

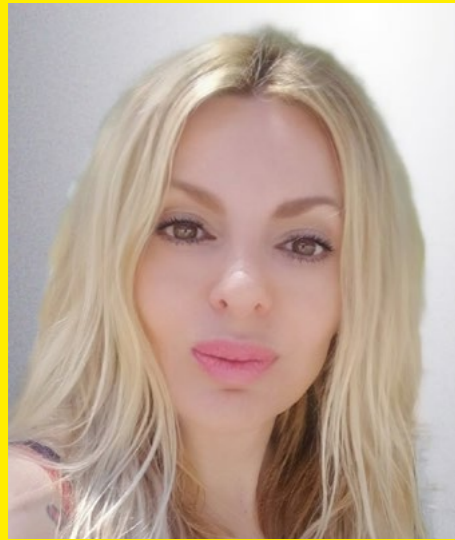
SPOTLIGHT

SEPT 2023



MENTAL HEALTH

RANI 
Practitioners



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EDITORIAL

There has been much discussion in recent years about the relationship between the presence of mental health issues and disorders, including trauma and psychosis, and radicalisation. There is now an increasing understanding about the nexus between mental health and violent extremism, and the importance of mental health as a contributing or driving factor in radicalisation and recruitment.

There has been much discussion in recent years about the relationship between the presence of mental health issues and disorders, including trauma and psychosis, and radicalisation. There is now an increasing understanding about the nexus between mental health and violent extremism, and the importance of mental health as a contributing or driving factor in radicalisation and recruitment.

There is therefore a growing appreciation towards the important role that the health sector – including mental health professionals – plays in the prevention of violent extremism. The key challenge for this sector is to interpret signs of radicalisation in individuals, in different settings, and help those who might be at risk of being radicalised. The RAN Mental Health Working Group focuses on raising awareness within the health sector and helping establish an effective network of health practitioners across EU Member States.

This edition of the RAN Practitioners Spotlight magazine therefore takes a look at the nature of the mental health challenges, including personality disorders and childhood experiences, gender, training for practitioners and ethical considerations. The publication features a number of original articles by experts on the topic, papers produced by RAN Practitioners, and case studies of programmes being delivered.

As always, we want to hear from you. If you would like to contribute to future editions of Spotlight, or if you have ideas for a topic, article, interview or feature, please get in touch with the RAN Practitioners communications team at ran@radaradvies.nl

RAN Practitioners Staff

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**M E N T A L
H E A L T H**

ARTICLE

The relationship between mental health and radicalisation

Eva JIMENEZ

Radicalisation is a process, in which individuals adopt extreme political, social and/or religious ideas that can lead to acts of mass violence. It has been hypothesised that mental health characteristics might be associated with risks of radicalisation. However, there is little evidence of a direct causal relationship between mental health issues and the risk of engagement in terrorist or radical ideologies.

Furthermore, a unique profile of psychopathology or personality traits that makes individuals more prone to radicalisation cannot be put forward. However, there are some qualities of psychological well-being that may be related to the radicalisation process (also taking into consideration that psychopathology might differ in individuals during the various stages of the radicalisation process).

Therefore, more nuanced and elaborated ways of thinking about the role that mental health can play in the lives of those who may be at risk of involvement in radicalisation processes should be advocated. That is to say, while psychological illnesses and mental disorders obviously cannot be dismissed as an aetiology, they are also not the only condition present in all cases of radicalisation (acting in many cases as modulators or increasers of other factors).

Adopting the view that dysfunctional behaviour can be one factor, not the sole factor in radicalisation processes, can inform the planning of prevention strategies – such as collaboration between different actors and agencies, such as mental health professionals, social and local actors and security forces (when tackling violent behaviour). Tailored strategies and protocols should be designed.

There are some factors that directly affect or are connected to the mental health of those people most vulnerable to radicalisation. These include the following:

Adolescents who are more attracted to domination and violence are more difficult to treat. This is related to the fact that the most concerning profiles of radicalised adolescents are those who are most exposed to sexual abuse and violence in childhood. Similarly, most young terrorist offenders with a forensic mental health report have psychopathological problems, problems with relationships, poor regulation of aggression, feelings of anger, and paranoid feelings. It is also noted that there is a positive association between psychopathology and grievances, and anger about perceived injustice.

