Report on the project

"Basic knowledge for health care related professions to identify radicalisation processes as a risk for violent extremism"

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Content

1. Background

In Germany the field of work regarding radicalisation prevention is dominated by educational and social workers, but also social and political scientists, and humanities are engaged in the subject of 'radicalisation'[1]. Besides primary prevention as in programs to promote democracy or to intervene against discrimination at schools, the main work lies in consulting and supporting of extremist individuals and their families by, for example, exit programs or deradicalisation projects[2]. These individuals are partly supported by the close cooperation with security authorities or are self-motivated to disengage from an extremist group.

In recent times there has been a societal and expert discussion on how psychotherapist and psychiatrists could play a role in the prevention of extremism, the deradicalisation of individuals, or the distancing from extremist beliefs (Bühring, 2018; Dom et al., 2018). While the public discourse commonly assumes the important role of psychiatric disorders during the development of radical violence (Schomerus et al., 2017; Weatherston & Moran, 2003), experts view these aspects more differentiated. Whereas it is only in single cases assumed for psychiatric disorders to causally determine the process of radicalisation, it is rather the importance of personality factors, critical life events, and adverse childhood events becoming more the centre of interest. Additionally, psychiatric disorders which include a lack of self-control potentially increase the risk for extremist violence. Furthermore, there is a growing interest in the topics of psychological stress caused by the process of radicalisation and individual violent actions, as well as the affiliated challenge regarding

1 Radicalisation describes the process of an individual increasingly questioning existing social fundamental values or advocating more extreme opinions. Categorising an opinion as radical also depends on the social context. The process of radicalisation can develop individually differently and doesn't have to develop into support of violence or violent behaviour. Since there is no global consensus on the definition of this term, we adhere to the definition of the Federal Agency for Civic Education and the domestic intelligence service of the Federal Republic of Germany (Verfassungsschutz).

2 Deradicalisation is understood as a complex, individual, multidimensional process, with the goal of disengagement from extremist beliefs and behaviours into a stable lifestyle apart from extremist orientated connections (Federal Office for Migration and Refugees, 2017).

the process of deradicalisation (Altier et al., 2014; Campelo et al., 2018; Misiak et al., 2019; Allroggen, 2020). Moreover, the potential involvement of physicians and psychotherapists in early perception of extremist actions and the prevention of adverse developments within young individuals, to avoid risk factors for radicalisation, are discussed. Therefore, comparable approaches from the prevention of school related severe violent actions (school shootings) are consulted, which are either based on the fact that nearly all perpetrators had contact with a physician or psychotherapist apron their action, or individuals related to the perpetrator's social environment (mainly at school) noticed any changes. Those changes can be related to deviant habits in daily routines, as well as direct or indirect leads (e.g. drawings) for upcoming actions, up to precise wording of planned actions. In the literature this phenomenon is commonly known as 'leaking' or 'leakage' (Bondü & Scheithauer, 2014; McCauley et al., 2013; Böckler et al., 2018). Thereby, this knowledge offers the possibility to intervene negative developments either through parents or educational staff, or through the attending physician or psychotherapist. According to comparable capabilities dealing with individuals committing purposeful violent crimes, the initial hypothesis of this project was for health care professionals to be able to perceive and influence during early stages of critical development in the context of radicalisation. This approach requires the transfer of basic knowledge about the underlying processes of radicalisation to practitioners, as well as the sensitisation of the public health system for possibilities of prevention in the sense of the public health approach as drafted by the government in their frame work plan for different fields of prevention (Federal Ministry of Health, 2019). Thereby, for example the demonstration of different approaches are understood (e.g. how the possibility of health promotion and prevention could be used more/better and/or sustainable), as well as the specific peer and environmental pathways to access prevention approaches (Federal Ministry of Health, 2019).

