

# Understanding Referral Mechanisms in Preventing and Countering Violent Extremism and Radicalization That Lead to Terrorism

*Navigating Challenges and Protecting Human Rights*

A Guidebook for South-Eastern Europe



Organization for Security and  
Co-operation in Europe

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 Organization for Security and  
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# Acronyms and Abbreviations

<b>ATU</b>	Action against Terrorism Unit
<b>BIH</b>	Bosnia and Herzegovina
<b>CiO</b>	Chair-in-Office
<b>CSO</b>	civil society organization
<b>CVE</b>	countering violent extremism
<b>CR</b>	counter radicalization
<b>EU</b>	European Union
<b>“FTF”</b>	“foreign terrorist fighter”
<b>GCTF</b>	Global Counterterrorism Forum
<b>MC DOC</b>	Ministerial Council Document
<b>NGO</b>	non-governmental organization
<b>NPO</b>	non-profit organization
<b>NRM</b>	national referral mechanism
<b>ODIHR</b>	OSCE Office for Democratic Institutions and Human Rights
<b>OSCE</b>	Organization for Security and Co-operation in Europe
<b>PC DEC</b>	Permanent Council Decision
<b>P/CVERLT</b>	preventing and countering violent extremism and radicalization that lead to terrorism
<b>PVE</b>	preventing violent extremism
<b>RAN</b>	Radicalization Awareness Network
<b>TNTD</b>	OSCE Transnational Threats Department
<b>UN</b>	United Nations
<b>VERLT</b>	violent extremism and radicalization that lead to terrorism

# Glossary

This glossary serves to clarify key terms used in this guidebook. The definitions are for this guidebook only and are not official OSCE definitions.

**Community** — women, men, social groups, and institutions that are based in the same area and/or have shared interests.

**Civil society** — a diverse body of non-governmental actors, communities, and formal or informal associations with a wide range of roles, that engages in public life seeking to advance shared values and objectives.

**Civil society actors** — members of the community, including women, youth, and religious and other community leaders, including those who are well positioned to provide impactful and long-lasting contributions to the well-being of society.

**Countering violent extremism** — proactive, non-coercive actions to counter efforts by violent extremists to radicalize, recruit, and mobilize followers to violence and to address specific factors that facilitate and enable violent extremist recruitment and radicalization to violence.

**Counter-terrorism** — policies, laws, and strategies developed by state actors and implemented primarily by law enforcement and intelligence agencies, and sometimes by the military, aimed at killing or capturing terrorists, thwarting terrorist plots, and dismantling terrorist organizations.

**“Foreign terrorist fighters”** — commonly used to refer to individuals who have travelled from their home states to other states to participate in or support terrorist acts, including in the context of armed conflict, especially in Iraq and Syria, as outlined in UN Security Council Resolution 2178 (2014). The term is contested because of its breadth, vagueness, and associated human rights issues.

**Former violent extremists, “formers”** — individuals who have disengaged from a path to violent extremism and radicalization that leads to terrorism and who can play a useful role in raising awareness and communicating credible counter-narratives.

**Gender perspective** — awareness and consideration of differential needs, experiences, and statuses of women and men based on socio-cultural context.

**Intervention programming** — programmes that target at-risk audiences and seek to intervene in a person’s pathway to terrorist radicalization before the line of criminal activity is crossed. Programmes that fall under this category are sometimes referred to as “off-ramps” or “exit programmes”.

**Prevention programming** — programmes designed to build community resilience against VERLT and social cohesion to resist the appeal of VERLT. These programmes target non-radicalized communities and come in a variety of forms.

**Protective factors** — positive characteristics or conditions that can moderate the negative effects of risk factors and foster healthier individuals, families, and communities, thereby increasing personal and/or community safety and well-being. These factors can include expectation management, positive family or social networks, religious knowledge, education that teaches tolerance and respect for others, and a fairer job market.

**Radicalization that leads to terrorism** — the dynamic process whereby an individual comes to accept terrorist violence as a possible, perhaps even legitimate, course of action. This may eventually, but not necessarily, lead this person to advocate, act in support of, or engage in terrorism.

**Rehabilitation programming** — programmes that target individuals radicalized to violence (including terrorist offenders) and possibly their families at different stages of radicalization. These types of programmes include both prison-based disengagement and post-detention aftercare programmes focusing on the rehabilitation and reintegration of terrorist offenders and returning “foreign terrorist fighters” and their reentry into society.

**Referrals** — include individuals who are referred to multiagency or other multistakeholder programmes and who display observable behaviours indicating they might be at risk of or vulnerable to engagement in VERLT or already on the path to VERLT. Referrals also include individuals whom a programme refers to an agency, institution, organization, or professionals for an intervention or other support following a professional assessment of the individual’s risks, vulnerabilities, and protective factors.

**Referral mechanism** — a formal or informal mechanism involving practitioners and professionals from different disciplines and/or agencies and organizations that aims to identify, assess, assist, and treat those individuals showing signs of being at risk of or vulnerable to engagement in VERLT or already on the path to VERLT.

**Risk assessment** — the process involving the systematic gathering and interpretation of information pertaining to an individual to provide data for properly trained professionals to make decisions relevant to the likelihood that a specific individual will engage in harmful action and to assess the nature and severity of the harm.

**Risk assessment tool** — a framework for collecting data to assist with decision-making that provides a non-discriminatory method for examining in a structured way an individual's propensity to cause harm and the nature and severity of that risk, based on available information from multiple sources.

**Risk factor** — any attribute such as belief, appearance, experience, or environment that increases the likelihood of the outcome being measured (e.g., that an individual will engage in VERLT) occurring.

**Whole-of-society approach** — an approach to P/CVERLT advocated by policymakers and practitioners that envisions a role for multiple sectors and civil society actors in prevention, intervention, disengagement, and rehabilitation programmes.

# Foreword

As the nature of terrorism and violent extremism continues to evolve across the OSCE area, the need remains for the development of impactful, sustainable, and responsible policies and programmes that work to prevent and counter violent extremism and radicalization that lead to terrorism (P/CVERLT). Many countries are now exploring multiagency and multidisciplinary platforms that help provide individuals who show observable signs of vulnerability to VERLT the support needed to steer them down a non-violent path. These pre-criminal interventions — many structured around a process of referrals — often fill a critical gap between long-term efforts to build social cohesion and resilience to VERLT and security-focused counter-terrorism measures.

The development of referral mechanisms and other types of non-criminal interventions are complex endeavours that must be carefully navigated. When well planned, structured, and resourced, these efforts can help make communities safer while strengthening a “whole-of-government” approach to preventing VERLT. It is imperative, however, that the appropriate policies and capacities are in place in order to ensure that such programmes do not inappropriately criminalize individuals, undermine the freedom of expression, violate privacy laws, stigmatize certain communities, or reinforce negative gender stereotypes. This guidebook was crafted to help those policymakers and practitioners who are exploring such programmes think in a structured way about the associated benefits and risks. Although there is no one-size-fits-all model for referral mechanisms, this publication aims to provide clear guidance and some foundational principles that should underpin any intervention designed to prevent VERLT.

This guidebook was also written with the region of South-Eastern Europe in mind. South-Eastern Europe has seen a growth in P/CVERLT policies and capacity in recent years in response to a complex set of issues related to violent extremism and terrorism, and there has been tremendous interest in developing referral mechanisms. This guide focuses on some of the region-specific factors that might affect efforts to develop referral mechanisms in South-Eastern Europe, drawing from consultations with key stakeholders from the region.

This guidebook is one in the series of guidebooks produced by the Action against Terrorism Unit (ATU) in the OSCE Secretariat's Transnational Threats Department. The next planned volume addresses the issue of rehabilitation and reintegration of terrorist offenders and their families, a separate but related line of effort and one of pressing concern in the OSCE area. We anticipate that this guidebook and our forthcoming publications will prove to be valuable resources for policymakers and practitioners who are working to foster inclusive and meaningful approaches to the prevention of VERLT, and more broadly, to the promotion of peace and security.

A handwritten signature in black ink, appearing to read 'R. Ostrauskaite', with a stylized, flowing script.

**Rasa Ostrauskaite**

Co-ordinator of Activities to Address Transnational Threats  
OSCE Secretariat

# Executive Summary

Countries across the OSCE area are focusing increased attention on how to operationalize a “whole-of-society” approach to the challenge of **preventing and countering violent extremism and radicalism that lead to terrorism (P/CVERLT)**, an approach that emphasizes the importance of multisector, multidisciplinary, and multilevel collaboration. Referral mechanisms for addressing violence and extremism that lead to terrorism (VERLT) in the non-criminal space are seen as a key ingredient of this approach.

Drawing from the relevant experiences across the OSCE area and lessons learned from referral mechanisms outside of the P/CVERLT space (e.g., mechanisms focused on human trafficking, gender-based violence, or protecting vulnerable children), this guide **highlights some benefits that referral mechanisms, if properly developed, can offer**. These include providing a concerned family or other community member with an option other than calling the police when they suspect an individual may be at risk of or vulnerable to becoming radicalized to extremist violence; and incentivizing the involvement of psychosocial care providers and other non-law enforcement professionals who might otherwise be reluctant to engage in politically sensitive VERLT cases.

The guide **elaborates on key considerations and challenges that policymakers and practitioners are likely to encounter should they decide to move forward and develop these programmes**; the guide also **discusses some of the potential negative consequences of such mechanisms**, keeping in mind the need to respect the principle of “do no harm”. These considerations include (1) building support from the community whose participation in and engagement with the mechanism will be critical to its effectiveness and sustainability; (2) focusing on behaviours that can lead to VERLT and not on legally protected beliefs and ideas; (3) avoiding stigmatizing a particular religious or ethnic group; (4) delineating an appropriate role for law enforcement, particularly given the risks of inappropriately criminalizing individuals referred to a mechanism that is designed for those who have not committed a crime; (5) navigating social norms and attitudes around psychosocial care, which typically forms an integral component of referral mechanisms; and (6) building on existing institutional capacities among a diverse array of agencies and organizations not geared specifically to P/CVERLT and coping with the challenges presented when such capacities and expertise are limited.

The guidebook **situates referral mechanisms within a broader public health approach to P/CVERLT**, highlighting the practical benefits of applying a public health lens to P/CVERLT. This approach recognizes the importance of understanding

VERLT as a social phenomenon that can have far-reaching impact on a society, well beyond the physical harm caused by a single attack, and that thus underlines the need to involve a range of non-security actors — including psychosocial care providers, teachers, and religious and other community leaders — in taking proactive, preventive measures to safeguard the relevant individual, community, and society.

The guide underscores how the application of a public health approach to P/CVERLT (and thus to referral mechanisms) offers opportunities for multipurpose programming, avoiding stigma, and leveraging public health resources, including mental health professionals and social workers, that a law enforcement approach does not allow.

The guide notes how referral mechanisms that handle VERLT cases come in different shapes and sizes and use different labels, with a number of different models highlighted in the guide's Annex. Despite these differences, the guidebook **enumerates some of the common features that referral mechanisms share**. These include (1) their voluntary nature; (2) their reliance on non-discriminatory risk assessments or other tools (to be applied by trained professionals) to measure the risks, needs, and changes of behaviour of those individuals who are referred and to design appropriately tailored intervention or support plans for those who are referred; (3) the involvement of multiple actors across different disciplines and agencies; and (4) the development of new co-ordination channels and information-sharing protocols.

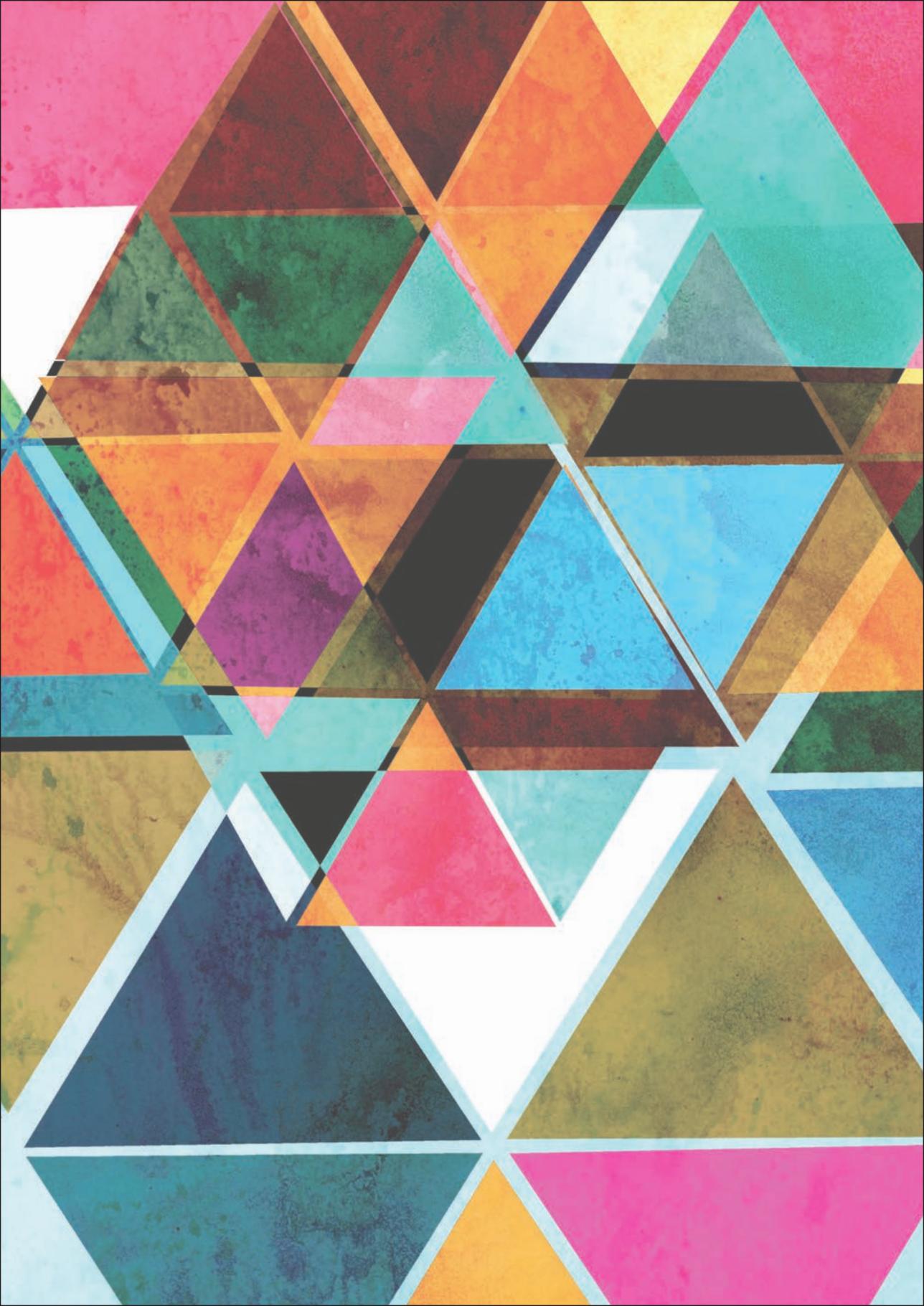
Although any referral mechanism should be carefully designed to take into account the relevant local, cultural, societal, and historical context, the guide **elaborates on a number of critical considerations to bear in mind and steps to take when developing and operationalizing any such mechanism**. These include (1) mapping the relevant institutional, stakeholder, capacity, cultural, and political landscapes; (2) considering the appropriate scope of and branding for the mechanism, recognizing that a **mechanism that addresses all forms of VERLT as part of a wider violence prevention and safeguarding framework is most likely to attract local support**; (3) clarifying the mandate of and the leadership, roles, and responsibilities of those expected to be involved in the mechanism; (4) enabling effective information sharing among professionals, agencies, and organizations involved in the mechanism; (5) integrating gender perspectives and involving civil society in the mechanism; (6) clarifying the role of central and local governments; and (7) assessing the costs of and resources available to support a mechanism.

For those stakeholders that are interested in operationalizing a mechanism, the guidebook **includes guidance on some basic elements that should always be included, regardless of the particular model chosen.** These include (1) the referral, including how to encourage front-line practitioners and families and other community members to make referrals; (2) the development and application of a non-discriminatory framework that appropriately trained professionals can use to assess risks, vulnerabilities, and protective factors, and the challenges involved therein, including the fact that there is no single indicator or mix of indicators that proves an individual is radicalizing or radicalized to VERLT and that violent extremism-related risk assessment is a relatively nascent field that requires further evaluation, particularly in the context of trying to help predict who might become violent; (3) the elaboration of information-sharing protocols that include the necessary data privacy protections and make clear the limited instances in which a case will be shared with the police; (4) the development of interventions or broader support plans that draw on a network of service providers and existing P/CVERLT programmes; and (5) a comprehensive plan to monitor and evaluate the effectiveness of the referral mechanism.

Recognizing the guide's primary audience – policymakers and practitioners in South-Eastern Europe – the guide **highlights some region-specific factors that might affect efforts to develop referral mechanisms in the region that address all forms of VERLT.** For example, governments in South-Eastern Europe have often seen VERLT solely in terms of Islamist violent extremism, largely ignoring right-wing and other extremist violence. Other factors include low levels of trust between citizens and their young government institutions, including the police; highly politicized governance, including at the local level; the often limited capacities and expertise of the relevant institutions, organizations, and professionals; a revival of religious engagement following a half-century of Communism and secular tradition, together with the continuing presence of interethnic and religious tensions; a lack of consensus across different communities on what constitutes “extremist” or “radical” ideas or behaviour; and the fact that P/CVERLT efforts in the region are fragmented and lack coherence.

While there is no one-size-fits-all model for referral mechanisms, the guide concludes by elucidating some basic, interrelated principles that should underpin any such mechanism. Perhaps most fundamental is that the decision to develop a mechanism and the choice of model should reflect the local context and culture and be informed by consultations with local stakeholders, taking into account the capacities and willingness of the institutions, organizations, and other actors that will need to be involved.





# 1. Introduction

Violent extremism and terrorism are, fundamentally, repudiations of the democratic values of tolerance, respect, inclusion, and diversity that underpin the work of the OSCE. While the 57 participating States of the OSCE experience different types and levels of threats associated with transnational terrorism, all have confirmed their commitment to work together to prevent and counter violent extremism and radicalization that lead to terrorism.

States within the OSCE area continue to face the multifaceted challenge of mitigating the factors that lead to violent extremism, detecting and preventing homegrown attacks, and managing the return of “foreign terrorist fighters” (“FTFs”) from conflict zones. Addressing different aspects of this challenge has been a priority for recent OSCE Chairs-in-Office (CiOs), including Switzerland,<sup>1</sup> Serbia,<sup>2</sup> Germany,<sup>3</sup> Austria,<sup>4</sup> Slovakia, and Italy. During the March 2019 Counterterrorism Conference in Bratislava, a plenary session focused in the importance of dedicated multiagency and multistakeholder policies and strategies to prevent VERLT. This collaboration is particularly important when it comes to the development of programmes to identify, intervene, redirect, and support youth who are assessed to be vulnerable to, at risk of, or already on the path to radicalization to violent extremism and/or have expressed interest in engaging in terrorist activity but have not committed crimes. This is an area receiving enhanced attention from States across the OSCE area.

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1 See, for example, OSCE CiO, “The Chairmanship Interlaken Recommendations”, 29 April 2014, <https://www.osce.org/cio/118146?download=true>.

2 See, for example, OSCE, “Ministerial Declaration on Preventing and Countering Violent Extremism and Radicalization that Lead to Terrorism”, 4 December 2015, <https://www.osce.org/cio/208216?download=true>.

3 See, for example, OSCE, “Declaration on Strengthening OSCE Efforts to Prevent and Counter Terrorism”, 9 December 2016, <https://www.osce.org/cio/288176?download=true>.

4 See, for example, OSCE CiO, Chairmanship’s Perception Paper, “Recommendations from the 2017 OSCE-wide Counter-Terrorism Conference on ‘Preventing and Countering Violent Extremism and Radicalization that Lead to Terrorism’”, May 2017, <https://www.osce.org/secretariat/327731?download=true>.

### The terms “at risk of” and “vulnerable to”

Throughout this guidebook, the terms “at risk of” and “vulnerable to” are used to refer to individuals who are perceived to have some propensity to engage in violent extremist activity and are thus in need of intervention and support. However, any assessment of who might radicalize to violence — and why — needs to be based on observable and relevant behavioral indicators and to be conducted by trained clinical professionals using valid diagnostic tools. Section 6.2 explains that there are no predictive tools to assess radicalization to violence, rather only diagnostic frameworks to assess the likelihood of risk. It is important to challenge assumptions about any risk assessment tool and process so as to avoid profiling or stigmatizing individuals or even pushing them towards violence.

For policymakers and practitioners, such interventions led by local actors, who are often best placed to detect and respond to what are often understood as early signs of radicalization, are among the most concrete (and most commonly undertaken) P/CVERLT measures. Typically, they involve individually tailored packages of measures, which may include psychosocial support, mentorship, housing, theological debate, or assistance with employment and education designed to stop the radicalization process before views have hardened and the individuals have isolated themselves from moderating influences.<sup>5</sup> Interventions often involve one or more local actors, including social, youth, and health workers; family counselors; religious and other mentors; family members; peers; teachers; local civil society organizations (CSOs); and, where appropriate, the police.

Increasingly, OSCE participating States are using a variety of mechanisms and programmes — some newly developed, others already in existence — to enable this diversity of practitioners, professionals, and community members to apply their distinct skills, knowledge, and capacity to identify vulnerable individuals and provide them with the support needed to steer them down a non-violent path before they may commit a crime.

Enhanced interest in these types of multidisciplinary initiatives, which are often locally driven and involve multiple agencies, reflects, in large part, a growing awareness among policymakers and practitioners that these programmes can fill a critical gap between, on the one hand, group-focused efforts to build social

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<sup>5</sup> Peter Neumann, *Countering Violent Extremism and Radicalisation that Lead to Terrorism: Ideas, Recommendations, and Good Practices from the OSCE Region*, OSCE, 28 September 2017, pp. 71–72, <https://www.osce.org/chairmanship/346841?download=true>.

cohesion and resilience to VERLT and, on the other hand, security-focused counter-terrorism measures. Group-focused efforts are often viewed as too “soft” or long term in nature to have a discernable impact on the threat, while the security-focused measures are often regarded as too reactive or, worse, repressive in nature. Multidisciplinary initiatives may avoid these negative perceptions.

Although the need for such mechanisms or similar programmes that enable more effective, local, multidisciplinary, and collaborative approaches to prevention may be understood,<sup>6</sup> they can be difficult to operationalize for several reasons. These include but are not limited to:

1. The multitude of stakeholders involved, often with limited if any history of collaboration;
2. Trust deficits, including between the police and non-law enforcement professionals and between the police and community members;
3. Challenges in determining the appropriate role for the police, particularly if community members have previous negative experience with security actors, in what is intended to be the non-criminal space;
4. The challenge of striking a balance between privacy and information sharing, particularly between non-law enforcement professionals and the police;
5. Cultural sensitivities surrounding mental health treatment or other psychosocial care;
6. The absence of any uniform set of signs or risk factors that can be used to reliably predict who will become a violent extremist or terrorist; and
7. Limited resources and institutional capacities.

With these and other challenges in mind, this guidebook is written to support the development, where appropriate, of human rights-based referral mechanisms or other programmes that would enable a collaborative, multidisciplinary approach to the identification of and intervention with those at risk of or vulnerable to engaging in violent activities.

The publication is **written for policymakers** who are working to craft P/CVERLT policies, strategies, action plans, and programmes. Specifically, this guidebook highlights the considerations that should be taken into account when deciding whether to support the development of a referral mechanism or similar programme. The guidebook highlights some of the challenges that need to be overcome in designing such a programme, as well as ways to overcome

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<sup>6</sup> European Commission, High-Level Commission Expert Group on Radicalisation (HLCEG-R), *Final Report*, 18 May 2018, p. 8, [https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/european-agenda-security/20180613\\_final-report-radicalisation.pdf](https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/policies/european-agenda-security/20180613_final-report-radicalisation.pdf).

them. It is also intended to raise awareness of the importance of collaboration between policymakers and practitioners when developing and operationalizing these programmes and to identify ways in which such collaboration can be strengthened.

The guidebook is also written for **local actors** — including municipal and other subnational authorities, and local practitioners and professionals, as well as members of civil society — who might be involved in the design and implementation of these programmes. It illuminates the spectrum of questions that should be asked, and the issues that should be addressed, when designing and operationalizing referral programmes.

The ideas and guidelines presented in this publication are intended to prompt a discussion among the diverse range of stakeholders that should be involved in considering the efficacy and contours of such programmes to help maximize their impact. In particular, the guidebook identifies key challenges that policymakers and practitioners are likely to face should they decide to move forward and develop these programmes. The guidebook also enumerates some potential negative consequences of such mechanisms and highlights how they can be avoided.

This guidebook draws on existing practices and lessons learned from referral mechanisms and other relevant P/CVERLT programmes from a number of OSCE participating States.

Following this introductory first section, Section 2 discusses the nature and scope of the key concepts of “violent extremism” and “radicalization” and explains the spectrum of policies and programmes that fall within the domain of P/CVERLT.

Section 3 explains the concept of a referral mechanism for P/CVERLT and highlights and elaborates on the benefits of different models of such mechanisms. It draws attention to other contexts where referral mechanisms have been used and to lessons learned from those efforts that might be applicable to the P/CVERLT context. It then explores the importance of applying a public health lens to, and the appropriate role for law enforcement in, referral mechanisms.

