# 12 Assessment and Evaluation of Terrorist Rehabilitation Programs

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## Introduction

Sri Lanka launched its first terrorist rehabilitation program with the defeat of the LTTE in 2009. The presidential directive was clear: "it's time to launch 'humanitarian mission 02', to get them back on track with their normal lives". The state considered the detainees as "misled by the terrorist leadership into engaging in terrorist activity" but nevertheless, "citizens". The way forward was to rehabilitate the former Tamil Tigers with a view to reintegration into civil society. The six-pronged multifaceted rehabilitation program was geared towards supporting the rehabilitees to come to terms with their actions and adopt a non-violent way of life within a safe and secure environment. The architects of the program studied how terrorists and their leaders denied basic liberties and manipulated their followers during training. The aim was to address these deficits during their period in rehabilitation and facilitate participant re-engagement in civilian life. To move beyond mere disengagement from violence, designing and implementing well-crafted rehabilitation programs to reverse the process of violent radicalization was essential. Winning hearts and minds was the overarching principle of each Rehabilitation Centre. To ensure standards of excellence, program effectiveness was evaluated by the Centre and progress made by rehabilitees assessed by independent assessors. Sri Lanka has currently reintegrated 12,206 rehabilitated terrorists into civil society.

## Why are assessments important?

Crucial to the success of any rehabilitation program is assessment and evaluation. Established global rehabilitation programs have grappled with these challenges for almost a decade and use various measures to assess violent radicalization within their programs.[1] The many developing rehabilitation initiatives across the globe, while able to learn from existing programs, continue the search for tools of assessment and evaluation. This paper will draw from the experience of contemporary rehabilitation programs and from the material available in the field, so that the least complex to the more complex methods of measurement can be tried out within ad hoc as well as evolving rehabilitation programs.

Assessment and evaluation are two distinct processes with some overlap, in terms of observation, data gathering, and report writing. According to Baehr, assessment and evaluation complement each other, as it provides two different types of information. Assessment provides information focused on an individual's strengths, difficulties and how to improve functioning for the future. Evaluation provides a judgement on the quality of performance based on an established standard that helps decision making at any given time (Baehr 2010).

Specialists dealing with the rapidly evolving threat of terrorism, through experience, lean towards using *smart power* with the knowledge that both kinetic and soft approaches are required to counter terrorism. Initiatives to combat terrorism therefore must focus on the

*uphill prevention* using counter/alternative strategies, *downhill management* involving rehabilitation and reintegration, and *community resilience building* to inoculate communities against violent radicalization.


*Figure 8.1*

The bulk of the proactive work needs to focus on *community resilience building* to inoculate the community against violent radical ideologies. The target groups are whole of society: school curricula, children and teachers, youth, mothers, religious personnel, community leaders, professionals, educational and vocational institutes, and the private and public sector. The strategies include reflective and critical thinking, self-reflection, managing emotions, conflict management, peace studies, interacting with the different other, cultural pride and instilling a sense of nationhood and unity among people.

Strategies used to counter radicalization are essential reactive strategies, put into place during the problem period. *Counter radicalization* is about identifying vulnerable communities, picking up early warning signs, countering violence instigating narratives, delegitimizing the need for violence and the moral justifications for violence, engaging youth, providing alternative and meaningful pathways in life, and deterring those moving towards joining radical groups through the judicial and law enforcement systems.

Rehabilitation to *deradicalize* is about reversing the process of radicalization, post hoc. Rehabilitation therefore focuses on doing everything possible to bring the person back to society by engaging the individual, winning hearts and minds, facilitating alternative pathways to express grievances and an opportunity to become a productive citizen. Deradicalization is a slower but sustained process that includes individual resilience building by developing cognitive resilience through mindfulness training, critical thinking, emotional intelligence, problem solving; interpersonal resilience through conflict resolution, peace building, and diversity training; motivational resilience by restoring significance and meaning in life; economic resilience through livelihoods training, education and opportunity for employment; spiritual resilience by working through doctrinal distortions with qualified religious personnel and re-engaging in the faith practise; social cultural and familial resilience

by reconnecting with culture, society, family, as well as diversity training, conflict resolution and peace building. Retraining and re-engagement in the several rehabilitative components help shift the individual away from a violence justifying ideology, and helps to prevent relapse or recidivism.

Interventions at every level require state backing and funding through public-private sector partnerships. Funding agencies are heavily outcome driven and require assessments and periodic evaluations to justify investing resources in intervention programs.

