

Adversity, Criminality, and Mental Health Problems in Jihadis in Dutch Police Files

by Anton W. Weenink

Abstract

This Research Note addresses the backgrounds in terms of demography, adversity, criminality, and mental health of 319 jihadist travelers and at-risk travelers from the Netherlands. It is a follow-up on a 2015 paper describing behavioral problems and disorders in 140 jihadi travelers. The study is informed by life course criminology and the distinction made in Situational Action Theory between an individual's 'susceptibility' to radicalization to violent extremism, and 'exposure' to a radicalizing environment. Individual backgrounds are typically thought to affect such susceptibility. Data are from police files on the subjects. Results indicate heightened 'susceptibility' in all categories, and cast doubts on the often-presumed 'normality' of this specific group of 'terrorists'.

Keywords: jihadi travelers, foreign terrorist fighters, criminality, mental health

Introduction

This paper is based on results from a report of the Netherlands Police on the personal backgrounds of jihadi travelers from the Netherlands.[1] The report ('Study 2') proceeds from Weenink (2015) ('Study 1') that highlighted behavioral problems and disorders among the current generation of jihadists.[2] Findings from Study 1 seemed to be at odds with views in terrorism research, that terrorists are "surprisingly normal" in terms of mental health, and that they overall do not have problematic socioeconomic backgrounds.[3] This 'normality hypothesis' (author's term) seemed to find support in the profiles of leftist revolutionaries of the seventies and eighties, and al-Qaida's 9/11 attackers. Researchers considered these terrorists to be relatively well educated, to come from middle or even upper class families, and not to have more mental health problems as on average. Homegrown jihadists of the 2000s, however, seem not to fit this socioeconomic picture, but some maintain that the image overall remains one of diversity: Beyond most homegrown jihadists being young males from immigrant families, these researchers find little that sets them apart as a group from their peers. [4] [5]

The normality hypothesis affects research and practice. For one thing, supposing normality led some researchers to dismiss life course criminology (LCC) as a means to understand pathways to terrorism. The interaction between adverse childhood experiences and innate vulnerabilities that induces ordinary criminal violence in LCC, some consider to be absent in the lives of terrorists.[6] Another corollary was that mental health problems, that are a standard item in clinical risk assessment for ordinary criminal violence, dropped out of risk assessment instruments for terrorist violence, like the VERA (Violent Extremism Risk Assessment) and IVP (Identifying Vulnerable People). Instead, risk factors related to "ideology, grievances, affiliations, and moral emotions" were included.[7] Similarly, Dawson et al proposed to pay more attention to the role of ideology as a 'pull factor' for jihadi travel; they think that research on socioeconomic 'push factors' fails to address the problem of specificity.[8]

In recent years, however, doubts resurfaced as to whether 'normality' properly describes the current generation of jihadist travelers, and some other types of violent extremists as well. Study 1 referred to research that did find behavioral problems and temperamental issues in violent extremists of different backgrounds.[9] Several studies based on large samples of Dutch jihadists since the early 2000s consistently show them to be overrepresented in crime.[10] Basra et al (2016, 2017) found this 'crime-terror nexus' in several other European countries.[11] As for mental health, Corner & Gill (2015, 2016), Gill & Corner (2017) and Hamm & Spaaij (2017) found Lone Actor Terrorists (LATs), in contrast to group actors, to more often have mental disorders than people on average.[12] A history of mental illness was a statistically significant predictor of violent extremism, as was having an unstable career, radical peers, and a criminal record, in a study by LaFree et al (2017).[13]

Many American white supremacists appear to have troubled backgrounds.[14] Bubolz and Simi think the idea of terrorist normality is a case of ‘overgeneralization.’[15] Others question whether older descriptions of the backgrounds of terrorists were correct in the first place.[16]

A corollary is renewed attention for non-ideological, that is psychological and criminological, risk factors for terrorism.[17] Furthermore, mental health problems have been reintroduced in terrorism risk assessment instruments (e.g. in VERA 2R). Here though, the focus still is on major mental disorders. Some call for more nuance, because mental health is not a black-or-white issue.[18]

