

# Mental Health and the Foreign Fighter Phenomenon:

## A Case Study from the Netherlands

This report explores the suggested link between radicalisation, the foreign fighter phenomenon, terrorism and mental health problems, taking the situation in the Netherlands as a case study. After an initial mapping of the suggested link, including the presentation of new numbers, research is explored on the causes and mechanisms of radicalisation in relation to mental health issues in more detail. In particular, the social defeat hypothesis, addressing dopamine disturbance due to social exclusion, is discussed in relation to radicalisation. The paper subsequently examines possible responses and looks at some preliminary thoughts as well as concrete ideas, both more long-term and more short-term focused. Finally, the report offers a few thoughts on the way forward.

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## About ICCT

The International Centre for Counter-Terrorism – The Hague (ICCT) is an independent think and do tank providing multidisciplinary policy advice and practical, solution-oriented implementation support on prevention and the rule of law, two vital pillars of effective counter-terrorism. ICCT's work focuses on themes at the intersection of countering violent extremism and criminal justice sector responses, as well as human rights related aspects of counter-terrorism. The major project areas concern countering violent extremism, rule of law, foreign fighters, country and regional analysis, rehabilitation, civil society engagement and victims' voices. Functioning as a nucleus within the international counter-terrorism network, ICCT connects experts, policymakers, civil society actors and practitioners from different fields by providing a platform for productive collaboration, practical analysis, and exchange of experiences and expertise, with the ultimate aim of identifying innovative and comprehensive approaches to preventing and countering terrorism.

# 1. Introduction<sup>1</sup>

“British jihadis are depressed, lonely and need help, says Prof”,<sup>2</sup> “Most jihadis have mental problems”,<sup>3</sup> “The Convergence of Mental Illness and Terrorism”,<sup>4</sup> and “Police study links radicalisation to mental health problems”.<sup>5</sup> Just four examples of headlines from the last two years that connect radicalisation, the foreign fighter phenomenon, terrorism and mental health problems. In 2014, Professor of Cultural Psychiatry and Epidemiology Kamaldeep Bhui from Queen Mary University of London argued that radicalisation should be treated as a health issue in the same way as drugs or alcohol abuse.<sup>6</sup> In 2015, the Netherlands Broadcasting Foundation NOS reported on a study by Anton Weenink of the Dutch National Police. He had entered the personal details of 140 subjects, who were considered to have travelled from the Netherlands to Syria, or on whom police had information that they might be preparing to do so, in police databases.<sup>7</sup> Weenink concluded:

Preliminary results indicate that individuals with histories of behavioral problems and disorders are overrepresented. The results are at odds with the consensus view on terrorists [sic] alleged ‘normality’. A focus on individual psychology could complement existing social-psychological approaches to radicalization. It may also assist in broadening awareness among policy makers and law enforcement officials that disengagement efforts need to be tailored to the individual, and that mental health specialists might have to play a role here.<sup>8</sup>

The Soufan Group, which provides strategic security intelligence services to governments and multinational organisations, noted moreover in 2016 that significant psychological problems are “a relatively common trait among so-called ‘lone actor’ attackers”,<sup>9</sup> whereas a little more than a week later, *The Guardian* reported on a UK Police study, which found that “[h]alf of all people feared to be at risk of terrorist sympathies may have mental health or psychological problems”.<sup>10</sup>

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<sup>1</sup> The authors would like to thank Frédérique van Oijen and Wim Zimmermann, former interns at the T.M.C. Asser Instituut, as well as Anouk Boas, Project Officer at ICCT, for their support in the preparation of this report. Many thanks should also go to all the participants of the closed expert meeting organised by the T.M.C. Asser Instituut and ICCT on 19 April 2016, the outcome of which constituted the basis for this report.

<sup>2</sup> S. Knapton, “British jihadis are depressed, lonely and need help, says Prof”, *The Telegraph*, 15 October 2014, <http://www.telegraph.co.uk/news/uknews/terrorism-in-the-uk/11164182/British-jihadis-are-depressed-lonely-and-need-help-says-Prof.html>.

<sup>3</sup> “Merendeel jihadisten heeft psychische problemen”, *NOS*, 6 June 2015, <http://nos.nl/artikel/2039831-merendeel-jihadisten-heeft-psychische-problemen.html>.

<sup>4</sup> “The Convergence of Mental Illness and Terrorism”, *TSG IntelBrief*, 11 May 2016, <http://soufangroup.com/tsg-intelbrief-the-convergence-of-mental-illness-and-terrorism/>.

<sup>5</sup> V. Dodd, “Police study links radicalisation to mental health problems”, *The Guardian*, 20 May 2016, <https://www.theguardian.com/uk-news/2016/may/20/police-study-radicalisation-mental-health-problems>.

<sup>6</sup> S. Knapton, “British jihadis are depressed, lonely and need help, says Prof”, *The Telegraph*, 15 October 2014, <http://www.telegraph.co.uk/news/uknews/terrorism-in-the-uk/11164182/British-jihadis-are-depressed-lonely-and-need-help-says-Prof.html>.

<sup>7</sup> A.W. Weenink, “Behavioral Problems and Disorders among Radicals in Police Files”, *Perspectives on Terrorism* 9, no. 2 (April 2015), p. 17 (abstract), <http://www.terrorismanalysts.com/pt/index.php/pot/article/download/416/826>.

<sup>8</sup> *Ibid.*

<sup>9</sup> “The Convergence of Mental Illness and Terrorism”, *TSG IntelBrief*, 11 May 2016, <http://soufangroup.com/tsg-intelbrief-the-convergence-of-mental-illness-and-terrorism/>.

<sup>10</sup> V. Dodd, “Police study links radicalisation to mental health problems”, *The Guardian*, 20 May 2016, <https://www.theguardian.com/uk-news/2016/may/20/police-study-radicalisation-mental-health-problems>.

Sometimes, these kinds of news items and studies have led to critical responses, including those that point to a doubtful methodology in obtaining the numbers.<sup>11</sup>

In this context, the International Centre for Counter-Terrorism – The Hague (ICCT) and one of its founding institutions the T.M.C. Asser Instituut decided to undertake a first exploration of the issue and organised a closed expert meeting on ‘Mental Health and the Foreign Fighter Phenomenon’ in April 2016. The rationale behind the meeting was to make a modest start with enhancing our understanding, mapping existing research and identifying research necessary to further our understanding of the suggested link between radicalisation, the foreign fighter phenomenon, terrorism and mental health problems. The discussion and information sharing were deliberately limited to a case study of the Netherlands and involved Dutch frontline practitioners and social (youth) workers, radicalisation experts, human rights lawyers, experts working in the criminological and behavioural fields, including psychiatrists and staff members from such institutions as the Dutch Association of Mental Health and Addiction Care (GGZ), as well as members of the Police, the Public Prosecution Service, the Judiciary, the National Coordinator for Security and Counterterrorism (NCTV), and others. Although general trends could be discussed, psychiatrists and psychologists were bound by patient confidentiality.

The present report is based on a full day of discussion and information sharing across disciplinary boundaries. It aims to take stock of what is known, where the discussions currently stand, and what could follow in terms of research enhancing the understanding of the suggested link. While the report is based on the closed expert meeting, it goes beyond mere reporting and adds a first layer of future-oriented practice- and policy-relevant analysis.<sup>12</sup>

It is the hope of the organisers that a presentation of the issues discussed and the responses suggested may not only be useful to the relevant stakeholders in the Netherlands working in the field of radicalisation, foreign fighters, terrorism and mental health, but will also inspire professionals from other countries in choosing their approaches towards this relatively new topic.

As to the structure of this report, first, an initial mapping of the issue is in order (Section 2). What are the numbers, and is there indeed a relation between the mental health *problematique* – the spectrum of mental health problems will be explained below – radicalisation, terrorism and the phenomenon of foreign fighters?<sup>13</sup> And if a correlation is discernible, then how does this relate to the prevalence of mental health problems in the general population? Section 3 explores research on causes and mechanisms of radicalisation in relation to mental health issues in more detail.

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<sup>11</sup> J. Barbier and M. Keulemans, “Heeft merendeel jihadisten psychische problemen?”, *De Volkskrant*, 11 June 2015, <http://www.volkskrant.nl/wetenschap/heeft-merendeel-jihadisten-psychische-problemen~a4070300/>.

<sup>12</sup> It should be stressed that the authors, although knowledgeable on the foreign fighter phenomenon and international law, are not experts on mental health issues. They are the organisers of an event, which brought together the proper experts in this (and other) field(s). The latter ones’ ideas and messages – which have been confirmed by the participants who could review an earlier draft of this report – have been translated into less technical language and included in this report. The authors’ (analytical) reflections included in this report are inspired by and build on the knowledge provided by the participants of the closed expert meeting.