The goal of the project *"Basic knowledge for health care related professions to identify radicalisation processes as a risk for violent extremism"* is to identify early stages of underlying processes of radicalisation in young persons. The development towards violent extremist actions should be recognized at an early stage by communicating with relatives/caregivers, doctors and/or psychotherapists (e.g. during the assessment of medical history, medical consultation or psychotherapeutic treatment). The decisive factor for those practitioners, who come in contact with a radicalised individual or are made aware of one by a third party, is to possess the knowledge how to proceed in those situations - according to the correct perception - that the individual is undergoing a problematic development (vgl. Rau et al., 2012; Leuschner et al., 2016). **Therefore, the goal of the project was to develop guidelines for affiliated health care professionals regarding the handling of individuals showing signs of undergoing a process of radicalisation. The guidelines should be available as a paper printed manual as well as digital print.** The topics herein should be – *perception – assessment* – as well as the procedure for people who have been in contact with a radicalised individual or their relatives. The guidelines thereby should focus on the needs of the medical and psychotherapeutic professionals, for example on possibilities given in a general practitioner's surgery, or during a psychotherapeutic consultation. The confrontation with the topic should lead to a sensitisation of this professional group, in the sense of the participation of physicians and psychotherapists due to a macrosocial responsibility within a public health approach. Only a connection of different approaches within the different fields of action can contribute to a successful work with the persons of interest.

2. Project description

This project is structured into **four project phases** with different emphasises over the period of 3 years and 3 months.
During the **first phase** of the project **12 interviews with 17 selected experts** were carried out in order to introduce the project matter and to develop contacts and 'infrastructure' in the working field of deradicalisation. Governmental agencies, and state coordinating offices[3], but also local societies working at schools, specialist counselling, and exit-programs[4], as well as the Federal Office for Migration and Refugees (BAMF) participated in the interviews. To add an international perspective, a representative of the European Commission and member of the RAN-network (Radicalisation Awareness Network) was interviewed. Besides the mainly practical approach regarding the selection of interviewed parties, scientist were also interviewed. The results were supplemented by **literature research**. Thereby, a broad overview of the state of research and the parties involved in the subjects area for Germany and internationally was given. The interview was structured into eight subject areas regarding the initial contact/entry, background and conditions of the origin of radicalisation, process of radicalisation and ambiguity, searching for help and the formation of support, perception of the radicalization process through affiliated health care professionals, cooperation with affiliated health care professionals, and open questions (e.g. "which questions would you ask interviewing adolescents?").

3 The Coordinating Offices (Landeskoordinierungsstellen) or also State Democracy Centers (Landes-Demokratiezentren) are funded by the federal program "Demokratie leben!". Regional counselling and support are combined (especially by mobile counselling, victims counselling, as well as detachment and exit counselling) and concepts to promote democracy and diversity are developed. https://www.demokratie-leben.de/ (Access 19.3.20)
4 Specialist Counselling Offices (Fachberatungsstellen) are often the first point of contact for parents, teachers etc. when given the impression of an ongoing process of radicalisation in a child or adolescent. The counselling is confidential. Due to the federal organisation of Germany, each state provides at least one counselling office for this subject.

During the first phase the kickoff meeting *"Identifying, evaluating and appropriate action taking when radicalisation occurs during medical and psychotherapeutic treatment"* was held in Berlin to inform the specialist community about the project. At that time the present topic of "confidentiality[5] in the context of radicalisation processes" was the centre of the symposium. In addition to the different lectures regarding state security performed by the Federal Criminal Police Office and panel discussions regarding confidentiality, as well as a key note speech concerning mental disorders within highly expressive violent perpetrators, a member of a specialist counselling office introduced a consultation concept for deradicalisation. Additionally, a speaker presented risks of radicalisation through media via the internet or through messaging services such as WhatsApp, Instagram or Twitter. The event was fully booked with over 140 attendees. Among the participants were physicians and psychologists, as well as social workers and other educational professionals, students, journalists or members of police and security authorities. The represented organisations ranged from counselling offices and networks, to different hospitals (e.g. for Child and Adolescent Psychiatry and Psychotherapy), child and health services, independent and church youth welfare organisations, schools, social services, refugee aid providers, psychosocial counselling offices, universities and colleges, different state offices, as far as Amnesty International, the Federal Criminal Police Office and state and federal Medical Associations. The event was attended by different journalists. Among other things an article was published in the 'Deutsches Ärzteblatt', the official journal of the German physicians, which is edited by the federal Medical Association and the National Association of Statutory Health Insurance Physicians (8th June 2018/ Article Hilfepron Deutsches Ärzteblatt, Vol. 115, Issue 23 "The domestic security. Islamic motivated radicalisation - *Die innere Sicherheit. Islamistisch motivierte Radikalisierung")*.