The consensus on ‘normality’ being questioned again does not imply that adversity, mental health issues, or a criminal record help us identify who will become a violent extremist and who will not. The specificity problem is still there, as by far most people with mental disorders or a criminal record will never become violent extremists. Bouhana and Wikström (2008, 2011) point out though, that insight in backgrounds remains important. They propose not to

(...) confuse the failure of a “profile” or “risk factor” approach to the explanation of terrorist actions with the irrelevance of individual-level differences. (...) To be of value, variables included in statistical models or “profiles” should be variables that we have good reason to believe to be causes, markers or symptoms. What the identification of non-random regularities (i.e. stronger correlations of acts of terrorism among those with particular attributes) can do is to help us identify causes.[19]

Their Situational Action Theory distinguishes the background variables that may enhance or reduce this individual ‘susceptibility’ or ‘vulnerability’, from variables related to ‘exposure’ to radicalizing settings. To come to terms with the specificity problem, research needs to address the interaction between individual and context. Risk factors for criminality and susceptibility to violent extremism overlap.[20] People who are vulnerable to radicalization may be found almost anywhere, but actual radicalization remains rather rare and local, because ‘exposure’ is needed as well. The idea finds support in research indicating that European radical networks arise around one or a few inspiring figures, and not necessarily in areas with the largest concentration of young Muslims who are the target of choice of al-Qaida and ISIL propaganda.[21]

In Study 2, Bouhana and Wikström’s distinction between susceptibility and exposure is the point of departure: problematic backgrounds may heighten susceptibility. Exposure is not part of the study, so the study will not solve the problem of specificity. It may show however, which items beyond the obvious ones of age, gender and migration background set travelers apart.

Research Focus

The central question in study 2 is: *What are the backgrounds of jihadist travelers from the Netherlands?* The aim of the study is to provide suggestions for the kind of interactions that police and partners of police could pursue in preventing or diminishing extremist engagement. The focus is on areas of interventions, and not on specific policy prescriptions, mainly due to the fact that policy could not be readily evaluated. The aim in the study is to establish where the background characteristics of a specific group lie vis-à-vis their peers—especially for those characteristics that law enforcement and scholars consider as susceptibility factors to extremism. The assumption of extremism is based on the fact that those individuals answered the call to join violent extremist, salafi-jihadist militias in the Middle East. Although the study is descriptive and does not provide a causal model, current LCC and SAT models informed its choice of variables.

Background variables highlight what preceded travel for jihadist purposes. In Study 2 they are similar to those in Study 1. They loosely follow its three categories of ‘historical variables’ from a tool forensic psychiatrists use to assess the risk of re-offending in violent criminals, ‘HCR20-v.3’ (‘HCR’: Historical Clinical Risk Assessment):[22] Adaptive and Life problems (‘adversity’ as in ‘Adverse Childhood Experiences’, or ‘distress’);[23] Anti-social behavior (‘criminality’); and mental health problems. Additionally, this paper discusses scores on demography (in SAT, demography affects the likelihood that someone will be exposed to a radicalizing setting). Each category contains several historical variables and underlying items, of which those with relatively few missing values will be presented. HCR is not used here as a risk assessment tool. Where possible, outcomes are compared to base

rates. Scores on descriptive variables are correlates of jihad travel, but not necessarily causes. [24]

'Jihadi travelers from the Netherlands' refers to all individuals on the 'List of jihadi travelers', which was compiled by the counterterrorism team in the Central Unit of the Netherlands Police. All regional and national police units provide the information; they decide who will be on the list, and provide their status (e.g. 'returned', 'at risk', 'presumed dead'). In Study 1, the author used the list from February 2014 (List 1), which contained the personal details of all 140 travelers known to Dutch police at that moment. Study 2 uses the list from March 2016 (List 2) (n=319); 108 individuals from List 1 are also on List 2.

