least dissuading them from violence.”³⁸

There is a clear distinction between deradicalisation and disengagement, where the latter refers to a distancing from a terrorist group and its violent ways rather than its ideas. Horgan explains that just because one leaves terrorism behind, it rarely implies (or necessitates) that one has become deradicalised.³⁹ On the other hand, he points out, a person can be deradicalised, but still be at risk for re-engagement. Horgan recalls a situation where an individual terrorist remained in voluntary detention because his family was waiting for him outside and would ‘ferry him right back into the arms of the militants’.⁴⁰

- Personal trauma, such as combat experience or the loss of a friend or colleague due to violent ideologies or hatreds;
- Disillusionment with the group’s leadership;
- Stress of staying with the group/exhaustion of illicit lifestyle;
- Desire for a normal ‘civilian’ life, such as through marriage, finding a career, or beginning a family;
- Competing social relationships or pressure by family/friends – especially parents and partners/spouses who may use social relationships to highlight ‘pull’ factors.⁴¹

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