5 Confidentiality which accounts to physicians and psychotherapists regarding the obligation of secrecy in context of their occupational activities and about patients or third parties, is regulated by Criminal Code. Confidentiality breaches can cause criminal sanctions and can have serious occupational consequences. Additionally, confidentiality is covered by applying occupational regulations through the state Medical Association or the state Psychotherapeutic Association, as well as by the regulations through the DSGVO, the Federal Data Protection Act, the State Data Protection Act and by employment regulations or under private law covert contracts such as a treatment contract or an employment contract.

The **second phase** (beginning at the End of 2018) of the project included the **implementation of three 'round tables' attended by experts**, associated with the ministries and authorities from Criminal Police Offices or the police, social work and exit programs. Furthermore, professionals from hospitals and surgeries participated. Three main topics were selected for the discussion at the 'round table': *Confidentiality in context with hazard situations, child welfare threats in context of radicalisation and networking and cooperation by different professionals affiliated with the working field.* All three 'round tables' intended to provide the textual preparation for the final guidelines of this project.

In the **third phase of the project** (year 2019) **interviews with radicalised individuals** should be conducted to get some deeper knowledge about the backgrounds of radicalisation and to provide affiliated health care professionals with insight by, inter alia, asking former radicalised individuals about previous contacts with physicians and psychotherapists. Individuals who either have managed to disengage and exit after obviously being radicalised, or those who have been in the process of disengagement and exiting were supposed to be interviewed. Additionally, individuals showing radicalisation tendencies during the period of questioning should be interviewed. Whether an individual was suitable for the interviews was decided based on the estimates of the professionals who were in contact with the individual. The research team considered the individual as an 'expert' during the interview, who could in retroperspective give insight on aspects in their lives that, in their opinion, had led to a problematic development. The guided interview included 59 questions, which were divided into 8 sections: start into the interview; questions about the process of radicalisation; 'leaking/leakage' (perceived signs of radicalisation) and process of support; questions addressing the adolescent in the role of an 'expert'; preparation for

the clinical interview; questions about critical life events; questions about a criminal history; questions about political activity and religion; insight into the process of radicalisation. Based on the estimate of the research member, the clinical interview was conducted if the impression of an underlying psychiatric disorder was given. The clinical interview was based on the Kiddie-Sads-Present and Lifetime Version (K-SADS-PL) (Mattos & Rohde, 2007). The K-SADS-PL is a semi structured diagnostic interview used for the assessment of psychiatric disorders in children and adolescent developed in accordance with DSM-III-R and DSM-IV. Additionally, a demographic questionnaire (e.g. nationality, migration background, age) and in each case three standardised questionnaires regarding different topics, inter alia involving childhood trauma, (Child Trauma Questionnaire (CTQ) (Wingenfeld et al., 2010); Youth Psychopathic Traits Inventory (YPI) (Andershed et al., 2002); Narcissistic Admiration and Rivalry Questionnaire short scale (NARQ-S) (Leckelt et al., 2017) were conducted. In beforehand a positive vote of the ethic commission was granted.

The third phase of this project had some difficulties resulting from the refusal of the majority of specialist counselling offices to address the request of participation in this research project with their clients. A personal contact was established with different professionals from various working areas (e.g. exit programs, parole offices) in over 100 cases by members of the research team. Additionally, eight applications were filed with decision-makers (e.g. Department of Justice, criminological services) in order to conduct the research within detention centres or probationary services. There were different reasons given by the special counselling offices for the lack of willingness to cooperate, some stated the participation in a research project would disturb the counselling process, others obviously did not have appropriate candidates, or some services generally refused a participation of their clients in research projects. Most detention centres stated to not have radicalised inmates currently serving imprisonment. Ultimately, seven young individuals could be interviewed.