If one were to construct a model, the variable of most interest would be 'joining the jihad', with levels referring to whether people 'accomplished travel', 'tried but failed to join', or merely 'expressed intent to join'. Dutch criminal law considers joining a jihadist organization a terrorist crime, so in a legal sense, those who joined are 'terrorists'. Whether subjects were 'radicalized' in the ideological sense is a different matter. We cannot rule out that at least a few on the list had more mundane reasons to join. The caliphate claimed to offer a 'second chance' in life, if not 'stardom', to those who may feel like they did not do well in the first one.[25]

Sources, data and method

Data were mined from databases the author has routine access to as a researcher in the police. The list of travelers contains personal details (name, date and place of birth, citizenship), and residential information. Additional demographic backgrounds are found in the citizen's registration system ('GBA'). Data on adversity, criminality and mental health come from a nationwide police registration system Blue Spot Monitor (BSM). BSM shows all police contacts of a subject and the reports these contacts led to, up to five years back from the date of consulting. BSM also shows whether a subject has crime antecedents ('yes' or 'no') and, on a separate page, which antecedents. An online facility, JD-Online, contains criminal records. Demographic and crime data comprise relatively 'hard' facts, but BSM also is a reservoir of 'soft' information, as it contains all documents in which community police officers report their contacts with subjects and their acquaintances. Contacts may consist of interrogations, interviews, or just social talk. Interrogations often start with a 'social introduction', in which a suspect is asked to tell about his or her personal situation. Depending on how forthcoming they are, answers in the 'social introduction' section give a general impression of a subject's family situation, education, employment, financial situation, substance use, physical and mental health, and radicalization.

While demographic and criminality data can be determined straightforwardly, many other fields are more frequently missing. For example, information on educational achievement and employment is harder to come by. Studies by other authors provide some of this information. Finding data on mental health problems poses a particular challenge. While this paper does not diagnose mental health conditions, it uses information on such diagnoses as reported in police files. The files contain this information because community police often collaborate with providers of mental health services. Court rulings may also contain information on mental health.

Limitations and strengths

The research has a number of limitations. First, the police databases used are inaccessible to non-authorized outsiders. Second, police reports have a number of flaws, ranging from simple mistakes, to inconsistent follow-up in specific cases. Third, when a subject does not have a criminal record, there is less information on other items as well. Fourth, several other potential sources of information have not been consulted—social media in particular.

The study also has some strengths, related to the use of police data. First, the databases used in this study contain the most authoritative information available, at least for several key items across all subjects. Second, the 'soft' information mentioned is unique, in particular where it reveals the circumstances before an individual became a jihadist. Third, the study covers a complete research population, whereas many terrorism studies are based on small non-random samples.[26] A complete research population allows for computing reliable estimates of the population means, and thus for making statements about the 'normality' or 'abnormality' of scores on

specific variables.

Results

Status of jihad travel

Of the group of 319 jihadis on the 2016 Dutch police list, 217 (68%) accomplished their travel to the war zone. Of the 102 who did not travel, 41 (13%) tried but failed, 59 (18%) were considered ‘at risk travelers’, and 2 were ‘facilitators’. The 217 accomplished travelers account for 79% of all accomplished travelers in July 2018. By mid-2019, 65 have been reported dead (30%).

As a proxy to the length of possible radicalization trajectories, the number of subjects that had entries in the database of the counterterrorism team before 2012 was tallied. It turned out that the team knew 31 of them before 2012 (10%). After travel took off in earnest, 100 individuals (31%) became known as at-risk individuals, another 117 (37%) only after they had left. In any case, 90% of travelers had not been active enough to raise red flags with the police prior to their ambition to travel.[27]

Demography

Age and gender

The mean age of those who accomplished their travel was 24 at the date of departure. For those who did not leave the mean age at the date of inclusion on the list was 23. Among travelers, for males the mean age is 24.1 and for females 23.6. The age distribution was similar to that in 2014; at 4%, the share of underage travelers remained the same. The share of women among all subjects doubled from 16% in 2014 to 31% in 2016. Of those who actually left women accounted for 28%.