<sup>13</sup> Foreign fighters are defined as “individuals, driven mainly by ideology, religion and/or kinship, who leave their country of origin or their country of habitual residence to join a party engaged in an armed conflict”. See A. de Guttery, F. Capone and C. Paulussen, “Introduction”, in A. de Guttery et al, eds., *Foreign Fighters under International Law and Beyond* (The Hague: T.M.C. Asser Press/Springer Verlag, 2016), p. 2. The phenomenon of foreign fighters is often associated with terrorism, in view of the many foreign fighters joining terrorist groups like so-called Islamic State. Nonetheless, not all foreign fighters are necessarily terrorists.

In particular, the social defeat hypothesis, addressing the dopamine disturbance due to social exclusion – to put it crudely -, is discussed in relation to radicalisation. Section 4 subsequently examines possible responses and looks at some preliminary thoughts as well as concrete ideas, both more long-term and more short-term focused. Finally, Section 5 of this report offers a few final thoughts on the way forward.

## 2. Mapping the Issue

### 2.1. Introduction and Focus

Before looking into the scope of the issue in question, the authors wish to underline that focusing on mental health issues is not negating the fact that there is indeed a highly complex set of different push and pull factors at work in the context of people radicalising and perhaps even taking the decision to leave for a foreign conflict.<sup>14</sup> Mental health issues or certain predispositions may be just one of the many push factors, and of course, to properly understand the causes of the foreign fighter phenomenon, one must look at all these factors holistically. Therefore, while the expert meeting and this paper focus on mental health, it also addresses other factors and radicalisation more generally.

### 2.2. Defining Mental Health

The World Health Organization (WHO) defines mental health as follows:

Mental health is a state of well-being in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. Mental health and well-being are fundamental to our collective and individual ability as humans to think, emote, interact with each other, earn a living and enjoy life.<sup>15</sup>

It is important to have an understanding of the factors that can be seen to determine or contribute to mental health. The WHO claims the following factors play a role:

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<sup>14</sup> See e.g. R. Frenett and T. Silvermann, "Foreign Fighters: Motivations for Travel to Foreign Conflicts", in A. de Guttry et al, eds., *Foreign Fighters under International Law and Beyond* (The Hague: T.M.C. Asser Press/Springer Verlag, 2016), p. 74. They refer to outrage at what is alleged to be occurring in the country people go to, being at least sympathetic to the ideology of the groups they fight with, and – as a key driving factor – a search for personal identity and comradeship. Although the word "religion" is not explicitly mentioned here, Frenett and Silverman use Koizumi's definition of ideology as meaning a belief, whether at face-value or inherent, and encompassing ideological factors including socio-religious and nationalist belief. (See *ibid.*, p. 68.) The participants in the expert meeting observed that religious reasons could indeed play a factor relevant in deciding to join a foreign conflict, but that it seems to constitute more of a means to an end. (Note, however, that one should also not forget that Islamic religiousness consists of different dimensions, encompassing more than just the praxis. Young Muslims almost always have an intense religious disposition, instilled in them from a very young age, regardless of their external religious conduct. See M. Ajouaou, "Kiem van jihadisme ligt vaak al in de opvoeding", *Trouw*, 13 April 2016, <http://www.trouw.nl/tr/nl/5009/Archief/article/detail/4281111/2016/04/13/Kiem-van-jihadisme-ligt-vaak-al-in-de-opvoeding.dhtml>. In essence, individuals are searching for fulfilment, accomplishment, structure and a sense of belonging, and in that search religion may have a place.

<sup>15</sup> See WHO, 'Mental health: strengthening our response', *Fact sheet*, Updated April 2016, <http://www.who.int/mediacentre/factsheets/fs220/en/>.

Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time. For example, persistent socio-economic pressures are recognised risks to mental health for individuals and communities. The clearest evidence is associated with indicators of poverty, including low levels of education. Poor mental health is also associated with rapid social change, stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyle, risks of violence, physical ill-health and human rights violations. There are also specific psychological and personality factors that make people vulnerable to mental disorders. Lastly, there are some biological causes of mental disorders including genetic factors which contribute to imbalances in chemicals in the brain.<sup>16</sup>

As will be shown in the next subsection, during the expert meeting, numbers were provided on individuals who were known or suspected to be jihadi radicals who were suffering from mental health issues, which was broadly defined as suffering from psycho-social problems to psychiatric disorders.

### 2.3. Numbers

To date most research looking at the link between mental health and radicalisation or foreign fighters is not based on an analysis of medical records but rather on police or intelligence records. However, more recently, several Dutch mental health care providers have compared police records of individuals who were known or suspected to be jihadi radicals with their own medical files. One of these health care providers made an analysis and its figures indicate that approximately<sup>17</sup> (but probably more than) 60% of suspected jihadi radicals indeed had a history of mental health issues, which, as explained, ranges from psycho-social problems to psychiatric disorders.<sup>18</sup> The mental health care provider in question indicated that this percentage is clearly disproportionate to the number in the general population where some 25% suffers from such mental health problems. Of those 60%, the scope of mental health issues is very broad and ranges from personality disorders such as antisocial or borderline personality disorder, to relationship and parental problems and lastly, to behavioural, emotional and developmental disorders, such as autism. Importantly, 25% out of this 60% suffer from severe mental health problems and are, in addition, very active in the leadership of local jihadi networks and in the recruitment of new foreign fighters.

### 2.4. The Basis: the Family

Research and experience of the participants in the expert meeting show that the family context of suspected jihadis with a mental health issue is highly relevant as many foreign fighters appear to come from a home with an absent or abusive father. Not all foreign fighters, of course, come from immigrant families but where this is the

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<sup>16</sup> Ibid.

<sup>17</sup> Note that the (anonymised) information extracted from the electronic patient file may not be complete.

<sup>18</sup> This analysis is based on a sample of 300 cases. For lower numbers in the more specific context of perpetrators of lone actor terrorism (and also looking at mental health disorders only), see J. De Roy van Zuijdewijn and E. Bakker, "Personal Characteristics of Lone-Actor Terrorists", *Countering Lone-Actor Terrorism Series No. 5, ICCT Policy Paper*, available at: [http://icct.nl/wp-content/uploads/2016/02/201602\\_CLAT\\_Policy-Paper-1\\_v2.pdf](http://icct.nl/wp-content/uploads/2016/02/201602_CLAT_Policy-Paper-1_v2.pdf), p. 1: "[W]e found that 35% of the perpetrators reportedly suffered from some kind of mental health disorder. The estimated percentage for the general population is 27%."

case, one expert during the meeting explained that many of the fathers arrived in a different culture and were unable – often due to their age and illiteracy<sup>19</sup> – to cope with their new society and with the societal impact on their own family. Many became sick, caused by psychological damage due to cultural adjustment problems. This has sometimes led to the son taking up the father's role, leading to so-called parentification and confusion within family relations.<sup>20</sup> This confusion could contribute to the child's search for identity and belonging, which may make him/her vulnerable to getting extremely involved in religion – often via the internet – or with the wrong people.<sup>21</sup> Some experts argued that departure from the Netherlands to join jihadi movements should therefore be understood more in terms of trying to run away from their problems at home (push factors),<sup>22</sup> rather than being drawn to the conflict (pull factors).<sup>23</sup> That being said, it is also clear from the example just mentioned that a complex interaction of both push and pull factors is playing a role. This will be addressed in more detail below. But what the discussions brought to light is how in such a case, one person, labelled as radical, receives all the attention of the (health care) institutions, while the underlying problem is in fact the dysfunctional family.

## 2.5. Women, Men and General Observations

In 80% of the cases analysed by the earlier-mentioned mental health care provider involving women, there was a history of domestic or sexual abuse, which may have contributed to the development of post-traumatic stress syndrome (PTSS) or personality disorders such as borderline personality disorder. As a result, these women, who tend to internalise their problems, suffer from emotional damage, disturbed patterns of thinking, impulsive behaviour and a tendency to engage in intense and unstable relationships with others. Other conditions that were present among the women were mood disorders, suicide attempts, and being highly impressionable. Experiences with jinn (invisible spirits) could be identified as well – this is comparable to psychotic symptoms such as hearing voices.<sup>24</sup>

Conversely, men generally tend to manifest or project their problems externally. In some of the cases analysed by the mental health care provider, men – in particular those with a leading role in the jihadi networks – were diagnosed with narcissistic

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<sup>19</sup> For example, research by De Haan suggests that predominantly illiterate individuals from less developed parts of the countries of origin were selected to be sent to West Germany. See E. De Haan, "Foreign Workers and Social Services in Federal Germany", in: N. Abadan-Unat, ed., *Turkish Workers in Europe 1960-1975: A Socio-Economic Reappraisal* (Leiden: E.J. Brill, 1976), p. 352.

<sup>20</sup> See e.g. the case of Achmed in E. Bakker and P. Grol, "Motives and Considerations of Potential Foreign Fighters from the Netherlands", *ICCT Policy Brief*, July 2015, p. 6, <http://icct.nl/wp-content/uploads/2015/07/ICCT-Bakker-Grol-Motives-and-Considerations-of-Potential-Foreign-Fighters-from-the-Netherlands-July2015.pdf>.

<sup>21</sup> See also M. King and D.M. Taylor, "The Radicalization of Homegrown Jihadists: A Review of Theoretical Models and Social Psychological Evidence", *Terrorism and Political Violence* 23, no. 4 (2011), p. 607, <http://www.tandfonline.com/doi/abs/10.1080/09546553.2011.587064>, referring to a 2007 study of the New York Police Department's Intelligence Division.