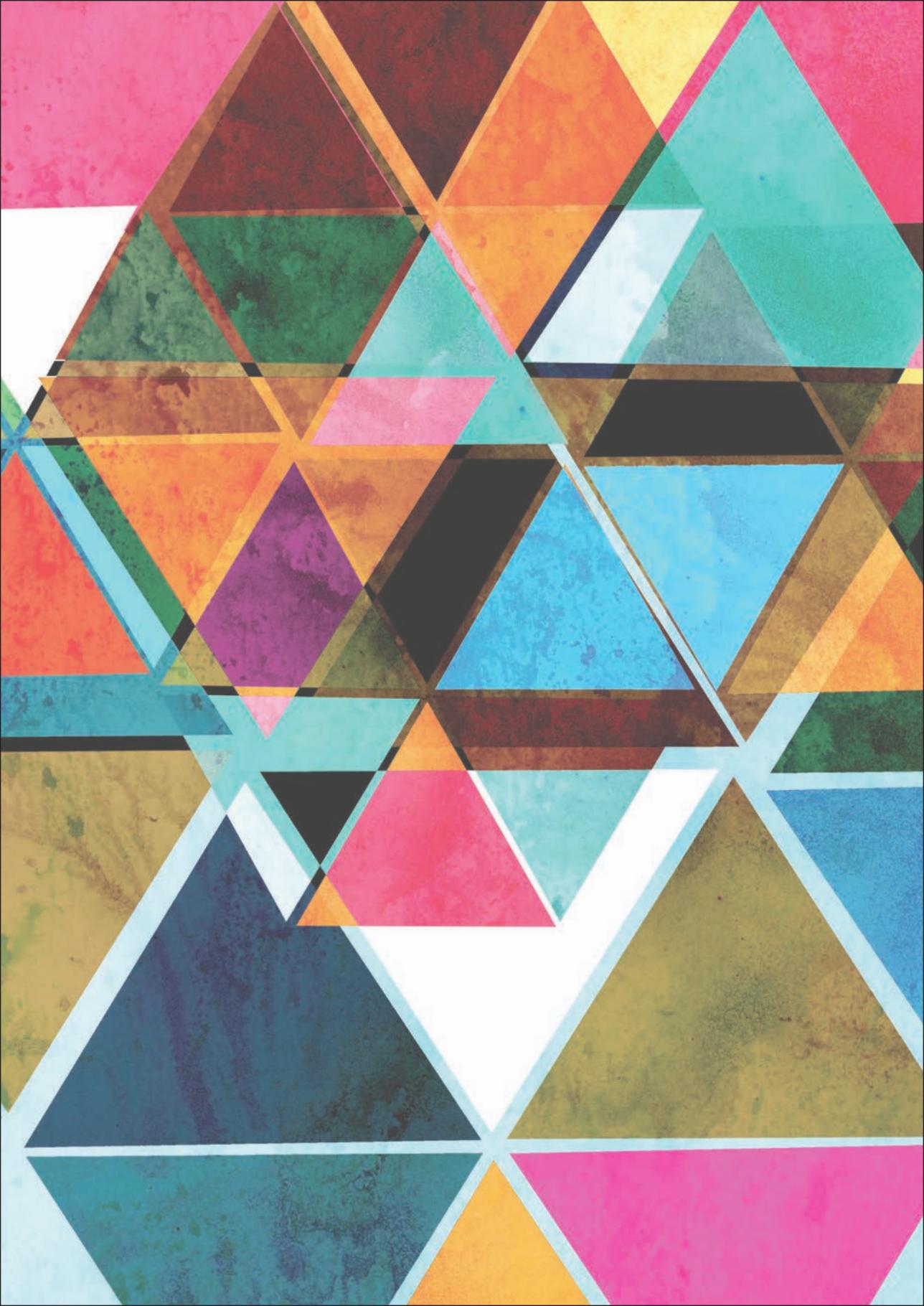
Section 4 focuses on harm reduction. It discusses some of the challenges to be overcome and negative consequences to be avoided when developing and operationalizing referral mechanisms for P/CVERLT.

Drawing from a variety of sources, Section 5 outlines some of the key issues to consider and steps to take when designing and implementing referral mechanisms.

Section 6 highlights the basic components of a referral mechanism, providing practical guidance on how to operationalize each one.

The specific region of South-Eastern Europe is considered in Section 7. That section identifies region-specific factors and challenges, including those linked to cultural, societal, or political issues that participating States and other key stakeholders in South-Eastern Europe will need to grapple with as they consider if and how to develop referral mechanisms in their countries, cities, and communities.

This guidebook was informed by the experiences of and lessons learned from a range of relevant initiatives in numerous OSCE participating States. Annexed to the guidebook are descriptions of different types of referral mechanisms across the OSCE area that handle VERLT cases; these descriptions underscore one of the key points in this guide: there is no one-size-fits-all approach to the design and implementation of referral mechanisms.



# 2. Key concepts: VERLT and P/CVERLT

## 2.1 Understanding violent extremism, radicalization, and VERLT

The OSCE is mindful of the need to exercise great care when using certain terms in the field of counter-terrorism. The OSCE explains “**radicalization that leads to terrorism**” as “the dynamic process whereby an individual comes to accept terrorist violence as a possible, perhaps even legitimate, course of action. This may eventually, but not necessarily, lead this person to advocate, act in support of, or to engage in terrorism”.<sup>7</sup> In line with this understanding, the OSCE intentionally uses the term “**violent extremism and radicalization that lead to terrorism (VERLT)**”, which implies that some instances of violent extremism and radicalization may not lead to terrorism.

There are different legal, policy, and academic definitions of “terrorism”, “radicalization”, and “violent extremism”. These definitions serve different purposes and have not always been aligned. Efforts to enhance international cooperation and share and promote good practices have, at times, been hampered by these definitional variations.

In fact, the term “**violent extremism**” is rarely defined but generally refers to acts of violence that are justified by or associated with an extremist religious, social, or political ideology. The concept of violent extremism is broader and

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<sup>7</sup> OSCE, *Preventing Terrorism and Countering Violent Extremism and Radicalization that Lead to Terrorism: A Community-Policing Approach*, February 2014, <https://www.osce.org/secretariat/111438?download=true>.

more expansive than terrorism, because it accommodates any kind of violence, as long as its motivation is deemed extremist.<sup>8</sup>

Neither the United Nations (UN) nor the European Union (EU) has an official definition of violent extremism. However, the UN Secretary-General's Plan of Action to Prevent Violent Extremism does state that "violent extremism encompasses a wider category of manifestations and there is a risk that a conflation of the terms ["violent extremism" and "terrorism"] may lead to the justification of an overly broad application of counter-terrorism measures, including against forms of conduct that should not qualify as terrorist acts".<sup>9</sup>

The term "radicalization" refers to the process by which an individual increasingly espouses or supports extremist ideas. Radicalization is typically caused not by a single influence, but by a complex mix of factors and dynamics. It is a concept with different interpretations. In some cases, the term is used in a manner that suggests an implicit link between radical ideas and violence. This is problematic, both because not all who hold radical (or extremist) ideas will engage in or support violent action, and because the ability to hold ideas — regardless of their nature — is enshrined in international law as a fundamental human right.<sup>10</sup>

## 2.2 Programmes and strategies to prevent and counter VERLT

The term "**preventing and countering violent extremism and radicalization that lead to terrorism**" (P/CVERLT) refers to a spectrum of policies, programmes, and interventions intended to prevent and counter extremism related to terrorist radicalization. This framing adopted by the OSCE emphasizes the link between radicalization and extremism, on the one side, and, on the other side, acts of violence and criminalized terrorism. In this way, the OSCE explicitly underscores the importance of preserving fundamental freedoms when working to prevent these security threats.

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8 See Andrew Glazzard and Martine Zeuthen, "Violent Extremism", GSDRC, February 2016, [https://assets.publishing.service.gov.uk/media/57a0895ae5274a31e000002c/Violent-extremism\\_RP.pdf](https://assets.publishing.service.gov.uk/media/57a0895ae5274a31e000002c/Violent-extremism_RP.pdf); and Neumann, *Countering Violent Extremism and Radicalisation*.

9 United Nations General Assembly, *Plan of Action to Prevent Violent Extremism: Report of the Secretary-General*, Seventieth Session, A/70/674, 24 December 2015, [http://www.un.org/en/ga/search/view\\_doc.asp?symbol=A/70/674](http://www.un.org/en/ga/search/view_doc.asp?symbol=A/70/674).

10 The right to freedom of opinion and expression is protected by Article 19 of the International Covenant on Civil and Political Rights. It stipulates that that everyone has the right to hold opinions without interference. Furthermore, freedom of expression also protects the expression of views and ideas that disturb, offend, or shock (and that may strike some people as radical or extreme).

P/CVERLT is different from counter-terrorism in that it is non-coercive in nature (e.g., it does not involve arrests, investigations, and prosecutions) and therefore does not target terrorists or terrorism directly. Instead, the focus of P/CVERLT is on (1) preventing and countering processes of radicalization that may lead to terrorism; (2) addressing and reducing grievances and structural social, economic, and political conditions that may be conducive to violent extremism; (3) assisting those already radicalized to terrorism to disengage and reintegrate into society; and (4) building community resilience to VERLT.

Counter-terrorism, in contrast, refers to the suite of activities undertaken primarily by law enforcement and intelligence agencies, and sometimes by the military, “aimed at thwarting terrorist plots and dismantling terrorist organizations” and criminal justice responses that investigate and bring to justice those who have committed terrorist crimes.<sup>11</sup> While P/CVERLT national strategies and plans of action are primarily designed and driven by state authorities, their implementation is typically not limited to national government actors and includes a broad spectrum of stakeholders, including local and other subnational authorities, civil society, and the private sector. As such, P/CVERLT efforts can be best understood as programmes and policies that **complement** traditional counter-terrorism approaches.

Other analogous or overlapping terminology used in the international community include “countering violent extremism” (CVE), “preventing violent extremism” (PVE), and “preventing and countering violent extremism” (P/CVE). “P/CVE” is a broad umbrella term that covers activities implemented by governmental and non-governmental actors seeking to prevent or mitigate violent extremism through non-coercive measures that are united by the objective of addressing the drivers of violent extremism. Development organizations and practitioners, in particular, have individual preferences for applying the terms “PVE” or “CVE”. For example, “PVE” has gained traction within the UN and among development agencies. Its emphasis is on addressing and mitigating enabling conditions and root causes of terrorism, such as weak governance, exclusionary social structures, and inadequate education.<sup>12</sup> However, there is often little difference in the specific objectives and actions on the ground between PVE and CVE.<sup>13</sup> As with P/CVE, both PVE and CVE have proactive and preventive efforts at their core. According to the UN Development Programme, “a distinction can usually

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11 Peter Neumann, *Countering Violent Extremism and Radicalisation that Lead to Terrorism: Ideas, Recommendations, and Good Practices from the OSCE Region*, OSCE, 28 September 2017, pp. 71–72, <https://www.osce.org/chairmanship/346841?download=true>.

12 United Nations General Assembly, *Plan of Action to Prevent Violent Extremism: Report of the Secretary-General*, Seventieth Session, A/70/674, 24 December 2015, [http://www.un.org/en/ga/search/view\\_doc.asp?symbol=A/70/674](http://www.un.org/en/ga/search/view_doc.asp?symbol=A/70/674).

13 Royal United Services Institute (RUSI) and CIVIPOL, *EU Operational Guidelines on the Preparation and Implementation of EU Financed Actions Specific to Countering Terrorism and Violent Extremism in Third Countries*, European Commission, November 2017, [https://ec.europa.eu/europeaid/sites/devco/files/eu-ct-cve-guidelines-20171213\\_en.pdf](https://ec.europa.eu/europeaid/sites/devco/files/eu-ct-cve-guidelines-20171213_en.pdf).

be drawn between CVE, which is focused on countering the activities of existing violent extremists”, and “PVE, which is focused on preventing the further spread of violent extremism”, but “in practice, initiatives will frequently work on both aspects, with a combined approach”.<sup>14</sup>

The spectrum of activities, programmes, and types of engagements that fall under P/CVERLT is wide and encompasses efforts at the international, regional, national, subnational, community, and individual levels.<sup>15</sup> The specific lines of efforts at the national level are generally determined by the priority action areas identified in the strategic frameworks of each country. Ultimately, the types of approaches and programmes are influenced by, among other things, the nature of the threat as well as prevalent social norms and political circumstances, structures of governance, resources, capacities, risk assessments, and traditions.

At times, P/CVERLT policymakers and practitioners have struggled to draw clear boundaries between P/CVERLT programmes and programmes launched within well-established fields such as development and poverty alleviation, conflict resolution, peacebuilding, governance, and education. Both types of programmes are designed to counter factors that can fuel violent extremism in specific locations: radicalized mentors, extremist social networks, revenge seeking, the pursuit of status, and a host of other motivating, enabling, and structural factors. Such efforts generally aim to target individuals specifically identified as at risk of or vulnerable to being drawn to violence.<sup>16</sup>

Three common ways to categorize P/CVERLT programming are by **type**: awareness and trust building, training, dialogue, and strategic communications; by **beneficiaries**: community/group or individual; and (as described below) by **function**: prevention, intervention, and rehabilitation. Some programmes may fall under more than one functional area or type. Some experts suggest that gang violence–reduction frameworks or public health models (discussed in Section 3.5) may be useful for the purpose of developing and grouping P/CVERLT programming.<sup>17</sup>

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14 United Nations Development Programme, *Journey to Extremism in Africa: Drivers, Incentives, and the Tipping Point For Recruitment*, 2017, <http://journey-to-extremism.undp.org/content/downloads/UNDP-JourneyToExtremism-report-2017-english.pdf>.

15 Georgia Holmer and Peter Bauman, “Taking Stock: Analytic Tools for Understanding and Designing P/CVE Programs”, United States Institute of Peace, August 2018, <https://www.usip.org/publications/2018/09/taking-stock-analytic-tools-understanding-and-designing-pcve-programs>.

16 James Khalil and Martine Zeuthen, “Countering Violent Extremism and Risk Reduction: A Guide to Programme Design and Evaluation”, Whitehall Report, RUSI, 8 June 2016, [https://rusi.org/sites/default/files/20160608\\_cve\\_and\\_rr.combined.online4.pdf](https://rusi.org/sites/default/files/20160608_cve_and_rr.combined.online4.pdf).

17 David P. Eisenman and Louise Flavahan, “Canaries in the Coal Mine: Interpersonal Violence, Gang Violence, and Violent Extremism through a Public Health Prevention Lens,” *International Review of Psychiatry* 29, no. 4 (August 2017): 341–349, <https://www.ncbi.nlm.nih.gov/pubmed/28805121>; and YouthPower, “Promising Practices in Engaging youth in Peace and Security and P/CVE”, September 2017, <https://static.globalinnovationexchange.org/s3fs-public/asset/document/Peace%20and%20Security%20Brief%209-21-17%20PRINT%20FINAL-OK.pdf?dV0v5HTaHk3AnPea6AL3145G5XblJ2A0>.

**Prevention programming** is typically designed to build community resilience against VERLT and social cohesion to resist the appeal of VERLT. These programmes, which target communities not radicalized to violence, come in a variety of forms. For example, they can involve teaching peace and tolerance; promoting human rights and good governance; vocational training and mentoring; raising awareness about the threat of violent extremism in schools and neighborhoods; public information campaigns and community debates on sensitive topics; interfaith and intrafaith dialogues; youth and women’s empowerment programmes; building the capacity of teachers and community leaders to engage in P/CVERLT efforts; media messaging and counter-narrative campaigns; and building trust between communities and law enforcement. In a public health context, this is known as “primary prevention”.

**Intervention programming** typically targets at-risk audiences and seeks to intervene in a person’s pathway to terrorist radicalization before the line to criminality has been crossed. Programmes that fall under this category are sometimes referred to as “off-ramps” or “exit programmes”. The programmes are typically voluntary and include psychosocial support, mentoring, theological/doctrinal debate, education and employment training and support, and (the focus of this guide) referral mechanisms.

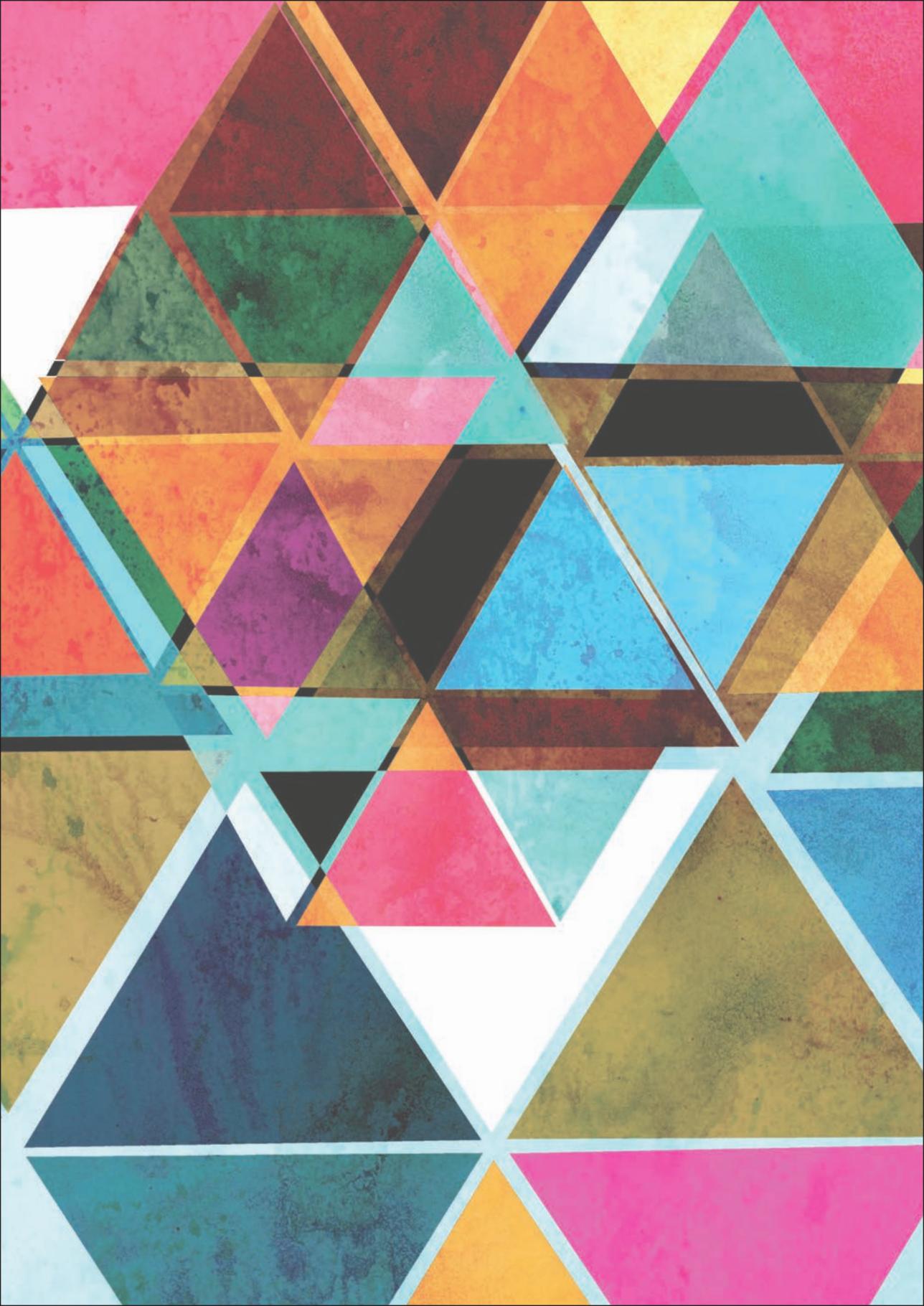
Referral mechanisms or similar programmes in the intervention space are classified from a public health perspective as “secondary prevention”. The programmes are designed to identify those at heightened risk for violent extremism (having one or more risk factors for violence) and provide such individuals help to address the behaviours that occur before undertaking violence.<sup>18</sup>

**Rehabilitation programming** typically targets individuals radicalized to violence (including terrorist offenders) and possibly their families at different stages of radicalization. These programmes include both prison-based disengagement and post-detention aftercare programmes focusing on the rehabilitation and reintegration of terrorist offenders and returning “FTFs” and their reentry into society.<sup>19</sup> Some programmes offer educational and vocational training, counseling, employment opportunities, and dialogue on relevant ideologies.

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18 Stevan Weine et al., *Leveraging a Targeted Violence Prevention Program to Prevent Violent Extremism: A Formative Evaluation in Los Angeles*, University of Illinois at Chicago and University of California, Los Angeles, 2016, [https://www.dhs.gov/sites/default/files/publications/862\\_OPSR\\_TP\\_LA-Formative-Evaluation\\_180817-508.pdf](https://www.dhs.gov/sites/default/files/publications/862_OPSR_TP_LA-Formative-Evaluation_180817-508.pdf).

19 A recent publication by the OSCE and the ODIHR outlines many of the legal, conceptual, and human rights challenges in addressing the issue of “FTFs”. See OSCE and ODIHR, *Guidelines for Addressing the Threats and Challenges of “Foreign Terrorist Fighters” within a Human Rights Framework*, 2018, <https://www.osce.org/odihr/393503?download=true>.



# 3. Key questions about referral mechanisms for P/CVERLT

## 3.1 What is a P/CVERLT referral mechanism?

A P/CVERLT referral mechanism is typically a multiagency and and/or multidisciplinary programme, platform, or initiative that:

1. Includes representatives from a plurality of municipal or other government agencies, community-based organizations, and CSOs from across a number of disciplines, including education, health, social welfare, youth, sports, and, if appropriate, police and corrections;
2. Receives referrals from members of the community or government entities of individuals identified as most vulnerable to, or at the early stages of, engaging with extremist violence but who have yet to cross a criminal threshold;
3. Assesses the risk and protective factors, as well as vulnerabilities of the referred individual to determine the appropriate course of action; and
4. Designs, delivers, monitors, and evaluates individually tailored interventions or support plans that address the risk factors and vulnerabilities of those deemed most at risk of or vulnerable to VERLT and help steer the referred individuals down a different, non-violent path.

### 3. KEY QUESTIONS ABOUT REFERRAL MECHANISMS FOR P/CVERLT

Such mechanisms are primarily for use by concerned family or other community members who suspect that an individual may be becoming radicalized but has not yet committed to violence. Referral mechanisms offer an option other than calling the police and potentially risking immediate and heavy-handed law enforcement action. These mechanisms aim to stop and reverse the radicalization process at an early stage, enabling the mobilization of stakeholders who may be better placed “to deliver an effective and preventive intervention because they have particular competence, expertise, perceived credibility or legitimacy that the police . . . do not possess”.<sup>20</sup> They can help bridge the gap where a case of concern has been identified but law enforcement action is not appropriate because the individual is not alleged to have committed a crime and the involvement of law enforcement may be counter-productive.

P/CVERLT referral mechanisms are meant to complement broader-based group or community-focused P/CVERLT programmes or policies, as well as targeted, human rights-based counter-terrorism measures.

A number of such mechanisms have been launched across the OSCE area. Some are led by governments — national or subnational — and others by non-governmental organizations (NGOs). Some are police-led and others have little or no police involvement. Some focus narrowly on preventing VERLT and others include VERLT as one among a variety of forms of violence they are seeking to prevent. Some mechanisms involve teams that liaise remotely, some teams work together in an integrated fashion, some are co-located, and some come together to address a specific unfolding threat or specific case as the need arises.

Broadly speaking, P/CVERLT mechanisms share a number of common elements:<sup>21</sup>

1. Participation is generally voluntary;
2. They typically rely on risk assessments or other tools to measure the risks, needs, and changes in behaviour of those who are referred to the mechanism and those who receive an intervention or support plan; such assessments are usually undertaken by appropriately trained professionals;
3. They involve multiple actors — across disciplines and/or government agencies— and thus often require new co-ordination channels and information-sharing protocols;

<sup>20</sup> OSCE, *Preventing Terrorism and Countering Violent Extremism*.

<sup>21</sup> OSCE, *Countering Violent Extremism and Radicalisation that Lead to Terrorism: Ideas, Recommendations, and Good Practices from the OSCE Region*, Peter Neumann, 28 September 2017, <https://www.osce.org/chairmanship/346841?download=true>.

4. Their multidisciplinary nature allows them to address, including through tailored interventions or broader support plans, the relatively wide set of factors that can make individuals susceptible to VERLT; and
5. Their effectiveness relies on the commitment, skill, and experience of the practitioners involved with the referred individual, as well as on the level of trust among the different professionals and agencies involved in the mechanism, and between those professionals and agencies and the relevant local communities.

## 3.2 What are different models of such mechanisms?

Although they often share common features, referral mechanisms for P/CVERLT come in different shapes and sizes. These differences can relate to the mechanism's structure (top-down<sup>22</sup> or locally driven<sup>23</sup>); its lead implementer (a national-level state entity, a municipality or other subnational governmental authority, local law enforcement, or an NGO); which local service providers and other partners are involved (e.g., teachers, social workers, mental health professionals, youth workers, religious and other community leaders, CSOs, and the police); and whether they focus on P/CVERLT<sup>24</sup> or on a broader set of violence or safeguarding concerns.<sup>25</sup> Intelligence services are not usually a standard partner, but, under certain limited circumstances, they may be involved on a case-by-case basis.

OSCE participating States such as Belgium, Canada, Denmark, Finland, France, Luxembourg, the Netherlands, Norway, and the United Kingdom have multiagency platforms where individual cases are referred, assessed, and discussed. Many of these programmes are organized at the municipal or other subnational level, as this is where most of the information and intervention providers are to be found. A variety of terms are used to describe these mechanisms, such as “situation tables” (Canada), “info-houses” (Denmark), “safety houses” (the Netherlands), “partner tables” (Belgium), and “panels” (the United Kingdom).

22 See, for example, the UK Channel program, <https://www.gov.uk/government/publications/channel-guidance>.

23 See, for example, Florian Qehaja, Skënder Perteshi, and Mentor Vrajolli, *Mapping the State of Play of Institutional and Community Involvement in Countering Violent Extremism in Kosovo*, Kosovo Centre for Security Studies, February 2017, <http://www.qkss.org/en/Reports/Mapping-the-state-of-play-of-institutional-and-community-involvement-in-countering-violent-extremism-in-Kosovo-864>.

24 European Commission, “Aarhus Model: Prevention of Radicalisation and Discrimination in Aarhus”, [https://ec.europa.eu/home-affairs/node/7423\\_en](https://ec.europa.eu/home-affairs/node/7423_en).

25 See, for example, FOCUS-Toronto, <https://www.toronto.ca/community-people/public-safety-alerts/community-safety-programs/focus-toronto/>.

### 3.3 What are some of the benefits of a referral mechanism for P/CVERLT?

Referral mechanisms to address individuals at risk of or vulnerable to VERLT offer several benefits as part of comprehensive approach to P/CVERLT.

Such mechanisms can enhance the multistakeholder effort to help identify and ensure people at risk of VERLT are given the necessary support at early stage to prevent and counter the process of radicalization to violence. Referral mechanisms allow for the mobilization of actors — primarily local actors — who are typically best placed to deliver an effective and preventive intervention because they have particular competence, expertise, perceived credibility, or legitimacy that the police or others do not possess. As underscored in the OSCE guide on community policing and VERLT, these mechanisms “can help bridge the gap where a case of concern has been identified and needs to be addressed proactively, but law enforcement action is not warranted, and the involvement of the police may in fact be counterproductive”.<sup>26</sup>

Mobilizing non-law enforcement stakeholders and bridging this gap are critical. As noted in the “Rabat-Washington Good Practices” memorandum issued by the Global Counterterrorism Forum (GCTF) in September 2018 (and which recommends that States consider the development of multidisciplinary referral mechanisms), there have been cases where families, teachers, or social workers have noticed signs of radicalization to violence and have even reported their suspicions to local authorities, but no action was taken to intervene. In other situations, family members decided not to report their suspicions because of fear of immediate and heavy-handed law enforcement actions.<sup>27</sup>

Referral mechanisms, if designed properly — including by providing reassurance that cases will be referred to the police only in exceptional circumstances (e.g., when there is an imminent risk of harm) — offer a number of benefits:

1. Increase the likelihood that families and other concerned community members will refer individuals showing signs of radicalization to VERLT before they embrace violence;
2. Build trust between communities and the government;
3. Incentivize the involvement of a range of professionals who might

<sup>26</sup> OSCE, *Preventing Terrorism and Countering Violent Extremism*, pp. 165–166.