Religious background

Judging by their names, family country of origin, and information in police reports 47 subjects are converts, or 15%, up from 12% in 2014. This means converts are overrepresented, considering that Schuurman et al estimate the share of converts in the approximately 1 million Muslims in the Netherlands, at around 1.7%.[28] The numbers also show that both converts and born-again Muslims represent small fractions of the Dutch Muslim population.[29] Of born-again Muslims 26% are women, the number for converts is 60%. By implication, of all 98 women on the list, 29% is a convert, and of all 221 men, 9%.

Immigration background

Of all subjects, 92 (29%) were born abroad and 227 (71%) were born in the Netherlands. Definitions of the Netherlands Central Bureau of Statistics give the following result for the distribution of ‘migration generations’:[30]

Table 1 Migration generations (n=319)

Immigration Generation	N	Distribution
No migration background	21	7%
First	92	29%
Second	206	65%
Third	0	0%
Total	319	101%

If we take account of the place of birth of their parents, 93% of travelers have a migration background, with 65% belonging to the ‘second generation.’ Of converts, more than half (55%) have a family background of immigration. There were no subjects on the list from the so-called ‘third generation.’ As of yet, the third generation in the Netherlands is too small and too young to conclude that their absence is a result of their greater resilience to extremism (as Roy observed in France). [31] [32]

At 55%, subjects of whom one (5%) or both (50%) parents come from Morocco are the largest group by background country. The result is similar to Weenink (2015). The share of subjects with Turkish roots is 8% (was 9%). The communities of Moroccan and Turkish descent account each for about 2% in the Dutch population of 17 million, so subjects of Moroccan descent are clearly overrepresented. As mentioned, of 21 subjects (7%) both parents were born in the Netherlands. Smaller numbers have roots in Iraq, Somalia and Afghanistan, and several other countries.

Adversity

Under ‘life problems and trauma’ or ‘adversity’, HCR distinguishes three groups of historical variables with underlying items: Problems with Relationships, Problems with Work (financial and educational problems will be discussed here as well), and Traumatic Experiences. This paper only discusses the items for which there was sufficient information: ‘single-parent families’, homelessness, and problems with education, employment and finances.[33]

Single-parent families

Citizens’ registration data of subjects and their parents allows for establishing how many subjects come from single-parent families. The outcome will be compared to base rates as found in work of others.

Table 2 Subjects from single-parent families

	Share of subjects from single-parent families
List 2 (n=319)	49.2%
Netherlands[34]	
Dutch background	19.7%
Turkish background	20.9%
Moroccan background	21.4%
International[35]	
England	24%
Wales	20%
Eastern Europe	14%

At 49%, travelers come from single-parent families over twice as often as their peers do. In 132 cases, divorce accounted for 41% of cases of parental separation, the death of a parent for 8% (25 cases); in 11 cases, a parent died after divorce. Converts very often come from single-parent families: 79%, against 48% for born-again Muslims.

Homelessness

In Weenink (2015), at least 6 out of 140 subjects had been homeless (4%), but these data are anecdotal. In the 2016 list, data on residential histories indicate that 30 subjects (9%) had been homeless for longer or shorter periods. Nationwide, homelessness in the age group 18-30 was 0.3% in 2015.[36] Comparison of homelessness rates of jihadi travelers with their age-matched nationwide group in the years 2011, 2012 and 2013, shows them

to be eight to ten times more likely to have a history of homelessness: 2.4% (n=6) both in 2011 and 2012, and 4.0% (n=10) in 2013.