<sup>22</sup> Some participants even noted that fleeing to a combat zone could be considered a "delayed suicide".

<sup>23</sup> See e.g., E. Bakker, "Meeting at NATO's COE-DAT on Foreign Fighters: push and pull factors", *Leiden Safety and Security Blog*, 25 June 2015, <http://leidensafetyandsecurityblog.nl/articles/meeting-at-natos-coe-dat-on-foreign-fighters-push-and-pull-factors>.

<sup>24</sup> See A. Lim, H.W. Hoek and J.D. Blom, "The attribution of psychotic symptoms to jinn in Islamic patients", *Transcultural Psychiatry* 52, no. 1 (2015), pp. 18-32, <http://tps.sagepub.com/content/52/1/18.full.pdf+html>.



personality traits and disorder or antisocial personality traits and disorder.<sup>25</sup> In others, there was a history of substance abuse.<sup>26</sup>

More generally, research suggests a correlation between the role or function a person has within a terrorist network and the type of mental illness exhibited. Corner, Gill and Mason emphasise taking into account Victoroff's argument that "terrorist groups typically exhibit hierarchical organization, with various *roles* ... [that] ... may attract individuals with different predispositions who perhaps play their roles because of profoundly different psychological factors".<sup>27</sup>

Participants in the expert meeting suggested moreover that they have indications it is likely – although much more research is needed here – that many of the mental health problems mentioned above may also play a role among extreme right extremists.<sup>28</sup> More generally, it was stated that the solutions and good practices stemming from other fields of research, such as those focusing on right-wing extremists, organised crime groups or (youth) gangs, could be insightful to and a useful source of data for the area of jihadist radicalisation.<sup>29</sup>

## 2.6. Conflicting Interests

As mentioned before, therapists are bound to patient confidentiality. However, to allow for a multidisciplinary discussion of specific cases, the Netherlands has adopted a structure of so-called *veiligheidshuizen* or safety houses, i.e. "networks of organizations that combine punitive with care-interventions."<sup>30</sup> Under certain conditions, these safety houses allow mental health practitioners to disclose and discuss specific cases with different parties and disciplines. The safety house is where

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<sup>25</sup> For a well-known example from another country, see the case of the Australian foreign fighter Khalid Sharrouf, see E. Moulton, "Reports that Aussie terrorists Khaled Sharrouf and Mohamed Elomar are dead", *News.com.au*, 23 June 2015, <http://www.news.com.au/world/middle-east/reports-that-aussie-terrorists-khaled-sharrouf-and-mohamed-elomar-are-dead/news-story/145855d1de0309ffdd9465f6ee598a6>; A. Odysseus Patrick, "Australian jihadist who tweeted gruesome photo has long history of mental illness", *The Washington Post*, 29 August 2014, [https://www.washingtonpost.com/world/asia\\_pacific/australian-jihadist-who-tweeted-gruesome-photo-has-long-history-of-mental-illness/2014/08/29/94efff84-2d70-11e4-994d-202962a9150c\\_story.html](https://www.washingtonpost.com/world/asia_pacific/australian-jihadist-who-tweeted-gruesome-photo-has-long-history-of-mental-illness/2014/08/29/94efff84-2d70-11e4-994d-202962a9150c_story.html) and R. Olding, "Khaled Sharrouf mental health problems left untreated in prison", *The Sydney Morning Herald*, 14 August 2014, <http://www.smh.com.au/national/khaled-sharrouf-mental-health-problems-left-untreated-in-prison-20140814-1044n7.html>.

<sup>26</sup> See also C.J. De Poot and A. Sonnenschein, "Jihadi terrorism in the Netherlands. A description based on closed criminal investigations", *WODC*, 2011, p.94 <https://www.wodc.nl/onderzoeksdatabase/1381a-jihadist-terrorism-in-the-netherlands-a-description-based-on-closed-criminal-investigations.aspx>.

<sup>27</sup> See E. Corner, P. Gill and O. Mason, "Mental Health Disorders and the Terrorist: A Research Note Probing Selection Effects and Disorder Prevalence", *Studies in Conflict & Terrorism* 39, no. 6 (2016), pp. 560-561. (Jeff Victoroff is an Associate Professor of Clinical Neurology and Psychiatry at the University of Southern California.)

<sup>28</sup> See e.g. S. Lützing, "The Other Side of the Story. A qualitative study of the biographies of extremists and terrorists", Bundeskriminalamt, 2012, <https://www.bka.de/SharedDocs/Downloads/EN/Publications/Other/theOtherSideOfTheStory.html>; P. Simi, K. Sporer and B.F. Bubolz, "Narratives of Childhood Adversity and Adolescent Misconduct as Precursors to Violent Extremism: A Life-Course Criminological Approach", *Journal of Research in Crime and Delinquency* 53, no. 4 (2016), pp. 536-563, <http://jrc.sagepub.com/content/53/4/536>. A high-profile example is Anders Breivik, whose mental health status played a big role in his trial. Nevertheless, a formal diagnosis proved difficult to substantiate, see for more information B. De Graaf, L. Van der Heide, S. Wanmaker and D. Weggemans, "The Anders Behring Breivik Trial: Performing Justice, Defending Democracy", *ICCT Research Paper*, June 2013, <http://www.icct.nl/download/file/ICCT-De-Graaf-et-al-The-Anders-Behring-Breivik-Trial-August-2013.pdf>.

<sup>29</sup> See e.g. S.H. Decker and D.C. Pyrooz, "'I'm down for a Jihad': How 100 Years of Gang Research Can Inform the Study of Terrorism, Radicalization and Extremism", *Perspectives on Terrorism* 9, no. 1 (2015), pp. 104-112, <http://www.terrorismanalysts.com/pt/index.php/pot/article/view/405> and F. Bovenkerk, "On leaving criminal organizations", *Crime, Law and Social Change* 55, no. 4 (2011), pp. 261-276, <http://link.springer.com/article/10.1007/s10611-011-9281-x>.

<sup>30</sup> See B. Rovers, C. Hoogeveen and S. Eijgenraam, "Policy framework Veiligheidshuizen. Implementation, Developments, and Perplexities (Summary)", *Bureau voor Toegepast Veiligheidsonderzoek & Bureau Alpha*, April 2016, [https://www.wodc.nl/binaries/2663-summary\\_tcm28-74294.pdf](https://www.wodc.nl/binaries/2663-summary_tcm28-74294.pdf).

mental health practitioners can handle their conflicting interests; on the one hand these professionals aim to create a fruitful therapeutic relationship with their clients, while on the other, they also have to assess the security risks of their clients and report possible threats to local authorities.

It is interesting to note that controversial topics such as politics, religion and ideology are generally not discussed in the treatment room,<sup>31</sup> despite these topics being relevant to the assessment of a client's degree of radicalisation, extreme views or risk level. For instance, therapists voiced their concerns about coming across as paternalistic, or about lacking sufficient cross-cultural and ideological awareness or knowledge. Concerns were also raised about a possible cultural or political mismatch between client and therapist which could result in a client's reluctance to trust the therapist and to address or utter the radical or extremist thoughts on his or her mind while in treatment.

## 2.7. Risk Assessment

In his Staircase Model of the psychological process leading to terrorism, Moghaddam explains why out of large numbers of disgruntled people in society, only a very small minority end up committing acts of terrorism. It explains that specific psychological processes are involved and that "[a]s individuals climb the staircase, they see fewer and fewer choices, until the only possible outcome is the destruction of others, or oneself, or both."<sup>32</sup> It is therefore important to assess how radicalised someone is in order to determine how much risk he/she will pose and how he/she should be treated. This is a difficult task: practitioners during the expert meeting also agreed that it is hard to predict who will actually leave to join a fight abroad.

Nonetheless, there are tools. One such tool is the Radicalisation Assessment Monitor by the Parnassia Group, whose primary purpose is to help a therapist in the assessment of the level of radicalisation. This monitor identifies a number of risk factors for radicalisation (for any type of ideology) such as identity problems, difficult family situation, problems with aggression, sense of hopelessness, status seeking, low self-esteem, inability to resolve problems, absent father, discrimination, and struggles with (cultural) identity. It also describes a number of protective factors that can reduce the risk of radicalisation, such as social support, ability to resolve problems, being in a steady relationship, confidence, possessing a certain skill set, and being open and critical.

This instrument means to assist the practitioner in his/her assessment of the level of danger, and in the decision if, when and how to contact third parties. It also aims to contribute to the creation of a common language for discussing topics related to radicalisation and ideology.

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<sup>31</sup> See B.C. Post and N.G. Wade, "Religion and spirituality in psychotherapy: a practice-friendly review of research", *Journal of Clinical Psychology* 65, no. 2 (2009), pp. 131-146, <http://dx.doi.org/10.1002/jclp.20563> and J.K. Boehnlein, "Religion and Spirituality in Psychiatric Care: Looking Back, Looking Ahead", *Transcultural Psychiatry* 43, no. 4 (2006), pp. 634-651, <http://dx.doi.org/10.1177/1363461506070788>.