<sup>27</sup> Global Counterterrorism Forum (GCTF), *Initiative to Address Homegrown Terrorism: Rabat-Washington Good Practices on the Prevention, Detection, Intervention and Response to Homegrown Terrorism*, September 2018, p. 1. [https://www.thegctf.org/Portals/1/Documents/Framework%20Documents/C/GCTF-Rabat-Washington-Good-Practices\\_ENG.pdf?ver=2018-09-21-122245-707](https://www.thegctf.org/Portals/1/Documents/Framework%20Documents/C/GCTF-Rabat-Washington-Good-Practices_ENG.pdf?ver=2018-09-21-122245-707).

be reluctant to engage in a potentially politically sensitive P/CVE intervention on their own;

4. Promote a multidisciplinary approach and enable the sharing of information among different agencies and organizations about referred individuals (within the parameters of data protection and privacy standards);
5. Provide a more accurate assessment of the risks posed by and needs of the vulnerable individuals than single-stakeholder P/CVERLT intervention programmes can typically provide; and
6. Allow a referred individual to tap into a disparate range of services at one time, enhancing his or her ability to benefit from a more comprehensive support plan than engaging with a single agency or organization would allow. This recognizes that the process of radicalization to violence is a complex one and that no single agency or organization is capable of addressing all the often multiple vulnerabilities or reducing the risk factors on its own.

A lack of consideration of the associated risks in developing referral mechanisms can do long-term damage and contribute to the very problem they are designed to address.

### 3.4 In what other contexts have referral mechanisms been used and how might they be different from those involved in P/CVERLT?

As increased attention is given to the development of referral mechanisms for P/CVERLT, it is important to keep in mind that referral mechanisms have been developed in other contexts for different purposes and in different forms. Typically, they have been used when a comprehensive set of services, cutting across different agencies and/or disciplines, is needed to address the needs of vulnerable individuals.

### 3.4.1 Trafficking in human beings

In 2004, the OSCE Office for Democratic Institutions and Human Rights (ODIHR) developed a handbook to provide participating States guidance on the design and implementation of **national referral mechanisms (NRMs) to combat trafficking in human beings and support victims**.<sup>28</sup> The core element of such mechanisms involves the process of identifying presumed trafficking victims by a multidisciplinary group of stakeholders composed of national and subnational, governmental and non-governmental actors, and enabling co-operation among them to ensure that victims receive the specialized services they require, often from more than one service provider.

The handbook built on the OSCE Action Plan to Combat Trafficking in Human Beings. Endorsed at the 2003 Ministerial Council, the handbook recommended that “OSCE participating States establish national referral mechanisms by building partnerships between civil society and law enforcement, creating guidelines to properly identify trafficked persons and establishing cross-sector and multidisciplinary teams to develop and monitor policies”.<sup>29</sup>

As defined in the handbook, an NRM

*is a co-operative framework through which state actors fulfill their obligations to protect and promote the human rights of trafficked persons, co-ordinating their efforts in a strategic partnership with civil society. The basic aims of an NRM are to ensure that the human rights of trafficked persons are respected and to provide an effective way to refer victims of trafficking to services. In addition, NRMs can work to help improve national policy and procedures on a broad range of victim-related issues such as residence and repatriation regulations, victim compensation, and witness protection. NRMs can establish national plans of action and can set benchmarks to assess whether goals are being met.*<sup>30</sup>

Although NRMs vary in size and structure, the handbook recommends that they be “designed to formalize co-operation among government agencies and non-governmental groups dealing with trafficked persons”. Unlike referral mechanisms that address VERLT issues, which are typically locally led

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28 OSCE and ODIHR, *National Referral Mechanisms—Joining Efforts to Protect the Rights of Trafficked Persons: A Practical Handbook*, 13 May 2004, <https://www.osce.org/odihr/13967>. This handbook provides guidance on how to design and implement sustainable mechanisms and structures to combat human trafficking and support victims. It also provides guidance on how to monitor and build the capacity of such mechanisms and structures. The handbook is currently being updated and is scheduled to be reissued in 2019.

29 OSCE, “Action Plan to Combat Trafficking in Human Beings”, Section V, Article 3, July 2003.

30 OSCE and ODIHR, *National Referral Mechanisms*, p. 15.

programmes (even when part of a national approach), mechanisms to protect the rights of trafficked persons operate at the national (and sometimes subnational) level. They are typically led by a national co-ordinator (often a senior government official) and a roundtable of senior representatives of government agencies and civil society, who develop recommendations for national policy and procedures regarding victims of trafficking.

### 3.4.2 Gender-based violence

Referral mechanisms have been developed for **preventing and addressing gender-based violence (GBV)**, including domestic violence, which, like trafficking in human beings, is recognized as a multidimensional problem requiring a holistic, co-ordinated, and individualized response.<sup>31</sup> Women who have experienced GBV have multiple and complex needs that may include medical care, safe accommodation, psychosocial counselling, police protection, and legal advice. A single government agency or NGO is unlikely to be able to provide all of these services, and thus “a multi-sectoral response that coordinates the services by all relevant service providers” is needed to help “ensure the availability of comprehensive support for survivors of GBV”.<sup>32</sup> In such contexts, referral systems that connect different entities with diverse mandates into a network of co-operation, with the objective of protecting and assisting GBV survivors, preventing GBV, and prosecuting perpetrators of GBV, have been developed in numerous countries around the globe. They typically involve governmental, non-governmental, and, occasionally, international organizations, and include mental health and social service providers among other professionals.

### 3.4.3 Protection of vulnerable children

Another area where referral mechanisms are common is the **protection of vulnerable children**.<sup>33</sup> Children and families affected by violence, illness, and other adversities face multiple vulnerabilities. In such cases, a referral involves “the process of recognizing a risk or concern about a child or household, deciding

31 WAVE Network and European Info Centre Against Violence (WAVE) and United Nations Population Fund (UNFPA), Regional Office for Eastern Europe and Central Asia, *Strengthening Health System Responses to Gender-Based Violence in Eastern Europe and Central Asia: A Resource Package*, <http://www.health-genderviolence.org/programming-for-integration-of-gbv-within-health-system/practical-steps-and-recommendations-for-in-0>. For an overview of such programs in the western Balkans, see UN Women, Regional Programme on Ending Violence against Women in the Western Balkans and Turkey, <http://eca.unwomen.org/en/what-we-do/ending-violence-against-women/regional-programme-in-the-western-balkans-and-turkey>.

32 WAVE and UNFPA, *Strengthening Health System Responses to Gender-Based Violence*.

33 Keetie Roelen, Siân Long, and Jerker Edström, *Pathways to Protection—Referral Mechanisms and Case Management for Vulnerable Children in Eastern and Southern Africa: Lessons Learned and Ways Forward*, Institute of Developmental Studies Centre for Social Protection, June 2012, <http://www.socialserviceworkforce.org/system/files/resource/files/Pathways%20to%20protection%20%E2%80%93%20referral%20mechanisms%20and%20case%20management%20for%20vulnerable%20children%20in%20Eastern%20and%20Southern%20Africa.pdf>.

that action needs to be taken, and providing information about or referring the client to the identified services”.<sup>34</sup> Referrals here typically come via helplines or from one service provider to another.

#### 3.4.4 Lessons from other fields

Although any referral mechanism should be context-specific, taking into account the particular thematic focus and cultural and societal nuances, as well as the capacities and needs of the intended beneficiary communities and individuals, there are lessons from the experiences of referral mechanisms in other fields that may be relevant when designing and operationalizing mechanisms that can handle, inter alia, VERLT cases. These lessons include:

1. Investments in the referral mechanisms themselves should complement ones in those agencies and organizations that are likely to help develop and deliver the interventions or support plans designed to address the vulnerabilities of those referred to the mechanism; this includes psychosocial and other counselling and social protection agencies;
2. Members of the mechanism and of the relevant communities must have a clear understanding of what the programme seeks to achieve; members of the referral mechanism must have a common understanding of how it will function;
3. Clear and strong mandates and protocols are important, including ones which spell out the roles and responsibilities of each member of a mechanism and address the sharing of information among them;
4. Adequate financial and human resources, including dedicated budget lines, must be in place to support sustained operation of the mechanism;
5. Community-based initiatives should complement the individualized services available through the referral mechanism; and
6. A focal person is needed connect the different actors involved in the mechanism and engage with the concerned individual and family members.<sup>35</sup>

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34 United States Agency for Aid and Development (USAID), PEPFAR, and 4Children, "Referral Mechanisms for Children Orphaned or Made Vulnerable by HIV (OVC)", 2018, [https://ovcsupport.org/wp-content/uploads/2018/03/18OS-34655\\_Referrals-Mech\\_FINAL.pdf](https://ovcsupport.org/wp-content/uploads/2018/03/18OS-34655_Referrals-Mech_FINAL.pdf).

35 Ibid.

## 3.5 Applying a public health lens to investing in prevention

It is now increasingly recognized, including by OSCE participating States, that countering and preventing terrorism cannot be limited to traditional law enforcement and prosecutorial approaches and tools. Rather, these should be complemented by whole-of-society, preventive, and community-led efforts that include a wide range of non-law enforcement, non-governmental, and subnational stakeholders and that are most effective when they involve partnerships, including between government and civil society, security and non-security actors, and national and subnational stakeholders. These efforts should seek not only to build resilient societies and cohesive communities that can prevent VERLT from taking root within them and withstand the shocks when it does but also to steer individuals identified as at risk of VERLT towards a peaceful path before they may commit to extremist violence.

With the growing recognition of the extent of the damage that VERLT can inflict on society, well beyond the security risks posed by a single violent extremist or the direct harm caused by an attack, preventive approaches to VERLT are increasingly drawing on lessons from the field of public health, which has traditionally been linked to preventing diseases and promoting healthy behaviours and environments. Among these lessons is the importance of identifying practical and protective interventions to manage potential threats that can have a positive impact on the daily lives of individuals.<sup>36</sup> A public health approach also offers opportunities for multipurpose programming, avoiding stigma, and leveraging public health resources that a law enforcement approach does not allow. Those resources include mental health professionals, social workers, and other public health workers—all of whom are now increasingly involved in broader efforts to reduce violence in their communities.

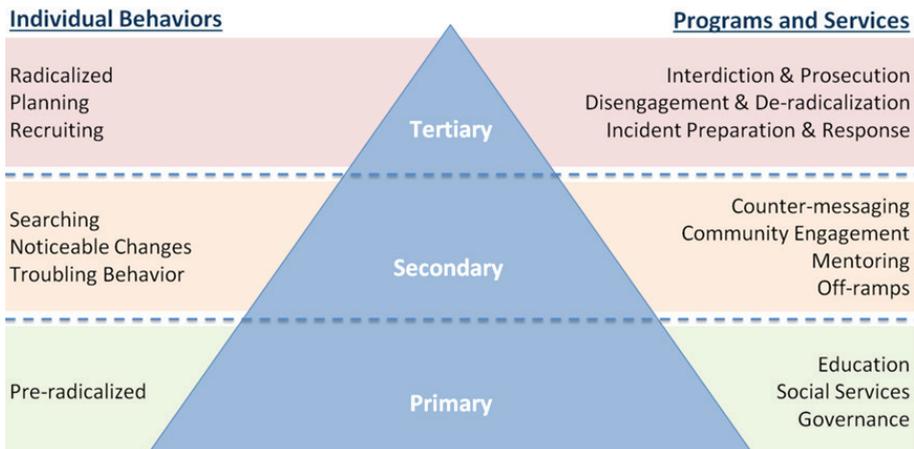
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36 Stevan Weine and David Eisenman, "How Public Health Can Improve Initiatives to Counter Violent Extremism", National Consortium for the Study of Terrorism and Responses to Terrorism (START), University of Maryland, 5 April 2016, <https://www.start.umd.edu/news/how-public-health-can-improve-initiatives-counter-violent-extremism>.

### 3. KEY QUESTIONS ABOUT REFERRAL MECHANISMS FOR P/CVERLT

Given these benefits, the three-tiered public health model depicted in Figure 1 is increasingly being applied to P/CVERLT. As explained in a 2016 report published by the University of Maryland National Consortium for the Study of Terrorism and Responses to Terrorism, primary prevention is often seen to include *community-level strategies that mitigate modifiable risk (e.g., availability of violent extremist media) and leverage protective factors (e.g., parenting support, social network, expectation management, religious knowledge, and education) that are empirically or theoretically associated with preventing violent extremism. Secondary prevention may include strategies directed at individuals who have been identified as having some characteristics that render them at elevated-risk for violent extremism, such as exposure to violent extremist ideologies or proximity to a radicalized social network. Tertiary prevention may involve strategies directed at individuals who have already adopted violent extremist ideologies or are in contact with violent extremists, but are not engaged in planning or carrying out acts of violence.*<sup>37</sup>

Figure 1. Public Health Model for CVE



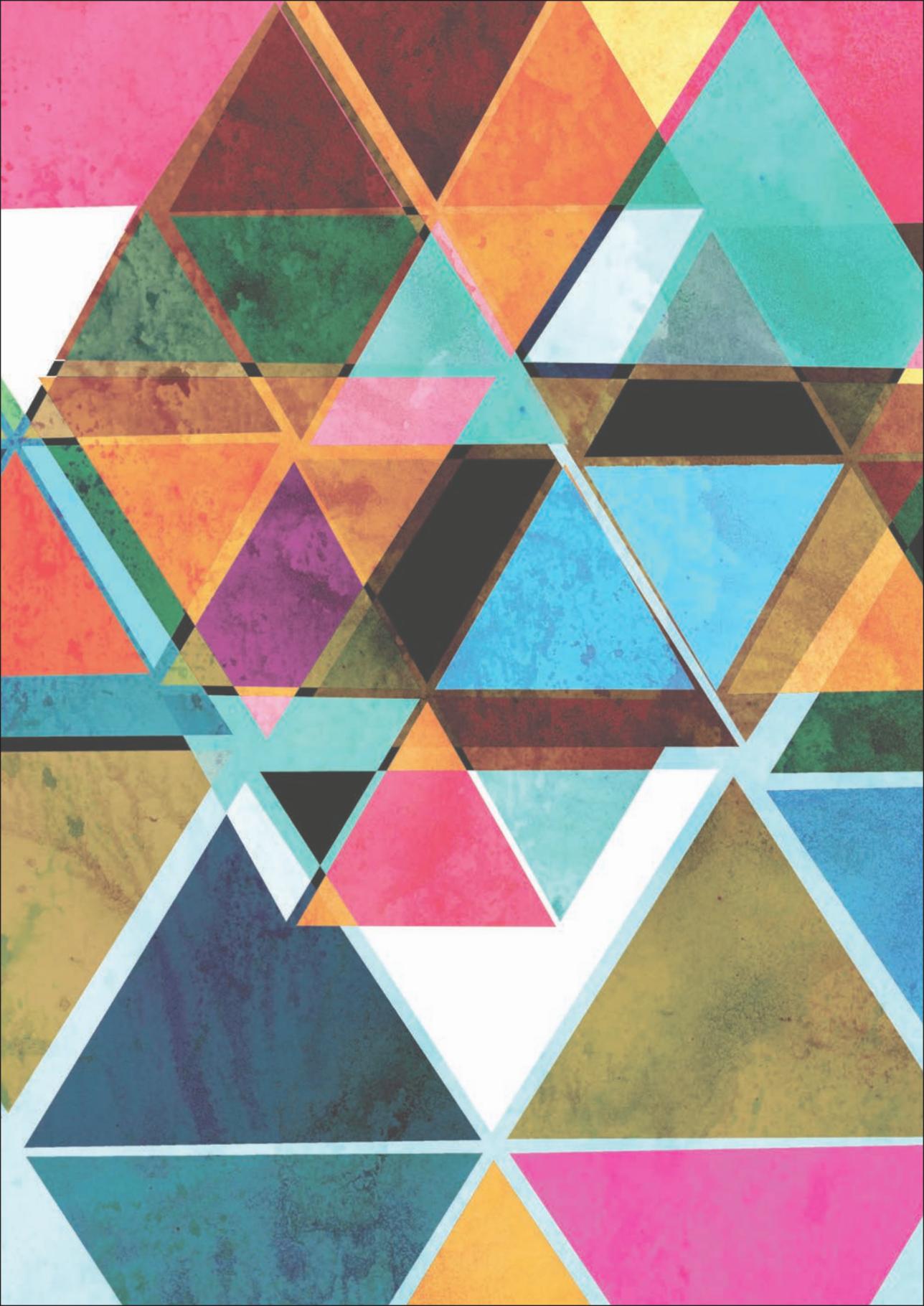
Source: Jonathan Chalgren et al., *Countering Violent Extremism: Applying the Public Health Model*, 1st ed. (Georgetown University, Center for Security Studies, National Security Critical Issues Task Force, 2016), <http://georgetownsecuritystudiesreview.org/wp-content/uploads/2016/10/NSCITF-Report-on-Countering-Violent-Extremism.pdf>. The terminology used in the figure does not necessarily correspond with that of the OSCE.

<sup>37</sup> Ibid.

P/CVERLT referral mechanisms focused on non-criminal activity and actors situate themselves squarely in the **secondary prevention space**. They seek to increase the likelihood that family, friends, and teachers — the ones most likely to spot early signs of vulnerabilities — can get access to trained professionals at trusted local agencies and organizations (including social service and mental health providers), who can then provide help with an at-risk individual before he or she may commit to extremist violence.

### 3.6 What is the appropriate role for law enforcement?

These mechanisms are often driven in large part by security imperatives. However, referral mechanisms should equally represent a commitment to, and contribute to, building healthier and resilient communities; after all, VERLT is not simply a security threat but a social phenomenon that, if left unaddressed, can have far-reaching impact on individuals, families, communities, and societies. As such, referral mechanisms rely on a diverse group of community-based and other non-law enforcement actors to succeed. As noted above, local law enforcement can, under the appropriate circumstances, play a role in such a mechanism. In some instances, the police may be the source of most referrals; for this and other reasons, the police might need to be involved in assessing a referred individual's risks or vulnerabilities to VERLT. However, the role of the police, if any, needs to be carefully calibrated based on a number of factors, as is discussed in Section 4.2.



# 4. Challenges and potential negative consequences

Based on the experiences among OSCE participating States in developing referral mechanisms that handle VERLT cases, those developing such programmes will likely need to find ways to overcome a number of challenges and avoid a series of potential negative consequences.

## 4.1 Building community support and avoiding stigma

Those involved in designing such a mechanism should take into account the need to secure and sustain broad-based support from the diverse set of stakeholders that are critical to the success of the programme. This set includes the communities — families, teachers, youth, and social workers, as well as community leaders — who will often be relied on to refer individuals to the mechanism. It also includes the agencies and organizations that will assess the vulnerabilities and needs of the referred individuals and either will design and deliver tailored interventions or broader support plans or will recommend another appropriate course of action.

With this in mind, careful thought should be given to the **scope and the branding** of the mechanism. For example, those involved in developing any mechanism intended to handle VERLT cases should consider expanding the focus of the programme so that it addresses not only VERLT but also all forms of violent extremism. Indeed, the focus could be expanded even further to address a wider set of violence-related and/or safeguarding issues of concern to the relevant community. A broad-based programme is more likely to be accepted than one

that focuses on the singular and potentially stigmatizing issue of VERLT where there may be an enhanced risk that people who belong to a particular religious, ethnic, or other identity group are labeled “radicalized”, “violent extremists”, and even “terrorists”.<sup>38</sup>

Such an approach is also likely to increase the chances that family members, who might be concerned about the stigma associated with a referral to a VERLT-focused mechanism, will refer individuals they observe showing risks of or vulnerabilities to violent extremism or terrorism. Moreover, this approach will better enable the mechanism to leverage existing institutions and expertise, particularly among mental health professionals and social protection workers, who may be less willing to participate in a mechanism that is perceived as “securitizing” a particular community and where such participation could undermine their existing work.<sup>39</sup>

Similarly, the decision regarding what and how to brand the initiative should be informed by what will gain the most support, participation, and trust from the relevant stakeholders.

Another way of avoiding stigma and building community support for a referral mechanism is to **ensure that it is focused on addressing the vulnerabilities in individuals demonstrating behaviours and manifestations that can lead to VERLT and not on individuals who are simply expressing ideological, political, or religious beliefs that are protected by human rights law.** Effectively distinguishing between these two broad categories of people is essential and involves a number of steps. They include:

1. Raising awareness with the relevant community of the potential early warning signs that an individual may be at risk of VERLT and of the benefits of referring such individuals to the mechanism;<sup>40</sup>

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38 EU Radicalisation Awareness Network (RAN) Centre of Excellence, “Handbook on How to Set Up a Multi-Agency Structure that Includes the Health and Social Care Sectors?”, 18–19 May 2016, [https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation\\_awareness\\_network/ran-papers/docs/ex-post-paper-handbook-ran-hsc-18-19-may-2016-copenhagen-dk\\_en.pdf](https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation_awareness_network/ran-papers/docs/ex-post-paper-handbook-ran-hsc-18-19-may-2016-copenhagen-dk_en.pdf).

39 This approach is considered a GCTF “good practice”. Good Practice 5 in the Rabat-Washington Good Practices on the Prevention, Detection, Intervention, and Response to Homegrown Terrorism provides that States may want to include VERLT issues into broader crime prevention programmes and strategies that “encourage civil society and law enforcement collaboration to address citizens’ security concerns. . . . This approach may help avoid duplication of services, optimize use of resources, and bolster safety and security. Also, by framing programs and services as part of a broader effort to address criminality, it may help to reduce alienation or stigmatization that often accompanies terrorism activities and may increase citizen participation, where appropriate. In addition, the inclusion of anti-terrorism activities as part of a larger anti-crime program may help encourage engagement by different stakeholders including local community members as well as the private sector”. See GCTF, *Initiative to Address Homegrown Terrorism*.

40 Good Practice 4 of the GCTF’s Rabat-Washington Good Practices reinforces this point. It recognizes how community members “can notice early warning signs and play an important role in helping to redirect individuals off the path of radicalization to violence” and how relevant government and non-governmental entities may need to increase their community engagement and outreach activities to increase the community’s awareness of the potential risks and warnings signs of VERLT.

2. Conducting an initial review of referrals to remove clearly inappropriate ones prior to conducting a formal assessment of risk and vulnerabilities, thereby weeding out “false positives”<sup>41</sup> at an early stage of the process. This will help ensure that the mechanism’s human and financial resources are focused on those individuals most likely to warrant some intervention or other support. In order to help ensure consistency, the preliminary review may need to be conducted by a single individual or office;
3. Developing new (or relying on existing) tools or criteria for the member of the referral mechanism to assess the risks posed by and the needs of the individuals who have been referred to the mechanism, using a set of observable risk and protective factors. In this regard, it is important to ensure that any such tools integrate gender perspectives (so as to consider the differences between gender roles) and are designed and implemented by trained professionals “without resorting to profiling based on any discriminatory grounds prohibited by international law”;<sup>42</sup>
4. Ensuring that professionals involved in assessing risk and needs receive the necessary training and have the relevant expertise to use the tool correctly, avoiding a “checklist” approach to assessment;<sup>43</sup>
5. Ensuring the availability of services, and required budget lines, to address the diverse needs of those for whom the members determine an intervention is warranted; and
6. Ensuring that people considered at risk are not treated as potential terrorists or suspects.

## 4.2 Delineating an appropriate role for law enforcement

As reflected in the OSCE’s guide to a community-policing approach to addressing VERLT, P/CVERLT requires a sophisticated, comprehensive response that involves not only effective criminal justice action, in compliance with international human rights standards and the rule of law, against those who incite others to

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41 In the social sciences, a “false positive” is an error in data reporting in which a test result improperly indicates the presence of a condition when in reality it is not present.

42 UN Security Council Resolution 2396 (2017). As is discussed later in the guide, and as recognized by the EU RAN’s Health and Social Care Working Group and other experts, there are few (if any) risk assessment tools specific to VERLT that have been tested. Typically, risk assessment tools for both terrorists and violent extremist offenders in a prison environment are applied to the non-criminal, prevention space. See EU RAN, “Risk Assessment around Lone Actors”, RAN H&SC Meeting 11–12 December 2017 Mechelen, Belgium, [https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation\\_awareness\\_network/about-ran/ran-h-and-sc/docs/ran\\_h-sc\\_risk\\_assessment\\_lone\\_actors\\_11-12\\_12\\_2017\\_en.pdf](https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation_awareness_network/about-ran/ran-h-and-sc/docs/ran_h-sc_risk_assessment_lone_actors_11-12_12_2017_en.pdf).

43 UN Security Council, Counter-Terrorism Committee, 2018 *Addendum to the 2015 Madrid Guiding Principles*, Guiding Principle 5, [https://www.un.org/sc/ctc/wp-content/uploads/2018/12/2018-Addendum-to-the-2015-Madrid-Guiding-Principles\\_as\\_adopted.pdf](https://www.un.org/sc/ctc/wp-content/uploads/2018/12/2018-Addendum-to-the-2015-Madrid-Guiding-Principles_as_adopted.pdf).

terrorism and seek to recruit others for terrorism, but also multidisciplinary efforts to prevent individuals from becoming radicalized to violence.<sup>44</sup> That guide underscores how police play a central role in the criminal justice response to VERLT, but also emphasizes that **their role should be limited and carefully delineated in proactive prevention efforts, particularly given the risks of criminalizing behaviour that has not crossed the criminal threshold and the risks of criminalizing ideas, which is impermissible.** These risks exist with referral mechanisms that address VERLT, particularly given the challenges of taking someone's past statements and behaviour as a predictor of VERLT and the dangers of casting suspicion on entire populations that premature involvement of law enforcement generate.

The police may often be the first ones to identify individuals who are at risk of or already on the path to radicalization to violence but who have not committed a crime — and referrals often come from the police (as well as from concerned teachers or family members, among others). However, police officers are not typically trained, including in psychosocial care, to operate in the non-criminal space. Further, their active involvement in — let alone their leadership of — programmes designed to operate outside the criminal space has the potential to undermine the credibility and effectiveness of those programmes.

