MULTI AGENCY TRAINING EXIT STRATEGIES FOR RADICALIZED YOUTH



EUROPEAN COMMISSION

DIRECTORATE-GENERAL MIGRATION AND HOME AFFAIRS













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ETHICAL ISSUES

TOOLKIT FOR A MULTIDISCIPLINARY APPROACH

Professional Ethics and Deradicalisation Programmes

June 10, 2018



ETHICAL ISSUES TOOLKIT FOR A MULTIDISCIPLINARY APPROACH



ETHICAL ISSUES ESTIMATED READING TIME: 1 HOUR

ETHICAL DERADICALISATION



Violence as a negative value

Violence is certainly a negative value, which harms and debases both perpetrators and victims, affecting – and at times destroying – lives and social balance.

We must empathise with each other and understand that whenever an innocent life is taken, black or white, civilian or police, rich or poor, communities are traumatized and families are destroyed.

-Imam Zahid Shakir



The need for articulated programmes

Several measures and articulated programmes target radicalised persons with the aim of having them forsake extremist ideology that may lead to the perpetration of violent actions, often against the civilian population.

Establishing a consistent set of rules

The measures and initiatives

adopted within the scope

of the above programmes are valuable as long as they comply

with a clearly defined set of moral and ethical rules.

Assessing Tools and Goals

While the ultimate goal is arguably essential

and paramount at this historical juncture,

the urgency we are faced with cannot justify

any action that may run counter

to moral precepts and ethical codes.

A Multidisciplinary Approach

Deradicalisation programmes entail strategies at the multi-agency level as defined by the EU's multi-agency deradicalisation strategies – which rely on private contributors (such as volunteers, community and religious representatives, imams, immigrant groups, and parishes) as well as public bodies.



A moment of *patience* in a moment of **anger** prevents a thousand moments of regret.

Ali ibn Abi Talib



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ETHICAL DERADICALISATION

Codes of Ethics as Reference Frameworks

Hence, a network of contributors is called upon to make a concerted effort; however, all players do not necessarily operate in compliance with shared and clearly defined ethical codes.









Consistent Ethical Approach and Different Sets of Rules

Therefore, this unit will deal with the ethical precepts and rules within the codes of ethics of the professional orders involved in the deradicalisation effort, such as doctors, psychologists, and social workers.





Harmonising the Rules In light of the above, it is essential to verify: a) whether it is feasible

to extend such rules to include all the professional categories involved in the deradicalisation effort;



Ethical

Ethics vs Law

B) how to solve conflicts that may arise between ethical precepts and the rule of law, with no or the smallest possible detriment to the ultimate goal of deradicalisation.

ETHICAL DERADICALISATION THE LANDMARKS

> Forward experimentatio

Wide-ranging research on the root causes of terrorism leads to the

conclusion that successful deradicalisation programmes

necessarily rest upon compliance with clearly defined ethical rules.

Thus, it is essential that anti-terrorism programmes comply with fundamental ethical principles – such as respect for physical integrity and privacy, equality and social integration.

End of Section Remarks (follows over)

Should the above principles be disregarded, violations of personal rights would inevitably occur, potentially leading people back to seeking shelter inside terrorist groups, possibly perceived as the only place where their personal value is recognised. cultural Forward experimentation

End of Section Remarks

Even the best professionals and practices will inevitably fail, if violations of rights – such as personal privacy – occur in the process: this would add to the feeling of victimisation and marginalisation,

exacerbating radicalisation and alienation.

SUMMING UP

Ethical deradicalisation: the landmarks

SUMMING UP ETHICAL DERADICALISATION: THE LANDMARKS

WHAT APPROACH IS NEEDED TO EFFECTIVELY PURSUE DERADICALISATION ?

An approach based on articulated programmes that involve several players, each with their own professionality.

HOW TO ESTABLISH THE ETHICAL SETS OF RULES TO EFFECTIVELY PURSUE DERADICALISATION?

Through cross-compliance with the adoption of ethical codes by all professionals involved in the process, such as doctors, psychologists, social workers, and educators.

belonging and the serious and

Booksellers



Deradicalisation as a Reconstruction of One's Identity

- The scientific literature has made it clear that "Those who are unable to reconstrue themselves as having a non-terrorist future are unlikely to disengage" (David Canter).
- Such a conclusion clarifies how the deradicalisation process entails a substantial identity change, an abandonment, partial at least, of the previously adopted value system and the gradual integration in a society based on different principles. That can only happen through the exposure of radicalised persons to the moral values of respect for others, consistency, hospitality and integration recognised throughout Western countries. That could well prove that the West can indeed offer to former radicals a sounder, more beneficial alternative to the cultural identity provided by terrorist organisations.
- •It is no coincidence that religious fundamentalist leaders have a long history of demonising dialogue and integration.