<sup>32</sup> See F.M. Moghaddam, "The Staircase to Terrorism. A Psychological Exploration", *American Psychologist* 60, no. 2 (2005), p. 161.

## 2.8. Analytical Reflections and Preliminary Conclusions

Based on their experiences and expertise, the first preliminary conclusion of the participants of the closed expert meeting was that some link indeed exists between mental health problems and the foreign fighter phenomenon. At the same time, it was also clear that the meeting did not jump to the conclusion of the existence of a causal relationship between the two.

How then, is this link to be viewed? While stressing that there is a dire need for more research and exploration in this field, one idea put forward during the meeting is that mental health problems can serve as a *catalyst* to radicalisation and to the decision to become a foreign fighter. Kruglanski and Fishman have also explained that personality traits or environmental conditions<sup>33</sup> – see the next section for more information – may be considered as contributing factors, meaning that “each one of these factors alone is neither necessary nor sufficient for terrorism, but under certain circumstances, and in the right combination, they may help contribute to an individual’s support for (or involvement in) a terrorist organization.”<sup>34</sup> In the context of mental health problems, someone in social isolation with features of depression can for example be sensitive to a recruiter who seems to offer friendship and support.

By way of a second preliminary conclusion, the expert meeting observed that there are no clear-cut predictors of radicalisation and that it is therefore difficult to alert the authorities (in time). Of course, patient confidentiality also plays a role here, which may lead to tension between the police (mainly interested in public security) and therapists (mainly interested in providing care to the patient). In this context, mental health care providers noted that pressure from the police to generate security can be contrary to a good treatment of the mental health problem.

A valuable lesson learned from this session is that intercultural, political and religious awareness and knowledge among mental health care practitioners – but this was also deemed relevant for criminal justice sector professionals – is important as these topics can play a significant role in the lives of those with radical or extreme views.<sup>35</sup>

Finally, it became evident that the broader picture, including the family system, is highly relevant.

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<sup>33</sup> See also A.R. Feddes, L. Nickolson and B. Doosje, “Triggerfactoren in het Radicaliseringsproces”, Expertise-unit Sociale Stabiliteit, Universiteit van Amsterdam, September 2015, p. 91, <https://www.rijksoverheid.nl/binaries/rijksoverheid/documenten/rapporten/2015/10/12/triggerfactoren-in-het-radicaliseringsproces/triggerfactoren-in-het-radicaliseringsproces.pdf>. See also M. King and D. M. Taylor, “The Radicalization of Homegrown Jihadists” (2011), p. 612.

<sup>34</sup> See A.W. Kruglanski and S. Fishman, “Psychological Factors in Terrorism and Counterterrorism: Individual, Group and Organizational Levels of Analysis”, *Social Issues and Policy Review* 3, no. 1 (2009), p.8, <http://onlinelibrary.wiley.com/doi/10.1111/j.1751-2409.2009.01009.x/pdf>.

<sup>35</sup> Recently, in the 5<sup>th</sup> edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), a new interviewing technique (Cultural Formulation Interview) was developed that stimulates therapists to ask cultural questions which lead to an intercultural interpretation.

### 3. The causes and mechanisms of radicalisation in relation to mental health issues in more detail – with a focus on the social defeat hypothesis

#### 3.1. Introduction

As has become clear from the previous pages, radicalisation has many faces and forms. It is a process that is certainly not limited to a particular religious, ethnic or ideological group. However, during the discussions, the focus was on the radicalisation process leading to home-grown jihadists. About this group,

an increasing amount of evidence [shows] that many [...] share similar traits. Radicalized individuals are generally identified as young (i.e., late teens to mid-thirties) and male. They are often second- or third-generation Muslims or recent converts, and appear to have a lack of religious literacy. Many of them appear to be sensation seekers, as they are seemingly seduced by the trendy and adventurous dimension of jihad [original footnotes omitted].<sup>36</sup>

While some models of radicalisation merely focus on situational factors,<sup>37</sup> others recognise that “demographic, social, and psychological factors [...] make individuals more vulnerable to the radical message.”<sup>38</sup> In the psychology of terrorism literature, it is still debated whether societal/situational factors or personality traits explain the radicalisation process. The discussions during the expert meeting developed on the basis of the premise that both categories play a role.<sup>39</sup> The personality traits could explain why only a few of the people that experience the same situational factors radicalise.<sup>40</sup>

#### 3.2. Social Defeat Hypothesis

During the expert meeting, doubt was cast on the ‘normality’ thesis as regards the personality of violent extremists, with one expert observing the ‘abnormal’ personality of some radicalised jihadis, pointing to characteristics such as low self-esteem, need for self-aggrandisement, abnormally high level of aggression, and

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<sup>36</sup> M. King and D. M. Taylor, “The Radicalization of Homegrown Jihadists” (2011), p. 615. However, on the religious illiteracy, see the opinion in M. Ajouaou, “Kiem van jihadisme ligt vaak al in de opvoeding”, *Trouw*, 13 April 2016, <http://www.trouw.nl/tr/nl/5009/Archief/article/detail/4281111/2016/04/13/Kiem-van-jihadisme-ligt-vaak-al-in-de-opvoeding.dhtml>.

<sup>37</sup> M. King and D. M. Taylor, “The Radicalization of Homegrown Jihadists” (2011), p. 614.

<sup>38</sup> Ibid., referring to a 2007 study of the New York Police Department’s Intelligence Division. Cf. also, e.g., T. Veldhuis and J. Staun, “Islamist Radicalisation: A Root Cause Model”, *Netherlands Institute of International Relations Clingendael*, October 2009, [https://www.diis.dk/files/media/publications/import/islamist\\_radicalisation.veldhuis\\_and\\_staun.pdf](https://www.diis.dk/files/media/publications/import/islamist_radicalisation.veldhuis_and_staun.pdf) and D. Weggemans, E. Bakker and P. Grol, “Who Are They and Why Do They Go? The Radicalization and Preparatory Processes of Dutch Jihadist Foreign Fighters”, *Perspectives on Terrorism* 8, no 4 (2014), pp. 100-110, <http://www.terrorismanalysts.com/pt/index.php/pot/article/view/365/718>.

<sup>39</sup> See also M. King and D. M. Taylor, “The Radicalization of Homegrown Jihadists” (2011), pp. 614-615.

<sup>40</sup> Ibid., pp. 615 and 617.

dysfunctional conscience. With the ‘social defeat hypothesis’, focus shifted to the possible impact of situational factors. A social defeat experience is the negative experience of being excluded from the majority group. As such, it causes a different kind of stress than the stress experienced by people who for example suffer from disease, poverty or war. According to the social defeat hypothesis, “chronic exposure to social defeat may lead to sensitisation of the mesolimbic dopamine system and/or overactivity of this system, and thus further the development of psychosis.”<sup>41</sup>

It is useful to distinguish between a psychotic experience and a psychotic disorder. An individual who has a psychotic experience may function relatively well. A subject with a psychotic disorder, in contrast, is in need of care. Looking at radicalised persons, it is unlikely that many of them suffer from a psychotic *disorder*, as this would influence their ability to function properly on a social level. Nevertheless, some experts at the meeting considered it likely that many home-grown jihadis harbour psychotic *experiences*, such as the belief of having a special relationship with Allah or having been chosen to save Muslims.<sup>42</sup>

There is, however, a need for additional research to verify the hypothesis that disruption of the dopamine system caused by social defeat plays a role in the radicalisation process. Indeed, the social defeat hypothesis has not been tested with home-grown jihadis, yet it provides insights highly relevant in this context. Not least because one expert referred to research suggesting that Moroccan-Dutch males, where most of the Dutch foreign fighters originate from, are at a greatly increased risk of developing psychotic experiences and disorders.<sup>43</sup> This, including the link with the social defeat hypothesis, will be further explained in the next subsection.

### 3.3. Risk Factors Leading to Psychosis

One expert indicated research shows that, apart from genetic factors, the most important risk factors for psychotic disorder or psychotic experiences are: (1) ethnic minority status; (2) urban upbringing; (3) low IQ; (4) childhood trauma; and (5) substance abuse.<sup>44</sup> He noted that the Moroccan-Dutch population is facing most of the risk factors related to psychotic experiences and disorders.<sup>45</sup> Furthermore, it was pointed out that research shows social support to be a factor that strongly protects

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<sup>41</sup> See J.-P. Selten and E. Cantor-Graae, “Social defeat: risk factor for schizophrenia?”, *British Journal of Psychiatry* 187 (2005), p. 102. People who suffer from schizophrenia also show a sensitisation of the dopamine system with increased levels of dopamine as result. As such, it could be argued that the chronic experience of social defeat could lead to an increased risk of schizophrenia.

<sup>42</sup> Around 7% of the general population has ever had a psychotic experience, while 0.5-2% suffers from a psychotic disorder.

