

Youth, wealth and education found to be risk factors for violent radicalization

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New research from Queen Mary University of London has found youth, wealth, and being in full-time education to be risk factors associated with violent radicalisation. Contrary to popular views – religious practice, health and social inequalities, discrimination, and political engagement showed no links.

The pioneering research assessed population prevalence of sympathies for terrorist acts – a key marker of vulnerability to violent radicalisation – and their relationship with commonly assumed causes of radicalisation. The community study surveyed over 600 men and women of Pakistani, Bangladeshi and Muslim heritage in London and Bradford, aged 18-45.

A [small minority](#) of people (2.4%) expressed some sympathy for violent protest and terrorism, whilst over 6% remained neutral – i.e., they did not show sympathies but nor did they condemn such acts. However, sympathy levels increased among those under 20, those in full time education rather than employment, those born in the UK, and high earners (£75,000 per year or more).

Interestingly, migrants and those speaking a language other than English at home, and those who reported having poor physical health, were all less likely to show sympathies for terrorist acts. In addition, those who reported suffering from anxiety and depression were no more likely to display sympathies, provoking some new research questions about the relationship between radicalisation and mental health.

As part of the study, researchers developed a new way of measuring radicalisation based upon on asking participants about their sympathies for or condemnation of 16 different actions that fell under the heading of terrorism (for example, use of suicide bombs to fight injustice).

The study was undertaken with support from relevant community agencies, and public engagement informed the study design and execution. This ground-breaking research shows the value of Life Sciences, whereby medical and social scientists are working closely with researchers from the humanities and the public to solve the greatest challenges in global health and security.

Kamaldeep Bhui, lead author and Professor of Cultural Psychiatry & Epidemiology, Queen Mary University of London, Barts and The London School of Medicine and Dentistry, comments:

"It is important to note that sympathy towards terrorism is uncommon. However, we know it's a crucial indicator for being recruited into violent radicalisation. From a public health standpoint, if we can pinpoint population contexts that promote sympathies for terrorism, we can then work to shift them and hopefully reduce overall vulnerability to radicalisation. But up until our research, there was no way of measuring this.

"We now need to continue working closely with local communities and carry out larger studies to put this new measurement into practice. Our aim is to discover population contexts that promote sympathy towards terrorism and violent protest, and come up with interventions to reduce this."

Experts have argued that radicalisation is a staged process that starts with pre-radicalisation and moves through stages of self-identification, indoctrination, and finally Jihadization.* In this study, researchers

believe a preventive intervention needs to interrupt the 'pre-radicalisation' phase, a period when individuals begin to develop sympathies for extremist ideas or terrorist movements without becoming directly involved.

This fits in with the preventive approaches taken on other public health issues, where common 'warning signs' are targeted for intervention. However, to apply this method to the issue of radicalisation, we need a better understanding of the personal and situational characteristics that would act as warning signs (or markers of risk) for this early phase.

One of the key challenges up until now has been the absence of a measure of the early stages of radicalisation. Because the perpetrators of many recent, high-profile terrorist attacks were citizens who worked and were educated in the countries they attacked, a core issue for prevention is how to identify people who have no history of criminal behaviour but have become radicalised enough to commit acts of terrorism.

Kamaldeep Bhui continues:

"As a nation, we spend a great deal of time, effort and money on counter-terrorism – but virtually no attention is given to researching preventive interventions. Health practitioners and local government have targeted preventive initiatives on many issues such as gun crime and domestic violence, but as yet the same approach hasn't been applied to radicalisation. We believe this is because we don't, at the moment, have a proper understanding of who is at risk and that is why our research is so vital."

"Once terrorists are captured, there is often debate about what motivated their behaviour. Whether they came from disadvantaged backgrounds, have mental health issues or a criminal record, and whether their acts were purely political. Characteristics identified during interrogation are

uncritically assumed to be of relevance to the early phase of radicalisation. But in reality, there's little empirical research on the early stages of radicalisation and it's still unclear what factors make potential recruits open to persuasion to join a terrorist movement. This 'open-to-persuasion' phase is marked by growing sympathies for terrorism and violent protest, and must be investigated further."

The study is published in the journal *PLOS ONE*.

Provided by Queen Mary, University of London

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