Motivations to join terrorist groups, 1 of 6

It is widely acknowledged that the current, rising terrorist threat has religious as well as cultural motivations and grievances against the West and the values that it is apparently based upon.

Ideology

Yet, scientific research has highlighted that most terrorists' motives to perpetrate such barbaric acts are not collective or strategic, but rather <u>personal</u>: the urge to seek revenge, emulation, the perceived need to defend one's own identity as a devout Muslim.

Bart Schuurman, John G.Horgan. Rationales for terrorist violence in homegrown jihadist groups: A case study from the Netherlands. Aggression and Violent Behavior Volume 27, March–April 2016, Pages 55–63 warning military red stop sofety politics ideology terror extremisming religion radicalwar extreme religious extreme religious extreme sofety politics

Motivations to join terrorist groups, 2 of 6



Personal Histories

Moreover, it has been found that many terrorists who carried out recent strikes had been urged to do so not merely by ideology, but by emotional and family distress as well.



Stevan Weine, David P. Eisenman, La Tina Jackson, Janni Kinsler, Chloe Polutnik. Utilizing mental health professionals to help prevent the next attacks. International Review of Psychiatry Pages 334–340, Published online: 14 Aug 2017

Motivations to join terrorist groups, 3 of 6

Self Victimisation

Another relevant factor that fosters participation in group terrorism is the victimization aspect and all experiences related thereto: perceptions, and narratives of victimisation often inspire the perpetrators' behavioural choices.

Retaliation for the wrongs suffered in the past often paves the way for violence -

a sense of entitlement induced

by self victimisation can provide

adequate justification

for one's own acts.

Motivations to join terrorist groups, 4 of 6

Victimisation Paves the Way for Violence

The above seems especially true for group-based violence, as is the case of political violence and terrorism: narratives of self victimisation highlighting the wrongs suffered in the past can ultimately provide motive and cover for violence and bloodshed in the present.



Motivations to join terrorist groups, 5 of 6





Exposure to Conflict and Radicalisation (follows over)

A study by Canetti and colleagues on the Israeli–Palestinian conflict explores the relationship between exposure to conflict, violence and a change in the citizens' political attitudes and behaviours.

Exposure to terrorism and political extremism: A stress-based process, Daphna Canetti, Brian J. Carmit, Carmit Rapaport, arly Waynen European Psychologist · January 2013

Motivations to join terrorist groups, 6 of 6

Exposure to Conflict and Radicalisation

The above study found that prolonged exposure to political violence increased psychological distress in the population, which progressively lead to a stronger perception of threat. The perceived threat, in turn, stimulated political attitudes favouring militarism. According to these scholars "this causal chain fuels a destructive cycle of violence that is hard to break".



SUMMING UP

ne Need for an Ethical Approach

o Deradicalisation

SUMMING UP THE NEED FOR AN ETHICAL APPROACH TO DERADICALISATION

WHAT MOTIVATES PEOPLE TO JOIN TERRORIST GROUPS?

An approach based on articulated programmes that involve several players each with their own professionality.

WHY DO ETHICAL RULES MATTER IN RUNNING DERADICALISATION PROGRAMS?

To avoid victimisation, that in turn enhances radicalisation.



World Medical Association, 2006

A physician shall respect a patient's right to confidentiality. It is ethical to disclose confidential information when the patient consents to it or when there is a real and imminent threat of harm to the patient or to others and this threat can be only removed by a breach of confidentiality.

American Medical Association, 1 of 3



Patients need to be able to trust that physicians will protect information shared in confidence. They should feel free to fully disclose sensitive personal information to enable their physician to most effectively provide needed services. Physicians in turn have an ethical obligation to preserve the confidentiality of information gathered in association with the care of the patient.

In general, patients are entitled to decide whether and to whom their personal health information is disclosed. However, specific consent is not required in all situations.

American Medical Association, 2 of 3

When disclosing patients' personal health information to third parties, physicians should:

- a. Restrict disclosure to the minimum necessary information;
- b. Notify the patient of the disclosure, if applicable.