Education

Although police data on education are by nature spotty, enrollment in higher education is likely to be more reliable, since subjects or relatives will be more inclined to mention such facts in interviews. In all, at least nine subjects attended university (3%), with only one graduating (0.3%); 23 others attended other institutes of higher education, of whom also one graduated. Therefore, of the 32 individuals (10%) who enrolled in an institute for higher education, two (0.6%) graduated. Actual numbers may be somewhat higher, but most probably will remain far from national and European averages for graduating from institutes of higher education, which are typically over 35%.[37] Thijs et al (2018) supports the impression of academic underperformance. Using data from the Central Bureau of Statistics (CBS) of 279 suspects of a terrorist crime since 2005, they found 62% never completed secondary education, and 4% completed higher education. [38] The earlier generation of jihadis fared no better. Ljujic et al found that 63% of 209 jihadis and sympathizers in the years 2001-2013, never completed secondary education.[39]

Employment

Consistent with the literature on immigration burden, distress, educational setbacks and homelessness, terrorism suspects and jihadis seem to be under-integrated into the labor market. Of the jihadis in Ljujic's sample, 64% had been unemployed. Unemployment was 56% in the sample of Thijs et al, which was higher than that in ordinary criminals. Studies by Bakker and De Bont (2016), and Bergema and Van San (2017), based on smaller samples and open sources, found unemployment rates for travelers of 41% and 46% respectively.[40] In 2015 overall unemployment among second generation migrants was 22%; in the age group 18-25, it was 23%, and in the age group 25-45 it was 18%.[41] In sum, unemployment seems to be consistently and significantly higher among jihadis than among their peers.

Financial situation

Soudijn, a researcher from the financial crime unit in the Netherlands Police, published findings on the financial situation of travelers. He used bank data from 60,000 bank transactions of 131 accomplished travelers in the year before their date of departure. The transactions offer insight in the type of income and employment travelers had, and allow for assessing financial independence in terms of being able to provide for oneself, without government support or significant debt. Only 5% of all travelers were financially independent. Discounting young adults and/or students, who may by nature be financially dependent still showed that only 9% of the sample were financially independent.[42] Like De Poot et al (2011) and De Bie (2016), Soudijn found that, with few exceptions, when subjects worked, it was in irregular jobs and at lower wages than average of the labor market.

Criminality

Crime antecedents

Crime registration data from different police sources may not always be consistent, and the causes of discrepancies could be varied. Looking at criminal antecedents, namely reported criminal activities that preceded their travel or jihadi criminal activity, the proportion of individuals with at least one criminal antecedent ranges from 46% to 67%, depending on the source. Considering the extent to which scores have underlying data specifying the antecedents, the BSM estimate of 64% seems to best approximate the actual criminality rate.[43] This estimate is also close to the 62% that Thijs et al found in their sample of all terrorism suspects since 2005. Criminal histories may be diverse, but generally 147 individuals had one antecedent, while 30 individuals (9%) had 10 or more antecedents.

Comparing these numbers to the national average, in 2010 14% of individuals had criminal antecedents at

the age of 22 (23% for men and 5% for women).[44] At 64%, the absolute majority of travelers have criminal antecedents, with women even further over-represented than men: In our sample, 160 of 221 male travelers (72%) and 44 of 98 female travelers (45%) had criminal antecedents.[45]

Types of crime

The antecedents refer to 'ordinary' crime, not organized crime in the sense of subjects being active on illegal markets or racketeering. Ordinary crime, however, should not connote 'petty crime', as 40% of all subjects had been involved in violent crime in one way or another (40%). Violence in those cases mainly entails domestic violence, street and bar fights, and threats. There was no evidence for systematic organized violence related to drug trafficking or racketeering. When subjects were involved in the narcotics trade, it was on the lowest rungs of the supply chain. There were female victims of trafficking, but no traffickers or pimps. Overall, travelers appear to be disorganized and unskilled in their criminal endeavors.

Mental Health Problems

Overall outcome

A three-point scale was used for gauging mental health problems in travelers. In 230 subjects (72%), no mental health problems were reported, in 48 cases (15%) there was some indication for mental health problems, and in 41 cases (13%) they were clearly present. Out of the 89 individuals with reported mental health problems 56 had received some form of professional treatment (34 in the group where mental health problems were clearly present, and 22 in the group with some indication of mental health problems).