This paper will focus on the various measures and models used within a rehabilitative environment, whether it is within a custodial, semi custodial or community setting. Often, the worried, the concerned, the interested, the amateurs, the curious, the critics and the sceptics ask: 'how can you measure the success of a program?', 'how do you know if a person is deradicalized?', 'human behaviour is complex, how can you measure what a person thinks?', 'our program works well, why do we want to reduce it to numbers and dilute the value of the program?', 'we know the program works, that's enough, why should we prove it to others!?', 'we see the change, how can a number indicate if something is successful or not?'. These are legitimate questions that require robust responses that are backed by data. The field of terrorism has evolved and engaged social psychologists, forensic psychologists, clinical psychologists, IT consultants, researchers and statisticians with the understanding that measurement is one of the most effective ways in which to know what works and does not work.

Measurement is at the core of any evidenced based intervention program. Assessments contribute to global knowledge by identifying the relationship between the different variables being assessed. Managers and researchers of creative and effective programs need to share these efficacious initiatives and their successes with nations that continue to struggle to engage in the process of assessment.

**Who and what should be subjected to assessment?**

When managing a Rehabilitation Center, several types of assessments are required: Detainee and inmate assessment, Program assessment, Center assessment and Staff assessment. These assessments inform program managers and funders about program effectiveness and where to target resources to improve the service. Assessments highlight potential risks, vulnerabilities and strengths of the individual, the program, the Center and the staff team.

The Detainee and Inmate

Individual assessments facilitate the categorization of intervention groups, and prevents the more radical influencing the less radical members. This includes a comprehensive assessment and interview process that will inform the staff of the degree of radicalization, level of risk, strengths and vulnerabilities, how prepared the detainee or inmate is to engage, and readiness to change.

The Program

Program assessments and evaluations allow participants to provide feedback on each activity or session, which promotes a sense of ownership of the program. Individual program and overall program assessments conducted by the Center staff and by external resource persons will help to identify difficulties, and improve the practice and service delivery. For example, correlating the feedback forms, internal and external assessments with detainee and inmate deradicalization levels will indicate program effectiveness. Assessments and evaluations help to improve the implementation of the program, and adjust the program to improve effectiveness. Program managers are then able to tailor interventions to suit individual and group needs, identify progress during the period of rehabilitation, and conduct follow-up assessments in the community upon reintegration. Periodic assessments can help to assess change longitudinally.

The Center

An assessment of the Center will ensure adequate staff to detainee/inmate ratio, facilities for educational and vocational training, space for sports and extra-curricular activities, a place for worship, facilities for family visits, and medical services. The Center's security assessment is vital, as is the risk assessment to prevent suicide and self-harm. The atmosphere and ethos of the Center needs to reflect a relaxed and respectful environment.

The Staff

Staff assessments help to identify strengths and deficits in knowledge, skill and attitude in managing this specific population. One of the primary factors that impact on reducing levels of violence and aggression are positive staff interactions (Kruglanski 2014). Staff skill in managing detainee and inmate aggression, resistance, non-cooperation, and dependency behaviours is vital. Staff capacity to cope with the emotional impact that detainee or inmate may have on the staff, ability to work compassionately and with forgiveness, the commitment to support the detainee and inmate to reintegrate are essential aspects when working within a terrorist rehabilitation environment. The frequency of staff supervision, leisure, home leave, health and stress management are features that need to be addressed through the periodic staff assessment framework.

Assessing the various factors of a Rehabilitation Center will ensure that the centre achieves a standard of excellence.

**Key tasks in assessment**

The assessment process involves several steps:

First, the assessors within the multidisciplinary team (MDT) needs to *collect information* from a range of sources using the five pillars of clinical assessment as a guide (Hecker and Thorpe 2016). The pillars of sound clinical assessment include interviewing the detainee/inmate and significant others; observation of behavior in several settings; information through actuarial assessments; information through paper records and reports; and gather information on the history and background of the individual.

Second, the *recording of information* as soon as it is collected clearly and consistently is vital. This information should be recorded in a manner easily accessible by authorized personnel when required. The information recorded will help to promote accountability within the organization.

Third, the *analysis of information* collected and recorded should be professional and objective. The assessment must go beyond a mere description of facts. A thorough analysis conducted will help to create greater understanding of the person, highlight risks, vulnerabilities, areas to further scrutinize, and also indicate changes in behavior.

Fourth, *estimate future behavior* based on the analysis. Statistical analysis needs to point towards predicting potential future behavior. The likelihood of certain behavioral patterns recurring, and contextual variables that may increase or decrease a particular behavior, are likely to indicate the potential for recidivism.

Fifth, *draw conclusions* from each segment of the assessment and prepare to present the findings. The analysis and predictions needs to provide a formal conclusion of findings by all professionals involved in the MDT, on the past, present and future prognosis of the detainee and inmate.

Sixth, *write a report* by drawing together all the information and analyses from multiple sources that outline strengths, vulnerabilities and risks. The report needs to inform the reader about the past, the present and the future, risks involved and recommendations for intervention, and prognosis.