American Medical Association

Physicians may disclose personal health information without the specific consent of the patient (or authorised surrogate when the patient lacks decision-making capacity):

(follows over)

American Medical Association, 3 of 3

- To other health care personnel for purposes of providing care or for health care operations;
- 2. To appropriate authorities when disclosure is <u>required by law</u>.
- To other third parties situated to mitigate the threat when in the physician's judgment there is a <u>reasonable probability</u> that:



- The patient will seriously harm him/herself.
- The patient will inflict serious physical harm on an identifiable individual or individuals.

For any other disclosures, physicians should obtain the consent of the patient (or authorized surrogate) before disclosing personal health information.

General Medical Council, 2017, 1 of 3

The GMC focuses closely on the correlation between the information that doctors come by and the terrorist threat.

This might be the case when disclosure appears necessary for <u>preventing</u>, <u>detecting</u> <u>or prosecuting serious crimes</u>, <u>especially crimes against the person</u>.

If it is not practicable to seek consent, and in exceptional cases where a patient has refused consent, disclosing personal information *may be* justified in the public interest *if failure to do so may* expose others to a risk of death or serious harm. The benefits to an individual or to society of the disclosure must outweigh both the patient's and the public interest in keeping the information confidential.

General Medical Council, 3 of 3

When deciding whether the public interest in disclosing information outweighs the patient's and the public interest in keeping the information confidential, you must consider:

 a. the <u>potential harm or distress to the patient</u> <u>arising from the disclosure</u> – for example, in terms of their future engagement with treatment and their overall health; General Medical Council

b. the potential harm to trust in doctors generally – for example, if it is widely perceived that doctors will readily disclose information about patients without consent.

(follows over)

General Medical Council, 2 of 3

- c. <u>the potential harm to others</u> (whether to a specific person or group of people, or to the public in general) if the information is not disclosed;
- d. the <u>potential benefits to an individual</u> or to society arising from the release <u>of the information;</u>



- e. the <u>nature of the information</u> to be disclosed, and any views expressed by the patient;
- f. whether the harms can be avoided or benefits gained without breaching the patient's privacy or, if not, what is the minimum intrusion". [...]

General Medical Council, 2017, 3 of 3

When disclosing information about a patient you must: use anonymised information if it is practicable to do so and if it will serve the purpose". [...] Wherever practicable, you should tell patients about such disclosures, unless that

would undermine the purpose, for example by prejudicing the prevention, detection or prosecution of serious crime.

British Medical Association, 1 of 3

The Counter–Terrorism and Security Act creates no new obligations with regard to disclosure of information. It follows therefore that information must be disclosed in accordance with the law and professional duties. Confidential patient information can ordinarily be disclosed:



- a. where it is shared within the healthcare team for the purposes of providing care and treatment to the patient – in these circumstances, consent is understood to be implied;
- b. where the patient explicitly consents to the disclosure;
- c. in the best interests of an adult who lacks the capacity to consent to the disclosure;

British Medical Association, 2 of 3

d. where the law requires disclosure (for example, under section 38b of the Terrorism Act 2000 all citizens are required to tell the police if they become aware of information relevant to the prevention of a terrorist act or securing the arrest or prosecution of someone involved in terrorism);



e. where there is an overriding public interest in disclosure.

Children and young people are owed the same duty of confidentiality as other people.

British Medical Association, 3 of 3

Disclosure in the Public Interest

Information can be disclosed – without consent if necessary – where a major public interest is at stake.

Normally, disclosure will be justified in the public interest to prevent a serious and imminent threat to public health, national security, the life



of the individual or a third party or to prevent or detect a serious crime.

This would also include those planning or carrying out terrorist activities or those who have carried out such activities in the past.

Royal College of Psychiatrists, 1 of 4

Psychiatrists may work in situations where they have obligations to both their patient and a third party, which may at times come into conflict. In such cases, it is important at the start of any consultation or assessment to explain on whose behalf you are seeing the patient and the purpose of the consultation or assessment. You should also explain to the patient that you cannot guarantee confidentiality of any of the information that they provide. [...] RC PSYCHIATRISTS

The information released to the non–NHS authority should be restricted to the minimum necessary for the purpose in question. In situations with dual obligations you must be clear in explaining your role to your patient, and in seeking consent".