<sup>43</sup> W. Veling, J.-P. Selten, N. Veen, W. Laan, J.D. Blom and H.W. Hoek, “Incidence of schizophrenia among ethnic minorities in the Netherlands. A four-year first-contact study”, *Schizophrenia Research* 86 (2006), pp. 189-193; J.-P. Selten, W. Laan, R. Kupka, H.M. Smeets and J. Van Os, “Risk of psychiatric treatment for mood disorders and psychotic disorders among migrants and Dutch nationals in Utrecht, The Netherlands”, *Social Psychiatry and Psychiatric Epidemiology* 47 (2012), pp. 271-278 and E. Van der Ven, W. Veling, A. Tortelli, I. Tarricone, D. Berardi, F. Bourque and J.-P. Selten, “Evidence of an excessive gender gap in the risk of psychotic disorder among North African immigrants in Europe: a systematic review and meta-analysis”, *Social Psychiatry and Psychiatric Epidemiology*, 2 July 2016 (an article not assigned to an issue, but accessible online), <http://link.springer.com/article/10.1007/s00127-016-1261-0>.

<sup>44</sup> On substance abuse, see C. Henquet, R. Murray, D. Linszen and J. Van Os, “The Environment and Schizophrenia: The Role of Cannabis Use”, *Schizophrenia Bulletin* 31, no. 3 (2005), pp. 608-612.

<sup>45</sup> In doing so, the expert referred to the following sources: J. Te Nijenhuis, M.-J. De Jong, A. Evers and H. Van der Flier, “Are Cognitive Differences Between Immigrant and Majority Groups Diminishing?”, *European Journal of Personality*, 18 (2004), p. 426; E. Lahlah, L. Van der Knaap and S. Bogaerts, “Dangerous boys or boys in danger? Examining the relationship between ethnicity, child abuse and violent offending”, *European Journal of Criminology* 10, no. 6 (2013), p. 650 and W. Veling et al., “Incidence of schizophrenia among ethnic minorities in the Netherlands”, *Schizophrenia Research* 86 (2006), p. 191.

against the development of psychosis. In this context, it was observed that the Moroccan community in the Netherlands is regarded as less cohesive than for instance the Turkish community.<sup>46</sup> According to the expert, social defeat could be the common mechanism leading from these risk factors to actual mental health problems, which, in turn, could contribute to radicalisation.

### 3.4. Profiles and discrimination as the lead-up to radicalisation

The relevance of the social defeat hypothesis to the process of radicalisation seems to find confirmation in the field of cross-cultural psychology, that is, research on “the influence that cultural factors have on the development and display of individual human behaviour”.<sup>47</sup> In their research on acculturation and adaptation, Berry et al. have identified four types of profiles among immigrant youth:

- 1) Ethnic profile: immigrant youth with a clear orientation towards their own ethnic group, which can be associated with ‘separation’.
- 2) National profile: immigrant youth with a strong orientation towards the society in which they are living, also associated with ‘assimilation’.
- 3) Integration profile: immigrant youth who are relatively highly involved in ethnic and national cultures, also known as ‘integration’.
- 4) Diffuse profile: immigrant youth who are uncertain about their place in society. In identity formation literature this group is often described as having a lack of commitment or purpose in life. This profile can likely be associated with marginalisation, which is characterised by “little interest in having relations with others (often for reasons of exclusion or discrimination)”.<sup>48</sup>

Berry et al. then show that adolescents with a diffuse profile reported more perceived discrimination.<sup>49</sup> Also, this group tends to have a lower capacity to adapt at a psychological and sociocultural level.<sup>50</sup>

Young people involved in both cultures (integration profile), who thus are able to manage a dual identity,<sup>51</sup> seem more resilient and better equipped for psychological and sociocultural adaptation. As such, they seem less vulnerable to ‘marginalisation’.

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<sup>46</sup> See generally N. Landman, *Van mat tot minaret: de institutionalisering van de islam in Nederland*, (Amsterdam: VU Uitgeverij, 1992).

<sup>47</sup> J.W. Berry, “Immigration, Acculturation, and Adaptation”, *Applied Psychology: An International Review* 46, no. 1 (1997), p. 6. See also J.W. Berry, J.S. Phinney, D.L. Sam and P. Vedder, “Immigrant Youth: Acculturation, Identity, and Adaptation”, *Applied Psychology: An International Review* 55, no. 3 (2006), <https://openaccess.leidenuniv.nl/bitstream/handle/1887/16610/AppPsy2006.pdf?sequence=2>.

<sup>48</sup> J.W. Berry, “Immigration, Acculturation, and Adaptation” (1997), p. 9.

<sup>49</sup> J.W. Berry et al., “Immigrant Youth: Acculturation, Identity, and Adaptation”, (2006), p. 317.

<sup>50</sup> *Ibid.*, pp. 320 and 324. Identity-related issues are also addressed by King and Taylor, who note: “Not only do second and third generation immigrants face discrimination based on their identities, but they also must manage a mainstream Western identity with their heritage identity, to arrive at some internationalized and coherent identity.” M. King and D. M. Taylor, “The Radicalization of Homegrown Jihadists” (2011), p. 611. The same search for identity was also present in the earlier-mentioned situation of parentification.

<sup>51</sup> This, however, is not always that easy, see M. King and D. M. Taylor, “The Radicalization of Homegrown Jihadists” (2011), p. 611. For more information on dual identity as such, see A.R. Feddes, L. Mann and B. Doosje, “Increasing self-esteem and empathy to prevent violent radicalization: A longitudinal quantitative evaluation of a resilience training focused on adolescents with a dual identity”, *Journal of Applied Social Psychology* 45, no. 7 (2015), pp. 400-411, <http://onlinelibrary.wiley.com/doi/10.1111/jasp.12307/abstract>.

Quintan Wiktorowicz, a social scientist who takes a social movement theory approach to (Islamic) radicalisation, explains the connection between experiences of discrimination and exclusion from mainstream society and radicalisation: the former can lead to a so-called ‘cognitive opening’ that makes people vulnerable/susceptible to radicalisation and the joining of radical and violent movements.

[A] crisis can produce a “cognitive opening” that shakes certainty in previously accepted beliefs and renders an individual more receptive to the possibility of alternative views and perspectives. The specific crisis varies across individuals, but there are several common types found in the literature on Islamic movements, which can be categorized as economic (losing a job, blocked mobility), social/cultural (sense of cultural weakness, racism, humiliation), and political (repression, torture, political discrimination). To this list I would add “personal,” since cognitive openings can be produced by idiosyncratic experiences, such as a death in the family, victimization by crime, and family feuds.<sup>52</sup>

Wiktorowicz argues on the basis of in-depth research into the London-based *al-Muhajiroun* group<sup>53</sup> that such ‘cognitive openings’ provide the radical movements with the opportunity to link up to values, needs, and interests and thus may start a socialisation process.

Although a dual identity seems to equip best to adaption and resilience and thus to protect best against marginalisation and radicalisation, the current political landscape is mostly focused on assimilation rather than integration, leaving not much room for migrants’ ethnic cultures. As such, the group of experts discussed whether a dual identity is in fact accepted by Dutch society at the moment. There is a clear need for further research on the correlation between individual psychological processes on the one hand and social and political processes – for example the contribution of polarising politicians to the public debate – affecting the (mental) life of individuals on the other. If and how do the latter processes contribute to an escalation rather than a de-escalation of a radicalisation process?

In the end, and as mentioned before, radicalisation is a highly complex process, influenced by many different factors. This also explains that in neighbourhoods inhabited by people confronted with discrimination, only a few radicalise and ever fewer resort to violence.<sup>54</sup> Radicalisation is in essence an individual process (micro level) yet this does not mean that group dynamics (meso level) or dynamics at the level of the state or even the international community (macro level) are not relevant.

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<sup>52</sup> Q. Wiktorowicz, “Joining the Cause: Al-Muhajiroun and Radical Islam”, *Institute for National Security and Counterterrorism*, 2003, pp. 7-8, <http://insct.syr.edu/wp-content/uploads/2013/03/Wiktorowicz.Joining-the-Cause.pdf>.

<sup>53</sup> For more information, see C.Z. Raymond, “Al Muhajiroun and Islam4UK: The group behind the ban”, *ICSR Paper*, May 2010, <http://icsr.info/wp-content/uploads/2012/10/1276697989CatherineZaraRaymondICSRPaper.pdf>.

<sup>54</sup> See again the Staircase Model explained *supra*. See also M. King and D. M. Taylor, “The Radicalization of Homegrown Jihadists” (2011), p. 615.

### 3.5. Typology of Extremists

Given that radicalisation is in essence an individual process, it is relevant to briefly present the different typologies of extremists identified by Feddes et al.<sup>55</sup> that are susceptible to different trigger factors:

- 1) 'Identity seekers' can be characterised as people who struggle with identity and are searching for certain social needs. They will be susceptible to triggers related to identity formation and social bonds.
- 2) 'Justice seekers' perceive a lot of injustice, for example discrimination. They will be susceptible for triggers related to injustice done towards themselves or to the in-group.
- 3) 'Significance seekers' experience a crisis at the personal level and are looking for meaning. They will be susceptible for triggers at a personal level that are related to significance.
- 4) 'Sensation seekers' are on a quest for excitement and adventure. They can be triggered by violence, excitement, romance and heroism.