Seventh, *sharing of information* amongst relevant professionals involved in rehabilitation. If the information gathered is not shared responsibly by all parties in the interest of the detainee and inmate, there is little value in an assessment. The focus of any assessment within rehabilitation should be for the sole purpose of supporting the detainee/inmate to shift away from violent extremist thinking and behavior, prevent harm by detainee/inmate to another, and prevent harm to detainee/inmate from others.

Eighth, *reviewing assessments* to ensure that staff working with detainee and inmate are able to recognize progress and regressions, and shift with the changes. Assessment is a process that needs to be ongoing as human beings are malleable and subject to change. The assessment needs to reflect this. Detainee and inmate information should be regularly reviewed during engagement and records updated accordingly.

Ninth, *assessing progress* of the detainee and inmate's readiness for reintegration. The interventions offered, participation in programs, engagement by detainee/inmate within the rehabilitation process, are factors likely to indicate the level of progress and risk. Risk assessment based on the five pillars of assessment discussed. The information gathered will help the management and staff work towards designing the aftercare required by the detainee/inmate in the community, and to liaise with relevant professionals in the community.

Tenth, *maintaining confidentiality and professionalism* is a primary task that will ensure trust and respect of the detainee/inmate as well as the credibility of the program. Clear protocols should be in place to manage information, how information is shared, when it is shared, with whom it is shared, and for what purpose. The progress of the detainee/inmate and safety of the public are key features when maintaining confidentiality and professionalism.

The process of assessment in itself is therapeutic as it focuses on understanding the individual, the context and the problem, with intervention to improve functioning. Assessors therefore need to be well trained and skilled in using a variety of engagement and interviewing methods together with assessment and evaluation tools that will gather accurate information while helping detainee and inmate gain insight into their thoughts and behaviours.

**How are assessments conducted?**

Five pillars of assessment

Jerome Sattler (2001: 5) refers to the four components that form part of any comprehensive assessment. He recommends that an assessment should contain information gathered through interviews, observation, actuarial assessment and informal assessments. *Interviews* are conducted with client, family, peers and significant others as required. Observations carried out by the assessor, Center staff and program facilitators within the Center. Observations made by significant others, educationalists, colleagues and peers within interpersonal and social settings to be included in this category. *Formal assessments* or actuarial (statistical) assessments include the findings from psychometric measures such as the SQAT, VERA-2R, VEBS, ERG22+, and MLG and other norm referenced tools that provide statistical information on radicalization, violence, mental health, etc. *Informal assessments* provide additional information towards the formal assessments. Informal assessments also include personal, behavioural and social assessments that are not-norm referenced. Hecker and Thorpe (2016: 143) add a fifth component that includes *Life Records* that provide vital information on medical, psychiatric, forensic, developmental, educational, vocational history as well as on accomplishments and vulnerabilities.

Assessment interview

Motivational Interviewing (MI) is a technique used to engage the detainee and inmate, gather information, while preparing the detainee for change (Miller and Rollnick 1991). It is an interview technique that helps to reduce resistance and elicit an accurate understanding of the individual. MI is a technique that has four primary components: express empathy as it helps to connect with the detainee and build rapport; develop discrepancy by eliciting the positives and negatives of actions; roll with resistance indicative of respect for autonomy; support self-efficacy and communicate the ability the person has to make the changes required. The spirit of MI is collaborative as opposed to confrontation. This technique attempts to elicit the responses from the beneficiary instead of telling how the beneficiary should be. The tone of the sessions are autonomous, respecting the detainee/inmate's space and freedom instead of being authoritarian.

Professional and ethical methods of interviewing are likely to generate more accurate information as the detainee and inmate are likely to be more relaxed, feeling less anxious, and a lower need to use deception. Using open ended questions will elicit more information rather than closed questions. Affirmation and support in recognition of the detainee's efforts to discuss potentially difficult aspects, reflective listening, and summarizing what the detainee

has expressed, helps to clarify and gain a better understanding to the detainee narrative, while preparing him or her for change.

**What can be assessed?**

Detainee and inmate readiness to change

Assessing detainee and inmate readiness to change helps to tailor interventions to minimize resistance.[2] Ongoing assessments using Prochaska and Diclementi's stages of change cycle would indicate the level at which to target interventions during the detainee's period of stay in the Rehabilitation Center.[3] Some detainees may be resistant or not see the need for change (pre-contemplation). Others may be considering change (contemplation), while still others are prepared to engage in the programs. Those who are further along the cycle of change would be those actively engaging in the programs (action) and making changes, and finally those who are actively working through potential relapse to maintain the changes (maintenance). Changes are not linear and neither is it stepwise. Detainees and inmates move through these stages at various speeds while some continue to experience a level of stuckness. The skill to shift detainees depends on the staff, the Center environment, types of programs conducted, and the level of commitment, enthusiasm and creativity within each Center.