Royal College of Psychiatrists, 2 of 4

Psychiatrists may have to breach confidentiality and share information about patients without the patients' consent. This could be in the interest of public safety, as part of a legal process, or for safeguarding purposes (particularly in the case of children). Psychiatrists may have to share information with multi-agency partners such as local authority safeguarding boards and children's social care teams. The usual rules regarding confidentiality apply, and before making any disclosure of information without consent, psychiatrists must satisfy themselves that disclosure is necessary.

There are concerns about reporting patients to local multi-agency public protection panels (MAPPA) via provider organisations if psychiatrists see in their patients signs of socialisation into extremist thought/groups, but without evidence of exploitation or current plans to harm. Psychiatrists must remember that, before breaching confidentiality, they must be satisfied that there are significant concerns about public safety and that disclosure of information to non-healthcare agencies is necessary, as above.

Psychiatrists still need to be mindful of the need to preserve therapeutic relationships with patients and their families where possible



Royal College of Psychiatrists, 3 of 4

Consideration needs to be given to whether the harm that could result from disclosure (e.g. the possible harm to the relationship of trust or the likelihood of non-concordance with a programme of healthcare intervention in the future) is likely to be outweighed by the possible benefits. The potential benefits need to be soundly grounded on the expectation that disclosure would have the desired effect (e.g. a significant reduction in the risk of harm).

Whether a breach of confidence is justifiable in the public interest will depend in some measure on the extent of the disclosure. When considering whether to disclose, the psychiatrist should also consider how much information to disclose and to whom. Factors that should be taken into consideration when reaching a decision on whether to disclose, and to whom, include:

a. the risks of non-disclosure – the probability of consequences and their seriousness: in general, disclosure should only be considered if there is a significant risk of death or serious harm, including abuse; the assessment of the risk should include previous history, current situation and current mental state;



Royal College of Psychiatrists, 4 of 4

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Royal College of Psychiatrists, 4 of 4

- b. the benefits of disclosure the likelihood that disclosure will reduce the risk;
- c. the ability to identify a potential victim;
- d. the sensitivity of the information requested;
- e. the extent to which the information will be circulated;
- f. the harm of disclosure there may be occasions when the potential harmful effects of disclosure outweigh potential benefits;
- g. the context and role in which the psychiatrist is working.
 It is important to be able to show documentary evidence of the balancing exercise undertaken, so that if questioned the psychiatrist can justify his or her reasoning for disclosure and/or non-disclosure.

In all instances where judgement is involved, psychiatrists are urged to discuss the case in an anonymised manner with colleagues and, if necessary, to seek legal or other specialist advice, including from their medical defence organisation or the Royal College of Psychiatrists. You must be certain that the disclosure is in the public interest; if you cannot be certain of this, then the patient's confidentiality must be preserved.



National Association of Social Workers

Social workers should protect the confidentiality **NAS** of all information obtained in the course of professional service, except for compelling professional reasons. The general expectation that social workers will keep National Association of Social Workers information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or others. In all instances, social workers should disclose the least amount of confidential information necessary to achieve the desired purpose; only information that is directly relevant to the purpose for which the disclosure is made should be revealed.

Along those same lines, the Canadian code of ethics for social workers lays out similar principles.

National Association of Social Workers

Sharing information appropriately Social workers should ensure the sharing of information is subject to ethical requirements in respect of privacy and confidentiality across agencies and professions, and within a multi-purpose agency" (art. 5).



THE BRITISH ASSOCIATION OF SOCIAL WORKERS

Social workers should respect the principles of confidentiality that apply to their relationships and ensure that confidential information is only disclosed with the consent of the person using social work services or the informant. Exceptions to this may only be justified on the basis of a greater ethical requirement such as evidence of serious risk or the preservation of life. Social workers need to explain the nature of that confidentiality to people with whom they work and any circumstances where confidentiality must be waived should be made explicit. Social workers should identify dilemmas about confidentiality and seek support to address these issues." (art. 10)

International Federation of Social Workers

From a global standpoint, the protection of life is viewed as more relevant a factor that the right to confidentiality. In fact, according to the International Federation of Social Workers:



Social workers should maintain confidentiality regarding information about people who use their services. Exceptions to this may only be justified on the basis of a greater ethical requirement (such as the preservation of life).

