

# Preventing Radicalization to Violence Through Partnerships and Collaboration

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In the space of a single week in August of 2017, vehicles plowed into groups of pedestrians in two different parts of the world, purportedly in support of two different ideologies. In Barcelona, Spain, a group of young men (including an adolescent) of Moroccan background who grew up in Spain carried out the attacks in the name of the Islamic State in Iraq and Syria (ISIS). In Charlottesville, VA, a 20-year-old man associated with a white supremacist group committed the attack against a group marching in opposition to the “Unite the Right” rally. In both cases, individuals used violence against civilians in an attempt to further their political and social views. Such cases of radicalization to violence have plagued the news in recent years, and forced practitioners and policymakers to take up the following question: How can we prevent radicalization to violence?

Violence of all types is a significant concern to our communities. More than two decades ago, the federal government expanded violence prevention efforts from law enforcement to public health, placing the challenge and hope of preventing violence on

communities, education and health systems (Mercy, Rosenberg, Powell, Broome, & Roper, 1993). While the question of violence prevention is not new to those in public health, how to prevent radicalization to violence is less well understood. Radicalization to violence has been defined as a psychological shift towards increasing acceptance of the legitimacy of terrorism and violence in the service of political change (King & Taylor, 2011). While radical beliefs are not in and of themselves problematic, radical beliefs that promote or lead to violence are a significant problem. Prevention of radicalization to violence has typically fallen under the purview of law enforcement, and approaches have correspondingly tended to focus on the identification and apprehension of radicalized individuals. Recently, however, some have suggested that public health may have a critical role in preventing radicalization to violence (Snair, Nicholson, & Guimmaria, 2017).

Determining an appropriate means of preventing radicalization to violence has been complicated by the fact that, like other multi-determined problems, there is no ‘root

cause' or single pathway to radicalization (Horgan, 2008). Religion, ethnicity, and refugee status do not predict radicalization to violence (Borum, 2012; McCants & Watts, 2012; Newland, 2015). Although some research suggests that mental illness or trauma exposure may play a role in creating vulnerabilities to radicalizing to violence (Simi, Sporer, & Bubolz, 2016; Ellis et al., 2014; Canetti, Hall, Rapaport, & Wayne, 2013), mental disorders are hardly the cause of radicalization to violence and in many instances are not evident at all. Research also suggests that psychological variables, such as a search for meaning or positive social identity (Al Raffie, 2013), or social experiences such as discrimination, marginalization or perceived injustices may, in combination with other risk factors, contribute to a process of radicalization to violence. However, such struggles are hardly deterministic and may also lead to profoundly positive actions (Jensen, 2008). Taken together, the extant research suggests that a combination of experiences, both personal and societal, can in some instances converge to make a youth vulnerable to radicalization; radicalization to violence may occur when such a vulnerability meets with opportunities or social networks that present involvement with a group that appears to offer to imbue life with meaning, power, and a way out.

How, then, do you prevent a problem that is multiply-determined, built of experiences that are abundantly common, and occurs at such a low base rate that even the best of predictive tests would yield an unacceptably high false positive rate? Traditional approaches have proved problematic. Targeting prevention towards a specific group based on ethnicity or religion runs the

risk of creating 'suspect communities' that merely adds to a potential pool of experiences that are perceived (rightly) as unfair, unjust, and stigmatizing. If that group is Muslim Americans, this approach further ignores data that suggests white supremacist extremist violence is of greater concern in our country than Islamist-inspired violence (Parkin, Chermak, Freilich, & Gruenewald, 2016). In addition, such programs, even if they provided important services to underserved communities, would run the risk of undermining community trust in government and systems and reducing the likelihood that—in the event an individual was identified as engaging in concerning behavior—family or community members would turn to law enforcement or service providers for help.