There are many similarities between psychopathological manifestations of adolescence and mechanisms at stake during the radicalisation process. As a consequence, mental health professionals have an important role to play in the treatment and understanding of radical engagement among youth.

As mentioned first, the case studies do not support the assertion that terrorists are characterised by higher rates of mental health difficulties than are observed in the general population. Nonetheless, the exception to this may be lone-actor terrorism and incel-profiles where the rates are significantly higher than all other forms of terrorism combined. So, it has been suggested that incels and lone-actor terrorists might present higher prevalence rates of some mental disorders – such as schizophrenia-spectrum, affective disorders and autism – compared to terrorists who are members of a larger group and the general population. These lone-actors are primarily motivated by single-issue ideologies, compared to terrorists who are members of a larger group (who presumably tend to be motivated by more than one factor/ideology). The role of psychopathology in the development and behaviour of lone-actor terrorists is highly complex, and, depending on circumstances, could be a catalyst, and even an inhibitory factor. Then, psychopathology seems to play a significant role throughout the process of becoming a lone-actor, and is both a precursor to, and a consequence of, changes in social settings.

From another point of view, it has been pointed out that members of terrorist groups might have been psychologically manipulated and abused during the process which radicalised them, through the use of coercive procedures and mental maltreatment – such as brainwashing, thought reform, mind control, psychological abuse and coercive persuasion. These manipulation strategies promote group cohesion (groupthink), which can cause distortion of reality and modify decision-making, due to group pressure and the deterioration of cognitive efficiency. Therefore, psychosocial support may be required for those individuals at risk of recruitment, as well as for people at risk of joining cults.

The mental health aspect is also crucial with regard to the disengagement, rehabilitation and reintegration of returning foreign terrorist fighters (FTFs) and possible reoffenders. Child returnees and their families also require clinical support to build a sense of empowerment in believing they can overcome their traumas. Moreover, detecting and assessing the psychological mechanisms used by groomers is essential to combatting and counteracting them. Besides, to properly assess trauma in radicalised people, diagnosis and treatment should be carried out by mental health professionals. Therefore, there cooperation is needed between specialised mental care experts to support families dealing with psychological challenges, mental illness and/or trauma.

Last but not least, P/CVE in prison contexts requires a holistic model that also takes mental health approaches into account. During imprisonment and after release, extremist offenders, or those inmates at risk of being radicalised, may be dealing with trauma, personality disorders and/or other mental health issues. These mental health factors can prevent them from disengaging, rehabilitating and reintegrating. Mental health considerations must therefore be addressed to ensure the successful assessment and treatment of extremist offenders.

Having said all of the above, it is essential to highlight that the work that mental health professionals undertake with extremists should not be carried out in isolation. The availability of mental healthcare professionals in P/CVE multi-agency structures must be increased (by supporting and safeguarding vulnerable people, sharing relevant information and building awareness of radicalisation processes). When we stop considering mental health professionals who work with radicalised people as experts who work in isolation in their clinics (without any type of decision in prevention policies or in risk control strategies for extreme violence), all involved in the P/CVE equation will win.

Eva Jimenez is co-lead of the RAN Working Group on mental health.

“The mental health aspect is also crucial with regard to the disengagement, rehabilitation and reintegration of returning foreign terrorist fighters (FTFs) and possible reoffenders. Child returnees and their families also require clinical support to build a sense of empowerment in believing they can overcome their traumas. Moreover, detecting and assessing the psychological mechanisms used by groomers is essential to combatting and counteracting them.”

In the latest film produced by RAN Practitioners, two mental health professionals – Eva Jimenez, the co-chair of the RAN HEALTH Working Group, and Despoina Limniotaki, a social psychologist and Founder of The Healing Tree community for Mental Health – discuss the nexus between mental health and radicalisation and some of the current mental health challenges in P/ CVE. You can watch a teaser of the film on the RAN Practitioners YouTube channel [here](#).



A paper, published by RAN Practitioners in 2022, entitled 'Personality disorders and mental illnesses with implications in PVE', discusses the underlying dynamics of specific personality disorders and susceptibility to radicalisation leading to violent extremism. Particular attention is paid to the mechanisms and underlying dynamics of antisocial personality disorder (ASPD). You can read the paper in full [here](#).

