

And if there were another way out? Questioning the prevalent radicalization models

Cécile Rousseau, MD,¹ Ghayda Hassan, PhD,² Youssef Oulhote, PhD³

ABSTRACT

Violent radicalization is increasingly conceptualized as a public health issue, associated with psychological distress, a sharp increase in discrimination and profiling, and an increase in hate crime and some types of terrorist acts.

This brief paper addresses the limitations of the current conceptual models of violent radicalization. Beyond understanding the path leading from radicalization of opinion to violent radicalization, it proposes to consider the non-violent outcomes of radicalization of opinions in the current social context and to study these outcomes in multiple settings for both minorities and majorities. Moving beyond the implicit linearity of current models and promoting a systemic vision would help to decrease the actual profiling of targeted communities and support the design of community-based prevention programs structured on these alternative outcomes, and in particular on the emergence of social solidarities in groups expressing discontent with the status quo.

KEY WORDS: Violent radicalization; prevention; theoretical models; determinants

La traduction du résumé se trouve à la fin de l'article.

Can J Public Health 2017;108(5-6):e633–e635
doi: 10.17269/CJPH.108.6233

Although radicalization leading to violence is a socio-political phenomenon, its growing impact on psychological distress and acts of violence increasingly imposes it as a public health issue.^{1–3} Current approaches have rather unsuccessfully tried to target individuals at risk of committing terrorist acts and have focused on those who are in contact with the criminal justice system,⁴ neglecting to a large extent the study of risk and protective factors in the general population.⁵ In spite of this, it is to be noted that all national and international plans coincide in putting forward a preventive approach that may appear to be in line with a public health perspective. However, in partial contradiction to these political discourses emphasizing early prevention, the focus of implemented programs is mostly put on secondary prevention (trying to detect and treat at-risk individuals) while primary prevention remains very poorly defined in terms of objectives and associated outcomes. By providing a wider picture on the associated factors that can be modified through intervention, a public health approach can pave the way toward the development and implementation of effective interventions in different settings.⁶ Furthermore, a public health framework offers the interdisciplinary approach that is needed to disentangle the context-independent and context-specific individual and societal determinants, as well as to identify clusters of services and multiple levels of action (primary, secondary, and tertiary) for preventing radicalization.^{2,7} Such a framework could also help design and implement strategies at a population level, as previously shown in the contexts of street violence and bioterrorism.⁸ Most of the current theoretical models coincide in proposing to understand the shift leading from radicalization of opinion and discourse to violent radicalization without

envisioning the other outcomes of radicalization processes and their correlates. In this paper we propose that there is an urgent need to improve, through research, the comprehensiveness of the available radicalization models and better represent the complexity of the phenomenon, in order to inform community, institutional, and state prevention programs and policies.

Overall a few findings emerge from the systematic literature reviews on violent radicalization. First there is a worldwide upsurge both in social polarization and in the attention given to different forms of radicalization leading to violence (religious, neo-Nazi, white supremacist, and others). Second, the differences between the socio-demographic profiles and the life experiences of groups deemed at risk in different countries (rural vs. urban populations, first vs. second generation immigrants, converts, inmates, etc.) suggest that local dynamics, national history, and social policies play an important role in the response to global stressors.⁹ Third, all the different theoretical models of radicalization emphasize the complex and multidimensional nature of the phenomenon. Progressive staircase or pyramid models^{10–15} and process or mechanism models^{16–18} establish a relation between discontent, social suffering, and the involvement in violent radicalization. In these different models, violent radicalization is conceptualized as a personal response to a complex interaction between a host of imbedded push and pull

Author Affiliations

1. Division of Social and Cultural Psychiatry, McGill University, Montreal, QC
2. Département de psychologie, Université du Québec à Montréal, Montréal, QC
3. Harvard T.H. Chan School of Public Health, Boston, MA