In the **fourth phase of this project** (year 2020) the final **development of the guidelines** was brought into focus in order to **disseminate these within affiliated health care professionals**. For instance a contact to the federal Medical Association and the Psychotherapeutic Association (representing the interests of physicians and psychotherapists) was conducted to use their networks as access to the distribution of the guidelines for professionals. Furthermore the fourth **project phase** served the continuance of the general population-representative survey gained assumptions conducted in 2020 regarding the role of health care professionals in the context of violent extremism, the opinions towards confidentiality with violent extremism, and risk factors for the support of violent extremism. Thereby specific questioning concerning the prevalence in the general population should be examined. Currently the results of the survey haven´t been completely scientifically evaluated yet. It is planned to publish those results in a respective journal.

Accompanying an **advisory board**, holding a meeting once at the beginning and once at the end of the project, was conducted. The advisory board members were professionals from working areas such as deradicalisation and early detection, but also from hospitals, independent physicians and the Psychotherapeutic Association. The advisory board meetings focused on the recruitment of individuals with radicalisation tendencies for the interview as well as debates about selected topics for the guidelines. Moreover an evaluation of the guidelines in form of a peer-review method was implemented by some members of the advisory board, which contributed significantly to the quality of the guidelines.

Figure 1: Structure of the project in four phases

3. Specific results of this project

The goal of this project was to develop guidelines for affiliated health care professionals dealing with indications of ongoing radicalisation processes. The topics herein should be – *perception – assessment* – as well as the procedure for people who have been in contact with radicalised individuals or their relatives. The guidelines should be based on the collected data (e.g. results from the interviews with experts and young radicalised individuals and the 'round table' discussions) in order to describe the main focus areas of this project. Before insight on the development of the guidelines is given, an extract of the results of this project is provided. Therefore, the main results are briefly summarised in consideration of the project's main goals to develop guidelines including expert knowledge and information on the most important questions in connection with radicalisation in the context of health care related professions.

3.1 Results of expert contribution

Expert interviews

The 17 interviewed experts from a varied range of professional backgrounds agreed on the individual basis of causes interacting in the context of radicalisation, for example acute or chronical crisis situations, illness or the loss of a close person, experienced discrimination, or the subsequent legitimation of violence. In most of these situations the current supportive system or coping strategies are not sufficient anymore. Different burdens and disorders regarding mental abnormalities have been set into context with the process of radicalisation by the interviewed experts (e.g. antisocial, paranoid or narcissistic accentuated personalities, personal uncertainty, anxiety, post-traumatic stress disorder, suicidal tendencies).

Although radicalisation was not assumed to be caused by psychiatric disorders, counselling professionals identified a demand for psychotherapeutic treatment within young radicalised individuals undergoing present crisis situations. According to the experts, radicalised individuals have not only a history of crisis and symptoms related to

mental disorders, but are also confronted with significant burdens during the process of radicalisation, as well as during a potential exit from an extremist group. Experts have made the experience that contact between affiliated health care professionals and an affected person is quite uncommon (cf. Gill & Corner, 2017; Marazziti et al., 2018; Weine et al., 2017).

'Round table'

Three main topics were considered to be significant for the medical professionals in context with radicalisation for the discussion at the 'round table': *"Confidentiality in the context of hazard situations, child welfare threats in the context of radicalisation and networking and cooperation of different professionals affiliated with the working field"*. The first discussion was presented by a solicitor in order to specifically prepare the development of a chapter on legal specifications for the guidelines, as for example derived from criminal law or the respective professional codes.