Recommendations

Lessons learned from gang disengagement

- Focus on disappointing experiences with (gang) members of the group, for example agitators within the group using extreme violence towards innocent people or other relevant conflicts inside the group.
- Make sure there is something else to live for next to the extremist network, for example family ties, work, income and status. Someone can only leave a gang/extremist group if they are sure there is an alternative.

General recommendations

- Use motivational interviewing for violence disengagement: focus on acceptance, avoid discussion or persuasion. Create discrepancy with regard to (new) life goals.
- Do not expect the individuals you treat to show vulnerability and/or openness quickly and do not pressure them into doing so. It might feel like contempt or having a total lack of consideration towards them.
- Be apprehensive about labelling. Saying that someone has a mental disorder can be very stigmatising. Find complexity in the label, try to deconstruct it and look at the individual. The underlying dynamics give directions to the treatment.

Borderline and dependent traits

- People with borderline and dependent traits need respect, the feeling of being understood and attention, and that is why they are attached to the professional. That happens with individuals both diagnosed with borderline disorder and convicted as terrorist offenders. The first step is to help them understand the way they attach to other people. If they understand how they are functioning, this will resolve a lot of stress.
 - You can use functional analysis to understand the structure of their functioning. A functional analysis examines the antecedents and consequences of behaviour.
 - A functional analysis of behaviour is often used as part of cognitive behaviour therapy that considers the antecedents, thoughts, actions and consequences that make up behaviour ⁽³⁾.
- It is important to not project your personal perspective on the client. Consider whether someone is (still) a threat and, if not, if they want to receive help. If this is not the case, always examine whether it is beneficial to provide therapy or deradicalisation/disengagement programmes.

Antisocial behaviour/personality disorder

- Oftentimes people are diagnosed with ASPD, but the social context plays a crucial role in shaping their behaviour and therefore it is important to take this social context into account. Both therapeutical and social interventions are needed.

Lack of trust – hypermentalisation

- When someone believes in conspiracy narratives and/or has psychotic feelings, the **LEAP method** may be helpful. The aim of this method is to go along with the problem definition and connect by the following steps: **L**isten to the individual, **E**mpathise with the feelings he/she experiences, **A**gree on the part you have in common, **P**artner by doing something to help them ⁽⁴⁾.
- Focus on traumas that affect trust (see, for example, disorganised attachment) and empathise with the generalisation of mistrust. **Trauma therapy** might also reduce the lack of trust to some extent. For this it

⁽³⁾ See: <https://positivepsychology.com/functional-analysis-cbt/#theory>

⁽⁴⁾ Amador, X., & Johanson, A.-L. (2000). *I am not sick, I don't need help! Helping the seriously mentally ill accept treatment*. Vida Press.

A paper, published by RAN Practitioners in 2022, entitled 'Violent individuals with personalised ideologies and mental health issues', discusses how recent societal developments (such as COVID-19, the war in Ukraine and the energy crisis) and the deteriorating mental health of individuals can affect extremists' (personal) frameworks of action. You can read the paper in full [here](#).

Recommendations

Risk assessment beyond labels

- Risk assessments need to be connected more to psychologists as assessors. Mental health is always a basic consideration when dealing with potentially violent people; a trained mental health professional⁵ is needed to make a good judgement call and arrange any follow-up.
- In risk assessment, practitioners need to broaden their horizon/perspective to consider the person on an individual level and move beyond ideologies and label discussions. Many risk assessment tools do not use/focus on ideology or are ideology based but instead focus on behaviour and its consequences.

Therapy and care infrastructure

- Practitioners repeatedly noted that in their respective countries there is a lot of focus on risk, while very little is being done to safeguard vulnerable individuals. Risk approaches can result in more dangerous individuals as they confirm to the at risk person what was already believed about authority. This is especially true when applied without proper care and PVE approaches. Instead, a caring authority is needed to rebuild the trust that has been lost. **Needs assessments** could prove a good tool to address the care aspect needed to help vulnerable individuals with significant personal issues.
- Many of these individuals with fragmented ideologies have had **traumatic experiences** with government institutions, often in their childhood. Physiological responses to trauma can give people a sense that they are losing control. But given their engagement with child services, mental health services, security services, etc., their recent experiences are actually likely to have been controlled by others (lack of self-determination). This trauma needs to be addressed. Given the past experience of such cases, a **sense of empowerment** is required if they are to succeed in managing their trauma and to rebuild trust in the government.
- In therapy, it is important to address any serious mental health disorders that may exist. Furthermore, for many of these individuals, it is important to pay attention to their **search for meaning and belonging**. Additionally, any **identity issues** that are present must be explored.
- Due to the sense of insecurity of such individuals, it is also crucial to address the **need for structure**. For some, prison settings provided this structure, stabilising the symptoms of their mental illness and reducing violent behaviours (whether a result of ideological drivers or more personal grievances).
- A returning recommendation in this working group is to look at any **attachment issues** that may exist (**see attachment theory**⁶). Many of these individuals have had an unstable family structure. For some, this could result in a need to be needed or to belong, which could be addressed through many forms of treatment.