At first sight, a total score of 28% appears not to deviate substantially from national averages, considering the European base rate of 27%, as provided by the World Health Organization.[46] Prevalence rates differ per country, and for the Netherlands, a report by the National Institute for Public Health and the Environment (RIVM, 2017) puts the number at 22%. However, this number refers to five categories, only one of which, 'Disorders', covers the three mental health items used in HCR20-v.3 and this study: serious disorders, personality disorders, and substance abuse.[47] For Disorders, RIVM puts prevalence at 1.9 million (11%; data from general practitioners), and for the age group 20-39 it is approximately 8% (data from mental health institutions). Therefore, a base rate of 8 to 11% seems to be more relevant to our data than the 27% published by the WHO. Keeping in mind the limitations of police sources, our findings indicate that mental health problems are likely overrepresented among travelers.

Types of mental disorders

This section presents some aggregate statistics of the general types of mental disorders found in the dataset. The reader is referred to the original report for Study 2 for more details on all 89 cases where a mental health issue seemed to be present, as they are outside the scope of this research note. Due to the diversity of the mental health problems in the dataset, the absolute number of cases is low for any particular mental disorder. As such, contrasting these cases to the national base rates poses significance issues stemming from the limited statistical power of each category, and a handful of cases in either way may lead to an impression of over- or underrepresentation. The result was contrasted to the national base rates for the age group 20-39, and to data on the 'Top 600' of persistent serious offenders, as published by the Amsterdam city public health service GGD.[48] [49] Overall, both psychotic disorders (4.7%) and PTSD (3.4%) seem to be overrepresented among travelers, compared to national averages of 0.5 and 0.6% respectively. Interestingly, the rates of these disorders among jihadi travelers are comparable to those of persistent offenders (4.0% and 7.0% respectively). In contrast, mood disorders (2.8%), autism spectrum disorders (1.5%) and ADHD (2.5%) do not seem to differ significantly from national averages, and to be significantly lower than the scores of persistent offenders.

Variation of mental health issues across demographic determinants

As mentioned before, it is beyond the scope of this article to provide a comprehensive descriptive statistic for the various mental health issues in each demographic subgroup in the dataset. However, overall mental health problems were relatively more prevalent across demographic categories. Using a rule of thumb of a 20-percentage point difference from the sample average of 28%, mental health problems are relatively more common in converts (53%), in jihadis with a history of homelessness (67%), in persistent offenders (63%) and in clearly violent offenders (52%). Relatively low levels of mental health problems were found in subjects who came from refugee families (16%) and in subjects without crime antecedents (18%). Additionally, people who joined after the proclamation of the caliphate had mental health problems slightly less often than those who joined earlier. No sex difference was found between male and female subjects, and they both had 28% prevalence of mental health issues.

Findings from practitioners

Weenink (2015) included information from a mental health care provider in the Netherlands, who indicated that 60% of a caseload of 51 individuals of concern for radicalization in a multiparty policy platform (known as the 'safety house'), had already had a record in the mental health service. By 2017, the number of clients had grown to 300, and the share of those with a record still was 60%, with 25% suffering from serious disorders.[50] Clinical research established disorders in 27% of 26 detained terrorism suspects.[51] In an evaluation report of the Action Program Counter-radicalization, the Ministry of Justice (2017) found that "many subjects discussed in safety houses have mental health issues." In the Arnhem safety house, 52% of 42 clients had mental health issues.[52]

Conclusion

The 319 jihadi travelers from the Netherlands have on average relatively high levels of adversity, distress, trauma, criminality and mental health problems, as compared to their age-matched peers. With adversity and criminality affecting more than half of the subjects, and mental health problems present in a substantial proportion of travelers, the overall picture is that of a group that resembles other youth at-risk of delinquency. Conversely, it is clear that jihadist travelers from the Netherlands cannot be considered 'normal' as suggested in earlier terrorism studies.

Discussion

This final section discusses in broad outline what the conclusion can mean for research and policy, keeping in mind that this is not a policy evaluation study.