For example, depending on the local context, family members may opt not to report their suspicions to a mechanism that is police-led in order to protect at-risk individuals from being subjected to a police investigation or to avoid being seen in a negative light within their communities. In short, community members and community-based organizations may be less likely to direct those individuals showing signs of supporting VERLT to a mechanism designed to identify and address their vulnerabilities if the same actors responsible for conducting surveillance and investigating criminal behaviour are actively involved in such a mechanism.<sup>45</sup>

In practice, the **role of police in such mechanisms has varied considerably**, often depending on a variety of factors. These include, for example:

1. The level of trust between law enforcement and local communities, particularly in communities with challenging majority-minority and/or post-conflict dynamics;
2. The extent to which communities have had negative experiences with the police, particularly where such experiences might discourage participation from non-law enforcement professionals and practitioners who might have concerns about having their work become securitized;

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44 OSCE, *Preventing Terrorism and Countering Violent Extremism*.

45 Washington Institute for Near East Policy, *Defeating Ideologically Inspired Violent Extremism: A Strategy to Build Strong Communities and Protect the U.S. Homeland*, March 2017, <https://www.washingtoninstitute.org/uploads/Documents/pubs/Transition2017-CVE-6.pdf>.

3. Whether police involvement might stymie co-operation from and with community members, who might feel discriminated against or victimized by a law enforcement-driven approach to prevention that prematurely seeks to apply criminal justice tools in the non-criminal space. This issue is especially salient when considering a referral mechanism focused narrowly on VERLT as opposed to a broader set of community-driven concerns, particularly in a post-conflict setting;
4. Whether law enforcement in the relevant country is decentralized and reflects community-policing principles;
5. The role that the police force has historically played as a convener of (non-law enforcement) government and community actors;
6. The existence of transparent information-sharing protocols to protect individual and data privacy and allay concerns that the police, if involved, might use information shared with the other members of the mechanism for intelligence gathering and law enforcement purposes; and
7. The extent to which the limited instances when information on an individual case can be referred to the police (e.g., when there is a risk of imminent harm or, more broadly, when required by law or relevant professional code of conduct) are clearly delineated.

There is no single model for involving the police in referral mechanisms that handle VERLT cases. For example, in Denmark, Finland, and Norway, the police play a central role, working closely with schools, municipal social services, and mental health providers. Similarly, each major city in the Netherlands runs a “safety house” where local government officials, including from social welfare and housing agencies, youth workers, and the police sit at the same table and discuss individuals who have come to their attention. The police are there to relay information to relevant authorities if an individual referred to the safety house poses a threat to national security. The limited role for the police facilitates close relationships with religious communities, community leaders, and youth centres. The safety houses have written legal agreements signed by each participating agency that allow them to exchange information on persons of concern, thus overcoming the traditional barriers to information sharing between non-law enforcement professionals and the police.<sup>46</sup>

In the United Kingdom, upon receiving a referral, the police have a legal responsibility to determine if there is a counter-terrorism link in the referral and are involved at the initial stage of the review to determine if the referral is misguided, misinformed, or malicious. However, for those names that do make it past this initial stage, the decision on whether to accept a case is made, not by the

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46 OSCE, “Radicalization to Terrorism: What to Do? Reach Out Early”, Security Community Issue 2/2015, <https://www.osce.org/magazine/211761>.

police, but by a “Channel panel” composed of multiple agencies and chaired by the local authority (see the Annex for a description of the Channel programme). The UK PREVENT strategy that encompasses the Channel programme is currently undergoing an independent review process; that process represents an important form of oversight for such efforts.

In Canada, the Toronto Police Service convenes civil society and local government agencies around the local referral mechanism that includes VERLT among a sheaf of safeguarding issues it addresses. However, the police aim to put the non-law enforcement actors at the centre, while minimizing their own role in the hub.<sup>47</sup> In Edmonton, trust deficits between the local police and the Somali community led to an NGO taking the lead in establishing the local mechanism. The police remain involved, however, including in assessing the risk of the individuals referred to the mechanism by concerned community members or local agencies, including the police. Similarly in Ottawa, although the police initiated and lead the Multiagency Early Risk Intervention Tables (MERIT) that added a P/CVERLT component, a social worker now runs the P/CVERLT programme, given the sensitivities in some communities regarding police involvement around VERLT issues.<sup>48</sup> This change was based on a realization that a police-led approach to P/CVERLT in a non-criminal context can undermine trust with the very communities the approach was hoping to support.

In Calgary, the local police (in collaboration with Calgary Neighborhood Protection Services) established the ReDirect referral mechanism (focused only on VERLT cases) based on demands from the local Muslim community, but has assumed a less prominent role in the programme over time, although most of the referrals still come from the police.<sup>49</sup>

In Montreal, the Centre for the Prevention of Radicalization Leading to Violence (CPRVE), an NGO, operates completely independently of the police. This is largely because the local police in Montreal do not enjoy the same levels of community approval as those in other Canadian cities and lack the public trust to participate in the non-criminal space that the Centre occupies. That said, the Centre does have protocols in place for when a case should be transferred to the police, and 24 such cases (out of 349 referrals) were shared in 2017.<sup>50</sup>

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47 See FOCUS-Toronto.

48 Ottawa Police Service, “MERIT—Multiagency Early Risk Intervention Tables,” <https://www.ottawapolice.ca/en/news-and-community/MERIT.aspx>.

49 Peter Ottis, “The Promises and Limitations of Using Municipal Community Policing Programs to Counter Violent Extremism: Calgary’s Re-Direct as a Case Study”, master’s thesis, Norwegian University of Life Sciences, 2016, [https://brage.bibsys.no/xmlui/bitstream/handle/11250/2443196/The\\_Promises\\_and\\_Limitations\\_of\\_Using\\_Municipal\\_Community\\_Policing\\_Programs\\_to\\_Counter\\_Violent\\_Extremism.pdf?sequence=1&isAllowed=y](https://brage.bibsys.no/xmlui/bitstream/handle/11250/2443196/The_Promises_and_Limitations_of_Using_Municipal_Community_Policing_Programs_to_Counter_Violent_Extremism.pdf?sequence=1&isAllowed=y).

50 Centre for the Prevention of Radicalization to Violence, *Annual Report: Preventing Radicalization Leading to Violence*, 2017, p. 3, <https://indd.adobe.com/view/0fd55b6b-49d4-4306-9a06-9b5619063b35>.

As the above examples indicate, most examples of law enforcement's active involvement in referral mechanisms that handle VERLT cases are from countries where there is at least some degree of trust between the police and the local communities and where community-policing principles are applied. Where such trust is lacking — which is often the case in post-conflict settings where many community members may have had negative experiences with security actors, and in order to avoid having these sensitivities stymie development of a mechanism — a number of options could be considered. For example, one option could be to develop a mechanism that, at least in its initial phase, does not include any police involvement and relies instead on those agencies and organizations that are trusted within the target community; if and when appropriate, the police could become involved at a later stage, after the mechanism is up and running. A second option could be to clearly delineate police involvement from the outset. This would underscore that although the mechanism will accept law enforcement referrals of individuals, the police will not be at the table to discuss any individual cases and the mechanism will not share information with the police, except when there is an imminent threat of violence or to national security.<sup>51</sup>

### 4.3 Navigating social norms and attitudes around psychosocial care

Among the reasons why referral mechanisms are becoming an increasingly popular tool for P/CVERLT is their ability to convene a wide range of professionals to assess the often complex and multiple needs and vulnerabilities of individuals at risk of embracing extremist violence and then offer “wrap-around” services to address those needs. Mental health and other psychosocial expertise and support, whether delivered by psychiatrists, psychologists, family counselors, or trauma specialists, is often seen to be — and frequently is — an essential piece of the programme.

Although there is no direct causal link between mental illness and violent extremism, there is increasing evidence that in many cases youth who are radicalizing to violence experience poor psychological adjustment. This is borne out by recent studies. For example, a 2016 police review of the 500 cases dealt with by the United Kingdom's Channel programme found that 44 percent of

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51 This is the approach followed by Community Connect, the referral mechanism hosted by Boston Children's Hospital. See Eric Rosand, “Multi-Disciplinary & Multi-Agency Approaches to Preventing & Countering Violent Extremism: An Emerging P/CVE Success Story?”, in Institute for Economics and Peace, *Global Terrorism Index 2017: Measuring and Understanding the Impact of Terrorism*, 2018, p. 72, <https://reliefweb.int/sites/reliefweb.int/files/resources/Global-Terrorism-Index-2018-1.pdf>.

the individuals involved were assessed as being likely to have vulnerabilities related to mental health or psychological difficulties.<sup>52</sup> The EU's Radicalization Awareness Network (RAN) working group on the role of the health and social care sector has focused particular attention on the role of mental health professionals in these referral mechanisms.<sup>53</sup>

While the need for and benefits of mental health interventions in the P/CVERLT space are increasingly clear, cultural barriers to seeking professional help from mental health or social care professionals persist in some societies and communities, and the willingness, let alone capacity, of mental health professionals to engage in VERLT cases is limited.

The cultural barriers, as Stevan Weine, a professor of psychiatry, has explained, can vary.<sup>54</sup> Among other things, they could include stigma (for many people and in many cultures, mental illness remains highly stigmatized); lack of knowledge (some young people and their families may lack understanding of what mental health services are and how they could be helpful in addressing their problems); or fear (some parents might fear that their child will be “taken away” by child protection services if they use mental health services).

Where such barriers exist, including a significant (if any) mental health component in a P/CVERLT-focused programme or a multidisciplinary referral mechanism may prove a challenge. Efforts to overcome these barriers should, where appropriate, be included in any strategy for developing a referral mechanism for VERLT.<sup>55</sup> Particularly where social stigma is associated with seeking mental health treatment, informal actors, such as family members and religious and other community leaders or mentors, may need to assume a greater role in such mechanisms, especially in communities that are more likely to support family- or community-based interventions or interventions led by NGOs rather than by government actors.

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52 Vikram Dodd, “Police Study Links Radicalisation to Mental Health Problems,” *Guardian*, 20 May 2016, <https://www.theguardian.com/uk-news/2016/may/20/police-study-radicalisation-mental-health-problems>. According to a former head of a local PREVENT team in the United Kingdom, a significant portion of these cases relate to autism-type cases, with some linked to schizophrenia, bipolar conditions, and mental health conditions due to substance abuse, with all these individuals already known to relevant mental health or other support agencies for reasons other than concerns related to radicalization, violent extremism, or terrorism.

53 Ibid.

54 Stevan Weine et al., “Supporting a Multidisciplinary Approach to Violent Extremism: The Integration of Mental Health in Countering Violent Extremism (CVE) and What Law Enforcement Needs to Know”, START, University of Maryland, 2015, <https://www.start.umd.edu/publication/supporting-multidisciplinary-approach-violent-extremism-integration-mental-health>.

55 EU RAN, *The RAN Declaration of Good Practices for Engagement with Foreign Fighters for Prevention, Outreach, Rehabilitation and Reintegration*, 2014, <https://www.icct.nl/download/file/RAN-Declaration-Good-Practices-for-Engagement-with-Foreign-Fighters.pdf>.

## 4.4 Limited institutional capacities and the need for specialized training

For the most part, referral mechanisms in the OSCE area that handle VERLT cases have so far relied heavily on existing institutional capacities, which are not geared specifically to addressing VERLT issues. These capacities include those of the police, mental health, social welfare, and other relevant government agencies, and of the community-based or other NGOs involved in the programmes. Whether a mechanism was designed specifically to deal with issues of radicalization to violence,<sup>56</sup> or whether a VERLT component was added to an existing multidisciplinary and multiagency crime prevention or safeguarding programme,<sup>57</sup> a common challenge has been to ensure that the practitioners, professionals, and community members whose participation in the programme is critical to its effectiveness have the necessary VERLT-specific expertise and/or receive the necessary VERLT-specific training and/or awareness-raising to help ensure the mechanism is appropriately equipped to handle VERLT cases.

For example, front-line professionals and practitioners who are expected to be able to identify those at risk of radicalization to violence need some understanding of VERLT, including its ideological components; the signs of potential vulnerability; the factors that can make individuals, families, and communities more resilient to VERLT; and possible interventions for addressing vulnerabilities and building resilience. Those professionals and practitioners may require training to help them talk with family members; engage with young people who feel a growing sense of social exclusion, marginalization, or injustice; conduct behavioural threat assessments; or recognize symbols used by violent extremist groups to recruit new members. Mental health professionals may need training on how to deliver trauma-informed interventions or how to consult with religious leaders or cultural experts to better understand the individual's context.<sup>58</sup> Social workers may require training and development in areas such as engaging in difficult conversations (working with resistance, influence, and power); understanding cultures as "sets of meanings", influences, and differences; conducting risk and needs analysis; and engaging with and

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56 As was the case with initiatives such as the United Kingdom's Channel programme, the Dutch "safety houses", the Network for the Management of Extremism and Violent Radicalization in Belgium, and the Centre for Action and Prevention against Radicalization in Bordeaux, France.

57 See, for example, programmes in Denmark, Finland, and Norway. More details are provided in the annex to this report.

58 University of Maryland, and National Consortium for the Study of Terrorism and Responses to Terrorism (START), "Supporting a Multidisciplinary Approach to Addressing Violent Extremism: What Role Can Mental Health Professionals Play?", October 2015, [https://www.start.umd.edu/pubs/START\\_LessonsLearnedfromMentalHealthAndEducation\\_MentalHealthSummary\\_Oct2015.pdf](https://www.start.umd.edu/pubs/START_LessonsLearnedfromMentalHealthAndEducation_MentalHealthSummary_Oct2015.pdf).

mobilizing communities.<sup>59</sup> Community members may need basic guidance on how to identify signs of VERLT and when and where to report such concerns.<sup>60</sup>

Steps have been taken across the OSCE area to address these specialized needs. For example, the **VINK (Knowledge – Integration – Copenhagen) centre in Copenhagen** provides teachers, social workers, and other municipal employees who are in contact with those most vulnerable to radicalization to violence with training and advice — including by telephone — on how to handle specific cases effectively. The VINK’s ten experts possess significant experience delivering interventions to and otherwise working with marginalized and vulnerable youth who are showing signs of violent extremist behaviour.<sup>61</sup>

Responding to a gap identified in Sweden’s 2015 national CVE strategy, **the Swedish National Board of Health and Welfare** produced a handbook to support social workers, who are likely to be among the first local practitioners to meet and interact with young people vulnerable to radicalization to violence.<sup>62</sup> The guide advises practitioners to use existing structures and not create new ones. It also underscores the need for practitioners to develop specific knowledge about the behaviour and indicators of such individuals; the locations where violent extremism is most likely to occur; and the symbols, clothes, behaviours, and modus operandi of the relevant violent extremist groups.

In Canada, the Centre for the Prevention of Radicalization Leading to Violence (CPRLV) in Montreal has designed training programmes for judges, school boards, and municipal institutions. The training provides information about VERLT and identifies appropriate responses for professionals who are confronted by individuals showing signs of VERLT.<sup>63</sup>

In the **United Kingdom, the Home Office** has developed guidance for local authorities, practitioners, and professionals involved in Channel panels, including as potential intervention providers. Among other things, the guidance explains “why people may be vulnerable to being drawn into terrorism and describes indicators which may suggest so”; it also provides information on

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59 Hertfordshire Safeguarding Children Partnership (HSCP), “The Role of the Social Worker in Tackling Violent Extremism”, p. 5. [http://hertsscb.proceduresonline.com/pdfs/role\\_sw\\_violent\\_extreme.pdf](http://hertsscb.proceduresonline.com/pdfs/role_sw_violent_extreme.pdf).

60 Anne-Sophie Hemmingsen, *An Introduction to the Danish Approach to Countering and Preventing Extremism and Radicalization*, Danish Institute for International Studies, 2015, <https://www.ft.dk/samling/20151/almindel/reu/bilag/248/1617692.pdf>.

61 City of Copenhagen, “Less Radicalisation through an Effective and Coherent Effort: Recommendations of the Expert Group to Prevent Radicalisation”, August 2015, <https://www.kk.dk/sites/default/files/uploaded-files/Abridged%20version.%20Less%20radicalisation%20through%20an%20effective%20and%20coherent%20effort..pdf>.

62 Swedish Government Communication 2014/15:144, “Actions to Make Society More Resilient to Violent Extremism”, 13 August 2015, <https://www.government.se/contentassets/ef243295e51d4635b4870963b18bfa89/actions-to-make-society-more-resilient-to-violent-extremism-2014-15-144.pdf>.

63 Centre for the Prevention of Radicalization to Violence, *Annual Report: Preventing Radicalization Leading to Violence*.

the support that can be provided to safeguard those at risk of being drawn into terrorism. Sectoral-focused guidance for teachers, social workers, and health care workers has also been designed, with online and other training courses delivered to the relevant practitioners.<sup>64</sup> The investments in P/CVERLT training for social workers and other non-law enforcement professionals involved in the Channel programme was based on the recognition that having a dedicated and specially trained social worker or team to handle VERLT cases produces significant benefits.<sup>65</sup>

In **Finland**, the national government, including in collaboration with local universities, has invested in handbooks and trainings to enhance the competencies of teachers, social and health workers, and other members of municipal-level “Anchor” teams to spot and address concerns about extremist violence.<sup>66</sup>

More broadly, a number of the **EU RAN working groups** provide guidance and training to the different sectors of front-line workers, whose active and informed involvement in referral mechanisms is critical to their ability to assess the needs of identified individuals and deliver tailored interventions to address the vulnerabilities of each individual.<sup>67</sup>

Yet, much of this specialized training on VERLT and P/CVERLT is taking place in environments where the basic institutional capacities of the relevant local agencies or organizations (e.g., social services and mental health agencies) already exist; where there is a history of multiagency collaboration, including between law enforcement and non-law enforcement entities; and where there is a modicum of trust between the local police and the relevant communities. In some OSCE participating States, however, these baseline capacities may be lacking and efforts to develop referral mechanisms for P/CVERLT should take this into account.

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64 On guidance for health and social workers in the United Kingdom, see NHS, “Prevent Training and Competencies Framework”, 2017, <https://www.england.nhs.uk/wp-content/uploads/2017/10/prevent-training-competencies-framework-v3.pdf>; and Hertfordshire, “The Role of the Social Worker”.

65 E-mail interview with a former local PREVENT co-ordinator in the UK, January 2019.

66 Danish Ministry of Immigration and Integration, “Efforts to Prevent Extremism in the Nordic Countries: Mapping”, December 2017, <http://uim.dk/publikationer/efforts-to-prevent-extremism-in-the-nordic-countries/@@download/publication>.

67 Such EU RAN working groups include ones focused on youth, families, and communities; local authorities; and health and social care. See European Commission, Migration and Home Affairs, “RAN Working Groups”, [https://ec.europa.eu/home-affairs/what-we-do/networks/radicalisation\\_awareness\\_network/about-ran\\_en](https://ec.europa.eu/home-affairs/what-we-do/networks/radicalisation_awareness_network/about-ran_en).

For example, such mechanisms generally require some level of community-based mental health capacities that complement the work done in hospitals or private practice by psychiatrists, but these capacities may be limited to non-existent in some countries. Although building such a system takes time and resources, as well as a commitment from the Ministry of Health (or equivalent ministry), steps can be taken in the interim to develop the necessary mental health capacities to support multidisciplinary referral mechanisms. These steps include:

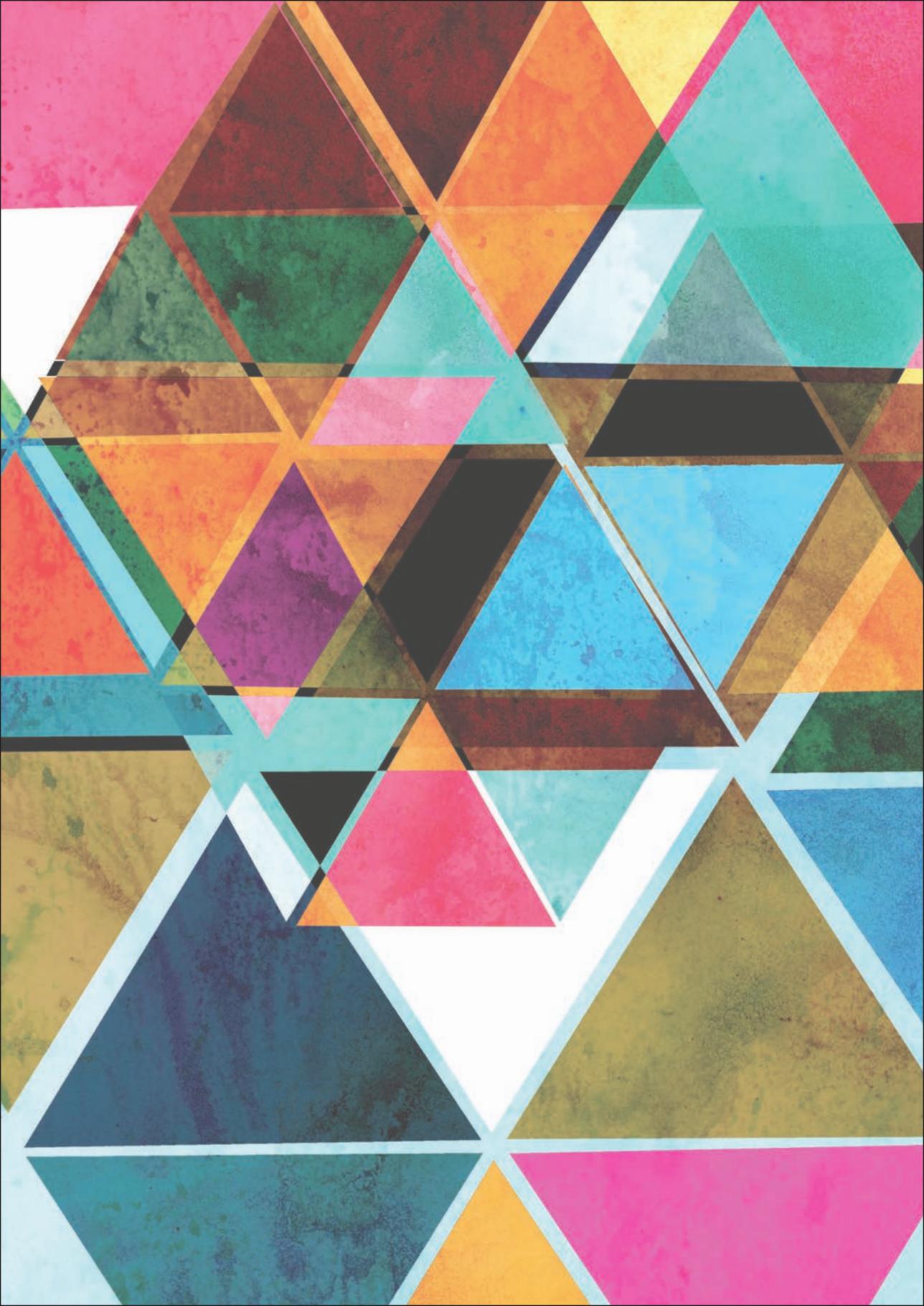
1. Identifying a small team of mental health professionals in a single municipality or creating a mobile unit that could operate across multiple municipalities or an entire region and providing those professionals or that unit with P/CVERLT training and mentoring to conduct out-patient, community-based work; and
2. Building a network of mental health professionals in the region to help identify the relevant mental health vulnerabilities in the community and design and deliver trauma-informed interventions, where appropriate. Trained members of this network could be deployed on an ad hoc basis to support the efforts of a particular mechanism. More in-depth training would be required for those professionals who are willing to assume a leadership role in these teams or mobile units.<sup>68</sup>

Given the above-mentioned stigma surrounding mental health and other psychosocial treatment in some communities and the reluctance of some mental health professionals to participate in P/CVERLT initiatives, any such training may need to be complemented by a community-focused awareness campaign aimed at reducing the stigma. Designing broad-based, community-focused violence prevention programmes that include VERLT as just one among a number of issues to be addressed might also help overcome this reticence.

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<sup>68</sup> Interview with Stevan Weine, Professor of Psychiatry, Director of Global Medicine and Director of the Center for Global Health, University of Illinois at Chicago, October 2018.





# 5. What to consider when developing referral mechanisms

Each referral mechanism for P/CVERLT needs to be carefully designed to take into account the relevant local, cultural, societal, and historical contexts. However, as listed in the accompanying text box and as described in this section of the report, there are a number of critical common elements and issues to consider when developing and operationalizing any such mechanism.

## The path to developing a referral mechanism for P/CVERLT

- ▶ Map the relevant landscape
- ▶ Consider scope and branding
- ▶ Clarify mandate, leadership, roles, and responsibilities
- ▶ Enable effective information sharing
- ▶ Ensure diverse participation
- ▶ Ensure proper strategic direction and policy oversight
- ▶ Integrate gender perspectives
- ▶ Involve civil society
- ▶ Clarify the role of the central government
- ▶ Identify location and frequency
- ▶ Go local
- ▶ Assess resources and costs
- ▶ Include a process for regular independent review

## 5.1 Map the relevant landscape

A mapping of the resources and capabilities of the relevant institutions, organizations, and actors that would be involved in operationalizing a referral mechanism for P/CVERLT should precede any decision to establish such a mechanism. That mapping should also inform the decision as to what form (e.g., municipality- or NGO-led) such a mechanism should take.<sup>69</sup>

Rather than building a referral mechanism from scratch, its designers should identify any existing relevant frameworks, programmes, institutions, relationships, and other capacities. This approach recognizes that, particularly when resources and institutional capacities may be limited and VERLT may not be considered as high a priority within the relevant communities as it is at the national level, creating a stand-alone referral mechanism for VERLT may not be the most efficient and effective way to proceed.<sup>70</sup>

The mapping should include a series of **stakeholder consultations** intended to:

1. Understand the grievances and issues that lead to VERLT; the communities they affect; and the existing community-level awareness of such vulnerabilities. This understanding will help those considering the development of a referral mechanism to identify not only the observable vulnerabilities to VERLT in the relevant communities but also the protective factors that should be strengthened in order to reduce them. Further, this knowledge increases the likelihood that community members will use the mechanism. Typically, despite the desire and efforts to attract referrals from community members, the vast majority come from front-line professionals – usually the police;
2. Identify what P/CVERLT and related interventions, programmes, and services, including any hotlines or helplines, are currently available; how effective they are; and which are available to juveniles and which are for adults;
3. Identify which professionals and members of the community (e.g., social workers, teachers, health care workers, religious leaders, mentors) are best placed to deliver P/CVERLT interventions or services to address the spectrum of vulnerabilities;
4. Identify the relevant local decision makers, politicians, leaders, and persons holding any kind of formal or informal power whose leadership, encouragement, and/or co-operation could play an important role in building support for a referral mechanism within the relevant community;

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69 EU RAN Centre of Excellence, "Handbook on How to Set Up a Multi-Agency Structure that Includes the Health and Social Care Sectors?", Ex Post Paper 18–19 May 2016, [https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation\\_awareness\\_network/ran-papers/docs/ex-post-paper-handbook-ran-hsc-18-19-may-2016-copenhagen-dk\\_en.pdf](https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation_awareness_network/ran-papers/docs/ex-post-paper-handbook-ran-hsc-18-19-may-2016-copenhagen-dk_en.pdf).