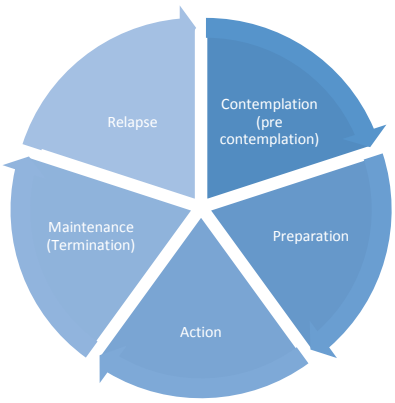


*Figure 8.2* Prochaska and DiClemente's Wheel of Change (Prochaska and DiClemente 1982: 276-288)

Level of risk

Assessment allows the risk categorization of detainees and inmates. Prison radicalization is often talked about but prison authorities struggle with lack of facilities, space and staff. Prison overcrowding results in heightening the potential for the more radical to influence the less radical, recruit from the criminal population, and form a nexus between the underworld and the terrorist networks, to transport weapons, explosives, cyanide, suicide bombers, and receive hijacked vehicles, illicit and restricted goods. The currency used by the LTTE to pay the criminal network for transport and storage services was illicit drugs. Categorization therefore is of primary importance both within a custodial and rehabilitative environment.

Categorizations are often based on the facilities of the Center and expertise available.

Ranges:

- Alphabetic categories such as A-F (High=A/B; Moderate=C/D; Low=E/F)
- Colour codes such as Red Amber Green for example Red 100-75; Amber 74-25; Green 24-0
- Ranges from Normal - Mild – Moderate – Severe, or Low - Medium - High
- Likert scale ranging from 1-10 or from 1-100

Finding the cut off marks are based on assessing a normative sample in the population for levels of radicalization. Others who test only the affected population, finds a range within that specific affected population.

Sri Lanka used the following scale from A-F to categorize the Tamil Tiger terrorists[4]:

| | |
|---|---|
| *A* | *LTTE frontline leaders (hardcore), Regional Leaders, Political wing Leaders* |
| *B* | *LTTE frontline members (hardcore), Black Tigers, Suicide cadres, Intelligence wing cadres, Specially trained cadres who have committed crimes, laid mines and ordered such activities that cause harm* |
| *C* | *LTTE cadres involved in antisocial acts/crimes* |
| *D* | *LTTE cadres involved in Recruitment, Training and Supporting wings* |
| *E* | *LTTE cadres involved in doctrinal, publicity, financial, political wing and vocational activities in supporting acts of terror* |
| *F* | *LTTE cadres trained in weapon handling but not involved in operations or antisocial acts/crimes and other peripheral activities* |

*Figure 12.3* (Bureau for the Commissioner General for Rehabilitation 2010)

Within Rehabilitation Centers, categorization of detainees and inmates help with tailoring the programs to suit the high medium and low categories. Those who are highly radicalized are likely to sabotage the program by preventing others from joining, framing the participation in the programs as betrayal, supporting resistance and encouraging non-corporation. Staff needs to be in control of the rehabilitation Center at all times, and not allow the senior or the more authoritative members of the terrorist group to exercise their authority over the junior members of the terrorist group at any time. The moment detainees establish a sense of seniority, the junior members fall into a subservient position and have difficulty making choices and resisting the ideological pressure brought upon them.

In the absence of categorization, the less radical individuals, and those who are keen to move on, are likely to have difficulty with resisting peer pressure, and may find it easier to submit to the attitude of the more radical. Detainees and inmates must be empowered to make independent decisions and not be used by others perceived as senior as they are now not within an environment controlled by the terrorist leadership. Once the assessment indicates

the level of radicalization, it is vital that staff continue to observe the participants and continue to assess their level of engagement. Individual programs, small group programs and common programs can be conducted to support the detainee to gain the maximum.

Interventions

The levels of intervention are based on the individual needs assessment of beneficiaries within each risk category. *Low* level interventions are building rapport, incentives, and privileges, working with family, community interventions, as well as the religious/spiritual, social, cultural, and family programs. *Intermediate* interventions are vocational, educational and religious education programmes. *High* end interventions are the specialist psychological interventions, using the Socratic method of questioning to challenge moral justifications for violence, facilitate critical thinking, gain insight and consolidate alternative thinking. Timing of the low, medium and high level interventions are determined by the individual's readiness to change, level of insight and progress made within the Center.

Early indicators of radicalization in prisons

Bryans identifies several early indicators of radicalization in prisons. These include *opinions expressed* in support of violence and terrorism, *material possession* of literature that suggest violence, *behavioural changes* that indicate withdrawal from previous relationships and forming relationships with known violent extremists, *personal history* indicative of engagement with violent extremist groups, *exposure to* extremist ideology and ideologues, *crisis of identity* and seeking to belong, and a range of *perceived grievances* by authorities and staff. These aspects can be incorporated within a risk assessment in prison, so as to steer the detainee away from further radicalization (Bryans 2012).