Correspondence: Dr. Cécile Rousseau, Professor, Division of Social and Cultural Psychiatry, McGill University, Scientific Director – SHERPA research center, CIUSSS du Centre-Ouest-de-l'Île-de-Montréal, CSSS de la Montagne (Park Extension), 7085 Hutchison, Local 204.2, Montréal (Qc) H3N 1Y9, Tel: (514) 273-3800 (poste 6452), E-mail: cecile.rousseau@mcgill.ca

factors situated at various levels: 1) the macro-level, such as the role of governments and society at home and abroad, intercommunity and international socio-political tensions; 2) the meso-level, such as community social grievances and a radical milieu exemplified by internet groups; and 3) exo- and micro-levels, such as social support/isolation, discrimination, identity problems, the need to take revenge,¹⁹ or personal experience of trauma.²⁰ Different problems interfere with the exploration of these interactions: 1) these risk and protection factors have mostly been studied in parallel, and too few studies have simultaneously examined their joint effects; 2) models are based on retrospective studies of radicalized individuals (mostly Muslims), and they neglect the diversity of radicalization trajectories;¹⁹ 3) there is a lack of transnational and multi-level studies using a common methodology and analytical methods, which could address simultaneously individual, within-community, intercommunity, and national dynamics; and 4) disciplinary frameworks are relatively poorly integrated beyond the more common socio-logical-psychological models.

While the processes underlying diverse forms of radicalization have been shown to be very similar, radical individuals' profiles are heterogeneous, and it is hard to accurately predict violent behaviour among radicalized individuals.²¹ This has important implications given the emphasis put on screening and detection in many national plans of action against violent radicalization. In the absence of specific patterns of risk, detection can be counterproductive and stigmatizing because of the massive profiling it entails and thus the greater harm for the target populations and for the security of the nation. In part because of this, state-driven initiatives, which mostly focus on security policies, have been associated with increased discrimination and ostracism, and subsequent collateral damage.²² Some community-oriented programs have shown promising results;²³ however, for the moment, although the importance of community cohesion and resilience is increasingly emphasized,²⁴ prevention programs are not based on a comprehensive model of understanding and it is hard to evaluate their effectiveness across settings.

Cautiously, authors in the field state that not all the individuals with radical opinions will evolve toward violent radicalization, but the existing programs often endorse the assumption that there is a linear association between these two states, evoking the slogan "violence engenders violence", which has been used in numerous prevention campaigns. Michael Rutter²⁵ has reminded us that if an exposure to violence in childhood was found in many offenders' pasts, the vast majority of child victims never became aggressors but, rather, opted for other ways to repair the significant harm they experienced. In a similar way, we propose that the prevalent pyramid models and the progressive staircase models are incomplete, because they overshadow all the other non-violent outcomes of radicalization of opinions, thus leading to a skewed perspective that greatly limits the options when envisioning prevention strategies and policies.

A retrospective analysis of the literature on radicalization preceding its current use in the context of terrorism indicates that this term was mostly used to describe political mobilization in the black community, in women's movements, and in social

engagement to fight exclusion in Latin America. It is still used in some disciplines in association with post-colonial reconstruction. Although these forms of social solidarities could sometimes be associated with violence, this highlights that radicalization of opinion not only does not linearly lead to violent extremism but also that violence may not be the most common outcome. Three main outcomes appear to be associated with radicalization of opinions: 1) emergence of social solidarities (local, national, or international) to alleviate social suffering and the exclusion (for example, through organizations fighting racism and Islamophobia, rights associations, or other forms of community action against inequalities); 2) withdrawal towards the group needs and identity (manifested through reactive identity affirmation, for example with more manifest religious signs in the public sphere or identity symbols like flags); and 3) support of violent radicalization (and in a small minority of cases, actual violent behaviour). Although these three outcomes can overlap to a certain extent, prevention programs would be significantly improved if they favoured and supported some non-violent social strategies rather than focusing solely on countering violent behaviours that are generally unpredictable with the current state of knowledge.