This research stresses that one or more of these typologies can be present at the same time in one individual but notes that one particular tends to be dominant.<sup>56</sup> To identify this typology and its trigger factors provides the possibility to intervene, using a tailored approach.

### 3.6. Preliminary Conclusions

Existing research - and the discussions thereof during the expert meeting - point to the need for further research on for example the relationship between societal/situational factors and personality traits; the role of the social defeat hypothesis on the radicalisation process; the relation between profiles and discrimination as the lead-up to radicalisation; the correlation between individual psychological processes on the one hand and social and political processes affecting the (mental) life of individuals on the other; and the different typologies susceptible to different trigger factors.

By way of preliminary conclusion it was observed that both the promotion of dual identity development and the prevention of experiences of exclusion and/or discrimination – also given their possible disturbance on the dopamine system – are relevant to counter-terrorism (CT) policy making. Anticipating the next section on responses, the authors of this paper therefore advise that policies be based on a fostering of both dual identity at an individual level and inclusiveness and non-discrimination at the level of society at large.

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<sup>55</sup> A. Feddes et al., "Triggerfactoren in het Radicaliseringsproces" (2015), p.21

<sup>56</sup> Ibid., p. 22.



## 4. Responses

### 4.1. Preliminary Questions and Issues

Realising that more research is warranted, one participant during the closed expert meeting noted that when formulating responses, policy makers are advised to reflect first on a number of preliminary questions and issues.

First, when responding to the foreign fighter phenomenon, the question needs to be answered: what is the objective of the policy and the specific measure? When involved in countering violent extremism (CVE), for example, should the aim be disengagement, so that “[i]ndividuals are dissuaded from violent participation in and material support for violent extremist organisations and movements”,<sup>57</sup> or should the main objective be de/counter-radicalisation, so that “[i]ndividuals are dissuaded from adopting extremist ideologies”?<sup>58</sup> Connected to this is the awareness that this is not only a security issue, but that it also involves legal, societal and mental health aspects.

Second, once the objective of the policy/measure is clear, it needs to be specified which kinds of people are targeted by the response. Is it about radicalising persons generally, about foreign fighters, about foreign terrorist fighters? Is it about suspects, returnees, convicts? It goes without saying that the different target groups need different responses. The same can be said for the different types of mental health issues involved. Even the same mental health problem can have different origins and thus might need a different response. For example, PTSS can be caused by a trauma during someone’s youth, during his/her stay in Syria, but also during his/her detention while back in the Netherlands.<sup>59</sup> In any case, the realisation that people may have mental health issues is an important one, and affects the sort and efficiency of the measures taken.

A third question is how the wish to deliver tailor-made responses to the just-mentioned persons can be realised on the one hand, whilst avoiding the risk of arbitrariness on the other; when designing specific measures for one person, this can create a source of stress, tension and frustration for another person in a (perceived) similar situation.

Fourth, it is important for organisations involved in the adoption of measures to realise their own role in the process and how this may affect the efficiency of the

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<sup>57</sup> J.M. Berger, “Making CVE Work: A Focused Approach Based on Process Disruption”, The International Centre for Counter-Terrorism - The Hague 7, no. 5 (2016), p.3, <http://icct.nl/wp-content/uploads/2016/05/J.-M.-Berger-Making-CVE-Work-A-Focused-Approach-Based-on-Process-Disruption-.pdf>.

<sup>58</sup> Ibid. Berger himself argues that one should focus on disengagement.

<sup>59</sup> Indeed, we should not underestimate the severity of the Dutch terrorism detention regime, which can also lead to mental health issues. For an extreme example in Australia of how detention in prison allegedly led to even worse mental health issues, see R. Olding, ‘Khaled Sharrouf mental health problems left untreated in prison’, *The Sydney Morning Herald*, 14 August 2014, <http://www.smh.com.au/national/khaled-sharrouf-mental-health-problems-left-untreated-in-prison-20140814-1044n7.html>. Note also, incidentally, that PTSS is usually seen as a psychiatric problem, but that in some cases, research has indicated blast waves have caused damage to the brain. See A. Schwartz, “Research Traces Link Between Combat Blasts and PTSD”, *The New York Times*, 9 June 2016, [http://www.nytimes.com/2016/06/10/us/ptsd-blast-waves-research.html?\\_r=0](http://www.nytimes.com/2016/06/10/us/ptsd-blast-waves-research.html?_r=0); R.F. Worth, “What if PTSD Is More Physical Than Psychological?”, *The New York Times Magazine*, 10 June 2016, <http://www.nytimes.com/2016/06/12/magazine/what-if-ptsd-is-more-physical-than-psychological.html> and the study itself: S. Baughman Shively, I. Horkayne-Szakaly, R.V. Jones, J.P. Kelly, R.C. Armstrong and D.P. Perl, “Characterisation of interface astroglial scarring in the human brain after blast exposure: a post-mortem case series”, *The Lancet Neurology* 15, no. 9 (2016), pp. 944-953, [http://www.thelancet.com/pdfs/journals/lanneur/PIIS1474-4422\(16\)30057-6.pdf](http://www.thelancet.com/pdfs/journals/lanneur/PIIS1474-4422(16)30057-6.pdf).

responses taken. For example, it may be that a number of organisations are involved in both assessing a person's mental health status in the pre-trial phase and – later in the process, after conviction – in accompanying and assisting that same person in the rehabilitation process. This can also be the cause of tensions and consequently frustrate the process. It is thus essential that distrust is taken away as soon as possible.

Finally, organisations involved in the adoption of measures are advised to focus on the long run and to invest in long-term solutions. For instance, when talking about de-radicalisation and re-integration,<sup>60</sup> considerable attention will have to be paid to a person's identity, which may provide structure, status and a sense of belonging. This can also be found back in the broader criminological literature about 'desistance'. Of particular importance in this context is the work of Shadd Maruna,<sup>61</sup> who stresses the importance of the relationship between identity and (breaking with) criminal life. This means that criminals' "scripts" or "self-stories" must be re-written to renounce their criminal past. This is a complicated process that takes time.

## 4.2. Concrete Responses to the Challenges Identified

### 4.2.1. Introduction

Once these preliminary issues and questions are taken into account and answered, exploration of possible concrete responses may follow. During the expert meeting, and after the plenary group was divided in several smaller brainstorm groups, a number of points, observations, ideas and proposals on how to best respond to the challenges societies face were discussed. The authors distinguish between long-term, preventive responses (4.2.2.) and short-term responses (4.2.3.). First the preventive responses are addressed as these tackle the underlying issues.<sup>62</sup>

### 4.2.2. More Long-Term Responses: Inclusion Rather Than Exclusion

Based on the preliminary conclusions drawn above, the expert meeting brought to the forefront of discussions the utmost importance of countering social defeat, by countering exclusion from the majority group, when fighting radicalisation. This can be done either by preventing exclusion practices at all levels and in all corners of society, taking a population-wide approach or by a very specific approach, targeted at those who are at high risk. According to Geoffrey Rose, "*a large number of people at a small risk may give rise to more cases of disease than the small number who are at high risk* [emphasis in original]".<sup>63</sup> With this perspective in mind, it was maintained that the creation of jobs that cater to a need for structure and a sense of meaning and purpose is crucial to the prevention of social defeat. Besides creating jobs, inclusion can also be enhanced by countering discrimination on the job market to ensure

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<sup>60</sup> The following is an English summary of B.A. De Graaf and D. Weggemans, "Na de vrijlating. Observaties en dilemma's in de omgang met (voormalige) terrorismegevangenen", *Justitiële verkenningen* 42, no. 2 (2016), p.84, [https://www.ris.uu.nl/ws/files/20963077/Na\\_De\\_Vrijlating\\_Justitiële\\_verkenningen.pdf](https://www.ris.uu.nl/ws/files/20963077/Na_De_Vrijlating_Justitiële_verkenningen.pdf).

<sup>61</sup> S. Maruna, *Making Good: How Ex-Convicts Reform and Rebuild Their Lives* (Washington, D.C.: American Psychological Association, 2001).

<sup>62</sup> See also F.M. Moghaddam, "The Staircase to Terrorism" (2005), p. 167.

<sup>63</sup> G. Rose, "Sick individuals and sick populations", *International Journal of Epidemiology* 30 (2001), p.431, <http://ije.oxfordjournals.org/content/30/3/427.full.pdf+html>.

better access to existing jobs.<sup>64</sup> A policy debate as well as solid research is needed to make sure evidence-based policy is developed in this context.

The problem of discrimination on the job market ties in with the more general concern about (perceived) discrimination, for example, by (law enforcement) authorities or in the public space.<sup>65</sup>

Moreover, and as explained earlier, the current political debate gives rise to concerns. It is impacted by populist parties speaking in terms of ‘them’ and ‘us’, thus using rhetorics of exclusion. With respect to radicalising individuals and foreign fighters, the framing is tougher. If a sense of exclusion from society plays a role in an individual process of radicalisation, then the use of war-like rhetoric by politicians risks escalation rather than de-escalation – and may constitute the final push into the hands of extremist organisations.