**What are the types of assessment?**

The assessments need to be conducted by a Multidisciplinary Team (MDT) that can view the individual from different perspectives. The MDT can involve a social worker, psychologist, faith worker/religious dignitary, community/youth worker, educationalist, medical professional, law enforcement/security, or a trained Center staff member. All these individuals will bring their professional perspectives into case management.

A variety of assessments can be conducted based on the particular rehabilitation program.

- Initial Screening Assessment (explores a broad range of aspects that will highlight particular specialist interventions). The assessment administered initially can also be an Intake Assessment, which can be developed into a comprehensive 360 degree assessment, further discussed in this paper.
- Risk Assessment (reduce vulnerability to violence, increase resilience and prevent recidivism) including a radicalization assessment
- Psychological Assessment (identify emotional and behavioural strengths and difficulties) including a cognitive behavioural assessment
- Socio-Economic Assessment (facilitate livelihoods)

- Religious and Cultural Assessment (identify spiritual needs and establish a sense of belonging and rootedness)
- Family and Friends Assessment (determine the nature of the support network)
- Educational Assessment (expand knowledge and confidence through learning)
- Vocational Assessment (skill building to engage in a mainstream vocation and have an income)
- Health Assessment (ensure wellbeing)

Assessments have to be timed, and where several assessors and assessments are involved, it is vital to prioritise assessments giving space to the urgent assessments that will help to ensure the safety and wellbeing of the detainee/inmate and staff. Staggering assessments, based on priority will prevent the detainee from being exhausted and also provide the opportunity for the various MDT sectors to engage the detainee meaningfully during the assessment process.

Assessments need to be *ongoing* as a person cannot be comprehensively assessed in one single sitting or setting. The accuracy of the assessment increases with greater engagement and rapport. The detainee/inmate needs to be observed and engaged by relevant professionals over time in a variety of settings and situations, and assessment results brought together to plan a way forward.

The detainee and inmate need to be formally *assessed periodically* to ascertain changes. Assessments that are conducted too frequently may be ineffective, particularly if they are self-report psychometric measures, as the detainee will habituate by getting used to questions, or the aspect of social desirability may affect the assessment. A comprehensive assessment process involves ongoing assessment conducted by the multidisciplinary team that helps to see the beneficiary from a strengths perspective while addressing the risks and vulnerabilities.

**Specific Assessments**

Screening assessments

*Initial screening assessment* with an identified staff member, who is skilled with rapport building will help to pave the way for other professionals to conduct their assessments step by step. It is important not to overwhelm the detainee or inmate with assessments. This initial screening assessment will help to identify the problems and risks, and if the detainee needs standard or more specialist assessments, who should conduct assessments as a matter of urgency, and also identify appropriate assessment tools. The conclusions will inform the staff if the detainee is eligible for a particular intervention, his or her ability to access and benefit from the existing interventions, and the need to tailor interventions to optimize benefits.

360 degree assessment

This is a comprehensive assessment to obtain a 360 degree understanding of the person. This assessment process needs to be comprehensive, and gather information on all aspects in the life of the detainee and inmate. For example:

- Age: 25 (what are the factors relevant to a person aged 25)

- Gender: male or female (what factors are relevant to a male aged 25 and female aged 25)
- Family: immediate and extended family; significant other, children (who lives at home, influence of family members, their perceptions of detainee involvement in group, family attitude toward detainee, family embeddedness related to group activities and ideology).
- Education: level of education, school attended, strengths and difficulties (interests, grades, performance, termination of education)
- Vocation: vocational interests, previous job/s, vocational skills, expectations and interests (reasons for changes in vocation, or discontinuing the job)
- Social: skills, interactions, lifestyle (perception of social life in the community, social engagement, and reasons for changes)
- Interpersonal: skills, relating styles, interpersonal relationships, childhood relationships, adult relationships, significant relationships (mentors or individuals held in high esteem over time)
- Cultural: practises, participation in events, understanding of culture (value for culture and reasons for rejecting the culture)
- Religious: affiliations, practises, locations of worship, mentors, (changes in faith pattern)
- Political: history of political involvement, views, (changes in political views and reasons for changes)
- Economic: status, methods of income generation, economic requirements (potential economic sustenance avenues in the future)
- Psychological: emotional difficulties, thought distortions, closed mindedness, lack of critical thinking, personality traits (aspects that are resilient and vulnerable)
- Physical/biological: appearance, perception of physical image, physical strengths and difficulties, biological changes due to age or illness (fatigue, tiredness, illness related medical issues)
- Medical: history of illness, surgeries, significant episodes of illness.

Being cognizant of the positives and negatives of each of the above aspects is likely to help the assessor identify risks, deficits, strengths and resilience. This information will help make recommendations on areas of improvement, while reinforcing the positives in each aspect.