70 The United Kingdom, for example, is gravitating to embed the Channel programme into wider, more mainstream processes.

5. Identify the relevant capacities (and willingness) of the interveners or service providers to address the spectrum of vulnerabilities and determine whether they require specialized VERLT training to do so more effectively. This will provide insights as to whether social workers and mental health professionals, for example, might have concerns about dealing with higher-risk individuals and being associated with a heavily securitized topic, and whether and how best to address such concerns;
6. Determine which front-line practitioners, professionals, and organizations might be willing to participate in a referral mechanism that handles VERLT cases, whether as “members” or on an ad hoc basis, and whether they would be willing to participate on a pro bono basis or would require remuneration for this additional work;
7. Assess the existing institutional capacities and programmes and collaborations between the police and non-law enforcement stakeholders, particularly to determine whether VERLT issues could be layered into an existing mechanism or other similar programme, or whether a stand-alone P/CVERLT referral mechanism should be initiated;
8. Determine the extent to which members of the community might use a referral mechanism — including by understanding any incentives or disincentives for doing so (e.g., structure, scope, or branding). In this context, the consultations, which should engage the relevant communities as partners rather than targets, could identify what type of awareness raising or other community-level engagement should complement any efforts to establish a referral mechanism. This might involve, for example, highlighting the comparative advantages of referral mechanisms, which include shifting responsibility for the management of vulnerable youth away from the police and increasing the likelihood that those heading down the path of VERLT are steered in a non-violent direction; and providing basic training to community members about how to identify behavioural signs of VERLT;
9. Identify the existing, relevant legal and policy frameworks, indicating if and how juveniles and adults might be treated differently under them. Such frameworks should include data protection and privacy laws and information-sharing protocols between the police and non-law enforcement agencies and professionals, and be regularly and independently reviewed for compliance with data and privacy protection laws;
10. Determine the local, contextual, and cultural factors that will need to be taken into account when designing a referral mechanism. Such factors might include whether there are stigmas associated with seeking or receiving treatment from mental health or other psychosocial care professionals and the role that community-oriented arts- and drama-based approaches to psychosocial care play in lieu of professional mental health treatment; and

11. Inform decisions about whether to adopt a national or local or other subnational approach to creating any such referral mechanisms and help ensure they are framed and branded (see below) in a manner that will resonate strongly with the communities they are intended to support and whose co-operation they need in order to be effective.

## 5.2 Consider scope and branding

Careful consideration should be given to whether the mechanism should focus on and be framed around the potentially stigmatizing issue of VERLT or include VERLT as one element among a wider set of violence-related and safeguarding concerns to the relevant community. These concerns might include gang violence, suicide, drug abuse, or gender-based violence.

A mechanism narrowly focused on the singular, albeit complex, issue of VERLT may help attract resources and high-level support, given that much of the funding for and political momentum behind prevention- and intervention-driven initiatives comes from the counter-terrorism and broader security community. However, as noted above, **a broader structure focused on different kinds of social issues or on crime prevention more generally, and one that is not framed around the issue of VERLT, has a number of potential benefits that should not be overlooked.** These benefits include:

1. Taking a broader approach reduces the likelihood that those individuals being referred to the mechanism will be tarred with potentially stigmatizing labels such as “violent extremist”, “terrorist”, or “radicalized”;
2. The referred individuals will likely be more willing to volunteer and co-operate, as they can more easily identify the benefits they gain from participating in the programme;
3. Adopting a broader structure lessens the chance that those showing vulnerabilities to VERLT might receive preferential treatment over those showing signs of other forms of violent behaviour;
4. Local, non-law enforcement professionals such as teachers, social workers, and health workers, as well as community leaders, who might have reservations about engaging in a narrowly framed initiative linked to what they perceive to be a national security issue, will be more likely to refer individuals to, share information with, and otherwise participate in a more broadly structured mechanism;<sup>71</sup> and

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<sup>71</sup> EU RAN, “Preventing Radicalisation to Terrorism and Violent Extremism: Approaches and Practices”, 2018 ed., [https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation\\_awareness\\_network/ran-best-practices/docs/creating\\_counter\\_violent\\_extremism\\_infrastructures\\_en.pdf](https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation_awareness_network/ran-best-practices/docs/creating_counter_violent_extremism_infrastructures_en.pdf).

5. Embedding VERLT within a mechanism that addresses a broader set of issues will facilitate the leveraging of existing institutional relationships, resources, and other capacities of the relevant stakeholders. Thus, an integrated approach may allow for more efficient use of resources than one dedicated to P/CVERLT, particularly in a context where there may not be a sufficient caseload to justify the allocation of limited resources to the single issue.<sup>72</sup>

Those involved in developing referral mechanisms that can address vulnerabilities of individuals at risk of VERLT should ensure that such mechanisms, like policies and programmes aimed at P/CVERLT at the local level more broadly, are framed and branded in a way that resonates strongly with local understandings and concerns and not just with those of national governments or international donors. Such an approach is most likely to engender the participation of, support from, and trust of local stakeholders. The use of terms such as “violent extremism”, “radicalization”, “terrorism”, and “P/CVERLT” — while prevalent in inter- and intra-governmental discussions — can alienate communities through the perception that the beneficiaries of P/CVERLT programmes, including referral mechanisms, are a threat to community well-being.<sup>73</sup>

### 5.3 Clarify mandate, leadership, roles, and responsibilities

Given the diversity of stakeholders that will likely be involved in a referral mechanism, it is critical that they share a common understanding of key elements of the mechanism: What is its purpose? What is its focus (e.g., various forms of violence or various forms of VERLT or just a single form of VERLT)? Who will be involved and what will be their respective roles? What will be the oversight and review process, and how will it operate? These elements should be elaborated in a founding charter, terms of reference, series of protocols, or another appropriate and transparent format.<sup>74</sup>

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72 Prevention Project and RUSI, “Workshop on Multi-Disciplinary Thinking and Innovative Action: Collaboration Around the P/CVE Agenda Summary,” Oxford University, 20–21 June 2018, [http://www.organizingagainstve.org/wp-content/uploads/2018/07/31Jul18\\_OxfordSummary.pdf](http://www.organizingagainstve.org/wp-content/uploads/2018/07/31Jul18_OxfordSummary.pdf).

73 Eric Rosand et al., *A Roadmap to Progress: The State of the Global P/CVE Agenda*, Prevention Project and RUSI, September 2018, [http://www.organizingagainstve.org/wp-content/uploads/2018/09/GCCS\\_ROADMAP\\_FNL.pdf](http://www.organizingagainstve.org/wp-content/uploads/2018/09/GCCS_ROADMAP_FNL.pdf).

74 For an example, see the Ottawa MERIT model, founding charter, and terms of reference, <http://globalcommunitysafety.com/sites/default/files/merit-founding-charter-and-terms-of-reference.pdf>.

The **foundational document** should include an organizational chart that makes clear which organization or individual is the lead actor. A lesson learned from across different multiagency and multidisciplinary mechanisms and other relevant programmes is that “one organization should chair and coordinate the process and have final responsibility over the program and outcome”.<sup>75</sup> This organization or individual could, inter alia, co-ordinate the information-sharing process and decision-making about individual cases and have final responsibility over the programme and outcome. Such an organization could be the municipality (e.g., the mayor’s office or a social welfare agency), a national government agency, the local police, or an NGO. In some cases, dedicated “referral officers” have been hired to manage the referral and assessment process;<sup>76</sup> in other cases, funding has been secured by an existing entity to enable it to hire staff to run the mechanism.<sup>77</sup>

The decision on which organization is best placed to lead should be informed by the above-mentioned stakeholder consultations and by which organization is likely to engender the most trust among the relevant professionals, practitioners, and community members.

In addition to identifying a lead organization, consideration should be given to appointing a “case owner” to co-ordinate the individual case, including overseeing the intervention or broader support plan and serving as a dedicated point of contact with the concerned individual, family, and broader community. The case manager will likely vary from one case to another depending on the number and type of cases.

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75 Magnus Ranstorp et al., *Preventing and Countering Violent Extremism: An Initial Rapid Evidence Assessment and Analysis Plan Examining Local Authority Action Plans and Programming Elements*, Swedish Defence University, September 2016, [http://cradpdf.drdc-rddc.gc.ca/PDFS/unc274/p805336\\_A1b.pdf](http://cradpdf.drdc-rddc.gc.ca/PDFS/unc274/p805336_A1b.pdf).

76 See, for example, Namur, Belgium, <https://observatoirevivreensemble.org/en/protocol-for-the-prevention-of-radicalization>.

77 The Canada Centre for Community Engagement and Prevention of Violence, “which leads the Government of Canada’s efforts to counter radicalization”, has provided funding to a number of municipalities across Canada to enable them to add, including with dedicated staff, a P/CVERLT component to an existing referral mechanism with a broader mandate. See <https://www.publicsafety.gc.ca/cnt/bt/cc/index-en.aspx>.

## 5.4 Enable effective information sharing

The effectiveness of referral mechanisms depends in large part on the extent to which they are able to undertake a comprehensive assessment of those individuals who may be deemed to be at risk of VERLT.<sup>78</sup> Multiple actors may have relevant information on a single individual, and that information should be reviewed as part of an assessment and included when designing an intervention or support plan. However, different professional and ethical frameworks and goals may make information sharing difficult. Some actors may be reluctant to share information with agencies and organizations with which they do not typically co-operate and/or with which they have no legal basis for co-operation (e.g., the police); they may also have concerns about violating the privacy or data protection rights of the concerned individual. The right to privacy is enshrined in human rights law, and data collection and storage must abide by certain important principles and operate within certain parameters.<sup>79</sup> Similarly, the police may be reluctant or unable to share information with actors, whether governmental or non-governmental, that do not traditionally have access to sensitive, let alone classified, information.

As such, the adoption of clear guidelines, protocols, agreements, and oversight and independent review processes and other frameworks to facilitate the sharing of knowledge, expertise, and appropriately protect information will enable the team to assess the individual case together effectively and safely.<sup>80</sup> These frameworks can help protect individual and data privacy and allay concerns that the police, if involved, might use information shared with the team for intelligence gathering and law enforcement purposes. Frameworks can clearly define the limited instances when information on an individual case can be referred to the police (e.g., when there is a risk of imminent harm).<sup>81</sup> Providing such clarity, as well as maintaining referral mechanism case files in databases that are separate from ones used by the police for criminal investigations, will likely increase the willingness of members of the community to refer

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78 Marije Meines, *Local Strategy: Elements of an Effective Local Action Plan to Prevent Radicalisation and Violent Extremism*, EU RAN Centre of Excellence, 2017, [https://www.cidob.org/content/download/67479/2055336/version/3/file/99-104\\_MARIJE%20MEINES.PDF](https://www.cidob.org/content/download/67479/2055336/version/3/file/99-104_MARIJE%20MEINES.PDF).

79 OSCE, *OSCE Guidebook on Intelligence Led Policing*, TNTD/SPMU Publication Series, vol. 13, July 2017, <https://www.osce.org/chairmanship/327476>.

80 For an example of such guidelines, see Office for Security and Counter-Terrorism, Home Office, HM Government, *Channel: Protecting Vulnerable People from Being drawn into Terrorism*, Annex A, October 2012, <https://www.npcc.police.uk/documents/TAM/2012/201210TAMChannelGuidance.pdf>. Also see Hemmingsen, Introduction to the Danish Approach to Countering and Preventing Extremism, p.15. Information sharing among the police, schools, and social service agency — the three pillars of the locally led referral mechanisms in Denmark — is regulated by §115 of the Danish Administration Justice Act, which stipulates “that authorities can share information about an individual if necessary to cooperation in crime prevention or to cooperation between the police, the social services and social psychiatry and mental health authorities in their efforts to help socially vulnerable individuals. Information may not, however, be shared for the purposes of criminal investigations”.

81 EU RAN Centre of Excellence, “Handbook on How to Set Up a Multi-Agency Structure”.

individuals to the mechanism while encouraging non-law enforcement practitioners and professionals to participate.

Additionally, and as recognized by the EU RAN, any such framework could help “distinguish genuinely classified information from sensitive information that might be shared with some prudence.”<sup>82</sup> Although the former cannot be shared with non-law enforcement members of the team (unless they have the necessary security clearances), the latter information could be passed on under the right circumstances. For example, it could be made sufficiently general — but still useful — to be shared with non-law enforcement members without compromising the sensitivity of the underlying data or hindering co-operation among the members of the mechanism.<sup>83</sup>

### 5.5 Ensure diverse participation

Existing referral mechanisms across the OSCE area that handle VERLT cases vary in many ways, including in their composition, although NGOs and other civil society actors are usually involved. A broad range of agencies, organizations, practitioners, and professionals are likely to be involved (e.g., mental health professionals, social workers, teachers, faith-based groups, youth workers, and sometimes the police), as well as participants representing varied backgrounds and skill sets. Because this diversity may involve bringing together organizations, professionals, and practitioners that are not used to sharing information or otherwise collaborating, new channels of communication or information-sharing protocols may need to be put in place. In addition, all participants should be invested, to some degree, in the relevant strategic P/CVERLT framework, whether at the national or subnational level. For non-security actors, this might involve becoming privy to restricted information to make them fully aware of the relevant security and other threats and risks. According to the EU RAN, actors “need to know what risk they carry [by becoming involved in the mechanism] and what the impact of not addressing it [i.e., the threat or risk] would be.”<sup>84</sup>

Depending on the number of actors that are interested in and capable of participating in the mechanism — and depending on available resources —

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82 EU RAN, “Common P/CVE Challenges in the Western Balkans and European Union”, April 2018, p. 8, [https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation\\_awareness\\_network/ran-papers/docs/ran\\_policy\\_practice\\_common\\_pcve\\_challenges\\_sofia\\_04042018\\_en.pdf](https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation_awareness_network/ran-papers/docs/ran_policy_practice_common_pcve_challenges_sofia_04042018_en.pdf).

83 EU RAN Centre of Excellence, “Handbook on How to Set Up a Multi-Agency Structure”.

84 EU RAN Centre of Excellence, “Developing a Local Prevent Framework and Guiding Principles”, policy paper, November 2016, p. 9, [https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation\\_awareness\\_network/ran-papers/docs/policy\\_paper\\_developing\\_local\\_prevent\\_framework\\_guiding\\_112016\\_en.pdf](https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation_awareness_network/ran-papers/docs/policy_paper_developing_local_prevent_framework_guiding_112016_en.pdf).

consideration could be given to limiting membership to a small number of stakeholders that are more likely to have broad institutional interests in the initiative. These might include the municipality, police, and social welfare and mental health workers. Other actors, such as teachers, mentors, youth workers, CSOs, and parents, could be involved on an ad hoc basis.<sup>85</sup>

Beyond these stakeholders, consideration could also be given to developing a network of intervention or service providers. This might comprise professionals, agencies, and/or organizations that although not officially part of the mechanism, have indicated a willingness to treat or otherwise provide support to individuals referred from the mechanism.

## 5.6 Ensure proper strategic direction and policy oversight

Given the diversity of agencies and organizations likely to be involved in a referral mechanism, often with different institutional and policy priorities and limited (at best) histories of multiagency or multistakeholder co-operation and collaboration, there may be a need to form a committee or group (e.g., a steering board) to establish and maintain the strategic direction of the mechanism. This team, which could include senior representatives from those entities most actively involved in the mechanism, as well as relevant intervention providers, could serve multiple purposes. These include:

1. Ensuring that the mechanism is operating in a manner consistent with any foundational documents and remains aligned with the relevant national and local strategic frameworks;
2. Engaging with relevant policymakers, legislators, practitioners, and members of the community to help ensure the necessary legal, political, budget, and community support for the mechanism;
3. Identifying and mobilizing resources to ensure the sustainability of the mechanism;
4. Addressing any information-sharing or co-ordination challenges among those involved in the operation of the mechanism; and
5. Overseeing periodic evaluations of both the mechanism's process and its outputs and outcomes, to include an independent assessment of potential human rights impact.

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<sup>85</sup> Ranstorp et al., "Preventing and Countering Violent Extremism".

## 5.7 Integrate gender perspectives

There is broad international consensus that terrorism and VERLT are gendered phenomena and are often experienced differently by men and women, and boys and girls.<sup>86</sup> Males and females can be attracted to terrorism and violent extremism for different underlying reasons and can perform different roles within terrorist organizations. Tactics to recruit women and men can differ. More broadly, the role of gender and identity-related issues can have a strong impact on trajectories of radicalization to violence.<sup>87</sup> This creates an imperative for measures designed to prevent and counter terrorism and VERLT, including referral mechanisms, to integrate a gender perspective.<sup>88</sup> The GCTF has underscored this point, recommending that “CVE efforts should pay attention to the gender of participants, and the social norms and societal expectations associated with belonging to a particular gender in their societies. Paying attention to the ways that gender norms shape people’s lives is likely to improve CVE programming aimed at women, and it is likely to add a dimension of understanding and responsiveness to CVE programming aimed at men as well.”<sup>89</sup>

Integrating a gender perspective into referral mechanisms that handle VERLT cases might involve:

1. Ensuring the appropriate gender balance among the professionals and practitioners participating in the mechanism, whether as members or on an ad hoc basis. This gender balance should be reflected throughout the referral mechanism process, including when assessing risk and the design and delivery of the appropriate intervention or wider support plan;
2. Understanding the gender dynamics of radicalization to violence, including the differences of why girls/women radicalize to violence compared to boys/men and the need to counteract stereotypes

86 OSCE and ODIHR, “Recommendations and Findings: Gender Mainstreaming in Operational Responses to VERLT”, 22–23 November 2016, <https://www.osce.org/secretariat/305056?download=true>.

87 EU RAN Centre of Excellence, “Developing a Local Prevent Framework”, p. 14.

88 For a discussion of gender dynamics of and the role of women in VERLT and P/CVERLT, see, for example, Irene Ndung’u and Motheba Shadung, “Can a Gendered Approach Improve Responses to Violent Extremism?”, Institute for Security Studies, September 2017, <https://issafrika.s3.amazonaws.com/site/uploads/aitwr-5.pdf>; Ifat Idris with Ayat Abdelaziz, “Women and Violent Extremism: Helpdesk Research Report”, GSDRC Help Desk Research Report, 2017, [http://www.gsdrc.org/wp-content/uploads/2017/05/HDR\\_1408.pdf](http://www.gsdrc.org/wp-content/uploads/2017/05/HDR_1408.pdf); Emily Winterbotham and Elizabeth Pearson, “Different Cities, Shared Stories: A Five-Country Study Challenging Assumptions around Muslim Women and CVE Interventions”, *RUSI Journal*, 30 November 2016, <https://rusi.org/publication/rusi-journal/different-cities-shared-stories-five-country-study-challengingassumptions>; and Naureen Choudhury Fink, Sara Zeiger, and Rafia Bulai, *A Man’s World: Exploring the Roles of Women in Countering Terrorism and Violent Extremism*, Hedayah and Global Center on Cooperative Security, April 2016, [http://www.globalcenter.org/wp-content/uploads/2016/07/AMansWorld\\_FULLL.pdf](http://www.globalcenter.org/wp-content/uploads/2016/07/AMansWorld_FULLL.pdf).

89 GCTF, *Good Practices on Women and Countering Violent Extremism*, 29 March 2016, p. 2, <https://www.thegctf.org/Portals/1/Documents/Framework%20Documents/A/GCTF-Good-Practices-on-Women-and-CVE.pdf>. For a discussion of the impact that women can have on P/CVERLT interventions, see, for example, OSCE, *The Role of Civil Society in Preventing and Countering Violent Extremism and Radicalization that Lead to Terrorism: A Focus on South-Eastern Europe*, 2018, pp. 28–30, <https://www.osce.org/secretariat/400241?download=true>.

around gender, such as the link between hypermasculinity and violence;

3. Developing or relying on gender-specific factors to help determine who is at risk of or vulnerable to VERLT, and developing gender-sensitive interventions or wider support plans to address the identified risks and vulnerabilities;
4. Being sensitive to cultural settings such as girls or young women not wanting to be left alone with a male professional; and
5. Involving and engaging mothers and fathers, including through awareness raising and other training, on how to identify and address radicalization.

## 5.8 Involve civil society

With few exceptions, NGOs and other civil society actors play a significant role in the different types of referral mechanisms across the OSCE area that handle VERLT cases. In some cases, NGOs manage the mechanism—as is the case with the Organization for the Prevention of Violence and the CPRLV in Edmonton and Montreal, respectively, and with Boston Children’s Hospital<sup>90</sup> and the University of Denver<sup>91</sup> in the United States. Some NGOs are integral partners in the mechanism (e.g., United Way in Toronto), whereas others provide counseling or other intervention and support services (e.g., Hayat and the Violence Prevention Network in Germany).

The active involvement of civil society should come as little surprise given CSOs’ broader contributions to preventing VERLT and their access to and credibility and legitimacy in communities where feelings of marginalization and alienation are the highest. As underscored in the OSCE’s guidebook *The Role of Civil Society in Preventing and Countering Violent Extremism and Radicalization that Lead to Terrorism: A Focus on South-Eastern Europe*, “civil society actors are often well positioned, credible and experienced in working with specific groups to help identify and address the grievances that make individuals more vulnerable to the influence of violent extremist groups.”<sup>92</sup>

90 Eric Rosand et al., *A Roadmap to Progress: The State of the Global P/CVE Agenda*, Prevention Project and RUSI, September 2018, p. 17, <http://www.organizingagainstve.org/roadmap-progress-state-global-p-cve-agenda/>.

91 University of Denver, Colorado Resistance Collaborative, <https://www.du.edu/gssp/resilience-collaborative/about.html>.

92 OSCE, *Role of Civil Society in Preventing and Countering Violent Extremism*, p. 10, <https://polis.osce.org/index.php/role-civil-society-preventing-and-countering-violent-extremism-and-radicalization-lead-terrorism>.

The precise role civil society actors play in any given mechanism will be context-specific and depend on a number of factors, including their current P/CVE contributions and their capacity and willingness to participate in the referral mechanism. Key questions to ask to determine their role and capacity include:

1. Is civil society implementing P/CVE initiatives relevant to the objectives of the mechanism? These might include psychosocial counseling; raising awareness of vulnerabilities to VERLT among teachers, parents, and other members of the community, and teaching them how to identify those vulnerabilities; implementing arts, drama, and sports programmes for and otherwise engaging with vulnerable youth; and running community dialogue initiatives aimed at building trust between the police and citizens who have historically been suspicious of law enforcement;
2. Are there existing civil society-led initiatives into which a referral mechanism could be integrated?
3. Are there interventions or other types of support that may be needed to address an individual's vulnerabilities to VERLT that civil society actors are better positioned to provide than government actors are?
4. Are there CSOs or NGOs that have strong ties to both government and the relevant local communities? and
5. Are there CSOs or NGOs that have the capacity and resources to provide the “backbone” support (e.g., administrative help, training, and quality control) to referral mechanisms across the relevant country?

### 5.9 Clarify the role of the central government

Referral mechanisms tend to operate at the local level — which in many cases is where most of the non-crime, prevention, and intervention capacities lie — often with significant involvement of the municipal or other subnational authority. Although such mechanisms are rarely led by national-level actors, the national government nevertheless can play an important role in both creating and sustaining such platforms, with the extent of the central government's involvement depending in part on the level of decentralization in the country.

The role of the national government can include:

- Underscoring in any relevant national strategy or action plan the government's commitment to referral mechanisms — and P/CVERLT interventions more broadly — that work with individuals *before* they cross the line to violence or other criminality, making it clear that such interventions form an essential component of a comprehensive national P/CVERLT strategy;

1. Enunciating a series of principles that referral mechanisms should adhere to, drawing on international lessons learned, while giving municipalities and other local actors the discretion to implement those principles in a manner that takes into account the capacities and needs of the relevant communities;
2. Ensuring that the necessary data protection and privacy laws and independent oversight or other accountability mechanisms are in place and in accordance with international human rights law that guarantees the right to privacy. Taking other appropriate steps to enable effective and efficient information sharing among agencies, practitioners, and professionals involved in any referral mechanisms;
3. Ensuring that any national P/CVERLT co-ordination mechanism includes national and municipal officials, from both law enforcement and non-law enforcement agencies, as well as representatives from civil society;
4. Encouraging and facilitating, including through awareness raising and training, the participation in the referral mechanisms of key, non-law enforcement actors, who might include social workers, mental health professionals, and teachers;
5. Allocating resources to support the sustainability of referral mechanisms, which will help minimize the need to rely on international donor funds and increase the sense of national and local ownership over the mechanisms;
6. Enabling the sharing of lessons learned among different mechanisms, and encouraging, where appropriate, their replication within the country; and
7. Ensuring that the necessary legal and policy frameworks are in place to allow for tailored interventions to prevent VERLT to include regular independent review for potential human rights impact and other unintended effects.

In 2018, the GCTF encouraged governments to “review and revise their domestic legal frameworks, as appropriate, to ensure that tailored interventions, such as referral mechanisms . . . for at-risk individuals, may be developed and implemented.”<sup>93</sup> It is important that when governments take these steps, they ensure that their legal frameworks are in full compliance with international human rights law. National governments should also look to strike the appropriate balance between national leadership and local ownership and avoid being perceived as imposing a framework from the capital down to localities. For example, in a centralized governance system such as that of the United Kingdom, it may be appropriate for the national government to legislate the creation of a nationwide network of local referral mechanisms; provide

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93 GCTF, *Initiative to Address Homegrown Terrorism*.

national guidance to the local authorities, practitioners, and professionals charged with managing and participating in them; and impose a legal duty on government health workers and teachers to refer individuals they deem vulnerable to being drawn into terrorism. But such an approach may not be the most effective way to proceed in less centralized systems or in conflict-prone or conflict-sensitive environments.

### 5.10 Identify location and frequency

The location of the mechanism and the frequency with which its members meet to review and assess individual cases and develop and monitor tailored interventions are likely to depend on a number of factors. These include the number of cases, existing resources, and other capacities of those involved in the mechanism, as well as the levels of trust that the members of the mechanism have within the relevant communities.