It is therefore advisable – as mentioned before – that policies be based on a fostering of both dual identity at an individual level and inclusiveness and non-discrimination at the level of society at large. The concern raised that this dual identity approach is not well represented or even accepted in the current Dutch political and public debate (and one can see a move to the right in many countries in Europe), points to the need of a political answer to the reasoning: assimilate completely or go back to your own country. But also it raises the question of adequate implementation and enforcement of the right to non-discrimination. Prevention requires policies protecting against discrimination in all sectors of society and diligent enforcement of anti-discrimination measures. “[P]olicy should [...] work on enhancing general perceptions of trust and legitimacy of the authorities and more specifically address (perceptions of) unjust and biased police actions.”<sup>66</sup> At the same time, “young people can be made more resilient to violent extremism by training in how to deal with

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<sup>64</sup> See also the results of a major Belgian study which concluded that “1) elements of poor social integration, 2) perceived group discrimination and perceived personal discrimination and 3) the perception of the authorities as being unjust and subsequently illegitimate greatly contribute to political violence.” (L. Pauwels, F. Brion, B. De Ruyver, M. Easton, N. Schils and J. Laffineur, *Explaining and understanding the role of exposure to new social media on violent extremism: An integrative quantitative and qualitative approach*, 2014, summary, p.26, [http://www.belspo.be/belspo/fedra/TA/synTA043\\_en.pdf](http://www.belspo.be/belspo/fedra/TA/synTA043_en.pdf)). Much of the following is based on paras. 55-56 of the

“Explanatory memorandum by Mr Van der Maelen”, which is Part C. of the Council of Europe report *Foreign fighters in Syria and Iraq*, Doc. 13937, 8 January 2016, <http://assembly.coe.int/nw/xml/XRef/X2H-Xref-ViewPDF.asp?FileID=22304&lang=en>. The “Explanatory memorandum”, in turn, is largely based on a background study prepared by C. Paulussen, one of the co-authors of the current ICCT Report.

<sup>65</sup> Ibid. See also e.g. Ch. Huisman, “Discriminatie op arbeidsmarkt in Den Haag ‘schokkend’”, *De Volkskrant*, 17 June 2015, <http://www.volkskrant.nl/binnenland/discriminatie-op-arbeidsmarkt-in-den-haag-schokkend~a4079144/> for the situation of the labour market in The Hague. Recently, the topic of ethnic profiling/discrimination by the police in the same city was again discussed in news reports. See e.g. T. Lingsma, “De duif achter de duinen”, *De Groene Amsterdammer*, 23 March 2016. Moreover, in 2014, a report from Leiden University concluded that there was no evidence that the city’s police structurally carried out checks on people on the basis of their ethnicity, but the reliability of this report was questioned after claims it had been manipulated. See “Report on The Hague police ethnic profiling under fire”, *DutchNews.nl*, 29 April 2016, <http://www.dutchnews.nl/news/archives/2016/04/report-on-the-hague-police-ethnic-profiling-under-fire-the-hague-councillors-want-answers-on-manipulated-police-report/>. Moreover, and more generally, on 6 June 2016, it was reported that 64% of the Dutch voters were of the opinion that ethnic profiling by the police is acceptable if it is done to fight crime, see J. Pieters, “Police racial profiling overwhelmingly approved by Dutch public”, *NLtimes.nl*, 6 June 2016, <http://www.nltimes.nl/2016/06/06/police-racial-profiling-overwhelmingly-approved-dutch-public/>. Finally, it should be mentioned that on 3 October 2016, a new Dutch report was issued in which it was concluded that “[i]n around 40% of spot-checks police’s suspicions about an individual turned out to be unfounded”. See “Police chief: ethnic profiling in stop-checks ‘undermines trust’”, *DutchNews.nl*, 3 October 2016, <http://www.dutchnews.nl/news/archives/2016/10/police-chief-ethnic-profiling-in-stop-checks-undermines-trust/>.

<sup>66</sup> L. Pauwels et al., *Explaining and understanding the role of exposure to new social media on violent extremism* (2014), summary, p.27.

problems and difficult situations.”<sup>67</sup> Investments could be made that foster nuanced and critical thinking, allowing individuals to become more resilient to persuasion, developing coping mechanisms to deal with stress and discrimination, thereby making them more resistant to extremist messages.<sup>68</sup>

In addition, investment in primary and secondary education are crucial. Investments aimed at stimulating inclusivity and interculturalism or cross-cultural understanding, for example by a course on comparative religion, which also includes agnostic and atheist views, could be considered. This will allow for mutual recognition, critical (self-)reflection and will equip children for cross-cultural dialogue and enable them to see matters in perspective.<sup>69</sup> For (young) adults, it is vital – it was already mentioned before – that they find jobs and opportunities to build a future. They need an environment where they feel useful, at home, and included/part of society.<sup>70</sup> In the past, there has been a trend to simply see this as the responsibilities of the communities themselves. However, it should be recognised that it is difficult to fulfil that responsibility if one is confronted with restrictions in society, in which discrimination still plays a role.

#### 4.2.3. More Short-Term Responses

During the expert meeting it was often stressed that more cooperation between the different actors is necessary in terms of sharing information and qualitative research results – preferably on the basis of concrete case studies. This may seem obvious, but all agreed there is room for improvement here, in particular between governmental agencies and the GGZ.<sup>71</sup> This would also be beneficial to the agencies, as they may be informed at an earlier stage about cases that are problematic and in need of closer monitoring. The need for enhanced cooperation requires examination of the scope of existing legal frameworks allowing cooperation, what additional legal arrangements are required, and how to use the information engendered by the renewed cooperation *in practice*. Of use here could be the good practices of the already discussed ‘safety houses’. Cooperation between municipalities should also increase; the knowledge and resources in many and often smaller municipalities are lacking, so exchange of information with and sharing of good practices in the context of de-radicalisation programmes by larger communities is important. There is indeed a clear need for more research into an analysis of the success stories of de-radicalisation (good practices), but also of the bad practices,<sup>72</sup> so that municipalities

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<sup>67</sup> Ibid., p. 28.

<sup>68</sup> In their elaborate study Mann, Doosje, Konijn, Nickolson, Moore and Ruigrok look at how affect, cognition and behaviour play a role in cognitive opening, but also in resilience to radicalisation. For more information, see L. Mann, B. Doosje, E.A. Konijn, L. Nickolson, U. Moore and N. Ruigrok, “Indicatoren en manifestaties van weerbaarheid van de Nederlandse bevolking tegen extremistische boodschappen. Een theoretische en methodologische verkenning”, WODC, 2015, pp. 24-26, <https://www.wodc.nl/onderzoeksdatabase/2488-de-meetbaarheid-van-de-weerbaarheid.aspx?cp=44&cs=6796>.

<sup>69</sup> See also F.M. Moghaddam, “The Staircase to Terrorism” (2005), p. 167.

<sup>70</sup> However, blaming society exclusively is also “a reductionist statement of convenience, denying the individual responsibility for his or her actions. It not only reduces the individuals involved to mere puppets with no free will, it also turns a blind eye to the numerous success stories of migrants and their kin, successfully integrating into their new country, and it overestimates the scale of the subgroup in question.” (See R. Coolsaet, “What Drives Europeans to Syria, and to IS? Insights from the Belgian Case”, *Egmont Paper* 75, Egmont – The Royal Institute for International Relations, Academia Press, March 2015, p. 23, [http://www.egmontinstitute.be/wp-content/uploads/2015/03/academia-egmont.papers.75\\_16x24.pdf](http://www.egmontinstitute.be/wp-content/uploads/2015/03/academia-egmont.papers.75_16x24.pdf)).

<sup>71</sup> Also more cooperation between the security agencies and researchers could be of use, see M. King and D. M. Taylor, “The Radicalization of Homegrown Jihadists” (2011), p. 618.

<sup>72</sup> See also C. Paulussen, “Responding to Foreign Fighters: A Quick Overview for People with Little Time”, *ICCT Commentary*, 21 April 2015, <http://icct.nl/publication/responding-to-foreign-fighters-a-quick-overview-for-people-with-little-time/>.

and in fact all actors involved in de-radicalisation efforts do not have to reinvent the wheel.<sup>73</sup> In this context, it may also be useful – as suggested before – to look at other fields of research, for instance those focusing on right-wing extremists, organised crime groups or (youth) gangs.

It was suggested that the treatment system of the GGZ could be fine-tuned, so as to enhance sensitivity to the process of radicalisation.<sup>74</sup> Of assistance in this context could be the new risk evaluation tool as discussed in subsection 2.7. With this tool, radicalisation can be detected at an early stage. With respect to the difficulty for some therapists to connect to young Muslims coping with identity problems, investment in trainings and skills is advised. To help therapists in their challenging job it is crucial to assist them in advancing cultural and ideological awareness or knowledge. In this context, it was explained that there is no need for a therapist to be of Moroccan origin or to be religious for him or her to be taken seriously by a jihadi radical. What *is* crucial however is to have at least a basic understanding of Islam. Also, investment – in terms of funding, manpower and know-how – in social workers, teachers and sport instructors who know what these youngsters are going through and who have earned their trust is crucial. To continue having talks and exchanges with them is necessary to ensure that youngsters do not isolate themselves, regardless of the question of whether they are planning to go to the Levant or whether they have already returned.