National Education Association

In fulfillment of the obligation to the student, the educator

- 1. Shall not unreasonably restrain the student from independent action in the pursuit of learning.
- 2. Shall not unreasonably deny the student's access to varying points of view.
- 3. Shall not deliberately suppress or distort subject matter relevant to the student's progress.
- 4. Shall make reasonable effort to protect the student from conditions harmful to learning or to health and safety.
- 5. 5. Shall not intentionally expose the student to embarrassment or disparagement.
- Shall not on the basis of race, color, creed, sex, national origin, marital status, Political or religious beliefs, family, social or cultural background, or sexual orientation unfairly:
 - a. Exclude any student from participation in any program
 - b. Deny benefits to any student
 - c. Grant any advantage to any student

- 7. Shall not use professional relationships with students for private advantage.
- Shall not disclose information about students obtained in the course of professional service unless disclosure serves a compelling professional purpose or is required by law.



Great Public Schools for Every Child

Applicability of Ethical Rules for Educators in Deradicalisation Programmes, 1 of 2

All of the above mentioned rules are centered on the relationship with individuals considered to be students, rather than dangerous terrorists. In fact, no other provision is mentioned on the subject of disclosure on the grounds of public interest in addition to what mandated by law. On the other hand, not only teachers are involved with deradicalization activities, but also professional educators who work to put in place targeted educational and rehabilitation projects within the framework of a broader plan devised by a multidisciplinary team, aimed at a well-balanced personality development in pursuance of educational and relational objectives of successful psycho-social integration or reintegration for disadvantaged individuals.

Nonetheless, such ethical rules are devised in order to foster the creation of trust-based relationships, aimed at motivating the individual to gain knowledge and greater independence. Such values are instrumental in achieving the ultimate goal of deradicalization. Recommended ethical rules should therefore be applied to all those undertaking the path of deradicalization.



Applicability of Ethical Rules for Educators to deradicalisation programmes, 2 of 2

Disclosure on the grounds of public interest is not mentioned in the educators' code of ethics. Hence, each individual institution that uses educators in deradicalisation programmes can draft its own code of ethics allowing educators to disclose any information learned from terrorists that could prevent harm to others. This orientation aims at harmonising the professional conduct of educators with the more specific provisions in the codes of ethics of physicians and psychologists on this subject.

In fact, since the code of ethics for educators takes into account the relationships and interactions with the students – not with terrorists undergoing deradicalisation programmes – their rules may be found lacking specificity, and may thus be integrated and expanded by the institutions that hire the educators for the programmes. The only caveat here is the limited nature of disclosure, as an exception to the rule of confidentiality.



Ethics for Educators: the Missing Link, 1 of 2

The lack of an explicit code of conduct for educators involved in deradicalisation could be made up for by the adoption of specific rules valid for physicians and psychologists.

In multi-professional intervention teams, the ethical codes of conduct that apply to some professionals on the team are thus extended to all team members, including those who do not have full-fledged ethical codes to comply with.

The need to respect ethical codes is in turn extended to everyone who participates in the team and the implementation of interventions, including (but not limited to) imams, family members and mentors. The adoption of an ethical code considered valid by all those involved in the process provides both professional practitioners and members of the civil society with a common ground of principles and rule of conduct that regulates their action.

(over pleas



Ethics for Educators: the Missing Link, 2 of 2

Community members who participate in multi-agency work need to be provided with information about the specific skills and applied methodology in order to safeguard their own and others' competencies and interventions in order to pave the way for cooperation.



These conditions need to be specified in writing, outlining which measures can be applied by the team in case a member fails to comply with the shared ethical code.

A partnership should be created based on agreements (MoU or similar) providing for codes of conduct for every role. Codes of conduct should clearly specify rights to be protected (privacy, sensitive data) as well as possible requirements to respect (confidentiality of investigations/judicial proceedings), and should also make clear the framework of applicable laws (i.e. in Italy, Privacy Law, violation of pre-trial secrecy – artt. 326, 379-bis C.P.).

The Council of Europe

In Europe, the issue of whether educators should be allowed to bend the moral duty of confidentiality in the public interest does not appear to be a top priority.

In fact, a September 2017 Council of Europe release, which sums up the ethical codes for educators in each EU member state, setting forth recommendations on the subject, does not even mention the terms "confidentiality", "disclose", "privacy", "public interest" (*Council of Europe Platform on Ethics*, Transparency and Integrity in Education. *Volume 4 – Codes of Conduct for Teachers in Europe: A background study*, Maria Golubeva, Valts Kaniņš (Edts), September 2017). The lack of specific rules for educators involved in deradicalisation activities could be balanced through cross adoption of the more

specific rules set forth for doctors and psychologists.