The second discussion at the 'round table' was preoccupied with the issue of returned radicalised individuals, who travelled to Syria joining ISIS and returned to Germany bringing back children which were born during their stay. Those children, as well as children who travelled to Syria and returned to Germany, have often lived in conflict areas and, as a result, are highly traumatised. Commonly they show signs of mental abnormities requiring treatment. However, only a few parents manage to get access to psychotherapeutic treatment for their children. At the same time it became evident that ideological beliefs can also severely restrict the development of the children's personality, e.g. when parents refused their children's attendance at school, or strictly regulated their children's leisure. The discussion was attended by, inter alia, employees from youth welfar offices, personnel from exit programs, as well as paediatricians and lawyers. Different burden situations of children considering legal possibilities of intervention were discussed in preparation of a chapter on child welfare threats for the guidelines. It was determined that the parental right of upbringing and care has the highest priority

according to German law; a right to intervene in the upbringing and parental duty of supervision is only given by the presence of a specific threat of child welfare, e.g. abuse or neglect.

The third 'round table' discussion was attended by participants from health care professions, social services, security authorities, and justice. This structure was meant to reflect the working areas which should cooperate during the counselling of radicalised individuals. Thereby the jurisdiction for counselling services in a federal country should briefly be emerged. The goal was to develop sample solutions for cooperation on the basis of case vignettes.

3.2 Results from interviews with radicalised individuals

Despite great efforts to recruit interviewing partners only seven young individuals of legal age, among which one was female, could be acquired. The interviewed individuals were between 18 and 31 years old (mean age 20.86 years, SD 4.64 years). Three individuals had parents of German origin. Except one individual (raised in a children's home), all other individuals were raised by their parents or one parent. The educational level ranged from degrees from special educational schools to secondary education. Three individuals had been undergoing an Islamic/religious radicalisation process, four individuals had right-wing convictions. The interviews and the questionnaire surveys were conducted on-site, with five individuals in correctional facilities, in police stations, or at parole offices.

The results of the interviews show that six of the seven individuals reported critical life events in their childhood or youth (conflicted separation of parents, being taken in to a children's home, death of both parents, neglect and maltreatment during childhood, addiction issues in the family, bullying at school, life threatening disease of a mother, direct experience of war, and death of a close relative). For most of the individuals several burdens were given. Related to the reported critical life-events, individuals commonly described to not have had a contact person (anymore) at home, having a mother or father burdened with own issues (e.g. addiction, serious illness,

imprisonment), or critical life-events in the parent's own childhood (e.g. living in a crises area or children's home) resulted in a higher burden for the family and less possibilities of support. Besides of subsequent developed addictions which most individuals explained by their difficult situations in life, problems in concentration, as well as sleeping disorders partly needing medicinal treatment up to this present day, were reported by the individuals. Furthermore, traumatic events were stated in context of joining an extremist group for example through experiencing rape or other violent acts as menace and battery.

Different professional groups were named by the individuals as contacts made during their childhood or at the point of radicalisation (i.e. social workers, (school-)psychologists, professionals from drug counselling, teaching staff, police). Social or educational workers (e.g. at school, at children's home) seemed to be more present and approachable for the individuals than psychological or psychotherapeutic professionals. Six individuals denied receiving support by contacts to a specific assistance system within health care professions as for example psychotherapists during childhood or youth. Overall less positive experiences with professionals of all working fields were described by the individuals. Several interviewed individuals reported avoiding the contact to assistance systems due to not predictable outcomes, for example an interference through members of a child welfare office. Even during the period of radicalisation and the presence of an actual threat, most individuals did not succeed in obtaining help from professionals. Due to the fear of either interference by members of a child welfare office or putting family members at risk by the extremist group. At present the common opinion of available psychological/psychotherapeutic assistance within the individuals is rather negative. Thereby the suspected need for psychotherapeutic help assumed by experts is displayed, however numerous obstacles are indicated by the questioned individuals.
This issue was published at the scientific journal "*Psychotherapeut*" from the Springer publishing house (Rau et al., 2020).

4. Development of guidelines based on the results of this project

In order to develop the guidelines, the projects results were examined for important references addressing the targeted group. Thereupon the information from the expert interviews, the 'round tables', as well as the interviews made with radicalised individuals should be included. Especially specific notes on the possibilities of establishment of contact and conducting conversation, as well as issues like networking and communication with different services and security authorities should be considered.