In some instances, such as in cities in Finland, the team — which includes the police, social workers, and, on occasion, youth workers and psychiatric nurses — work together on a daily basis in a shared office space, which is typically a police station.<sup>94</sup> In other instances, such as in some local programmes in Belgium, Canada, and Denmark, the members of the team work for their separate organizations but come together at a shared table, including at the municipality, a youth centre, or other “neutral” space, on a periodic (e.g., weekly, monthly, or quarterly) or as-needed basis to review cases. Particularly where the institutional or individual members of the mechanism are unfamiliar with one another, regular face-to-face meetings can help build the trust that will be critical to effective co-operation around the handling of individual cases.

### 5.11 Go local

Another important issue that those developing referral mechanisms will need to consider is the geographic reach of the programme. For example, if a programme is established at the municipal level, should mechanisms be set up in municipalities across the entire country or only in those locations where the threat of VERLT is perceived to be the highest, where there are existing platforms

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<sup>94</sup> EU RAN, “Collection of Approaches and Practices”, 2018, p. 561, [https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation\\_awareness\\_network/ran-best-practices/docs/ran\\_collection-approaches\\_and\\_practices\\_en.pdf](https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation_awareness_network/ran-best-practices/docs/ran_collection-approaches_and_practices_en.pdf).

(e.g., security or youth committees) to be leveraged, and/or where municipalities (and international donors) possess the political will and resources to support the programme?

One option to consider is the approach being taken in the Canadian province of British Columbia, where some uncertainty surrounds the volume of potential referrals. Rather than setting up standing mechanisms in different cities across the province, a single programme (“Shift”) is being established within the provincial government; that programme will work with municipalities on an as-needed basis to connect individuals who may be at risk of adopting violent ideologies with local counseling, social services, or other tools.<sup>95</sup> This approach might have some appeal where resources and capacities are limited and the expected caseload may not warrant investing in standing mechanisms in different parts of the country, state, or province.

Similar issues will need to be addressed if the NGO-led or public-private partnership model is chosen. For example, does an NGO have the capacity, legitimacy, and trust within local communities to work across an entire country or only in certain parts of it? If the latter, how should those parts be selected? With the latter model, is there a consortium or network of NGOs that could work with the national government to allow the mechanism to reach the entire country?

Among the reasons why these questions are important are that a geographically limited approach may increase the likelihood that certain communities either may feel singled out, stigmatized, and targeted or may feel aggrieved that they are unable to benefit from services being offered to neighboring communities. In general, an overly localized approach — particularly when compared with a centralized one that blankets an entire country — may place too much significance on where an individual lives, rather than on what he or she needs, when determining if the individual is showing vulnerabilities to VERLT that could be addressed by a referral mechanism.

In addition, if individual municipalities take the lead in developing such mechanisms (whether on a limited or countrywide basis), in order to achieve some level of consistency across the country, steps will have to be taken to facilitate the sharing of lessons learned among municipalities and to ensure that those involved in them receive the necessary specialized training. As noted above, these are roles that the central government could usefully play.

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<sup>95</sup> Government of Canada, “Projects Funded from 2017–2018, Call for Proposals”, <https://www.publicsafety.gc.ca/cnt/bt/cc/fpd-en.aspx>.

## 5.12 Assess resources and costs

The resources required and costs associated with developing P/CVERLT referral mechanisms will likely depend on a variety of factors. These include, for example:

1. Whether VERLT issues are being layered into an existing programme or whether a stand-alone mechanism to address vulnerabilities for VERLT is contemplated;
2. The nature and extent of existing institutional capacities and professional expertise. This will affect the extent to which the new mechanism can draw on existing administrative capacities (including office space and staff) to manage the programme; whether the members of the mechanism will require specialized VERLT training, including on how to assess vulnerabilities to VERLT; and the extent to which participation in the mechanism by professionals and practitioners would be considered part of their regular job or whether they would need to be compensated for their time by the entity overseeing the programme; and
3. The types of interventions that the mechanism might offer, which could range from counseling to job training, arts- or drama-based therapy, and sports programmes, and which could include a small-grants project component.

In those countries where it is envisaged that mechanisms will be needed across multiple communities or municipalities, consideration should be given to creating and relying on a single “backbone” organization — either governmental or non-governmental — to administer and provide support to the different mechanisms across the country.<sup>96</sup> Such support could include awareness raising, training, development of information-sharing and other protocols, case management, quality control, monitoring and evaluation, and grant management.

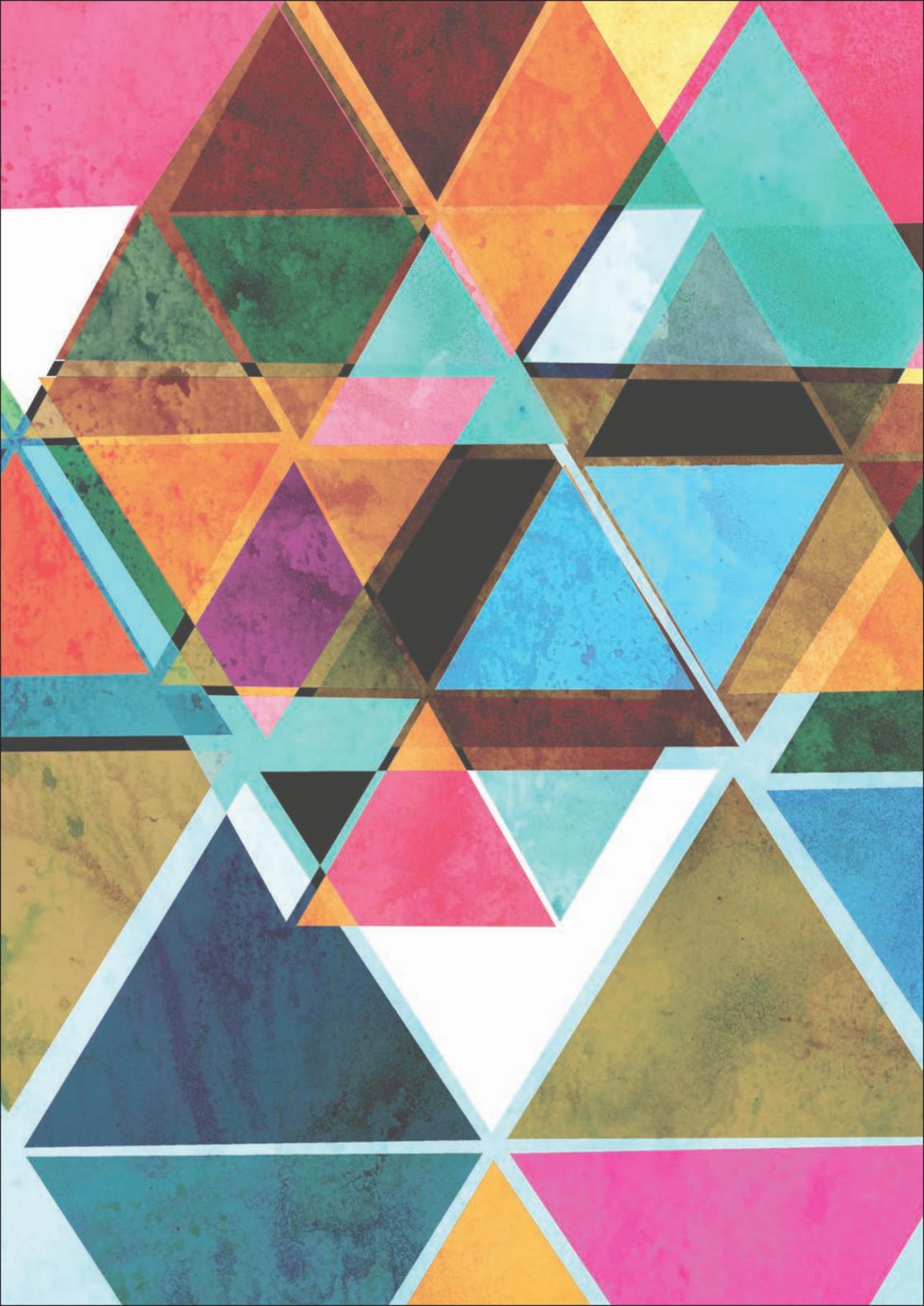
## 5.13 Include a process for independent review

There should be an independent external review process that seeks to identify any potential human rights risks associated with such activities, including potential stigmatization of specific ethnic or religious groups, and the violation of rights to privacy, expression, and religion.

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<sup>96</sup> Examples of where this approach has been followed include the MERIT (Multi-Agency Early Risk Intervention Tables) Secretariat, which supports “situation tables” across Ottawa and its surrounding municipalities (see <http://globalcommunitysafety.com/sites/default/files/merit-governance-chart.pdf>), and the FOCUS (Furthering Our Community by Uniting Services) Coordination Team, which supports four such tables across greater Toronto (see <https://www.toronto.ca/community-people/public-safety-alerts/community-safety-programs/focus-toronto/>).





# 6. Key elements of the referral mechanism process

There is no one-size-fits-all approach to the development or implementation of referral mechanisms, which come in different shapes and sizes and often use different terminology. Nevertheless, as listed in the accompanying text box and as described in this section of the report, there are some basic components to the referral mechanism process that most programmes share and some basic questions that each mechanism needs to answer.

## Key elements of the referral process

1. **THE REFERRAL**
  - a. Avenues: online, hotline, in-person
  - b. Awareness raising
  - c. Voluntary nature

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2. **ASSESSMENT OF RISKS AND VULNERABILITIES**
  - a. How to assess?
  - b. Who to assess?

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3. **APPOINTMENT OF CASE OWNER**

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4. **DEVELOPMENT OF INTERVENTION OR BROADER SUPPORT PLAN**
  - a. What types?
  - b. Who implements?

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5. **MONITORING AND EVALUATION**

## 6.1 The referral

There are a variety of ways in which an individual of concern can be brought to the attention of a referral mechanism. In some cases, a front-line professional, such as a police officer or a social, health, or youth worker, will make the referral. In other cases, a referral will be made by a family member, peer, member of the individual's social network, teacher, or religious or other community leader. Stakeholders should understand how and where they should pass along their concerns. A referral mechanism must thus raise awareness among stakeholders of its purpose and mandate, how to access it, and the services it offers. Particular care must be taken in designing such mechanisms to ensure that they do not lead to overreporting or to stigmatization, and that they do not undermine trust between local authorities and communities.

### 6.1.1 Avenues: online, hotline, in-person

A significant number of referrals tend to come via the police or other front-line professionals — often despite hopes among those involved in the mechanism of attracting referrals from members of the community. To facilitate referrals from the community, a mechanism should offer multiple avenues to allow different stakeholders to refer, anonymously if necessary, individuals showing behavioural or other observable signs of being at risk of, vulnerable to, or on the path to VERLT.

Such avenues might include organizers or leaders in sports clubs or religious or other community centres, or front-line professionals such as teachers or youth or social workers. Community members and professionals alike could be given the opportunity to make referrals via an online referral form available on a dedicated website that allows concerned stakeholders to provide information, anonymously, if necessary (an example of an online referral form is given in the accompanying text box).

#### An example of a referral form

The online form on the dedicated website of ReDirect – Calgary ([www.redirect.cpsevents.ca/make-a-referral/](http://www.redirect.cpsevents.ca/make-a-referral/)) provides the following information:

*Your referral is completely confidential and any information you give us will be accessible only to the ReDirect program. It is not shared with law enforcement or intelligence agencies unless there is a direct risk to public safety (which is very rare), in which case we are obliged to co-operate with law enforcement investigators.*

*If you wish, your referral can be anonymous to the person you are referring, however we will still need to collect your contact information so we can contact you if we need more information.*

*Following your referral, we will assess the information you have provided and will contact the person you are referring.*

Another avenue might be a phone hotline with its own dedicated number, operated by a municipality, government agency, or an NGO.

Many OSCE participating States have general crime prevention hotlines, with a growing number (such as Austria, Canada, Denmark, France, Germany, and Luxembourg) having put in place dedicated helplines for potential VERLT cases.<sup>97</sup> Depending on the demand, a double-pronged approach that consists of a government-run and an NGO-run hotline might be appropriate, catering both to those people who feel more comfortable contacting a government hotline and to those who prefer speaking to a non-governmental, community-led one.

#### An example of a hotline

The Austrian Extremism Information Centre was established in December 2014 and is operated by bOJA, the Federal Network for Open Youth Work. It is staffed by a six-person multidisciplinary and multilingual team. The hotline provides advice and referral to family counseling, youth workers, and employment services, and also offers face-to-face counseling. It is open between 10 am and 3 pm on weekdays.

Depending on the available resources and expertise and other capacities — and the structure of the referral mechanism — the hotline operator (who should be appropriately trained) could simply take down the information shared on the call and pass that to the referral mechanism team that is charged with reviewing individual cases. Alternatively, he or she could conduct an initial assessment, based on the information shared on the phone, and, where appropriate, pass the case to the relevant intervention or other service provider for follow-up.

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97 EU RAN Centre of Excellence, "Working with Families and Safeguarding Children from Radicalization: Step-by-Step Guidance Paper for Practitioners and Policy-makers", 2–3 February 2017, [https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation\\_awareness\\_network/about-ran/ran-h-and-sc/docs/ran\\_yf-c\\_h-sc\\_working\\_with\\_families\\_safeguarding\\_children\\_en.pdf](https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation_awareness_network/about-ran/ran-h-and-sc/docs/ran_yf-c_h-sc_working_with_families_safeguarding_children_en.pdf).

Before setting up a **hotline**, a number of issues should be considered. These include:

1. Are there existing hotlines (e.g., hotlines focused on crime prevention, trafficking in persons, or child welfare) that could be leveraged?
2. Should the new hotline be nationwide or local?
3. Should the hotline be available at all times (on a 24/7 basis) or operate only during regular business hours?
4. Should it be possible to receive anonymous calls?
5. Who should answer the calls? To build community trust in the programme, the hotline should probably operate outside of law enforcement or other security structures, and thus the calls should not be answered by a police officer;
6. Should the operator conduct an initial assessment, including when there is an immediate security threat, or simply take down the relevant information?
7. Under what circumstances, if any, should the operator refer the call to the police? What type of expertise should the operator(s) have, and what kind of specialized training should be required before being able to answer calls? and
8. What intervention or other structures should connect to the hotline?

As explained in the OSCE community-policing guide for P/CVERLT, although “it may be beneficial to make a referral as widely accessible as possible, there is a risk of overwhelming the mechanism with a high number of referrals, most of which may turn out to be unwarranted. It is, therefore, critical to empower those expected to make use of the referral mechanism to understand the threat of VERLT, question their assumptions and stereotypes, and recognize what reliable conjunction of factors points toward a risk of violent radicalization.”<sup>98</sup>

Regardless of the method by which referrals are made, those involved in designing a mechanism should not only allow for them to be made anonymously but also take into account the need to mitigate any security concerns that individuals might have when referring someone involved in an extremist social network and who might be on the path to VERLT. Such concerns, unless addressed, might inhibit community members from making referral in the first place.

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98 OSCE, *Preventing Terrorism and Countering Violent Extremism*.

## 6.1.2 Awareness raising

Efforts to develop a referral mechanism should include an awareness-raising campaign focused on the relevant communities and other key stakeholders such as social workers, teachers, and health professionals who might be reluctant to participate in the initiative. Such a campaign could include online resources, including FAQ sheets and videos, as well as trainings and public forums.

Depending on the contours of the mechanism, such an awareness-raising campaign might provide information regarding:

1. The purpose of the initiative (e.g., to create more opportunities for early interventions that steer vulnerable individuals off the path toward VERLT or other forms of violence);
2. The types of support available through the mechanism;
3. The voluntary nature of the programme and the fact that in cases involving juveniles, the consent of a parent or guardian is likely to be required before the mechanism can engage with the referred individual;
4. How the mechanism deals not only with all forms of VERLT but also with multiple safeguarding concerns more broadly;
5. How the programme prevents the names of those referred being placed on criminal databases, and other steps the programme takes to mitigate the risk that referrals do not pre-emptively criminalize (or cast suspicion on) referred individuals;<sup>99</sup> and perhaps most importantly
6. Education, including programmes tailored to different stakeholders (e.g., teachers, social and health workers, families, and civil society) about the observable, non-discriminatory warning signs that an individual may be at risk of or on the path toward VERLT.<sup>100</sup>

Establishing trust within local communities (and among local practitioners, professionals, and others who will be relied on to deliver the P/CVERLT intervention) should be a core objective of these awareness-raising efforts. The more trust that exists, the more likely that citizens will contribute to

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99 Talene Bilazarian, *Countering Violent Extremism: Lessons on Early Intervention from the United Kingdom's Channel Program*, Program on Extremism at George Washington University, October 2016, p. 8, <https://extremism.gwu.edu/sites/g/files/zaxdzs2191/f/downloads/Channel%20CVE%20UK.pdf>.

100 For example, the EU RAN Centre of Excellence's 2018 collection of approaches and practices in P/CVERLT recommends that different agencies "be provided with awareness-raising training and education material. These training resources should clearly identify and articulate the threat of radicalisation, and set out approaches and models of working with individuals from the perspective of various agencies across sectors. Some level of training specific to counter radicalisation needs to be provided to all actors involved, from senior management to front-line workers. Access to tool-kits and manuals that provide a framework for assessing and responding to the needs of at-risk individuals is often an important aid." See EU RAN, *Collection of Approaches and Practices, Preventing Radicalisation to Terrorism and Violent Extremism: Training for First-Time Practitioners*, p. 5, [https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation\\_awareness\\_network/ran-best-practices/docs/creating\\_counter\\_violent\\_extremism\\_infrastructures\\_en.pdf](https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation_awareness_network/ran-best-practices/docs/creating_counter_violent_extremism_infrastructures_en.pdf). France's Interministerial Committee for the Prevention of Crime and Radicalization (CIPDR), for example, provides radicalization awareness raising training to businesses, professional associations, teachers, mental health professionals, and social workers, among others.

and otherwise co-operate with the referral mechanism, reassured that their engagement “will result in positive and not punitive outcomes”.<sup>101</sup>

### 6.1.3 Voluntary nature

Relevant community members and institutions should be encouraged to refer individuals, where appropriate, to the mechanism, and those individuals should be encouraged (and incentivized) to take advantage of the interventions or other support plans offered by the programme. Rather than imposing a legal duty to refer, the mechanism should emphasize the voluntary nature of referrals from professionals, practitioners, and other community members (except in cases involving minors where the state and/or certain professions, such as teachers and social and health workers, might have a legal obligation to safeguard or otherwise protect an individual).

The participation of an individual, once referred, including whether he or she receives any recommended intervention or broader support package, should remain consensus-based as opposed to legally mandated. Where the referred individual is a juvenile, consent of a parent or guardian is likely to be required in order for him or her to be assessed and receive any intervention via the mechanism. A non-coercive approach for a mechanism operating in the non-criminal space is important for a number of reasons:

1. Only a small number of individuals are likely to present the kind of vulnerabilities that justify a referral reporting, and imposing a legal duty on government institutions to report individuals deemed to be vulnerable to VERLT could lead to an overreporting of false positives driven by concern about failing to report someone who then commits a crime. False positives can have a negative impact on the lives and families of individuals reported, and an abundance of false positives can undermine the credibility of a program;
2. Mandatory reporting could result in overreporting that risks alienating certain segments of the community whose co-operation and trust is critical to the effectiveness of the mechanism;<sup>102</sup>
3. Imposing on public officials a specific legal duty to report suspicious behavior risks creating environments that inhibit freedom of speech (e.g., in the classroom)<sup>103</sup> or erode the willingness of an individual to share

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<sup>101</sup> GCTF, *Initiative to Address Homegrown Terrorism*, Good Practice 4.

<sup>102</sup> Anne-Lynn Dudenhoefer, “Resisting Radicalisation: A Critical Analysis of the UK Prevent Duty”, Centre for Criminology, University of Oxford, blog, 18 Sep 2017, <https://www.law.ox.ac.uk/centres-institutes/centre-criminology/blog/2017/09/resisting-radicalisation-critical-analysis-uk>.

<sup>103</sup> Frank Cranmer, “Freedom of Speech, the Prevent Duty and Higher Education”, *Law & Religion UK*, 5 April 2017, <http://www.lawandreligionuk.com/2017/04/05/freedom-of-speech-the-prevent-duty-and-higher-education/>.

information with a mental health professional or other trusted authority figure such as a teacher; and

4. Requiring people to accept interventions when no crime has been committed risks undermining the effectiveness of the programme, because, for example, unwilling participants are more likely to be unresponsive to the treatment and coercing them into accepting intervention may only harden their views.<sup>104</sup>

## 6.2 Assessment of risks and vulnerabilities

As noted earlier in this guide, referral mechanisms should rely on non-discriminatory risk and needs assessment tools to identify individuals who demonstrate signs of radicalization to violence, including for the purpose of targeting tailored intervention programmes before the individuals commit acts of terrorism. The importance of such tools has been underscored by the UN Security Council, the GCTF, and the EU RAN.

Such a framework, if it draws on multiple sources (e.g., interviews with the referred individual, family members, peers, and teachers; social network observations; and the case files of social, health, or youth workers), can provide a multidimensional and objective evaluation of an individual.

Well-formulated assessment tools can help:

1. To mitigate the potential stigmatization from preventive measures that are perceived to be targeting particular communities or groups, which in turn risk increasing feelings of alienation and marginalization that can fuel radicalization to violence;
2. To determine which interventions are potentially effective and which tailored interventions are appropriate;
3. To ensure that the typically limited available resources for P/CVERLT interventions and other support programmes are targeting the most vulnerable individuals; and
4. To identify protective factors and sources of support.

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104 Daniel Koehler, *Understanding Deradicalization: Methods, Tools and Programs for Countering Violent Extremism* (Routledge, 2016), p. 232.

### 6.2.1 How to assess?

A critical issue for those designing a referral mechanism for P/CVERLT is *how* to assess the risks and vulnerabilities.

There is no shortage of existing tools that have been developed to assess both terrorists and extremist offenders in a prison environment or to screen individuals *already* radicalized to violence for risks and needs.<sup>105</sup> However, there are few tools that focus specifically on violent extremism, and even fewer that have been tested and verified. In fact, violent extremism-related risk assessment is a relatively nascent field that requires further evaluation and learning; risk assessment tools should thus be treated cautiously, particularly in the context of trying to help predict who might become violent.<sup>106</sup>

Among the challenges are that there is no single violent extremist profile nor a single indicator or mix of indicators that proves an individual is radicalizing or radicalized to VERTLT.<sup>107</sup> In fact, research has demonstrated that many different factors make young people vulnerable to VERTLT. These include feelings of exclusion, injustice, and discrimination; lack of access to education or employment; domestic or state violence; and prior petty criminal activity. Key indicators of an individual's path towards VERTLT might include shifts in a person's behaviour, ideology, and/or social network.<sup>108</sup>

A recent comprehensive literature review of relevant risk assessment tools noted additional challenges.<sup>109</sup> These include:

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105 For example, VERA-2 was developed to apply to different types of violent extremists, terrorists, and unlawful violent offenders motivated by religious, political, or social ideologies; it is being used in several countries, generally in post-conviction high-security settings with individuals convicted of extremist violence. The EU RAN Centre of Excellence Returnee 45 model was developed specifically for assessing foreign terrorist fighters as a framework to guide general investigations into the motivation, commitment, and other risk factors that exist in an individual. The United Kingdom developed ERG+22 (Extremism Risk Guidance) for use in its Prevent and Channel Programme, and IR46 is a Dutch tool used for multiagency assessments in "safety houses". TRAP 18 (Terrorist Radicalization Assessment Protocol) exists to track the long-term prognosis of individual actors; and HCR 20 is a commonly used model to assess the risk of violence without a specific focus on extremist violence. For a thorough review of relevant risk assessment tools and the challenges related to applying them to predict VERTLT, see RTI, *Countering Violent Extremism: The Application of Risk Assessment Tools in the Criminal Justice and Rehabilitation Process*, literature review prepared for the First Responders Group at the U.S. Department of Homeland Security, Science and Technology Directorate, February 2018, [https://www.dhs.gov/sites/default/files/publications/OPSR\\_TP\\_CVE-Application-Risk-Assessment-Tools-Criminal-Rehab-Process\\_2018Feb-508.pdf](https://www.dhs.gov/sites/default/files/publications/OPSR_TP_CVE-Application-Risk-Assessment-Tools-Criminal-Rehab-Process_2018Feb-508.pdf). These and similar risk assessment tools have had fairly limited testing and have been criticized by some for trying to predict the unpredictable. See, for example, Rita Augestad Knudsen, "Measuring Radicalization: Risk Assessment Conceptualisations and Practice in England and Wales", *Behavioral Sciences of Terrorism and Political Aggression*, 2018, <https://www.tandfonline.com/doi/full/10.1080/19434472.2018.1509105>.

106 Global Center on Cooperative Security, "Recommendations for the Consideration of the Counter-Terrorism Committee in the Adoption of the 2018 Addendum to the Madrid Guiding Principles", November 2018, p. 3, [https://www.globalcenter.org/wp-content/uploads/2018/11/18Nov28\\_Recommendations-Addendum-Madrid-Principles.pdf](https://www.globalcenter.org/wp-content/uploads/2018/11/18Nov28_Recommendations-Addendum-Madrid-Principles.pdf).

107 Ibid.

108 GCTF, *Initiative to Address the Life Cycle of Radicalization to Violence, Neuchâtel Memorandum on Good Practices for Juvenile Justice in a Counterterrorism Context*, <https://theij.org/wp-content/uploads/English-Neucha--tel-Memorandum-on-Juvenile-Justice.pdf>.

109 RTI, *Countering Violent Extremism: The Application of Risk Assessment Tools*.

1. VERLT is a rare occurrence and although many individuals may fit a particular profile, the vast majority of them will never engage in such violence;
2. None of the existing tools has been empirically validated — in part because of the low number of VERLT incidents. Also, those involved are often either killed in the act of committing terrorism or are arrested and are thus unavailable for interviews by researchers; and
3. Statistical analysis of the relevant risk factors associated with VERLT is made more complicated because “motivations for engaging in violent extremism may be dependent on varying cultural and historical contexts,” which risk assessment tools cannot take into account.

Despite these challenges and the fact that they have no or limited predictive value, risk assessment tools are nevertheless important to the process of P/CVERLT, and some of the existing tools or other frameworks do include indicators specifically related to violent extremism.