Cognitive behavioural assessment

Cognitive behavioural assessments are specifically problem focused. These assessments look at *how the problem developed*, the nature of the problem, the difficulties experienced as a result of the problem, the formulation, how the problem can be managed, the timelines and who is responsible for addressing each aspect of the problem.

The focus of the cognitive behavioural formulation is on what happened *prior* to recruitment, what *triggered* joining the group, what helped to *maintain* the detainee/inmate within a violent extremist framework, and what is likely to *protect* the him/her from this predicament.

The aim of the staff is to reduce the detainee's vulnerability to violent extremism and increase the detainee/inmate resilience to violent extremist thinking.

Assessment of the ideology

Deradicalization goes beyond disengagement. Deradicalization is about moving away from a violence justifying radical ideology. The process of deradicalization requires a shift in thinking or a cognitive shift, away from morally justifying violence, away from legitimizing the need for violence, and from seeing violence as the only solution to grievances. Dismantling a violence justifying ideology involves addressing three aspects that form the ideology. These three aspects involve a grievance, a culprit blamed for the grievance, and an effective method that is morally warranted (Kruglanski, Gelfand and Gunaratna 2011).

- Grievance narrative actual/perceived
- Target to be blamed for grievance becomes the focus of hatred and anger
- Methods or violence morally justified by religious/historical/social narratives

Assessing radicalizing narratives

Identifying radicalizing narratives helps to prepare counter narratives and alternative narratives. These narratives can help mitigate online radicalization, prevent recruitment from the community and support detainees challenge their thinking.

- Political narratives based on organizational injustice reflecting inequality in distribution of resources, power sharing, discrimination and persecution. Projects the state as unjust and the terrorist group as just.
- Moral narratives reflecting moral degeneration of society and corruption as being part of the state machinery. Projects moral justification to rescue the community.
- Religious narratives are used to justify fighting an enemy of another faith or not of the same religious fervour. Projects religious justification to gather recruits and violent legitimize actions.
- Social narratives related to social exclusion, deterioration of social norms, and norms of behaviour. Projects social justifications as to why communities cannot live together.
- Heroic narratives that glamourize and attract the youth to become a rescuer of the people. Projects group as the saviour of the people.
- Historical narratives of communities being persecuted historically or of communities that have fought historically. Projects historical justifications to prove that communities cannot live together.
- Separatist narratives of why communities must separate based on discrimination. Projects justification to carve out a separate state.

When using counter narratives and alternative narratives, it is essential that detainees are not confronted but supported to question their own narratives and look for alternative interpretations. This method is referred to as the *Socratic Method*, which prevents detainee resistance within a dialog that fosters the detainee to challenge his or her own thinking.

**Radicalization assessments or risk assessments**

Radicalization assessments help to identify the intensity of aggression and violence related thoughts and beliefs. These assessments can be part of the risk assessment framework that has a dual function. The assessment can provide a measure of the level of risk posed by the individual to self and others, as well as provide information of therapeutic value. These measures used over time can identify changes in level of radicalization towards violence or away from violence.[5]

## Assessment of radicalization

The assessment of radicalization used in Sri Lanka provided information on several aspects.[6] For example: level of support for armed struggle, general violence, aggression towards a specific group, and violence related views; the presence of meaning and purpose in life; the tendency to hold a grudge against perceived injustices to self and loved ones; the presence of anger, shame, guilt and sense of insignificant; tendency towards avoidance, benevolence, revenge; community narcissism and martyrdom; the need for closure; sense of in-group responsibility and attachment to organization; identity fusion; self and family embeddedness in the organization; and attitudes towards staff, the Center and the guards.

## Significance Quest Assessment Tool (SQAT)

The Significance Quest Assessment Tool (SQAT) is a self-report measure used to assess the degree of radicalization or violent extremism (Kruglanski, Belanger and Gunaratna 2018: 10-11). The tool provides information on the level of risk, the level of cognitive change in radicalized thinking over time, which helps staff to measure the effectiveness of the interventions conducted within the Centers in reducing risk and facilitating cognitive change. Of paramount importance is to understand factors that contribute to the shift in thinking and risk reduction. The SQAT when administered at baseline and then at periodic intervals, reflects this shift. This tool has been used in Sri Lanka, Indonesia, the Philippines, Spain, Morocco, and in the West Bank in Palestine. The SQAT can be administered by researchers, academics, prison staff, supervisors, religious staff or volunteers with appropriate training. It can be filled out by detainees who are literate. The questionnaire is designed to access information related to quest for significance, acceptance of radical violence justifying narratives, subscribing to a network and its narratives.