4.1 Description of the working process developing the guidelines

Based on the insight from the expert interviews, the interviews with radicalised individuals, the 'round tables', and additionally conducted research, a structure for the guidelines was created. Therefore the leading question on the most relevant aspects for physicians and psychotherapists in order to perceive, asses and proceed was followed. The focus was mainly on the functional side of the guidelines although theoretical background knowledge was also included. The content and structure of the guidelines were finally arranged with a psychological psychotherapist being an expert on radicalisation. In this process important indications addressing the handling of radicalised individuals were given on highly relevant aspects for the target group of the guidelines. For the development of the guidelines research on different topics was conducted, inter alia on definitions and theoretical models, on risk and protective factors, and on important contacts from governmental agencies and security authorities, civic projects and specialist counselling offices. The research on definitions, models of radicalisation and risk and protective factors was

mainly based on international publications. Therefore, research was conducted on respective research platforms. The collected results were very complex and partly inconsistent and were treated with the focus of relevance for the guidelines. Additionally, the results were supplemented with information from different fields as the Federal Criminal Police Office, the intelligence service of the Federal Republic of Germany, a youth welfare office, the Federal Agency for Civic Education, as well as different counselling offices and exit programs. Together with the Federal Office for Migration and Refugees and professionals from counselling offices, a selection of counselling offices was made to be named in the guidelines in order to supply a good network of cooperation on-site. The development of the chapter on legal basis had a particular part. Because of the legal situation in Germany and the handling of the obligation of secrecy and potential requirements of disclosure playing an decisive part, the chapter was created in close cooperation with solicitors and experts from this field. Continuously, individual chapters were revised by experts of the area with a peer-review method e.g. professionals from exit programs, the civic youth culture work and from the psychotherapeutic association participated in the review method. The advantage of this procedure was to be able to consult the expertise of different professionals to revise the guidelines. The psychotherapeutic and the medical associations were involved revising the guidelines to focus on guidance for physicians and psychotherapists. Thereby, some important indications were given which resulted in revising the guidelines additionally. Finally, a review was made by the Federal Office of Migration and Refugees. Again several aspects were revised. Overall, besides of the research resolving from close cooperation with different experts, the guidelines were developed from legal policy fields and with experts from the treatment of radicalised individuals.

4.2 Content and structure of the guidelines

The complex topics of 'radicalisation' and 'extremist violence' include various aspects. Nevertheless, the goal was to develop practical orientated guidelines to support physicians and psychotherapists in the handling of radicalised individuals and patients having a potential propensity to violence and provide these practitioners with certain security during their procedure. Therefore, the focus of the guidelines is specifically on giving physicians and psychotherapists specific handling options for their work with radicalised patients. It is to be assumed, that the knowledge of the professionals on specific issues is heterogeneous concerning e.g. conversational skills, hence the guidelines were developed as separate sections which can be read independently. Aside from a theoretical introduction, the guidelines are divided into the areas of *perception – assessment* – and *procedure of the process of radicalisation*. Additionally, the readership is provided with practical orientated (fictional) cases in order to be able to empathize with situations that practitioners might be confronted with during their work with patients. These case examples are partly based on the insights from the interviews with radicalised adolescents and are thereby reflected authentically.

Overall, the guidelines are structured into nine chapters including an appendix.

The first two chapters introduce theoretical groundwork as definitions, differences between various ideologies and forms of aggressive behaviour. This section was kept briefly in order to provide readers whom had not emphasised on those topics previously with an overview of the subject. Subsequently influencing factors on radicalisation processes are discussed in the third chapter. Therefore, the role of the factors such as of psychiatric disorders, individual risk and protective factors, group dynamics and social media are described. This chapter should provide the reader with an impression of the factors having an influence on the process of radicalisation. At the same time it should be highlighted how individually different the process of radicalisation can be organised. The fourth chapter is dedicated to the *perception of the process of radicalisation*. General, as well as phenomenon-specific characteristics as indicators for radicalisation