For example, the United Kingdom’s Channel assessment tool<sup>110</sup> looks at vulnerabilities across broad criteria such as *engagement* with a group, cause, or ideology; *intent* to cause harm; and *capability* to cause harm.<sup>111</sup> The Violent Extremist Risk Assessment “VERA-2R” contains 34 indicators divided among five domains: beliefs, attitudes, and ideology; social context and intention; history, action, and capacity; commitment and motivation; and protective/risk-mitigating indicators. There are 11 additional indicators based on the scientific literature about general violence and criminal history, personal history, and mental health characteristics.<sup>112</sup>

The EU-funded SAFIRE (Scientific Approach to Finding Indicators for and Responses to Radicalization) project developed a set of 21 observable indicators of possible “radicalization”, including right-wing and religiously inspired forms, based on consultation with police officers, social workers, and teachers involved in P/CVERLT work. SAFIRE’s indicators are clustered under five thematic areas: identity and identity-seeking, in-group/out-group differentiation, pro-violence social interactions, change in persona, and associations.<sup>113</sup>

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110 Extremism Risk Guidance (ERG) 22+. For a discussion of the UK Channel assessment tool, see, for example, Monica Lloyd and Christopher Dean, “The Development of Structured Guidelines for Assessing Risk in Extremist Offenders”, *Journal of Threat Assessment and Management*, 2, no. 1 (2015): pp. 40–52.

111 UK Home Office, *Channel Duty Guidance: Protecting Vulnerable People from Being Drawn into Terrorism – Statutory Guidance for Channel Panel Members and Partners of Local Panels*, April 2015, p. 11, [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/425189/Channel\\_Duty\\_Guidance\\_April\\_2015.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/425189/Channel_Duty_Guidance_April_2015.pdf).

112 Ministry of Justice and Security, The Netherlands, “VERA-2R,” <https://www.vera-2r.nl/>.

113 See “Final Report Summary: SAFIRE (Scientific Approach to Finding Indicators for and Responses to Radicalisation)” on the Cordis website, <https://cordis.europa.eu/project/rcn/94537/reporting/en>.

The GCTF, while acknowledging the need for the development of contextualized assessment tools, has noted that any such tool should include “specific factors, variables, and indicators related to terrorism that are important to consider when evaluating an individual, such as age, gender, mental health, and other relevant identity markers.”<sup>114</sup>

Although those developing referral mechanisms to handle VERLT cases should draw on these and other existing approaches, each mechanism should ultimately rely on an approach to risk and needs assessment that is most likely to be used by and broadly resonate within the specific community that the mechanism is designed to support.

Thus, for example, the elaboration of any assessment framework should:

1. Rely on contextualized, local research on the drivers of and resilience to VERLT to help ensure that the factors used in any assessment are linked to the targeted populations;
2. Follow multiagency and multidisciplinary consultations among the professionals and practitioners who will be involved in making any determinations about individuals referred to the mechanism in the community;
3. Complement the identification of wider political and societal contexts that those assessing risk and vulnerabilities to VERLT should take into account;
4. “Not just capture violent extremism-related risks, but also account for protective and resilience factors,”<sup>115</sup> such as positive family and/or social networks, expectation management, opportunities for agency and empowerment, religious knowledge, social coping skills, and democratic citizenship;<sup>116</sup> and
5. Be informed by and linked to available interventions and support services in order to help ensure that the necessary treatments or programs are available to address the identified risks or vulnerabilities.

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114 GCTF, *Initiative to Address Homegrown Terrorism*, Good Practice 11.

115 Global Center on Cooperative Security, *Recommendations for the Consideration of the Counter-Terrorism Committee in the Adoption of the 2018 Addendum to the Madrid Guiding Principles*, November 2018, p. 3, [https://www.globalcenter.org/wp-content/uploads/2018/11/18Nov28\\_Recommendations-Addendum-Madrid-Principles.pdf](https://www.globalcenter.org/wp-content/uploads/2018/11/18Nov28_Recommendations-Addendum-Madrid-Principles.pdf).

116 EU RAN Centre of Excellence, “Protective and Promotive Factors Building Resilience against Violent Radicalization”, April 2018, [https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation\\_awareness\\_network/ran-papers/docs/ran\\_paper\\_protective\\_factors\\_042018\\_en.pdf](https://ec.europa.eu/home-affairs/sites/homeaffairs/files/what-we-do/networks/radicalisation_awareness_network/ran-papers/docs/ran_paper_protective_factors_042018_en.pdf).

### Key elements for P/CVERLT risk assessment

1. Rely on context-specific local research and include factors linked to the targeted population
2. Consult with local professionals and practitioners, including for the purposes of relying on multiple sources of information
3. Take into account the wider political and social contexts
4. Account for protective and resilience factors, as well as for extremism-related risks
5. Be informed by and linked to available interventions and support services

In addition, any such assessment process should be informed by multiple sources, including interviews with the individual, family members, peers, and teachers; social network observations; and the case files of social, youth, and mental health workers and other relevant professionals.

Further, because any tool or other framework for assessing an individual's risk is more impactful if it is directing treatment to address identified vulnerabilities, the framework should be informed by and linked to the types of interventions and other local support available.

Any tool or other framework should allow for the information collected to be presented in a way to allow for a timely and structured assessment. Moreover, those responsible for applying the tool or other framework to assess risk or vulnerabilities should have the relevant expertise to make informed decisions about the individual case and have access to training and development, as necessary, on an ongoing basis. Those administering assessments must be aware of the inherent limitations of the tools and the full scope of human rights issues relevant to such assessments.

Above all, it is critical that a referral mechanism relies on a non-discriminatory framework that includes a collection of behavioural indicators for assessing risks and vulnerabilities, avoids a checklist approach that might increase the likelihood of false positive referrals, and is implemented by properly trained psychosocial care providers or other appropriate professionals.

### 6.2.2 Who assesses?

As with other elements of existing relevant referral mechanisms, there is no one-size-fits-all approach when it comes to determining who makes the assessment. To be sure, the individuals who undertake the assessment should see themselves as part of a team and should be appropriately trained. Yet, as the EU RAN's Health and Social Care Working Group has recently noted, “[a] common misconception of risk assessments is that they are complex or require substantial formal training. While practitioners would need to become familiar with such tools (and are ideally involved in using and refining them over time), they are not inherently difficult to use or apply. Typically, these tools are used as guidance, together with other relevant information”.<sup>117</sup>

In general, the mechanism should be designed to enable the sharing of knowledge, information, and expertise among members of a multidisciplinary team about the referred individual to determine the appropriate course of action. Depending on the local context, this might include information shared by the police, which could play a role in assessing risk. As noted earlier in this guide, however, too much police involvement might undermine the trust from non-law professionals, practitioners, and local community members that is needed for the success of a referral mechanism operating in the non-criminal space.

The outcome of the assessment should lead on to one of several broad courses of action, which should be reflected in the mechanism's mandate, terms of reference, or other foundational documents. For instance:

1. The individual is assessed to be not vulnerable to VERLT but likely to benefit from more generalized programmes, such as ones for troubled youth, and thus the case is referred to the individual agency or organization managing such a programme for follow-up;
2. The individual is showing vulnerabilities to VERLT that can be addressed by interventions or other programmes available through the mechanism. In this instance, the group would conduct a more thorough assessment to identify vulnerabilities and protective factors more specifically and then decide on, and if necessary design, the appropriate intervention or support plan; or
3. The individual has crossed the criminal threshold or poses a risk of causing imminent harm, in which case the matter is referred to the police.

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<sup>117</sup> EU RAN, “Risk Assessment around Lone Actors”, p. 6

## 6.3 Appointment of case owner

A case owner should then be appointed, with responsibility for delivering and overseeing the intervention or support programme. The case owner could also serve as the single point of contact with the individual, family, and others in the local community. A single point of contact avoids the danger of undermining both the efficiency of and trust in the mechanism that might be posed if members of the local community are approached by multiple individuals about a particular case.<sup>118</sup> That being said, in a number of contexts, including in Belgium, Denmark, and Norway, a family member or social worker, together with a representative of the local police, take the lead on a case and make the first contact with the family. In such cases, the EU RAN Centre of Excellence has recommended that the local police wear “civilian attire — this makes the situation less threatening and avoids shame that could lead to stigmatisation within the neighbourhood”.<sup>119</sup>

## 6.4 Development of intervention or broader support plan

A referral mechanism should be able to offer an intervention or wider support plan that is individually tailored to the identified vulnerabilities and takes into account the age, gender, cultural background, and risk factors presented by the individual. As noted above, not all referrals will lead to the development of such a tailored treatment; for example, in some instances the case might be referred directly to the police and in others the risks or vulnerabilities to VERLT might be deemed too low to merit P/CVERLT action. In the latter situation, the referred individual might be encouraged to participate in an existing group- or community-based programme, such as one that works with troubled youth.

### 6.4.1 What types of intervention or wider support plan to offer?

A referral mechanism can offer a variety of interventions and support plans to address the vulnerabilities and strengthen the protective factors identified during assessment. The range of services provided will depend on the available resources and expertise and capacities of the professionals, practitioners, and institutions involved with the mechanism and might include one or more of the following:

1. Family or psychosocial counselling;
2. Drugs and alcohol awareness and treatment;

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118 EU RAN Center of Excellence, “Handbook on How to Set Up a Multi-Agency Structure”.

119 EU RAN Centre of Excellence, “Working with Families and Safeguarding Children from Radicalization”, p. 7.

## 6. KEY ELEMENTS OF THE REFERRAL MECHANISM PROCESS

3. Mentoring programmes to include, where appropriate, ideological or theological support;
4. Vocational training and assistance with job placement;
5. Conflict mediation and management training;
6. Tolerance and diversity training or other educational programmes;
7. Drug or other addiction treatment; and
8. Arts, music, or sports therapy.<sup>120</sup>

In some instances, a single intervention might be recommended; in others, a package of support might be provided. The case manager or other relevant members of the assessment team might design a new intervention for the individual and/or recommend that the individual participate in an existing P/CVERLT programme, such as ones focused on trust building with local police, developing online counter-narratives, trainings for youth on the negative implications of joining violent extremist groups, and providing non-violent alternatives for young people showing signs of VERLT. In either case, existing institutional and professional capacities and resources, including those linked to social welfare centres, municipal safety councils, religious communities, and youth centres, should be leveraged. This underscores the importance of thoroughly mapping such capacities and resources, as well as the range of existing P/CVERLT programmes in the relevant community, and developing (prior to the mechanism's establishment) a network of potential service providers that might partner with the referral mechanism.

Such outreach could include trainings and workshops on how to identify and address early signs of VERLT. These types of activities could be conducted for high school and university students, with participants given additional information on how to prevent or counter VERLT. Family members and peers could be connected to relevant support groups or networks.

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<sup>120</sup> For examples of the range of services that a referral mechanism might offer, see, for example, Office for Security and Counter-Terrorism, Home Office, UK Government, Channel: Protecting Vulnerable People from Being Drawn into Terrorism, October 2012, p. 17, [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/425189/Channel\\_Duty\\_Guidance\\_April\\_2015.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/425189/Channel_Duty_Guidance_April_2015.pdf); and Hemmingsen, Introduction to the Danish Approach to Countering and Preventing Extremism and Radicalization, pp. 26–27, <https://www.ft.dk/samling/20151/almindel/reu/bilag/248/1617692.pdf>.

### 6.4.2 Who implements the intervention or wider support plan?

Depending on the assessed vulnerabilities and the recommended treatment, a diverse set of professionals, practitioners, and other stakeholders may be involved in the delivery of the intervention or wider support plan. These might include:

1. Social, health, and youth workers;
2. Religious or other mentors;
3. Family, drug and/or alcohol, or other counselors;
4. Sports, life, or other coaches;
5. Former violent extremists;
6. Teachers; and
7. Local CSOs.

Given that the referral mechanism should operate in the non-crime space and that community members need to be reassured that referrals will not lead to police involvement, except where the risk of harm is imminent, law enforcement should typically not be involved in implementing interventions to address vulnerabilities of those deemed at risk of VERLT. Involving the police, particularly in areas where they have not yet adopted community-oriented policing practices, risks undermining the credibility of the programme with the local community and making it more difficult to attract the involvement of non-law enforcement professionals and practitioners in the mechanism.

## 6.5 Monitoring and evaluation

As with many P/CVERLT programmes, ensuring that there is a comprehensive plan to monitor and evaluate the effectiveness of the referral mechanism is both critical to ensuring its sustained financial, political, and community-based support, and challenging, given the inherent difficulties of proving a negative — in this case, proving that someone decided not to commit an act of violence because of a particular P/CVERLT intervention or broader support plan that came about as a result of the mechanism. A good monitoring and evaluation (M&E) framework for referral mechanisms would not only highlight successes but also identify — frankly and transparently — weaknesses and areas of needed improvements.

Any such framework should assess both the referral mechanism process as well as the interventions or support plans that are implemented following referrals. Lessons learned about the former should be shared with partners in the mechanism, and adjustments should be made to the process, where appropriate.

While recognizing that P/CVERLT is often a long-term process, assessments should also focus on short- and mid-term outcomes.

An M&E framework should track, including by gender and age, the number and disposition of referrals (noting the types of interventions or components of broader support plans) with which service providers were involved, and include available outcome indicators such as ones related to employment, school, housing, health, and participation in youth or sports clubs.<sup>121</sup> Statistical data related to referrals should be shared, when feasible, with the public to inspire public confidence and incentivize sustained participation from relevant agencies in the programme.<sup>122</sup>

However, the framework should do more than capture statistical data. It should include qualitative data on referred individuals, including information gathered by questionnaires completed by the referred individual, relatives, and peers. It should also feature stories of individuals and families whose lives have been positively affected as a result of an intervention or other support following a referral. The UK Home Office, for example, has released anonymized stories of real people who received support from the Channel programme.<sup>123</sup> In addition to the government sharing these stories, those who have been supported and steered to a non-violent path should be encouraged to speak out.<sup>124</sup>

Other positive impacts a framework could look to measure include increased trust between the community and service providers around issues of VERLT, a reduction in the number of calls about individuals of concern to the police, and closer working relationships among service providers around issues of VERLT. The framework could include periodic assessments of the participation of the relevant institutions, professionals, and practitioners in the mechanism; it could, for instance, explore why some participants are more willing than others to engage, and examine the training and other capacity-building support provided to those involved in assessing risks and vulnerabilities. Further, it could monitor awareness raising and other relevant community engagement efforts that are often key components in ensuring sustained community participation in and support for the mechanism.

Beyond evaluating the mechanism itself, the framework should track interventions and broader support plans, assessing the use of follow-up and

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121 For example, the UK Home Office produces an annual statistical bulletin on "individuals referred to and supported through the *Prevent* Programme", [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/694002/individuals-referred-supported-prevent-programme-apr2016-mar2017.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/694002/individuals-referred-supported-prevent-programme-apr2016-mar2017.pdf).

122 An increase in the number referrals may be one indicator of awareness and legitimacy of the mechanism.

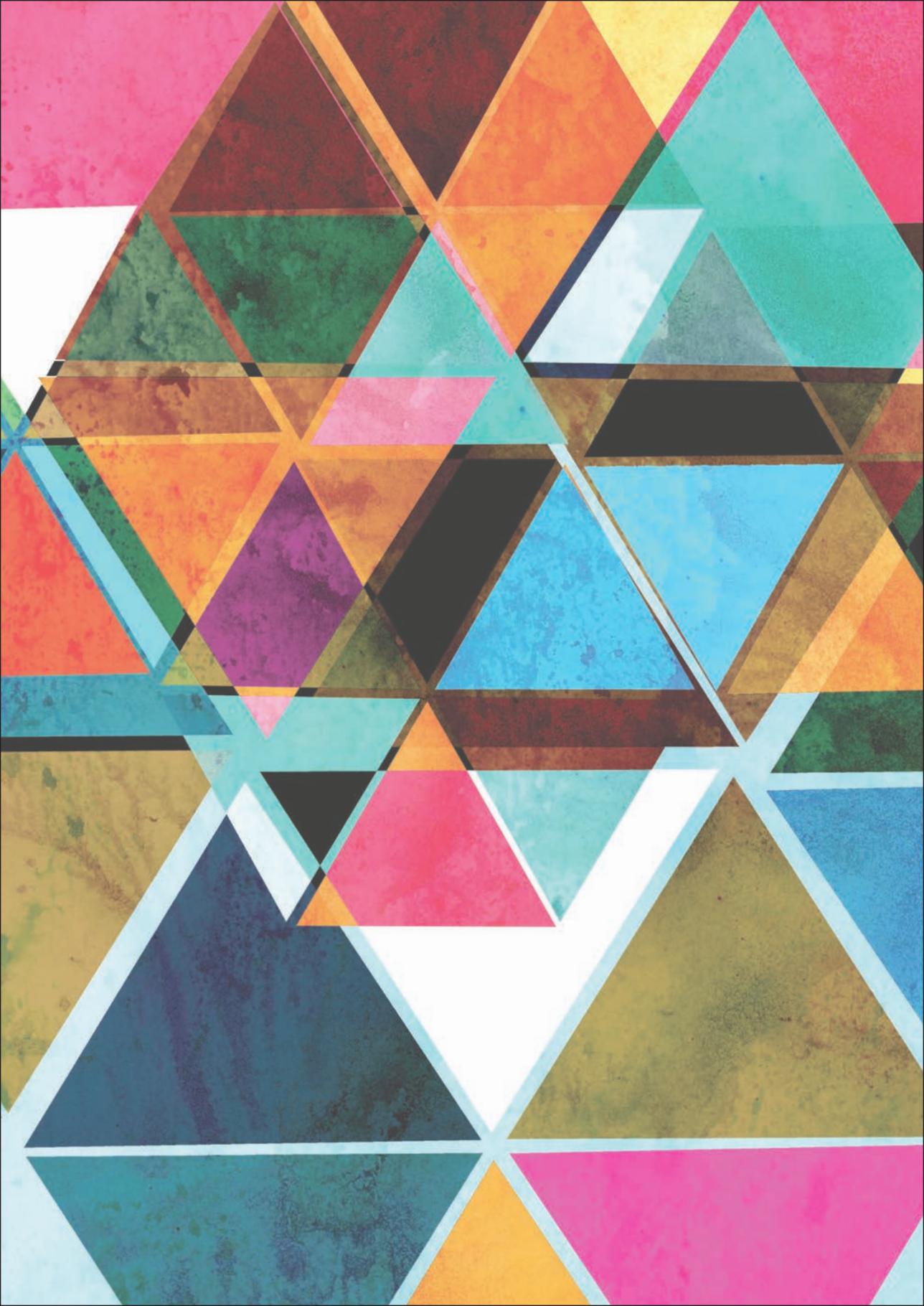
123 UK Government, *The Channel Programme*, <https://www.gov.uk/government/case-studies/the-channel-programme>.

124 EU RAN Center of Excellence, "Handbook on How to Set Up a Multi-Agency Structure".

risk assessment(s) for the referred individuals. Follow-up assessments, which draw on the same criteria to assess risk as used at the outset, are important for a number of reasons. First, they can help ensure that the intervention is having the intended effect, and if not, that the intervention can be adjusted or, if appropriate, replaced with a different one. Second, they can judge whether the individual is exhibiting behaviour that could lead to a higher risk of engaging in violence and potentially justify an immediate referral to the police. Third, they can help evaluate the efficacy of certain types of interventions and “contribute to advancing the science behind radicalization and interventions for violent extremism”.<sup>125</sup>

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125 Telephone interview Casey Tischner, RTI, 25 October 2018.



# 7. The South-Eastern European context

In South-Eastern Europe, and in a growing number of regions, policymakers and practitioners are increasingly recognizing the importance of developing and implementing P/CVERLT policies and programmes. There is also increasing recognition that a whole-of-society approach should lie at the heart of these efforts. Governments are now at different stages of elaborating and operationalizing P/CVE plans of action and interagency co-ordination mechanisms involving security and non-security actors; a growing number of CSOs are becoming involved in P/CVERLT activities; and international donors are increasing their investments in VERLT research and P/CVERLT programmes, particularly ones that empower local stakeholders — including cultural, community, religious, and education leaders — to address underlying drivers of VERLT, and provide young people with alternatives to extremist violence.

With this increased focus on P/CVERLT and the need for multidisciplinary approaches to prevention and intervention, central government and local actors, as well as international donors, are reflecting on whether and how the referral mechanism concept can be applied in the region. Many of the considerations captured so far in this guide are relevant to the region. However, there are also region-specific factors and challenges, including those linked to cultural, societal, or political issues, that will need to be taken into account and addressed.

In the first place, although extremist violence in South-Eastern Europe comes in a variety of forms — such as ethnonationalist, Islamist-inspired, and neo-Nazi — with radicalization to violence often the result of historical and lingering ethnic tensions, governments in the region have often narrowly linked VERLT to the Islamist stripe and the phenomenon of “FTFs” who traveled to conflict zones, particularly those in Iraq and Syria. Other forms of extremist violence are often not treated (whether by political leaders, policymakers, or legal systems) with

the same level of concern as Islamist-inspired VERLT. Further, according to a recent regional mapping report, international donors tend to focus most of their VERLT-related initiatives in the region on a single form of violent extremism, that related to ISIS.<sup>126</sup> This narrow focus continues despite evidence that right-wing violence is seen by many civil society actors as posing a more urgent threat to the region.<sup>127</sup>

All of this risks complicating efforts to develop a referral mechanism that addresses all forms of extremist violence, let alone one that also addresses broader safeguarding concerns. As underscored earlier in the guide, a narrow focus on a single form of VERLT can enhance feelings of exclusion and isolation among those groups who feel unfairly targeted. This can fuel the process of radicalization to violence while ignoring the growing phenomenon of “reciprocal extremism”.<sup>128</sup>

Second, due to a mixture of factors, including decades of Communist rule and, more recently, years of interethnic conflicts, levels of trust between citizens and their young government institutions, including the police — typically a key ingredient for an effective referral mechanism — are very low across the region, with religious institutions often having more credibility within certain communities than local as well as central government bodies. The perception among many citizens (particularly those who belong to an ethnic or religious minority) is that the police see their role as to protect the state rather than to serve the communities in which they work. Further, citizens sometimes can find it difficult to communicate their concerns to government officials and institutions.

Third, the politicization of governance, including at the local level, where rivalries between political parties can be intense and where certain ethnic groups are sometimes stigmatized, poses challenges for any effort to develop a municipality-led referral mechanism for addressing all forms of VERLT.<sup>129</sup> These challenges are especially daunting in communities with ethnic minority groups.

The high degree of politicization of local governance in parts of the region, with the high turnover in government personnel that may result following local

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126 Ibid.

127 Forum MNE, “Civil Society Organisations in Preventing and Countering Violent Extremism in the Western Balkans: Mapping Report”, Feb. 2019, [https://organizingagainstve.org/wp-content/uploads/2019/02/regional\\_report.pdf](https://organizingagainstve.org/wp-content/uploads/2019/02/regional_report.pdf).

128 This concept suggests that violent extremist groups become more extreme in response to one another’s activities, arguing violence as justified because they perceive an opposing group as extreme. See Samantha McGarry, “The Far Right and Reciprocal Radicalisation”, Centre for Research and Evidence on Security Threats, 13 August 2018, <https://crestresearch.ac.uk/comment/mcgarry-far-right-reciprocal-radicalisation/>.

129 Roland Gjoni, “Ethnic Politics in the Western Balkans: The State of Play and Ways Forward,” paper presented at a conference sponsored by the Aspen Institute, Germany, June 2016, <http://www.aspeninstitute.de/wp-content/uploads/Conference-Reader-Aspen-Durres.pdf>.

elections, may, in certain contexts, argue against a municipality-led approach to developing a referral mechanism. In addition to heightened risks of politicizing an already delicate set of issues, such an approach, which might depend on the political party in control of the municipality at a given time, may make it more difficult to secure a long-term commitment from donors and other potential funders.

Fourth, political and governance structures in the region differ. Some have more decentralized systems, with more of the relevant resources and capacities located at the municipal or other subnational level, while other countries have more centralized systems in which resources and capacities are concentrated at the national level. Discussions across South-Eastern Europe on whether and how to operationalize the referral mechanism concept should take into account these differences, which underscore the importance of avoiding a one-size-fits-all solution.

Fifth, the capacities of the institutions, organizations, and structures across the region that would contribute to the success of any referral mechanism are uneven across the region, particularly outside of law enforcement. For example, awareness among public employees in non-security fields on how to identify risks and vulnerabilities to VERLT, let alone what to do about them, is limited. Thus, any effort to develop a referral mechanism will need to include P/CVERLT-specific training for these workers, including in schools, social protection services, and psychosocial care, and the development of protocols for handling such cases.

Addressing shortcomings in psychosocial care capacity across a region that has experienced so much conflict and post-conflict trauma may deserve priority attention given that such trauma can intensify feelings of exclusion and marginalization that can in turn increase risks and vulnerabilities to VERLT.<sup>130</sup>

Perhaps a more formidable obstacle than the lack of specialized expertise on how to handle VERLT cases is that these institutions are chronically understaffed. Given that current employees are already overworked, it is difficult to imagine developing a referral mechanism absent additional resources, such as the funds to support the recruitment and training of a dedicated social protection worker to spearhead a referral initiative. In addition to the shortcomings found in individual institutions, and partly because those organizations are often relatively youthful, the concept of multiagency co-operation — a key ingredient

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130 Cara Richardson, Katherine M. Berlouis, and Paul A. Cameron, "Radicalization of Young Adults in the Balkan States: Counter-Measures, Healthcare Provision, and Community Involvement", *Journal for Deradicalization*, no. 11 (Summer 2017), [https://www.researchgate.net/publication/318039124\\_Radicalisation\\_of\\_Young\\_Adults\\_in\\_the\\_Balkan\\_States\\_Counter-Measures\\_Healthcare\\_Provision\\_and\\_Community\\_Involvement](https://www.researchgate.net/publication/318039124_Radicalisation_of_Young_Adults_in_the_Balkan_States_Counter-Measures_Healthcare_Provision_and_Community_Involvement).

of an effective referral mechanism — has yet to take hold in the region. Equally, a culture of collaboration is still developing among agencies and organizations with different mandates and operating in different fields.

Sixth, the challenge of ensuring that a referral mechanism is focused on those at risk of or vulnerable to VERLT and not on those who are simply expressing ideological, political, or religious beliefs that are protected by human rights law is particularly complex in South-Eastern Europe. This is due in large part both to the fact that societies in the region are experiencing a revival of religious engagement following a half-century of Communism and secular tradition and to the persistence of interethnic and religious tensions. As a result, some secular professionals may be more likely to (wrongly) associate overtly religious behaviour (e.g., the wearing of a headscarf) or displays of religion with increased risks of VERLT, thus heightening the risk of discrimination or stigmatization as well as generating a high number of false positives. This in turn might heighten the obstacles in the way of securing support from religious institutions and faith-based organizations in the region for a referral mechanism that handles VERLT cases. All of this underscores the importance of ensuring that any such mechanism avoids creating the perception that it is securitizing a single community, does not adopt a checklist approach to risks and vulnerabilities that misinterprets displays of religion, and instead focuses on the well-being of the individual and how his or her needs, and those of the community, can best be supported.