## Violent Extremist Risk Assessment (VERA)

Elaine Pressman and John Flockton (2012) propose the Violent Extremist Risk Assessment protocol (VERA2), a comprehensive risk assessment tool.[7] The VERA2 is a psychometric instrument that provides a final rating of low, moderate or high ratings of violent extremism that can be used in conjunction with other assessment instruments and helps with case management in correctional facilities. This instrument requires staff to be trained specifically to administer the assessment protocol. The factors assessed are:

- Beliefs and Attitudes (7 risk items)
- Context and Intent (7 risk items)
- History and Capability (6 risk items)

- Commitment and Motivation (5 risk items)
- Protective Items (6 mitigating factors)

Mitigating factors are those that would help to reduce the level of risk identified in the first four subsections.

The Violent Extremist Risk Assessment (VERA) approach has been updated several times to accommodate new knowledge and different populations, such as the VERA2 and VERA2R (revised version). Screening versions have also been developed on the VERA2 to address specific needs such as VERA-SV (short version).[8] The most updated version of the VERA2R includes additional indicators related to mental health and motivational indicators related to women and youth. This tool is in use in many states in conjunction with other assessment tools particularly in North America, Europe, Canada, Australia and Asia.[9]

Violent Extremism Beliefs Scale (VEBS)

The Violent Extremism Beliefs Scale (VEBS) is a 31 item scale that measures four factors:

- Religious violence and extremism
- Extent of positive thinking
- Power politics and
- Risk taking and impulsivity

This scale is currently used by the Sabawoon Rehabilitation Program in Pakistan for children recruited by the Taliban (Peracha *et al.* 2017:53-62).

The Extremist Risk Guidenlines (ERG22+)

The ERG22+ is a Violence Extremist risk assessment tool used within the UK. This tool was developed by the British National Offender Management Service (2011) to assess risk and needs of extremist offenders in the UK. The tool captures 22 cognitive-behavioural factors associated with extremism and the plus (+) captures certain idiosyncratic features associated with violent extremism.

Lloyd and Dean (2015: 40-52) discuss the utility value of the ERG22+ which helps offender management services to assess risk, potential risk, and identify the needs to facilitate intervention.

The ERG22+ captures risk and needs based on three dimensions:

- Engagement
- Intent
- Capability

The ERG22+ does not provide a specific risk assessment score, but follows a similar model to that of VERA2 (Silke 2014: 117-118).

The Multi-Level Guidelines (MLG)

The MLG is an assessment tool that can be used to assess individual, individual-group, group and group-society dynamics related to violence. The tool defines group-based violence related to terrorism as well as crime and recommended for use with other relevant risk assessment tools to evaluate individuals at risk of violence or engaged in terrorism based violence (Hart *et al*. 2017).

The MLG administration procedure is discussed by Hart and colleagues. It comprises of seven steps:

- Evaluators gather relevant case information (Step 1);
- Consider the presence and relevance of 16 basic risk factors, as well as any case-specific risk factors (Steps 2 and 3);
- Develop an integrative formulation of terrorism risk based on risk factors that are present and relevant (Step 4);
- Develop scenarios of future terrorism based on the formulation, as well as management plans based on those scenarios (Steps 5 and 6);
- Communicate various conclusory opinions about the nature of risks posed by the person (Step 7).

The MLG is based on a nested ecological model of violence where individual and group factors influence on each other to enhance or mitigate violence risk (Cook 2014). The MLG is an open access tool. It is available for purchase by the general public, and evaluators are not required to complete a specific training program prior to purchase or use of the tool. The tool is intended for use by threat assessment professionals from diverse backgrounds. It may be administered by individual professionals, although administration by multi-disciplinary teams of professionals is strongly recommended (Cook 2014: 71-75).

Risk assessment components

Andrew Silke (2014: 113) proposes 7 essential components when conducting a risk assessment. These components are:

- Ideology – the level of adherence to the group's ideological position
- Capability – the degree of experience and training that increase ability to act on ideology
- Affiliations – the strength of individual's affiliation to the group
- Political and social environment – the level of support and encouragement provided by the socio-political environment to engage in violence
- Behaviour in custody – the degree of participation and cooperation with programs
- Emotional factors – the intensity of anger, revenge, grievances and injustices experienced
- Disengagement factors – ageing, ingroup conflict, changed priorities, disillusionment, significant life event such as injury or personal life event, deterred by the thought of future incarceration, time to reflect away from offending, changes in socio-political environment.

Risk assessment models needs to address the past, the present and the future. An assessment of the individual's past as well as current strengths/vulnerabilities and behavioural patterns is more likely to indicate future behaviour and also identify where to target interventions to minimize future risk. Therefore when assessing ensure that the assessor is aware of past and present ideological positions, capabilities, affiliations, interpersonal relations, socio-political contexts, thoughts, emotions and behaviours, of the individual.