Policy

- People are increasingly angry with government policies, which in turn creates a **pool of anger and hopelessness** derived from a sense of social-economic-judicial injustice. Extremist groups channel this anger towards these institutions and/or scapegoats to further their own agenda. Currently, much of the funding goes to security services; relatively little targets care services or civil society, which could address this anger and rebuild trust between government and its citizens. Policy should redirect its focus towards providing socio-economic security (and consequently mental well-being), especially during these times of crisis.
- Although we do not expect to resolve the problematic relationship between extreme views and violent behaviour, the current framework may go some way towards **bridging the gap** between belief and action by connecting what is transmitted (ideological content), with how and why it is shared and practiced, and by whom and in what contexts (ideological practice). Policymakers should focus on the new forms of expression (hatred and sympathy) in the face of the current crises that surround us, since these forms of expression may represent the beginning of a new phenomenon of radicalisation, or new arguments justifying violence.

⁵ Read more: https://home-affairs.ec.europa.eu/system/files/2022-02/ran_health_training_for_mental_health_practitioners_p-cve_4-5_112021_en.pdf

⁶ Read more: http://www.alexandrastein.com/uploads/2/8/0/1/28010027/jump-2020-abgelegt.abgereist.ausgestiegen_perspektiven_der_ausstiegsarbeit-1_as.pdf

ARTICLE

Gender-sensitive approach focusing on trauma in men and boys

Ola SALEH

Our lived experience and therefore how we relate to trauma is influenced by intersecting factors such as our upbringing, the norms we were socialised into, socio-economic background, gender, and racialised experiences, to name a few. Therefore, gender-sensitive approaches focused on trauma in men and boys first and foremost need to be intersectional, take into account the impacts of trauma responses or maladaptive coping mechanisms on the individual's behaviour, as well as employ a whole of society approach to create opportunities for healing.

- Consider introducing positive masculinity norms to inform forms replacing maladaptive behaviours.
- Be aware of the power relation between the practitioner and the client, especially survivors of abuse or battlefield traumatic experience, and ensure a safe space with the client where they can express their need to speak with a male interviewer should they require it.
- Consider the impact of trauma on men and boys on the family and society's resilience to violence (or lack of it) as well as societal inadequacy to respond to male trauma putting more pressure on men and women who substitute the role of society.
- Scan for PTSD early warning signs and refer the case to MHPSS professionals.

Ola Saleh is a peacebuilding and gender responsive security expert with over 18 years of experience in the field. She is a member of the EU Radicalisation Awareness Network expert pool on P/CVE, a member of the Swedish women's mediation network, a trustee of Saferworld and Conducive Space for Peace.

“Trauma can be multifaceted and multi-layered. Witnessing and or being subjected to violence in the family, and witnessing and or being subjected to violence in war including through the recruitment of children to combat can be visible and direct causes of trauma. However, not all traumas are caused by an overt outburst or a shock to the system type of event such as war, physical violence and abuse.”

The current version of the RAN Handbook on 'Extremism, Radicalisation & Mental Health' is designed as a research- and theory-informed aid for clinical forensic practitioners working with individuals who present with extremism risk/vulnerability and mental illness. The handbook was authored by Dr Zainab Al-Attar, University of Central Lancashire on behalf of RAN Practitioners. You can read the handbook in full [here](#).