SUMMING UP

Potential Conflicts: Personal Right to Confidentiality vs Public Security Issues

SUMMING UP ETHICAL DERADICALISATION POTENTIAL CONFLICTS: PERSONAL RIGHT TO PRIVACY VS PUBLIC SECURITY NEEDS

GIVEN THE VARIETY OF THE SPECIFIC CODES OF ETHICS INVOLVED IN DERADICALISATION PROGRAMMES WHEN – IN GENERAL TERMS – CAN THE CONFIDENTIALITY BOND BE BROKEN?

Among colleagues in charge of assisting the same person, or when potential dangers arise for the security of any third parties.

ETHICAL DERADICALISATION

harmonising ethical rules with deradicalisatior activities



HARMONISING ETHICAL RULES WITH DERADICALISATION ACTIVITIES THE BASICS

Specific codes of ethics do not take into account the specificity of deradicalisation activities.

Indeed, codes of ethics (regardless of the professional order they refer to) apply to professionals, regardless of the individuals they are dealing with.

Speaking of deradicalisation activities and programmes, professionals might be involved with persons

- not at risk of radicalisation;
- exposed to a slight risk of radicalisation, hence undergoing preventive measures;
- who have already been radicalised (i.e., extremists).

HARMONISING ETHICAL RULES WITH DERADICALISATION ACTIVITIES TEAMWORK, 1 of 2

In cases of radicalised individuals, a concerted team effort is required, in view of the ultimate goal of deradicalization.

Every deradicalisation attempt requires the multidisciplinary team To thoroughly assess the outcome of the disengagement efforts and subsequent social reintegration of radicals. In turn, the bulk of information obtained from each professional involved in the deradicalisation activity is to be shared amongst team members.



Hence, sharing and disclosing information must be the norm, rather than the exception.

In light of the above specific rules and recommendations, stakeholders are at risk of being held liable for unlawful disclosure and breach of confidentiality, and are often called upon to prove the actual need for such a decision in the case at hand.

HARMONISING ETHICAL RULES WITH DERADICALISATION ACTIVITIES TEAMWORK, 2 of 2

Given the above, disclosure consent of interviews and sessions is to be obtained from the individuals undergoing deradicalisation programmes to properly share information among all members of the multi-agency team.

Properly drafted memoranda of understanding setting unequivocal behavioral standards for each and every professional involved in deradicalisation activities do not offer a cogent alternative.

Indeed, any agreement of this sort does not override legal obligations, which apply to all, or even ethical recommendations that are binding for all members of specific professional orders or associations.



HARMONISING ETHICAL RULES WITH DERADICALISATION ACTIVITIES THE MANDATORY NATURE OF DERADICALISATION PROGRAMMES

Another specificity of deradicalisation programmes is their mandatory nature, which is very relevant from an ethical standpoint.

In fact, on account of the principle of autonomy, it appears necessary to clearly set the goals of deradicalisation activities: it is ethically essential to make radicalised individuals harmless, by eliminating all root causes that made them espouse extremist causes in the first place.

Yet, once that goal has been achieved, going further and trying to shape their personalities would be ethically unsustainable. Whereas it is necessary that they break away from any radicalised settings and prove able to respect the rights of all people, trying to get them to abandon their Muslim faith altogether, or imposing some sort of 'westernised' lifestyle would be unethical.

HARMONISING ETHICAL RULES WITH DERADICALISATION ACTIVITIES THE MANDATORY NATURE OF DERADICALISATION PROGRAMMES

The mandatory nature of deradicalisation poses even greater problems when it comes to minors.

In fact, minors are under parental authority, unless their parents having lost their parental rights (which happens very rarely and only for very serious reasons). Hence, in most cases deradicalisation programmes for minors cannot be carried out in total disregard of parents, notwithstanding their mandatory nature. Consequently, social reintegration initiatives have to be implemented with even greater caution and sensitivity, without showing parents in a bad light.

On the contrary, it would be best to get parents involved in the process, making it clear that the goal of deradicalisation programmes is by no means "cultural colonialism", but rather to ensure peaceful coexistence and mutual respect, which is in the best interest of the minors themselves.



SUMMING UP

Harmonising Ethical Rules with Deradicalisation Activities SUMMING UP ETHICAL DERADICALISATION: HARMONISING ETHICAL RULES WITH DERADICALISATION ACTIVITIES

DOES THE MANDATORY NATURE OF DERADICALISATION PROGRAMMES AFFECT THEIR CONTENT?