If targeting prevention towards specific groups is contraindicated, then two options remain: to better identify individuals at risk for radicalizing to violence or to build whole-community resilience in a way that both diminishes potential risk factors for radicalization to violence and strengthens community response in the event that radicalization is detected. The field of threat assessment seeks to better identify, assess, and manage individuals at risk of committing targeted violence. This approach offers promise in identifying and disrupting the path of individuals at risk for many types of violence, including radicalizing to violence; its success, however, will be constrained by what happens both *before* and *after* a threat assessment teams' involvement. Prior to a threat assessment team becoming involved, someone—perhaps a teacher, a family member, or a peer—needs to identify the concern and share it with authorities. On the other end, once a threat has been identified

and a plan determined, success will depend on access to, and engagement with, appropriate supportive services. Resilient communities provide the context in which threat assessment can be most successful.

Efforts to define community resilience center on the notion that social connection lies at the heart of resilient communities (Norris, Stevens, Pfefferbaum, Wyche, & Pfefferbaum, 2008; Plough et al., 2013). Social connection includes both social bonds with people who share important characteristics, such as one's religious group, as well as social bridges, or connections to people who are *unlike* oneself in important ways, such as to those who do not share the same religious or cultural background. Strong bonds and bridges allow for a strong sense of identity without privileging that identity over others. Finally, a connection between communities and government represents a third type of social connection—termed social linking. Trusting relations with schools, law enforcement, and government service systems all provide avenues for developing these linkages, and laying the groundwork for communities to turn to these systems in times of need, and for these systems to be better able to respond to the needs and concerns as identified by the communities they serve. As articulated in relation to the LA County Community Disaster Resilience Project, “The themes of improved connectedness through engagement, partnership, collaboration, and trust building provide the fundamental building blocks for improving social support structures, promoting social cohesiveness, and improving shared understanding of protective actions that improve community well-being, whether in their regular routines

or in an emergency situation” (Plough et al., 2013).

At Boston Children's Hospital, a multidisciplinary team called ‘Community Connect’ was launched in 2016 in the service of preventing violence, including radicalization to violence, through building community resilience. Once a month a group gathers around a table—they are leaders and providers in their respective disciplines and service sectors: education, mental health, faith-based organizations, community agencies, and law enforcement. Each member is invited to bring to the attention of the team any youth (up to age 24) who he/she believes may be at risk for violence or involvement in the criminal justice system, and who is not effectively engaged and supported by the service system. The goals of the team are three-fold: 1) to use the diverse social and cultural knowledge represented around the table to identify how better to engage youth in supportive services, 2) to make services more effective and relevant for youth and their caregivers by offering consultation and support to providers around cultural, social and legal issues of relevance to caring for that youth, and 3) to build genuine, trusting and equal partnerships between and among team representatives from community, service systems, and government. Each of these elements supports community resilience in important ways and offers a means of diminishing risk factors for violence (including, but not limited to, radicalization to violence) without increasing stigma. Engaging youth in relevant and meaningful services and supports can help build social connection (e.g. through community or faith-based programs), facilitate overcoming barriers to social connection and a positive sense of identity

(e.g. through improving mental health), and address personal grievances (e.g. addressing trauma, working with schools to facilitate a path to opportunity). These connections and opportunities are further supported by helping providers to understand the unique cultural and social backgrounds of the clients with whom they are working. And finally, the genuine trust and partnerships developed among the diverse multidisciplinary partners operationalize what it means to be a resilient community: a network of community members and government representatives that trust each other to work towards a common goal of safer communities and healthier youth. In communities characterized by trust and social connection, youth will be both less likely to radicalize to violence, and more likely to be brought into the care of supportive and preventive services if they do.

Public health can, and should, step forward to play a role in preventing radicalization to violence. Collaboration between law enforcement, faith-based institutions, community groups, primary care, mental health agencies, and schools can open channels of communication and trust. And in all of our communities, concerted efforts to bring together diverse systems and services in trusted partnerships and genuine collaboration can create resilient communities that reduce the risk of violence in all its forms.

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