A seventh, and related, factor is a lack of consensus across different communities in the region on what constitutes “extremist” or “radicalized” ideas and behaviour. For example, some communities and the families within them might promote religiously and socially conservative values such as “hegemonic masculinity” and the “prerogative of men to control women” that might be considered extreme by those outside the community but mainstream by those within.<sup>131</sup> As a result, it may be difficult to engage with some communities on issues of VERLT, let alone build support within them for a referral mechanism to address VERLT (among other) cases.

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131 Edina Bećirević, “Countering and Preventing Extremism in BiH: Learning from International Efforts”, policy brief, Western Balkans: Extremism Research Forum, British Council, September 2018, p. 7, [https://www.britishcouncil.ba/sites/default/files/policy\\_brief\\_bih.pdf](https://www.britishcouncil.ba/sites/default/files/policy_brief_bih.pdf).

Thus, any such efforts will need to be able to distinguish between, on the one side, people who legitimately hold radicalized or extremist ideas but are not inclined to engage in violence and, on the other side, those whose affiliation with extremist ideas is connected to their interest in and intentions regarding violent action.<sup>132</sup>

Eighth, the current state of P/CVERLT efforts in the region presents challenges. These include the generally narrow focus of P/CVERLT programmes on a single form of VERLT (Islamist-related) and on those communities where there is a perceived threat of this form of VERLT; a dearth of mechanisms to enable P/CVERLT co-operation between central governments and municipalities, CSOs, and other local actors; limited willingness and capacity of CSOs to engage on P/CVERLT issues, with few opportunities to work on individual- (as opposed to community-) focused interventions; and a perception in the region that the donor approach to P/CVERLT is driven by donors' priorities rather than local priorities and lacks coherence.<sup>133</sup>

Among other things, these realities will complicate efforts to ensure that any referral mechanism in the region leverage existing P/CVERLT programmes and is situated in the wider P/CVERLT ecosystem.

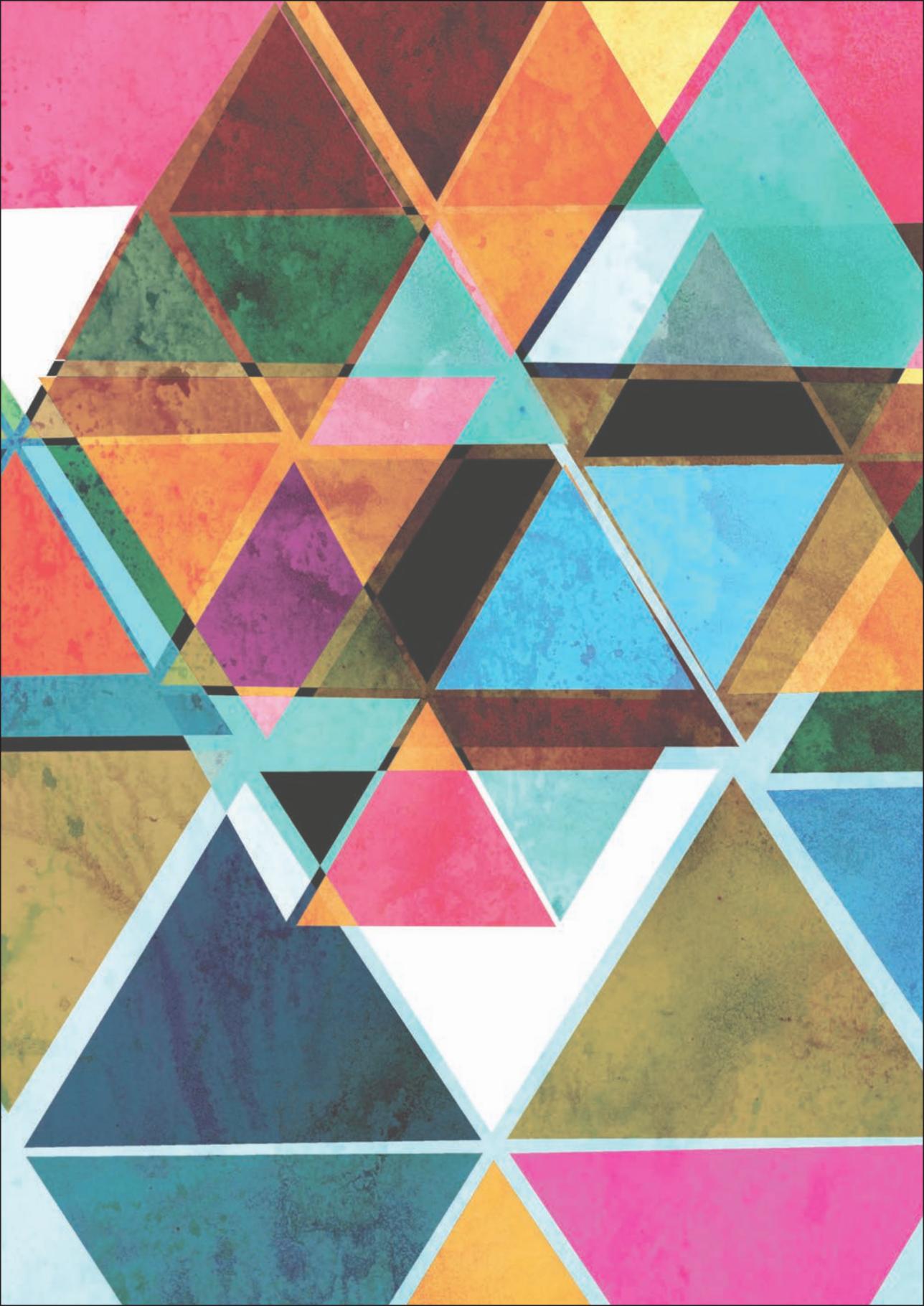
Finally, any efforts to develop referral mechanisms in South-Eastern Europe will need to factor in the role that structural challenges in the area of good governance, public administration, and the economy play as powerful drivers of VERLT in some parts of the region.<sup>134</sup> In the long run, the effectiveness of a referral mechanism or other initiative focused on steering individuals away from VERLT will depend in large part on whether progress is made in tackling these structural issues, which if left unaddressed, can continue to make some young people in the region susceptible to VERLT. This underscores the importance of ensuring that any referral mechanism is seen as part of a comprehensive approach to P/CVERLT.

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132 Vlado Azinović, "Understanding Violent Extremism in the Western Balkans," regional report, *Western Balkans: Extremism Research Forum* (British Council, June 2018), p. 10, [https://www.britishcouncil.ba/sites/default/files/erf\\_report\\_western\\_balkans\\_2018.pdf](https://www.britishcouncil.ba/sites/default/files/erf_report_western_balkans_2018.pdf).

133 Forum MNE, "Civil Society Organisations in Preventing and Countering Violent Extremism".

134 See, for example, Azinović, "Understanding Violent Extremism in the Western Balkans"; and the RESOLVE Network's November 2018 collection of literature on South-Eastern Europe, <https://www.resolve.net.org/research/what-we-are-reading/november-2018-western-balkans>.



## 8. Conclusion

In certain contexts, multidisciplinary referral mechanisms can make an important contribution to operationalizing a comprehensive, whole-of-society approach to P/CVERLT. This guidebook, drawing in part from relevant experiences across the OSCE area, is designed to highlight not only the benefits of referral mechanisms but also different approaches to developing them. In addition, it elaborates on challenges that may need to be overcome and considerations that may need to be addressed, with a particular focus on South-Eastern Europe. Further, the guidebook is designed to help those policymakers and practitioners who may be interested in developing these programmes to understand and mitigate potential negative consequences of them.

As highlighted throughout this guide, there is no one-size-fits-all model for referral mechanisms. However, reflecting on the relevant experiences across the OSCE area, the guide elucidates some basic, interrelated principles that should underpin any such mechanism. For example:

1. Any mechanism should not be imposed from the outside. Rather, the decision to develop one and the choice of model should be informed by consultations with local stakeholders, taking into account the capacities and willingness of the relevant institutions, organizations, and actors that will need to be involved, and reflecting the local context and culture.
2. Rather than focusing narrowly on VERLT, a mechanism should address all forms of violent extremism and should see them as part of a wider set of violence-related and/or safeguarding issues of concern to the relevant community. A broad-based programme is more likely to be accepted by the relevant communities, professionals, and practitioners than one that focuses on the singular and potentially stigmatizing issue of VERLT.
3. Any such mechanism should be part of a larger effort to operationalize a whole-of-society effort to P/CVERLT that relies, in part, on a public health approach to the challenge of VERLT that extends beyond a law enforcement-driven model and recognizes the harm that VERLT can cause to society as a whole. Such an approach offers opportunities for developing multipurpose programming, avoiding stigma, and leveraging public health resources, including mental health professionals and social workers — advantages that a law enforcement approach does not confer.
4. The most effective and efficient way to develop a referral mechanism

for P/CVERLT is to leverage entities and services, where they exist, and organize them in a holistic way, rather than create new mechanisms from scratch. Existing multiagency or other relevant multidisciplinary structures can be adapted to include a focus on potential VERLT cases.

5. An approach that involves practitioners and professionals from varied backgrounds, including social and youth work and mental health, in order to provide a comprehensive assessment of an individual's vulnerabilities to or risks of VERLT, and provide holistic services to address them, is critical.
6. A transparent protocol or agreement is needed to enable the sharing of information and broader co-operation among those agencies, organizations, professionals, and practitioners involved in the mechanism, while protecting individual and data privacy. A transparent agreement can also clarify the limited circumstances when information on an individual case will be referred to the police. Trust among the practitioners and professionals from different fields is essential to the effective operation of a referral mechanism. But trust may be hard to foster, especially when the police are involved. In addition, trust between the mechanism and the community is essential. Depending on the context, trust-building efforts may need to precede or complement any effort to develop a referral mechanism.
7. Professionals and practitioners involved in the mechanisms must have the necessary expertise to assess individuals potentially at risk of or vulnerable to VERLT and to provide the necessary P/CVERLT interventions. Equipping practitioners with the knowledge they need might require undertaking training and other capacity-building measures across a number of disciplines; training programmes should give participants an understanding of the pitfalls and potential negative side-effects of poorly designed and implemented programmes.
8. Any mechanism will need to rely on a non-discriminatory, human rights-based, and gender-sensitive plan to identify individuals who demonstrate objectively observable behavioural signs of radicalization to violence. Such a framework, which should include both the risk and protective factors most relevant to the community it is intended for, will reduce the likelihood that the programme is targeting certain groups based on religious or ideological grounds and help ensure that the mechanism's limited resources are appropriately targeted.
9. Any mechanism should include a communications strategy that helps the relevant communities to understand the scope of the initiative and the types of cases it handles.
10. A rigorous M&E framework is needed to help the mechanism understand what has worked, what has not worked, where shortcomings lie, and what can be improved. An M&E framework

and a regular and independent external review of the mechanism will, inter alia, promote community trust in the mechanism, as well as help to ensure it is operating consistently with international human rights law and other legal and policy frameworks.

Ultimately, the creation of a referral mechanism should follow a broadly consultative process that involves key stakeholders from the national and local levels, from government and non-governmental actors, and from law enforcement and non-law enforcement professionals. The process should not be rushed; generating the necessary multistakeholder and multidisciplinary support for a referral mechanism takes time and requires patience, including from politicians, policymakers, practitioners, and members of the public who might be looking for a quick fix in the context of continuing terrorist and violent extremist threats. This guidebook aims to contribute to this process and underscores the OSCE's commitment to supporting comprehensive, localized, multidisciplinary, and human rights-based approaches to the complex challenges that VERLT poses in the OSCE area.

## Annex: Examples of different approaches

### A top-down approach: The Channel programme, United Kingdom

Launched across the United Kingdom in 2012, Channel is a “confidential, voluntary multi-agency safeguarding program that supports people who are vulnerable to radicalization” and who, if left unsupported, might become involved in terrorist-related activity.<sup>135</sup> The UK Government directed the creation of “Channel panels” in every local authority in England and Wales. Panels consist of representatives from different safeguarding areas, including health, education, and the police. These panels meet to discuss the nature and extent of the potential vulnerability of the referred individual. After careful review, the panel can decide whether the individual does not require any help or whether to offer the individual a “support package” that might include assistance with education or employment, health support, and ideological mentoring. According to Home Office statistics, from 2012 until December 2018, 1,267 people were successfully supported by Channel.<sup>136</sup>

Referrals can be made online via a dedicated email address or via a police-managed counter-terrorism hotline and can be made anonymously. Anyone who has concerns about individuals who may be vulnerable to being drawn into terrorism may refer someone. Referrals are most likely to come from social services, health services, the police, and educational establishments such as schools. In 2015, the UK Government imposed a statutory duty (i.e., the “PREVENT duty”) on teachers and health care workers to identify all students and children who may be vulnerable to radicalization and refer them to their local authorities.

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<sup>135</sup> UK Government, *Channel Programme*.

<sup>136</sup> UK Government, “Factsheet: Prevent and Channel Statistics 2017/2018”, 13 December 2018, <https://homeofficemedia.blog.gov.uk/2018/12/13/factsheet-prevent-and-channel-statistics-2017-2018/>.

### A top-down approach: Prevention of radicalization and family support units, France

Pursuant to the February 2018 National Plan to Prevent Radicalization, each French district (or *préfecture*) has set up an interagency prevention structure that includes territorial units of the ministries of education, justice (judicial protection of youth), health, and youth, which in turn partner with local associations and NGOs, mental health professionals, and teachers to provide tailored support to individuals who have been referred by the police and others because they have exhibited observable signs of radicalization to violent extremism. The approach aims to involve family members as early as possible in the process. Police involvement is typically limited to making referrals to the units.<sup>137</sup>

### Adding P/CVERLT to an existing mechanism: Safety houses, the Netherlands

Each of the Netherlands' 25 national safety zones run "safety houses" where local government representatives (including from social welfare and housing agencies), youth workers, and the police can sit at the same table and discuss complex cases involving individuals that have come to their attention (primarily because of "multi-problem families, crime, and/or serious misconduct"<sup>138</sup>) and who need support from a multistakeholder team able to assess their vulnerabilities and design a treatment plan. Each safety house is typically located within a municipality in the relevant safety zone. Although the houses are locally led and managed, national authorities, including from law enforcement and intelligence services, can participate in discussions of specific cases when invited to do so by the local leads.

The police are present so that they can relay information to relevant authorities if an individual referred to the safe house poses a threat to national security. The limited role for the police facilitates close relationships with religious communities, community leaders, and youth centres. Each safety house has a written legal agreement signed by the participating agencies that allows them to exchange information on persons of concern, thus overcoming the traditional barriers to information sharing between non-law enforcement professionals and the police.

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<sup>137</sup> For details of this approach, see the "Foreign Terrorist Fighter Programme Catalogue: Creation of Local Administrative Structures in Charge of Radicalization", at the Hedayah website, <http://www.hedayahcenter.org/ftfprograms/program/creation-of-local-administrative-structures-in-charge-of-radicalization/>.

<sup>138</sup> *Safety Houses*, animated film, Ministry of Security and Justice, The Netherlands, [https://www.veiligheidshuizen.nl/nieuws/2016/120516\\_engelse-versie-animatiefilm-veiligheidshuizen#.W\\_1mZiFw2x](https://www.veiligheidshuizen.nl/nieuws/2016/120516_engelse-versie-animatiefilm-veiligheidshuizen#.W_1mZiFw2x).

Although the safety houses were not originally intended or equipped to handle VERLT cases, in 2014, four cities asked for the safety house in their safety zone to receive cases dealing with individuals identified as being at an early stage of radicalization to violence. The Dutch National Coordinator for Security and Counter-Terrorism provides guidance and funding to support the handling of VERLT-related cases in the relevant safety house. This multidisciplinary, localized approach to P/CVERLT was highlighted in the 2014 national counter-terrorism strategy.

### An ad hoc approach: Multidisciplinary case meetings, the Netherlands

Municipal officials and local partners, who might include prosecutors, police, child protection workers, municipal social welfare workers, security officials, and youth care workers, among others, meet on an ad hoc basis to discuss individuals who are showing signs of radicalization. At these meetings, they consider the information they have on the person and draw up tailored action plans to prevent possible further radicalization. The customized package of interventions in such plans might include a combination of preventive, criminal justice, and social integration measures. Case meetings are a way of ensuring effective co-operation and knowledge sharing in a setting where partners can come together to make plans within the scope of their own authority and under the guidance of the municipality. The purpose of the multidisciplinary setting is to synthesize the relevant knowledge and expertise. These case meetings typically take place only in safety zones where the safety house is not equipped or willing to handle radicalization cases.<sup>139</sup>

### A bottom-up approach: Gjilan, Kosovo

Established in 2016, the P/CVE referral mechanism in Gjilan, Kosovo,<sup>140</sup> is part of a municipal-led effort to prevent predominantly young people from traveling to conflict zones in Iraq and Syria.<sup>141</sup> The mechanism is administered by the

139 For details of this approach, see *National Coordinator for Security and Counterterrorism (NCTV)*, Government of the Netherlands, *National Counterterrorism Strategy for 2016 to 2020*, p. 14, [https://english.nctv.nl/binaries/LR\\_100495\\_rapportage\\_EN\\_V3\\_tcm32-251878.pdf](https://english.nctv.nl/binaries/LR_100495_rapportage_EN_V3_tcm32-251878.pdf).

140 All references to Kosovo institutions, whether to the territory, institutions, or population, in this text should be understood in full compliance with United Nations Security Council Resolution 1244.

141 Florian Qehaja, Skënder Përteshi, and Mentor Vrajolli, *Mapping the State of Play of Institutional and Community Involvement in Countering Violent Extremism in Kosovo*, Network for Religious and Traditional Peacemakers, February 2017, [http://www.qkss.org/repository/docs/KCSS\\_Needs\\_Assesment\\_final\\_42754.pdf](http://www.qkss.org/repository/docs/KCSS_Needs_Assesment_final_42754.pdf).

mayor's office and has 15 members who come from different local institutions, including the police, education, social work, hospitals, and religious affairs. Depending on the nature of the case, the mechanism receives referrals from members and families in the community and creates a group of two to three members to work on each case. The members of the mechanism cannot speak publicly about the cases or even discuss them with colleagues. According to those involved in managing the programme, as of 2018 it had handled ten cases, with nearly all steered away from becoming a violent extremist. However, the mechanism is in its early stages and has limited resources and intervention and broader support packages to offer.<sup>142</sup>

### A hybrid approach: Radicalization Counseling Network, Germany

The Federal Office of Migration and Refugees in Germany established a national counseling hotline on radicalization in 2011.<sup>143</sup> The hotline takes calls from relatives and other concerned persons and provides an initial assessment before directing the calls to local, non-governmental partners with expertise in youth, public service, counseling, and violence prevention. The partner NGOs, which focus on “religious”, “Islamist”, and “Salafist” extremism, are informed by long-standing German neo-Nazi disengagement programmes. The NGOs, including the Violence Prevention Network, operate their own direct and independent referral hotlines as well, thus maximizing reach into the affected target group, as some families prefer contacting government structures while others prefer contacting a community-based organization. Each NGO follows its own approach, and this flexible network can shift cases according to the best fit, regarding both approach and counselor. With no clear-cut guidelines to follow, the NGOs participating in the network must engage in sustained communication and co-ordination to share lessons learned and to ensure that the NGO counselors are adequately trained.<sup>144</sup>

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142 Based on an interview with F. Tony Bislimi, Municipality of Gijlan, November 6, 2018.

143 For details of this program, see Hayat-Germany, <https://hayat-deutschland.de/english/>; and the Violence Prevention Network, <http://www.violence-prevention-network.de/en/about-us>.

144 Daniel Koehler, “Using Family Counseling to Prevent and Intervene against Foreign Fighters: Operational Perspectives, Methodology and Best Practices for Implementing Codes of Conduct” (Middle East Institute, 2016), <http://www.mei.edu/sites/default/files/Koehler.pdf>.

**An NGO-led approach:  
The Centre for the Prevention of Radicalization Leading to  
Violence (CPRLV), Montreal, Canada**

Launched in 2015, primarily in response to concerns over young Quebecois traveling to Syria and Iraq, the CPRLV has a staff of 18 psychologists, social workers, and researchers who look at all forms of violent extremism, but focus on behaviour that indicates the risk of violence rather than simply the presence of “radical” ideas.<sup>145</sup> Its 24-hour helpline has fielded more than 2,500 calls since March 2015. Particularly since a deadly shooting in a Quebec City mosque in January 2017, the Centre has seen a spike in calls about far-right extremism and hate crimes, and has launched initiatives focused on these issues.<sup>146</sup>

The CPRLV also leads seminars for police and schoolteachers, and provides psychosocial counseling to radicalized individuals and helps them reintegrate into society. According to its director, one of the keys to the Centre’s success has been convincing families that it is operating independently of law enforcement and the intelligence services and that its focus is on helping families, including parents whose children have traveled or sought to travel to join ISIS.<sup>147</sup>

**A local law enforcement-led approach:  
Aarhus, Denmark**

The Aarhus programme, like the approach in other Danish municipalities, deals with all types of violent extremism and radicalization, and is based on systematized multiagency collaboration that has evolved over a decade between various social services providers, the educational system, the health care system, the police, and the intelligence and security services. The local police are the lead implementing agency, although the programme involves collaboration between the city and the police.

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145 Centre for the Prevention of Radicalization Leading to Violence (CPRLV), *Annual Report: Preventing Radicalization Leading to Violence*. See also the CPRLV’s website, <https://info-radical.org/en/cprlv/approach/>.

146 “Anti-Radicalization Centre Sees Spike in Calls Linked to the Far-Right, Hate Crimes”, C/JAD News Talk Radio, 4 December 2016, <http://www.iheartradio.ca/cjad/news/anti-radicalization-centre-sees-spike-in-calls-linked-to-the-far-right-hate-crimes-1.2247204>; and Kate McKenna, “With Local Funding Ruled Out, Anti-radicalization Centre Looks for Options to Open Quebec City Office”, CBC News, July 23, 2017, <https://www.cbc.ca/news/canada/montreal/deradicalization-centre-quebec-city-funding-1.4217375>

147 Catherine Solym, “Head of New Radicalization Prevention Centre Vows Independence from Police”, Montreal Gazette, 14 July 2015, <http://montrealgazette.com/news/local-news/head-of-new-radicalization-prevention-centre-vows-independence-from-police>. Cases can be referred to the police under limited and clearly defined circumstances. Twenty-four such cases were referred in 2017.

The programme includes both a community and individual focus. For the former, it raises awareness among the public and non-law enforcement professionals and institutions regarding how to identify signs of radicalization to violence, and seeks to deepen collaboration with local communities around issues of radicalization. At the individual level, it evaluates the risk of individuals, advises professional staff and families on how to deal with cases of radicalization, mentors individuals deemed at risk of radicalization or already involved in violent extremism, and provides counseling and “exit” programmes for those considering traveling to Iraq or Syria. Participation is entirely optional.

Central to the Aarhus and broader Danish approach is the “info-house” structure: frameworks for local co-operation between the police, municipal social service administrations and providers, and the National Centre for Prevention of Extremism. These frameworks exist in all 12 Danish police districts. Info-houses assess concerns about radicalization and extremism that may originate from agencies, services, professionals, or civilians; co-ordinate co-operation between all the relevant actors; and refer to preventive support provided by the police or municipality that are specifically designed for the purpose or developed for other or general purposes.<sup>148</sup>

### A municipality-led approach: Bordeaux, France

The Centre for Action and Prevention against Radicalization of Individuals (CAPRI) is a partnership between the city of Bordeaux and the local Muslim federation. It brings together a small group of therapists, psychiatrists, legal experts, and imams to provide a multidisciplinary approach to Islamist radicalization.

Any member of the community can refer an individual to the programme where there are concerns about radicalization to violence. The multidisciplinary team reviews each case in a confidential manner to determine the appropriate treatment, if any. Treatment might include therapy or religious counseling sessions, often with members of the relevant family. Participation is voluntary and CAPRI does not handle “deeply radicalized” individuals, who are usually referred to the criminal justice system.<sup>149</sup>

148 Ramboll (for the Danish Ministry of Immigration and Integration), *Efforts to Prevent Extremism in the Nordic Countries*, December 2017, p. 15, <http://uim.dk/publikationer/efforts-to-prevent-extremism-in-the-nordic-countries/@@download/publication>.

149 CAPRI Center for Action and Prevention against Radicalization of Individuals, <http://radicalisation.fr/>.

### A regional approach: Federation of Wallonia-Brussels, Belgium<sup>150</sup>

The Anti-Radicalization Network, which includes the Centre for Assistance and Care of all Persons Concerned with Extremism and Violent Radicalism and the Resource and Support Centre, provides support to citizens and professionals in the French-speaking regions of Belgium in the prevention of violence, extremism, and violent radicalism. The Network responds to individual referrals, including those that come via its hotline, and tries to start a disengagement process; it also develops and provides tools to NGOs, schools, and other institutions that are in direct contact with the vulnerable youth and the wider population.

Full-time “radicalism referral officers” in a number of cities and towns across the region are in charge of evaluating, diagnosing, and counseling people with behavioural and emotional difficulties that might be linked to VERLT.<sup>151</sup>

### An approach that focuses only on VERLT: ReDirect, Canada

ReDirect works, through education, awareness, prevention, and intervention, to prevent youth and young adults in Calgary from being radicalized to violent extremism.<sup>152</sup> It is a partnership between the City of Calgary’s Community and Neighborhood Services, the Calgary Police Services (CPS), and other professional partners. ReDirect’s strategies range from education on the dangers of radicalization to helping individuals leave radical groups, with the overarching goals of treating the underlying drivers of their potentially violent behaviour and keeping individuals out of the criminal justice system.

ReDirect draws upon long-running CPS gang-violence, youth-support, and community-policing programmes. It began when local Islamic leaders asked the CPS to set up a programme to address potential cases of radicalization within the community. The CPS focuses on “disengagement” activities, with partnering religious leaders handling all “ideological” aspects. Referrals are treated confidentially; information is not shared with law enforcement or intelligence agencies unless there is a direct risk to public safety.

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<sup>150</sup> Federation Wallonie-Bruxelles, “Violent Anti-Radicalism and Extremism Prevention in the French Speaking Community in Belgium”, 2018, <https://extremismes-violents.cfwb.be/>.

<sup>151</sup> International Observatory of Mayors, “Protocol for the Prevention of Radicalization”, <https://observatoireivreensemble.org/en/protocol-for-the-prevention-of-radicalization>.

<sup>152</sup> For details of this approach, see ReDirect Program, “Learn How We are Stopping Violence in Youth through the ReDirect Program”, <http://redirect.cpsevents.ca/>.

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