2019
HANDBOOK
RAN H&SC

EXTREMISM, RADICALISATION & MENTAL HEALTH: HANDBOOK FOR PRACTITIONERS

RAN 



PRODUCT OF THE RAN CENTRE OF EXCELLENCE AND THE RAN H&SC WORKING GROUP.
AUTHORED BY DR ZAINAB AL-ATTAR
REVIEWERS: ALFREDO CALCEDO, KINGA BIALEK, MICHEL BOTBOL, CHRISTEL GRIMBERGEN, ANITA PERESIN

This e-learning course provides guidance on which aspects of mental illness may be considered and how, whenever an individual exhibits both mental illness and terrorist offending or extremist behaviours. The course also aims to provide guidance on how to approach working with individuals who display mental health conditions and violent extremism risk. It is designed to assist practitioners to ask the right type of questions about how each condition and its many features may link to risk and to respond to such possible links in their work. Please access the course [here](#).



A paper, published by RAN Practitioners in 2021, entitled 'Training for Mental Health Practitioners in P/CVE', describes the reoccurring challenges mental health practitioners face and the gaps in knowledge. The paper offers recommendations on the curricula of a training programme and the different methods with which training can be delivered. You can read the paper in full [here](#).

Highlights of the discussion

Challenges in developing training for mental health practitioners in P/CVE

- Terrorism and extremism are sensitive issues and topics. Everything you put out there with regard to this topic is scrutinised. You should take caution in every word you bring out.
- There is a disconnect between the public domain and practice. You cannot bring the practitioners' story to the academics because it is privacy-sensitive information, so what is out there is mainly what the academics publish.
- There is a discomfort in society, politicians, the media and even practitioners in coupling mental health and terrorism in a nuanced way. Nobody wants to be seen as excusing terrorists when they link mental illness with terrorism.

Challenges for mental health practitioners working in the field of P/CVE

- Even when you try to be objective and scientific, the media has to parallel that fear for terrorism and try to sell and resonate that fear.
- Information sharing is sometimes restricted by the legal framework in a country.
- Not only information sharing can be a problem, but also the quality of the information shared. When a report states a diagnosis but no specifics on how they came to this diagnosis. This makes it difficult to distinguish misdiagnosis. Also the lack of training, e.g. in high functioning autism, can result in misdiagnosing and a misleading report.

Training content

- **Intervention planning** is essential to identify key subjects, analyse the context, and prioritise and prepare for the intervention. This helps to not be repetitive if someone is evaluated before and mitigated the risk of poor evaluation. Evidence based interventions might not be applicable for individuals. When practitioners share knowledge and experiences, they can focus on practice-based, individualised interventions where they take into account how the ideology plays a role in someone's life.
- **Individualised case formulation** to distinguish the (mental health) aspects specific to the individual helps to reduce bias and stereotyping in mental health and helps the person to feel understood.
- **Media training** is essential as a researcher and practitioner
- **Risk assessment** is crucial especially to protect your own safety as a mental health practitioner. There can be serious consequences if these practitioners are only focused on mental health aspects and forget to combine these with risk aspects.
- **Trust-building** is crucial in order to connect with the individual.

Recommendations

Recommendations for practitioners from research

- Research often focuses on the presence of mental health problems or disorders in radicalised individuals. However, this prevalence ranges. The focus therefore should not be on whether psychopathology is present but how it is relevant. The symptoms can contribute to extremism, have no relevance or serve as a protective factor. The role of the symptoms in the radicalisation process can sometimes only become apparent after they are treated.
- Clinicians should be present during the decision process when someone is on the radar because of their extremist behaviour, preferably a forensic clinician. The (forensic) clinician should not only decide if mental health problems are present but more importantly how they play a role within the complex context the individual lives in.
- Train mental health practitioners to spot traits of illness and traits related to risk.

LE

AP

FEATURE

Arno VAN DAM

FEATURE

Talking with radical conspiracy theory believers, using 'LEAP' as a conversational technique

Since the COVID-19 pandemic we have seen a rise of anti-system/anti-government sentiments and belief in conspiracy theories. This growing distrust in governments may in some people lead to violent extremism or participation in violent protests. That is why it is important to talk to people with these ideas.

Some of these people appear to suffer from psychological complaints or social problems and are therefore in contact with professional care providers. So here is an opportunity for professionals to start a conversation about their beliefs and willingness to use violence.

However, conducting such conversations can be complicated. Talking about the content of such ideas usually accomplishes nothing more than reinforcing disagreements. In recent years, however, experiments have been carried out with conversation techniques that have been developed in the care of people with severe psychiatric disorders. These techniques also seem to be useful in conversations with conspiracy theorists, although they usually do not have a serious psychiatric disorder. A conversational technique that has been applied in the 'preventing' or 'countering violent extremism' (PVE/CVE) field is 'LEAP'.