are introduced. In contrary to previous chapters specific behavioural patterns or comments which could indicate radicalisation of patients are regarded. Accordingly, the second section of this chapter deals with possible ways to approach a patient with equivalent patterns or comments. Therefore, the groundwork on conversational skills are presented and exemplary recommendations are given for a successful consultation with a patient. Chapter five covers the *assessment of the process of radicalisation*. After a brief theoretical introduction, possibilities on the gathering of information of proceeded radicalisation, and a potential acute threat through an individual, are conducted for affiliates from health care professions. Under no circumstances this should be considered as a comprehensive risk assessment. For physicians or psychotherapists it is rather the question whether the patient represents an acute ongoing threat since the following procedure is decisively dependent on it. Again the focus is set on providing practical instructions, therefore recommendations for possible questions conducted by the physicians or psychotherapists are made. The chapters six, seven, eight and nine are dedicated to the section *procedure of the process of radicalisation*. To enable the use of the guidelines when only limited time is available, the most important procedure options are summarised briefly. Especially the questions if, or respectively which assistance could be offered, or if police involvement for an individual case is necessary, are discussed. Since physicians and psychotherapists are obligated to secrecy, which is of high significance in Germany, the seventh chapter extensively addresses the legal grounds. It is most important for physicians and psychotherapists to know in which manner they can possibly have an exchange with another professional about the patient, under which circumstances the breach of confidentiality could be justified and when they are obligated to reveal personalised information. Accordingly, those issues are processed in the guidelines in-depth. Often underage individuals who join an extremist groups or grow up in radicalised families are involved . Therefore, chapter seven enlarges on the issue of child welfare threats. The assessment of a present child welfare threat, as well as specific recommended actions for such cases are given. Chapter nine engages with the positions of possible cooperating partners. Because the field of radicalisation

and extremist violence is very complex, different parties e.g. security authorities, child welfare offices, or other counselling offices are involved. At this point aspects of criminal law concerning the cooperation with other specialised departments are mentioned since it is conjectured for most physicians and therapists to not cooperate with these previously named parties on a regular basis. The guidelines are complemented with a list of commented and extending literature as well as an appendix with the possibility to take notes, and contact details of important contacting points. Due to the federal system in Germany the contacting points are subdivided in nationwide agencies (e.g. police, Federal Criminal Police Office, or German Domestic Intelligence Service) and counselling offices for disengagement and exit programs on state level. Thereby, a rapid and uncomplicated consultation with experts should be facilitated for physicians and therapists. The guidelines have been published as a paper printed manual as well as digital print (Allroggen et al., 2020).

5. Résumé

The project launched in 2017 when the shock due to the terrorist attack of Berlin in December 2016 was still lingering. At that time twelve people died after a member of the terrorist group 'Islamic State' (IS) had stolen a truck and drove into a Christmas market in Berlin. Since the start of the project encountered with the incident, the topic of ‚radicalisation' was highly present in Germany. Proportionally, the interest from professions, which up to then have had only little confrontation with the issue – referring to physicians and psychotherapists - as the target group of this project could easily be revived. From the beginning our main concern was to address the topic from an angel of affiliated health care professionals relating to the working field. Especially counselling offices, associations, and professionals from security authorities are operative there. The within the project organised 'round tables' were aimed to contribute to an encounter of the different parties having various interests. With the help of the joined attention on each professional interest, the contribution of each individual for the guidelines and their boundaries should be defined. During different stages the networking and cooperation from the professionals on the project succeeded, whereas some difficulties were given in the cooperation on recruitment of radicalised individuals for the research issue. As already outlined, only seven persons for the interviewing could be recruited, hence the expenditure of time. The small selection of participants, as well as selection effects limit the specific interpretation of the interviewing results. The results of the interviews were mainly used as exemplary cases in the guidelines and encouraged to enlarge the view on radicalised individuals from the angel of an affiliated health care professional. Despite the challenges given to the project, the developed guidelines are a practically orientated assistance for physicians and therapists which offer reliability in the complex field of extremist violence prevention.

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Appendix: Content of the guidelines

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