The field of radicalization studies would thus benefit from a shift of focus to understand what elements and dynamics in radicalization may be associated with non-violent social transformation processes. Studied outcomes should take into account social and identity affirmation and diverse forms of social and political mobilization (non-violent and violent), including among others the recruitment by extremist organizations.

Transnational, multisite studies are required to simultaneously document the processes of radicalization, the determinants of support for violent radicalization, and the dynamics associated both with violent actions and with alternative resilient non-violent outcomes. Recent advances in public health-related fields, such as causal inference methods in epidemiology and the advances in complex systems modeling, are much needed to disentangle the causal effects at different levels and to determine the potential underlying mechanisms that give rise both to violent radicalization and to the other outcomes of social polarization processes. Knowledge of such multilevel determinants could inspire a multitude of intervention levels that should be compared with regard to their effectiveness.

In conclusion, to develop the prevention of violent radicalization, a public health approach may be helpful to weave together interdisciplinary collaborations in a coherent model and to widen the current socio-logical-psychological theoretical framework. Identifying multiple levels of preventive action could not only contribute directly to mitigating risk factors for violent radicalization in specific local environments but could also favour alternative outcomes in these settings, in particular through the enhancement of family, community, and local network resources. Promoting such a public health approach is timely to decrease the harm stemming from the increase in profiling associated with targeted interventions and to shift the priority toward primary prevention rather than toward secondary prevention, as is currently the case.