LEAP is an evidence-based communication programme developed by Dr. Xavier Amador, an internationally renowned clinical psychologist. The communication programme has been designed to help you create relationships with people who are unable to understand they are ill, with the goal of helping them accept treatment. When you Listen–Empathise–Agree–Partner (LEAP), you stop trying to convince the other person that they're wrong, or simply misguided. Instead, you listen in a new way that conveys respect for the person's point of view and a complete lack of judgment. The core elements are:

Listen:

Listen to try to understand what the person is telling you about their ideas. Reflect back what you have heard, without your opinions and ideas.

Empathise:

Empathise with how the person feels about their ideas and beliefs (without necessarily agreeing with his view of reality; e.g. "That sounds scary. Are you angry? Do you feel frightened?").

Underlying themes related to radicalisation, such as social exclusion, distrust, perceived injustice, perceived threats to one's own values and way of life, can play a role in the attraction to radical ideas or conspiracy thinking. It is important to acknowledge and understand these underlying emotions.

Agree:

Find areas of agreement, for example on concerns about social problems, insecurity, the credibility of information, social inequality or injustice.

Partner:

Collaborate to work toward agreed upon goals. For example, figuring out how to determine whether information is reliable or how to deal with discrimination or injustice.

In the following example LEAP is demonstrated:

John is a 52-year-old man who has been reported for threatening politicians on social media. He is convinced that there is a plot by the government to limit the freedom of the people and to have the country taken over by an elite. He is active on QAnon-inspired internet forums with like-minded people who, like him, believe that they must fight to save the country from 'the elite'. John is angry and feels socially marginalised and threatened by an elite who threatens his way of life. He thinks it's good that there are people like him who realise it and take up the fight.

John's childhood is marked by abuse from a stepfather and emotional neglect from his mother. He therefore has had the idea all his life that he cannot trust anyone. Partly because of this distrust, he easily comes into conflict with others. In recent years he has become depressed because he became unemployed due to chronic pain. He feels bitter because he feels he doesn't count in society. He reacts in traffic, in shops and at home with intense irritation when he feels that he is being treated unjustly.

Making contact with John was initially difficult. He is suspicious and hostile towards mental health care institutions. The LEAP conversation method also proved to be effective for John in building a working relationship.

Listen:

To the underlying emotions. In this case: anger, bitterness and fear.

Empathise:

It must be very scary if you feel that you cannot trust the authorities.

Agree:

Nobody knows what and who to believe these days.

Partner:

Shall we try to find out how we can check whether information is reliable? Can I help you with your financial problems and how to deal with the social consequences of unemployment?

Paying attention to the underlying life questions and frustrations offers more room for solutions, and does more justice to the real problems people experience, than talking about the content of the conspiracy theories. For John, it was mainly about his feeling that he has not been seen by others all his life and cannot trust anyone. In this way, it became clear to John that his distrust of the government fits into a pattern of disappointment and anger at people who influenced his life in a negative way.

Arno van Dam is a clinical psychologist and professor in antisocial behaviour, working in mental health care and for the Dutch National Support Center for Extremism.

“Paying attention to the underlying life questions and frustrations offers more room for solutions, and does more justice to the real problems people experience, than talking about the content of the conspiracy theories. For John, it was mainly about his feeling that he has not been seen by others all his life and cannot trust anyone. In this way, it became clear to John that his distrust of the government fits into a pattern of disappointment and anger at people who influenced his life in a negative way.”

A paper, published by RAN Practitioners in 2021, entitled ‘Ethical Guide for Mental Health and P/CVE work’, describes the different contexts in which mental health professionals are called upon for professional advice and the possible links between mental health and radicalisation. The paper also presents the ethical guidelines that are consistent with the professional codes of practice of mental health professionals, under the four headings of Respect, Responsibility, Competence and Integrity. You can read the paper in full [here](#).