During the expert meeting, the advice was also provided that, while not negating the security threat that can come from (returning) foreign fighters, the focus of the more repressive measures should be on the recruiters, the ideologists, the preachers etc., whereas the preventive policies should be aimed at the vulnerable and easily impressionable victims of the just-mentioned persons.

The concrete proposal was also made, linked to the earlier-mentioned, long-term response of increasing resilience, to further support first-line initiatives to strengthen self-confidence. However, this should only be done in combination with empathy for others, as strengthening self-confidence alone can also facilitate radicalisation. These kinds of preventive interventions have already been assessed in the context of vulnerable youth in general<sup>75</sup> and could be useful for the new context of (potential) foreign fighters. Interventions that teach youngsters to deal with their dual identity, it was argued, are also expected to be effective.<sup>76</sup>

Moreover, another more short-term response can be found in the already-mentioned identification of the main typology of extremists and its trigger factors, which, in turn, can lead to an intervention using a tailored approach.

Finally – and this goes to all aspects of the problem of radicalisation and foreign fighters – it is crucial to keep the public and policy debate fact- and research based. The suggestion was made to launch an initiative called ‘the voice of reason’, which would counter inaccuracies and fact-free opinions with research-based information

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<sup>73</sup> Of use in this context are also the best practices stemming from the EU’s Radicalisation Awareness Network, [http://ec.europa.eu/dgs/home-affairs/what-we-do/networks/radicalisation\\_awareness\\_network/index\\_en.htm](http://ec.europa.eu/dgs/home-affairs/what-we-do/networks/radicalisation_awareness_network/index_en.htm).

<sup>74</sup> See also H. Harmsen, “Radicalisering, Potentieel Gewelddadige Eenlingen en de rol van de geestelijke gezondheidszorg”, *Magazine nationale veiligheid en crisisbeheersing* 13, no. 4 (2015), p. 19, [https://www.nctv.nl/binaries/magazine-nationale-veiligheid-en-crisisbeheersing-2015-4-interactief\\_tcm31-30158.pdf](https://www.nctv.nl/binaries/magazine-nationale-veiligheid-en-crisisbeheersing-2015-4-interactief_tcm31-30158.pdf).

<sup>75</sup> See A.R. Feddes, L. Mann and B. Doosje, “Increasing self-esteem and empathy to prevent violent radicalization: A longitudinal quantitative evaluation of a resilience training focused on adolescents with a dual identity” (2015), pp. 400-411.

<sup>76</sup> Ibid.

and (policy) advice. This initiative, it was stated, could start at the level of a blog or twitter.

## 5. Final Thoughts

This paper, and the closed expert meeting on which it is based, started with the question whether the mental health *problematique* and the phenomenon of foreign fighters are linked, and if so what this link entails. During the meeting, experts agreed they considered such a link to exist, even though ascertaining what it entails exactly requires much more research.

Throughout the paper, a number of other observations were presented, such as the fact that radicalisation is an extremely complex process that cannot be explained and described in simple terms, let alone predicted; that much more attention should be paid to warning signals coming from the larger social context of a radicalised person, e.g., the dysfunctional family; that therapists (as well as, e.g., police officers) should be trained so as to enhance cultural, political and religious awareness in order to recognise the process of radicalisation in time; that discrimination and social defeat may be a fertile ground for radicalisation and thus that policies should focus on creating an 'inclusive society', stimulating dual identity, and providing everyone with structure and a sense of belonging. An inclusive society requires intercultural education, stimulating access to jobs, repressing discrimination and using correct – inclusive – language in the public debate. More research is needed in a number of areas, including the correlation between individual psychological processes on the one hand and social and political processes affecting the (mental) life of individuals on the other.

Finally, echoing the urgent call made during the meeting, cooperation and information sharing between the different stakeholders and sectors involved needs further nurturing and advancement. The June 2015 report of the Hoekstra Committee underscores this need. It concluded, among other things, that better information-sharing between the Public Prosecution Service, the Police and mental health organisations was necessary.<sup>77</sup>

A particular and very sensitive and complex factor in this context is however (the protection of) patient confidentiality, which (mental) health workers must respect. A need for further discussion of the meaning and scope of professional confidentiality in this context was called for. This has only become more relevant in view of the Australian<sup>78</sup> and German<sup>79</sup> discussions on this point.

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<sup>77</sup> See Openbaar Ministerie, "Collegevoorzitter Herman Bolhaar: 'Conclusies commissie-Hoekstra ernstig en indringend'", 25 June 2015, <https://www.om.nl/@89830/collegevoorzitter/>. The full report of the Hoekstra Committee, formally called "Het rapport van de onderzoekscommissie strafrechtelijke beslissingen openbaar ministerie naar aanleiding van de zaak-Bart van U", [https://www.om.nl/publish/pages/45528/rapport\\_onderzoekscommissie\\_hoekstra.pdf](https://www.om.nl/publish/pages/45528/rapport_onderzoekscommissie_hoekstra.pdf).

<sup>78</sup> In response to the 14 July Nice attack the Australian Prime Minister has also inquired whether security agencies should be granted greater access to mental health records. See P. Karp, "Counter-Terrorism: Turnbull defends plan that may increase access to mental health records", *The Guardian*, 22 July 2016, <https://www.theguardian.com/australia-news/2016/jul/22/counter-terrorism-turnbull-defends-plan-to-allow-greater-access-to-mental-health-records>.

<sup>79</sup> See, e.g. "Germany in new anti-terror plan to thwart Islamist militants", *BBC News*, 11 August 2016, <http://www.bbc.com/news/world-europe-37044519>.

To sum up, the issue of mental health concerns in relation to radicalisation and foreign fighters is extremely complex, with a variety of sensitive aspects, which can only be tackled in an integrated, well coordinated and holistic way, namely through multi-stakeholder, interdisciplinary and inter-sectoral cooperation and the building of mutual trust.

The organisers hope that the expert meeting has assisted in a first mapping of the issue, of the research that is needed, while identifying already a few first leads for concrete action. This expert meeting and report merely aim to be a first case study, a study of the relevant research, insights and expertise available on the issue in the Netherlands. The organisers look forward to studies of other countries that are struggling with mental health and the foreign fighter phenomenon, to learn from what these will bring on the identification and implementation of the best possible responses to this complicated issue.

## Annex

Names of the persons present at the closed expert meeting 'Mental Health and the Foreign Fighter Phenomenon', organised by the T.M.C. Asser Instituut and the ICCT, at the T.M.C. Asser Instituut in The Hague, on 19 April 2016:

### Chair:

- Jacobine Geel (Dutch Association of Mental Health and Addiction Care)

### Participants:

- Jean-Paul Selten (Maastricht University)
- Allard Feddes (University of Amsterdam)
- Anton Weenink (Dutch National Police)
- Wilfried Ekkers (Parnassia Group)
- Mieke Broeren (Parnassia Group/Fivoor)
- Geneviève van Peursen (Investigative Psychologist, Dutch National Police, Unit Amsterdam)
- H.P. Schreinemachers (Dutch National Coordinator for Security and Counterterrorism)
- Saskia Tempelman (Dutch National Coordinator for Security and Counterterrorism)
- Simon Minks (Netherlands Public Prosecution Service)
- Gijsbert Roseboom (Trifier International Social Issues)
- Fatimazohra Hadjar (Think Kabir Foundation)
- Mohammed Ajouaou (VU University Amsterdam, Custodial Institutions Agency)
- Bibi van Ginkel (ICCT)
- Tinka Veldhuis (ICCT)
- Daan Weggemans (Institute of Security and Global Affairs/ICCT)
- Jeanine de Roy van Zuijdewijn (Institute of Security and Global Affairs/ICCT)
- Auke van Dijk (Agora Thinktank, Dutch National Police, Unit Amsterdam)
- Lisa de Haan (Municipality of Amsterdam)
- Paul Minnen (Probation Netherlands)
- Désirée Bonis (Netherlands Ministry of Foreign Affairs)
- Theo Bos (Idris, FACT)
- Eppo van Hoorn (Former Dutch Police Chief)
- Menno Francino (Netherlands Ministry of Foreign Affairs)
- Jan van Steen (Judge)
- Roland van de Sande (Parnassia Group)
- Marco de Swart (ICCT)

### Organisers:

- Karlien Lismont (ICCT)
- Janne Nijman (T.M.C. Asser Instituut)
- Christophe Paulussen (T.M.C. Asser Instituut/ICCT)

### Note-takers:

- Frédérique van Oijen (formerly T.M.C. Asser Instituut)
- Wim Zimmermann (formerly T.M.C. Asser instituut)
- Anouk Boas (ICCT)



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# Mental Health and the Foreign Fighter Phenomenon: A Case Study from the Netherlands

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