## Conclusion

Disengagement from violence and deradicalization from violent extremism are two processes that involve cognitive and behavioural transformation. In the case of *disengagement*, the cognitive shift will enable a person to decide to refrain from using violence as a method of behavioural expression of discontent, but maintain the ideological or cognitive position of remaining disengaged from the target of blame or perceived enemy. The cognitive shift achieved in *deradicalization* is one that facilitates the individual to abandon the use of violence as a method of behavioural expression of discontent, and engage with the target of blame to carve out a future together or arrive at a middle position. The latter position of deradicalization is a more sustained process than disengagement which allows the person to move on and re-engage with all communities.

Given that both processes primarily involve a cognitive shift or transformation in thinking that will enable the crucial shift in behaviour away from violence, rehabilitation programs assess this cognitive shift. Assessment remains central in the process of terrorist rehabilitation. Ad hoc rehabilitation programs are rapidly formalizing and engaging researchers, statisticians and psychologists to implement evidence based intervention programs. The dearth of sound statistical data within country programs, and the hesitation to publish existing data has resulted a lack of collective knowledge in this field. However, with the new trend in showcasing country programs, individual programs take pride in achieving a standard of excellence and have shifted towards including evidenced based interventions within these programs.

The assessment and evaluation of rehabilitation programs remain a challenge to program managers now beginning to implement tools that will provide the statistical evidence on the effectiveness of the programs being implemented. Currently effectiveness of programs are based on recidivism rates. Though recidivism rates are a reflection of effectiveness, it is not necessarily an effective measure of the efficacy of individual programs due to the several contextual factors that influence recidivism. Assessment of Terrorist Rehabilitation Programs remain crucial and pertinent to minimizing risk and central in shaping effective interventions, as governments struggle with growing numbers of youth involvement in terrorist groups and returning foreign fighters.

## Note

1 For example: Pakistan uses the Violent Extremist Belief Scale (VEBS), Sri Lanka used the Significance Quest Assessment Tool (SQAT), Singapore uses its own measure of risk assessment which is classified, Saudi Arabia uses the VERA along with their own country specific risk assessments. These assessment instruments are discussed further in the 'Specific Assessments' section below.

2 Useful resource on overcoming Resistance: Teyber, Edward (2006) *Interpersonal Process in Therapy: An integrative model*, Fifth Edition. California: Thomson Brooks/Cole.
3 Useful resource on Stages of Change: Prochaska, J.O., J.C. Norcross, and C.C. Diclemente (2013) "Applying the Stages of Change" *Psychotherapy in Australia*, 19(2): 5-15. Available at: www.psychotherapy.com.au (accessed January 29, 2018.
4 Also see: Hettiarachchi, Malkanthi (2013) "Sri Lanka's Rehabilitation Program: A new frontier in counter terrorism and counter insurgency", *PRISM Journal for Complex Operations*, 4(2): 105-121.
5 It is vital that assessment instruments are not used too frequently as participants (detainees/inmates) are likely to habituate to the questions.
6 The battery of assessments used in Sri Lanka was developed and implemented in Sri Lanka, Philippines and Indonesia by a team of researchers with the START Program at the University of Maryland, USA and the ICPVTR, Nanyang Technological University, Singapore. The measure was designed to capture the rapidly evolving phenomenon of radicalization into violence, in the Community and in Detention Centers in Sri Lanka, the Philippines, Indonesia and Spain. The team were led by Professors A.W. Kruglanski, M.J. Gelfand and Prof. R. Gunaratna.
7 Also see: Pressman, D.E. and John Flockton (2012) "Calibrating Risk for Violent Political Extremists and Terrorists: The VERA-2 structured assessment", The British Journal of Forensic Practice, 14(4): 237-251.
8 On VERA, see: Pressman, D.Elaine (2009) *Risk Assessment Decisions for Violent Political Extremism*, Her Majesty the Queen in Right of Canada. Available at: https://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/2009-02-rdv/2009-02-rdv-eng.pdf on 31 January 2018. On VERA2, see: Pressman, D.E., Duits, N., Rinne and John S. Flockton (2016) "Violent Extremist Risk Assessment Version 2 Revised (VERA-2R)", cited in RAN Collection of Approaches and Practises, *Preventing Radicalization to Terrorism and Violent Extremism*, EU: Radicalization Awareness Network (RAN). On VERA-2R, see: Pressman, D. Elaine, N. Duits, N., Rinne and John S. Flockton (2016) *VERA-2R: Violent Extremism Risk Assessment-Version 2 Revised.* Netherlands Ministry of Security and Justice, Netherlands Institute for Forensic Psychiatry and Psychology. On VERA-SV, see: Kruglanski, Arie W., Jocelyn J. Belanger and Rohan Gunaratna (2018) *How Radicalization Happens: A Social Psychological Analysis*. New York: Oxford University Press.
9 See above citations on the use of VERA in different countries, as well as Pressman, D. Elaine and John S. Flockton (2014) "Violent Extremist Risk Assessment: Development of the VERA-2 and applications in the high security correctional setting", in A. Silke (eds), *Prisons, Terrorism and Extremism*. London: Routledge.

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