Yes: the persons enrolled in the programmes might feel overly constrained. Therefore, actions must be limited to educating them About values such as respect for existing laws and the rights of others, rather than imposing them a 'westernised' lifestyle.



Based on the information presented earlier in this unit, it is evident that public safety and security needs outweigh the right to confidentiality.

Yet, this might make the person undergoing deradicalisation feel betrayed by the very institution that proposes an alternative lifestyle model as opposed to terrorism.

That may in turn cause the failure of the deradicalisation process as a whole.

To make the scenario more complex, multi-agency teamwork with each individual undergoing deradicalisation requires intervention from both private professionals as well as resources from public institutions, the latter – as is the case for Italy – is likely bound by law to disclose information to law enforcement officers that may prevent a possible crime (article 361, Italian Criminal Code).

However, if even a single member of the multi-agency deradicalisation team were to report one of the individuals involved, that would compromise the team's efforts as a whole.

Professional Code for Physicians in Germany, 2011

The recommendations from the German Professional Code for Physicians are arguably just as relevant and valuable.

The German Code lays out that the disclosure of confidential information may be authorized in order to pursue a greater legal interest, adding that "Insofar as statutory provisions restrict the physician's obligation to maintain confidentiality, the physician is to inform the patient of this situation" (Art. 9).



American Psychological Association

Such a perspective finds further development in codes of ethics from associations of psychologists. Unless it is not feasible

or is contraindicated, the discussion

of confidentiality occurs at the outset

of the relationship and thereafter



American Psychological Association

as new circumstances may warrant.

--Ethical Principles of Psychologists and Code of Conduct

European Federation of Psychologists' Associations

Looking to unify, by 2030, all EU member states' medical codes of ethics the European Federation of Psychologists' Associations has recently set forth the Model Code of Ethics, which at art. 3.1. spells out the following principles:



Confidentiality may be breached if the client or other parties are clearly in danger. The psychologist will inform the client on first contact of the limitations of confidentiality defined by law and that they may be obliged by law

to share information.

--European Federation of Psychologists' Associations. Model Code of Ethics

British Psychological Society, 1 of 2

According to the British Psychological Society, there is even less room for revelations:

iii. Restrict the scope of disclosure to that which is consistent
 with professional purposes, the specifics of the initiating
 request or event, and (so far as required by the law) the specifics of the client's authorisation.



- v. Ensure from the first contact that clients are aware of the limitations of maintaining confidentiality, with specific reference to:
 - a. potentially conflicting or supervening legal and ethical obligations;
 - b. the likelihood that consultation with colleagues may occur in order to enhance the effectiveness of service provision; and
 - c. the possibility that third parties such as translators or family members may assist in ensuring that the activity concerned is not compromised by a lack of communication.

British Psychological Society, 2 of 2

- vi. Restrict breaches of confidentiality to those exceptional circumstances under which there appears sufficient evidence to raise serious concern about:
 - a. the safety of clients;
 - b. the safety of other persons who may be endangered by the client's behaviour; or
 - c. the health, welfare or safety of children or vulnerable adults" --British Psychological Society. Code of Ethics and Conduct 2009

Hence, it is necessary for revelations to be limited to what is instrumental to achieving clearly-defined professional goals; that in addition to other requirements previously mentioned:

- a. verifying the real scope of the risks involved;
- b. informing the patient as to the cases in which disclosure is warranted.



The British Psychological Society

National Association of Social Workers, 2017

The same remains valid for social workers, as stated in 2017 by the US National Association of Social Workers:



Social workers should discuss with clients and other interested parties the nature of confidentiality and limitations of clients' right to confidentiality. Social workers should review with clients the circumstances where confidential information may be requested and where disclosure of confidential information may be legally required. This discussion should occur as soon as possible in the social worker-client relationship and as needed throughout the course of the relationship.

Conclusions

In order to avert the failure of deradicalisation projects, it is desirable:

- a. to mandate that all deradicalisation team members share information about the individuals undergoing the process, for the purpose of social reintegration;
- b. prevent any leak of sensitive information about their criminal history;
- c. provide law enforcement agencies with any informationthat may prove useful in order to avert the commission of further crimes;
- abide by the recommendations that limit the disclosure of confidential information
 to cases of pressing necessity, trying to keep the anonymity of those undergoing the process;
- e. clarify to patients, from the very first session, the circumstances in which their sensitive information may be disclosed.