1. The main takeaway from this study is that people may differ in the level of susceptibility to violent extremist ideologies. Those who experienced distress, or had mental health issues or with criminal pasts, seem to have been relatively more susceptible. Therefore, the findings do not support the idea that violent extremists tend to be indistinguishable from their 'normal' peers in terms of mental health and socioeconomic characteristics.
2. The claim that terrorists are very 'diverse' and 'normal' often is based on anecdotal evidence or non-random small samples. To establish regularities like overall normality or diversity, or the absence thereof, researchers need datasets large enough to allow for statements about the distribution of characteristics in the population. Therefore, Hegghammer calls on researchers to build such datasets and to "stop saying there is no single terrorist profile" — "of course there isn't a single profile, but populations can still be described. Not all terrorists are the same, but for any given variable, there is a median terrorist." [53]
3. This said, the study concerns a specific group of violent extremists, namely jihadist travelers from the Netherlands. Generalizations to other groups of violent extremists or even travelers from other

countries should take into account differences between populations and contexts. For example, on the European continent, many travelers have roots in North Africa, whereas British travelers more often have South Asian backgrounds. In North America, the proportion of converts is higher than in Europe. [54] North African societal norms and influences might be very different from those of their 'brothers and sisters' in Europe. Furthermore, jihad travel in itself is a specific manifestation of 'terrorism' activity, certainly from the legal perspective in most Western countries.[55] One conspicuous case-specific outcome is that a substantial number of travelers were quite new to the jihadi scene. This could indicate that situational factors—the relative proximity of the Syrian conflict and the accessibility of grassroots extremist groups—might have facilitated the 'radicalization' of some individuals who otherwise might never have thought of joining a terrorist organization.

4. Identifying socioeconomic push factors will not solve the problem of specificity, but neither will analyzing the 'pull' of ideology.[56] Jihadis remain an extremely small minority, also in the Muslim communities in the West, who are exposed to jihadist propaganda. Several jihadis will have gone through some process of religious 'reorientation'—but it is hard to avoid the impression that their extremism often is not so much the logical endpoint after 'studying Islam,' as where they wanted to end up in the first place. Perhaps there are limits to the level of ideological conviction that could be expected from young adults with poor educational achievements. Although salafi- jihadism undoubtedly is a rallying point for travelers, how they speak may sometimes better reveal their drivers than what they say.[57]
5. Radicalization is just as much an emotional process as it is a cognitive one. Counter-radicalization then might be more about diminishing susceptibility by strengthening resilience to life's challenges, than about offering 'counter-narratives'. [58] Both salafi-jihadis and white supremacists seem to have experienced 'adversity' and this probably is not a coincidence (and it goes for many criminals as well). Therefore, several authors have advocated a public health approach to defusing extremist states-of-mind across ideological or ethnic lines; diminishing exposure would suggest helping people disengage from extremist networks.[59] The findings from Study 2 support this perspective. In public health approaches, the primary focus is early intervention that prevents people from further radicalization by offering pragmatic solutions for dealing with the psychosocial problems that may have set them on the path to extremism. Practical solutions will have to come from other parties than law enforcement, but some hesitate to get involved. For mental health experts and practitioners, professional ethics and medical secrecy may seem at stake.[60] Regardless, the industry could think about the role it can play. [61] Where individuals are involved in terrorist attack planning, or can be considered ringleaders encouraging such planning, law enforcement has to step in. Here, identifying hot spots is essential. However, criminal investigation need not be the default response at the first signal of radicalization, as long as there is no indication of attack planning. Recognizing trouble at an early stage is key, as is proportionality in responses. In this, community policing can make an important contribution by building the trust needed, if people are to share early warning signals about their loved ones.