REFERENCES

1. Stares PB, Yacoubian M. *Terrorism as a Disease: An Epidemiological Model for Countering Islamist Extremism*. Pittsburgh, PA: Mathew B Ridgeway Centre for International Security Studies, 2007.
2. Harris-Hogan S, Barrelle K, Zammit A. What is countering violent extremism? Exploring CVE policy and practice in Australia. *Behav Sci Terror Polit Aggress* 2016;8(1):6–24. doi: 10.1080/19434472.2015.1104710.
3. Bjorgo T. *Strategies for Preventing Terrorism*. Springer, 2013.
4. CIPC (Centre International pour la prévention de la criminalité). *Comment Prévenir la Radicalisation: Une Revue Systématique*. Montréal, QC: CIPC, 2015.
5. Bhui K, Warfa N, Jones E. Is violent radicalisation associated with poverty, migration, poor self-reported health and common mental disorders? *PLoS ONE* 2014;9(3):e90718. PMID: 24599058. doi: 10.1371/journal.pone.0090718.
6. Weine S, Horgan J, Robertson C, Loue S, Mohamed A, Noor S. Community and family approaches to combating the radicalization and recruitment of Somali-American youth and young adults: A psychosocial perspective. *Dyn Asymmetric Conflict* 2009;2(3):181–200. doi: 10.1080/17467581003586897.
7. Simeonsson RJ. Primary, secondary, and tertiary prevention in early intervention. *J Early Interven* 1991;15(2):124–34. doi: 10.1177/105381519101500202.
8. Bhui KS, Hicks MH, Lashley M, Jones E. A public health approach to understanding and preventing violent radicalisation. *BMC Med* 2012; 10(1):16. doi: 10.1186/1741-7015-10-16.
9. Bhui K. Flash, the emperor and policies without evidence: Counter-terrorism measures destined for failure and societally divisive. *BJPsych Bull* 2016; 40(2):82–84. PMID: 27087991. doi: 10.1192/pb.bp.116.053603.
10. Borum R. Radicalization into violent extremism I: A review of social science theories. *J Strat Security* 2011;4(4):2.
11. Moghaddam FM. The staircase to terrorism: A psychological exploration. *Am Psychol* 2005;60(2):161–69. PMID: 15740448. doi: 10.1037/0003-066X.60.2.161.
12. Moghaddam FM. *From the Terrorists' Point of View: What They Experience and Why They Come to Destroy*. Westport, CT: Greenwood Publishing Group, 2006.
13. Sageman M. A strategy for fighting international Islamist terrorists. *ANNALS Am Acad Polit Soc Sci* 2008;618(1):223–31. doi: 10.1177/0002716208317051.
14. Silber MD, Bhatt A, Analysts SI. *Radicalization in the West: The Homegrown Threat*. New York, NY: Police Department City of New York, 2007.
15. Wiktorowicz Q. Joining the cause: Al-Muhajiroun and radical Islam. Paper Presented at: The Roots of Islamic Radicalism Conference, Yale University, London, UK. In F Devji (Ed.), *Landscapes of the Jihad: Militancy, Morality and Modernity*. London, UK: C Hurst & Co Publishers Ltd, 2005.
16. de Wenden CW. *La Question Migratoire au XXIe Siècle: Migrants, Réfugiés et Relations Internationales*. Paris, France : Presses de Sciences Po, 2010.
17. Doosje B, Loseman A, Bos K. Determinants of radicalization of Islamic youth in the Netherlands: Personal uncertainty, perceived injustice, and perceived group threat. *J Soc Issues* 2013;69(3):586–604. doi: 10.1111/josi.12030.
18. Moskalenko S, McCauley C. Measuring political mobilization: The distinction between activism and radicalism. *Terrorism Polit Violence* 2009;21(2):239–60. doi: 10.1080/09546550902765508.
19. Schmid AP. Radicalisation, de-radicalisation, counter-radicalisation: A conceptual discussion and literature review. *ICCT Research Paper* 2013.
20. Ellis BH, Abdi SM, Horgan J, Miller AB, Saxe GN, Blood E. Trauma and openness to legal and illegal activism among Somali refugees. *Terrorism Polit Violence* 2015;27(5):857–83.
21. Schmid AP. Comments on Marc Sageman's polemic "The stagnation in terrorism research". *Terrorism Polit Violence* 2014;26(4):587–95. doi: 10.1080/09546553.2014.895651.
22. Kundnani A. *A Decade Lost: Rethinking Radicalisation and Extremism*. London, UK: Claystone 2015.
23. Aly A, Taylor E, Karnovsky S. Moral disengagement and building resilience to violent extremism: An education intervention. *Studies in Conflict & Terrorism* 2014;37(4):369–85. doi: 10.1080/1057610X.2014.879379.
24. Grossman M, Peucker M, Smith D, Dellal H. *Stocktake Research Project: A Systematic Literature and Selected Program Review on Social Cohesion, Community Resilience and Violent Extremism 2011–2015*. Footscray, VIC and Carlton VIC: Victoria University and Australian Multicultural Foundation, 2016.
25. Rutter M. Psychosocial adversity: Risk, resilience and recovery. In: Richman JM and Fraser MW, (Eds.), *The Context of Youth Violence: Resilience, Risk, and Protection*. Westport, New London, CT: Praeger, 2001; 13–37.

Received: April 19, 2017

Accepted: June 9, 2017

RÉSUMÉ

La radicalisation violente est de plus en plus conceptualisée comme une question de santé publique, associée avec de la détresse psychologique, une augmentation importante de la discrimination et du profilage, de même que des crimes haineux et de certains types d'actes terroristes.

Cet article interroge les limites des modèles conceptuels prévalents de la radicalisation violente. Au-delà de la compréhension des trajectoires conduisant de la radicalisation des opinions à la radicalisation violente, il propose de porter attention aux évolutions non violentes de la radicalisation d'opinion, et d'étudier ces évolutions dans de multiples sites en considérant à la fois les dynamiques des majorités et des minorités.

Dans une perspective systémique, dépasser la linéarité implicite des modèles actuels permettrait de réduire le profilage des communautés ciblées et de soutenir l'élaboration de programmes communautaires de prévention, visant à favoriser ces évolutions non violentes, et en particulier l'émergence de solidarités sociales dans des groupes exprimant un mécontentement face à l'ordre social actuel.

MOTS CLÉS : radicalisation violente; prévention; modèles théoriques; déterminants