SUMMING UP

Ethical deradicalisation:

how not to break the trust-based relationship

IS IT POSSIBLE TO PREVENT CONFIDENTIALITY BREACHES FROM IMPAIRING THE DERADICALISATION PROCESS AS A WHOLE?

Yes, by clarifying – as soon as possible – to the individual undergoing the process and the circumstances where the disclosure of confidential information may possibly occur.

DOCUMENTS AND PAPERS

a cross-section, non exhaustive set of documents and papers

to learn more on topics dealt with in this unit

ETHICAL DERADICALISATION DOCUMENTS AND PAPERS: DOCUMENTS, 1 of 2

- AMERICAN MEDICAL ASSOCIATION. CODE OF MEDICAL ETHICS OPINION 3.2.1 https://www.ama-assn.org/delivering-care/confidentiality
- AMERICAN PSYCHOLOGICAL ASSOCIATION ETHICAL PRINCIPLES OF PSYCHOLOGISTS AND CODE OF CONDUCT http://www.apa.org/ethics/code/
- BRITISH MEDICAL ASSOCIATION, CONFIDENTIALITY AND HEALTH RECORDS. ANTI-RADICALISATION STRATEGY: CONFIDENTIALITY AND DOCTORS' RESPONSIBILITIES. https://www.bma.org.uk/advice/employment/ethics/confidentiality-and-health-records/anti-radicalisation-strategy
- BRITISH ASSOCIATION OF SOCIAL WORKERS. CODE OF ETHICS FOR SOCIAL WORK 2012, ART. 5. http://cdn.basw.co.uk/upload/basw_95243-9.pdf
- BRITISH PSYCHOLOGICAL SOCIETY. CODE OF ETHICS AND CONDUCT 2009 https://www.bps.org.uk/system/files/user-files/Division%20of%20Clinical%20Psychology/public/Code%20of%20Ethics%20and%20Conduct%20(2009).pdf
- CANADIAN MEDICAL ASSOCIATION. CODE OF ETHICS https://www.cma.ca/Assets/assets-library/document/en/advocacy/policy-research/CMA Policy Code of ethics of the Canadian Medical Association Update 2004 P D04-06-e.pdf
- CANADIAN ASSOCIATION OF SOCIAL WORKERS, CODE OF ETHICS 2005 https://casw-acts.ca/sites/casw-acts.ca/files/documents/casw_code_of_ethics.pdf

ETHICAL DERADICALISATION DOCUMENTS AND PAPERS: DOCUMENTS, 2 of 2

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- GENERAL MEDICAL COUNCIL, CONFIDENTIALITY: GOOD PRACTICE IN HANDLING PATIENT INFORMATION, JANUARY 2017, §§10, 64, 65 ET 67, https://www.gmc-uk.org/Confidentiality good practice in handling patient information English 0417.pdf 70080105.pdf
- INTERNATIONAL FEDERATION OF SOCIAL WORKERS. STATEMENT OF ETHICAL PRINCIPLES 2012 <u>http://ifsw.org/policies/statement-of-ethical-principles/</u>
- NATIONAL ASSOCIATION OF SOCIAL WORKERS. CODE OF ETHICS 2017, ART. 1.07 <u>https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English</u>
- NATIONAL EDUCATION ASSOCIATION. CODE OF ETHICS 1975 <u>http://www.nea.org/home/30442.htm</u>
- Professional code for PHYSICIANS IN GERMANY, 2011 http://www.bundesaerztekammer.de/fileadmin/user_upload/downloads/MBOen2012.pdf
- **ROYAL COLLEGE OF PSYCHIATRISTS. GOOD PSYCHIATRIC PRACTICE: CONFIDENTIALITY AND INFORMATION SHARING. 2010** <u>http://www.rcpsych.ac.uk/files/pdfversion/CR160.pdf</u>
- ROYAL COLLEGE OF PSYCHIATRISTS. ETHICAL CONSIDERATIONS ARISING FROM THE GOVERNMENT'S COUNTERTERRORISM STRATEGY, SEPTEMBER 2017 http://www.rcpsych.ac.uk/pdf/PS04_16S.pdf
- NATIONAL EDUCATION ASSOCIATION. CODE OF ETHICS 1975 http://www.nea.org/home/30442.htm

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ETHICAL ISSUES

TOOLKIT FOR A MULTIDISCIPLINARY APPROACH

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