ETHICAL GUIDELINES FOR WORKING ON P/CVE IN MENTAL HEALTH CARE

- Keep updated about government policy in the field of counterterrorism and extremism, and your legal and professional duties in relation to this.
- Keep abreast of national and international resources and the legislative context of your work. Published policies, strategies and guidance are being regularly updated to reflect new learning.
- Be cautious about claiming expertise in this area.
 - When acting as an expert witness, clearly stipulate the limits of your expertise, and where your access to potentially important information has been restricted, state this clearly.
 - Carry out all your work in this area mindful that it could become the subject of significant public interest.
 - Before agreeing to any media engagements, weigh the intended benefits of your contribution — such as informing the wider debate — against any potential damage to your work with individuals or trusted bodies or to the reputation of your profession.

Responsibility

- Do no harm.
 - Do not comply if an employer or referrer requires you to behave in ways that are not consistent with your code of conduct or ethics.
 - Consult with your professional peers if you are in any doubt about what constitutes appropriate professional practice.
 - Avoid working with those whose causes you are strongly opposed to and where you cannot ensure that you will be objective and dispassionate.
- Remain circumspect.
 - Given the incomplete evidence base for this work, avoid making dogmatic, definitive and unsubstantiated statements of “truth”.
 - Remain mindful of how you communicate your knowledge, acknowledging its limitations and welcoming debate and peer review.
- Maintain vigilance.
 - Have regard for your own safety (and those of family members). This patient/client group may seek to disrupt your work through intimidation or threatened or actual acts of violence.
 - Ensure there are clear procedures in place to manage such incidents.
 - Remain alert to patient/clients seeking personal details.
 - Be cautious about sharing personal details on social media.
 - Be sensitive and vigilant about the safety and welfare of patient/clients, especially those seeking to disengage from a violent extremist group. This may put them at risk from those wishing to prevent this.
 - Monitor these risks or other consequences such as social exclusion or emotional distress.

Integrity

- This field poses complex challenges between responsibility (e.g. to reduce harm) and integrity (e.g. openness). You may be subject to heightened security vetting and be holding sensitive information that you cannot disclose to your clients. You must balance a complex set of responsibilities that has the potential to impact the security of your country, the safety of your patient/clients and the public, and the legitimate expectations of your employer.



Peter KAGERER

FEATURE

Respect.lu is an NGO founded in 2017, on the initiative of the Luxembourg government

Respect.lu is an NGO founded in 2017, on the initiative of the Luxembourg government, which provides counselling for people affected by radicalisation and violent extremism of any kind. Our work is based on universal human rights and is non-denominational and politically neutral. We advocate the principles of an open society, namely freedom, equality, orientation towards rational forms of norm setting and the acceptance of individual basic rights. In addition, we abide by an attitude of respect and communication, which is oriented towards cooperative and creative solutions.

FEATURE

The mission of Respect LU is to raise awareness, provide training and disseminate information to mental health professionals on mental health and radicalisation, including the psycho-social, political, historical, ideological and communicative factors that can lead to radicalisation. Respect LU also provides support to families, individuals and relevant community-based organisations and local institutions in contact with individuals radicalising or have radicalized, and offers help to people who have already become radicalised or are on the way to becoming radicalised.

We offer a low-threshold service for people who want to contact us - anonymously if they wish. We look at each case individually and decide together with the person who has contacted us how our support can be structured and whether it might be useful to involve other types for support.

The word “respect” conveys strong social values and, according to Le Petit Larousse, describes “the feeling of esteem towards a person, as well as the intention to treat him or her with special respect”. We are also inspired by the following values behind the word “respect”: resilience, egalitarianism, solidarity, perspectives, empathy, communication and tolerance. These values simultaneously include empowering factors for everyone, which can play an important role in delivering upon our mission.

To do this, our team is multidisciplinary. It consists of seven people, made up of psychologists, social workers, communication and political scientists and conflict researchers.

In terms of how we organise ourselves, we are guided by Frederic Laloux and his method, which he describes in his book “Reinventing Organizations - A Guide to Designing Meaningful Forms of Cooperation”. It is about meaning-making, hierarchy-free and respectful cooperation and decision-making, inclusion of the responsibility of all participants and adequate handling of complex challenges.

The work of our team is based on a dynamic distribution of roles and a fluid system of shared responsibilities. This allows challenges to be met in a flexible way. For example, all appointments are carried out by two staff members at a time in order to meet the increased demands for security on the one hand, and to improve the intake and transfer of information and make better use of the dynamics of the conversation on the other.

By pooling together the range of experiences and expertise within the team, through in-depth discussions around individuals cases, we are able to regularly exchange ideas about the best ways to support, meet the needs, and the address the challenges of our clients.