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Notes

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- [29] Jihadists may have gone through a process of religious revival similar to that of 'born-again Christians' (cf. Buijs et al, 2006, p.244; Dawson et al, 2016, p.31).
- [30] 'First generation' immigrants are those who were born abroad and immigrated to the Netherlands (regardless of age at immigration); 'second generation' migrants are native to the Netherlands but have at least one parent who was born abroad. The 'third generation' consists of those who have at least one parent who is a second generation migrant (CBS. 2016. *Jaarrapport Integratie 2016*. Den Haag: Centraal Bureau voor de Statistiek; p.159-163).
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- [32] <http://www.knack.be/nieuws/wereld/olivier-roy-terrorisme-beperkt-zich-tot-de-tweede-generatie-enbekeerlingen/article-normal-629509.html>. 27 November 2015; cf. Roy, Olivier, 2017, "Who are the new jihadis?" *The Guardian*, 13 April 2017.
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- [35] Bellis, Mark A., 2016, "Adverse Childhood Experiences and Alcohol. Addressing the roots of ill health and anti-social behaviour," presentation, Third International Conference on Law Enforcement and Public Health, Amsterdam, 2-5 oktober 2016.
- [36] <http://www.cbs.nl/nl-nl/nieuws/2016/09/aantal-daklozen-in-zes-jaar-met-driekwart-toegenomen>.
- [37] Eurostat, 2015, *Onderwijs en opleidingsstatistieken op regionaal niveau*, p.6-7.
- [38] The sample consists mainly of Jihadist suspects, but also includes some right-wing extremists, and members of the PKK and LTTE (Thijs et al 2018, p.89).
- [39] Ljubic, V., Prooijen, J.W. & Weerman, F. (2017). "Beyond the crime terror nexus: socio-economic status, violent crime and terrorism." *Journal of Criminological Research, Policy and Practice* 3/3. They use the sample collected by De Bie (2017), who extended the dataset from De Poot et al (2011).
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- [41] CBS (2016, p.57).
- [42] Soudijn, Melvin R.J. (2019). "The Hand that Feeds the Salafist: an Exploration of the Financial Independence of 131 Dutch Jihadi Travellers," *Perspectives on Terrorism* 13/2, p.39-53 (p.39).
- [43] The score of 46% is from another but similar database, BVI-IB, used in Weenink (2015); then the score was 47% in BVI-IB.
- [44] Blokland, Arjan, Kim Grimbergen, Wim Bernasco & Paul Nieuwbeerta, 2010, "Criminaliteit en etniciteit. Criminele carrières van autochtone en allochtone jongeren uit het geboortecohort 1984," *Tijdschrift voor Criminologie*, 52/2, p.122-152.
- [45] The score is an upper limit because the national average is determined at age 22, and the average age for travelers is 24, so the actual discrepancy will be somewhat smaller.

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- [54] Vidino et al (2017, p.55).
- [55] Conceptual issues need to be taken account of in defining context as well; see Schmid, Alex P. (2010). "Frameworks for Conceptualising Terrorism," *Terrorism and Political Violence*, 16/2, p.197-221, DOI: 10.1080/09546550490483134.
- [56] Cf. Dawson et al (2016).
- [57] This suggests analyzing ideological texts, and perhaps online content, by using techniques from neurolinguistic text analysis (cf. Cohen, Shuki J. (2016). "Mapping the Minds of Suicide Bombers using Linguistic Methods: The Corpus of Palestinian Suicide Bombers' Farewell Letters (CoPSBFL)," *Studies in Conflict and Terrorism*, Published online: 06 Apr 2016, p.749-780, DOI: 10.1080/1057610X.2016.1141005. Cohen, Shuki J., Arie Kruglanski, Michele J. Gelfand & Rohan Gunaratna. (2016). "Al-Qaeda's propaganda decoded: A psycholinguistic system for detecting variations in terrorism ideology," *Terrorism and Political Violence*, 9 May 2016, DOI: 10.1080/09546553.2016.1165214).
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- [59] Cf. Weine, Stevan, David P. Eisenman, Janni Kinsler, Deborah C. Glik & Chloe Polutnik. (2016). "Addressing violent extremism as public health policy and practice," *Behavioral Sciences of Terrorism and Political Aggression*, DOI: 10.1080/19434472.2016.1198413. Bjørge, Tore. (2011). "Dreams and disillusionment: Engagement in and disengagement from militant extremist groups," *Crime, Law and Social Change*, 55/4, p.277-285.
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