Case example

Introduction

The contact with Ms. A came about because her boyfriend was referred to our office in the context of a judicial (examining magistrate) order. He was accused of spreading propaganda (via the internet) for ISIS. From the beginning, however, it was clear that she was also involved in propaganda activities. In the beginning, the client was “co-supervised” by her life partner.

Current situation

The client is a woman from another European country who has converted to Islam. She lives with her partner and their small child (currently 4 years old) in cramped conditions in a flat.

Dynamics

Through a personal search for meaning, Ms. A found her own spirituality. Subsequently, she converted to Islam and came into contact with radical violent groups and persons (connected to Al Qaeda) whose manipulative influence she could not and would not escape. As a result, she came to the attention of the judiciary.

She met her partner online, who made it clear to her that Al Qaeda was not radical enough, which led to her turning to ISIS – which she expressed as her “salvation”. Her partner kept her at a distance from “manipulative recruiters” and opened her eyes to ISIS and its extreme form of ideology, namely Taqfirism.

Soon afterwards they got married (online) and she moved to Luxembourg. On the one hand, Ms. A saw this as an opportunity to benefit indirectly from the social system and the relative peace and security in Luxembourg and to gain her own financial security without having to become completely involved in the system. On the other hand, it was prevented by the strict interpretation of Islam, as it required increased outside contacts and involvement with the rejected system. Due to the partner’s considerable lack of independence in real life, the client took on a caring and nurturing role here (also out of gratitude). This resulted in the restriction of her own independence.

Course of events

In contrast to her partner, who was more into religious-theoretical topics, the client was very quickly able to accept offers of support. In the beginning, she sought a lot of support as a young mother by asking counsellors for information about early childhood education. In addition, she also asked for help applying for benefits and dealing with bureaucracy. This support was not compatible with the perception of counsellors as “evil” emissaries of the rejected system.

Over the course of several years, a stable basis of trust could be built up, on which the attitudes and opinions of the counsellors were initially justified, and later carried weight. On this basis, Ms. A used the original offer to reflect on her own radicalisation process. “I was angry at everything and everyone. Al-Qaeda recruiters showed me that the anger was justified and that non-believers were a suitable target for the anger.”

Recently, the client has been using our services for herself, independently of her partner. Through this support she deals with her own development, how she became the way she is. After

taking advantage of this support, she has very quickly resecured her independence and developed her own ideas about life again. This has been accompanied by a clear distancing from radical ideas and the separation from her partner. She now plans an independent life for herself and her child.

Assessment

On the basis of a stable and secure relationship offer, the client was able to reflect on her radicalisation process against the background of her own life history and recognise her own vulnerability. She drew consequences from these insights surprisingly quickly and initiated a change of direction. This is particularly evident in her separation from her partner. Further counselling and support, combined with support in self-reflection and decision-making, as well as with regard to practical aspects of life, should secure the development so far and reduce the risk of relapse.

Peter Kagerer is a psychotherapist, supervisor and trainer with a focus on addiction, personality disorder and trauma.

Highlights: **RAN Practitioners activity**

The topic of mental health has been addressed within a number of RAN Practitioners activities in 2022 and 2023. Stay tuned for updates on future events in the RAN Practitioners Update and on RAN Practitioners social media channels.

For more information about RAN Practitioners activities please visit the Calendar on the RAN website [here](#).

RAN HEALTH

[Psychosis and looking at implications for P/CVE](#)
23 & 24 October 2023

Cross-cutting thematic event

[Cooperation between MH professionals and security forces](#)
28 November 2023

LIBRARY: DISCOVER MORE

If you would like to discover more about mental health you can get in touch with the RAN Practitioners Staff, take a look at the [RAN Collection of Inspiring Practices](#) or read through some of the latest [RAN papers](#). We have included some of these papers in a carefully selected collection of interesting and relevant articles below.

RAN Practitioners (2023)
[Racially and Ethnically Motivated
Violent Extremism \(REMVE\)/Violent
Right-wing Extremism \(VRWE\) in the
US and EU](#)

RAN Practitioners (2022)
[The 'how' and 'why' of hate crime
and the implications for mental
health practitioners](#)

RAN Practitioners (2021)
[The role of psychotherapy in
rehabilitation and exit work](#)





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