

Mandatory participation in CVE interventions

15-02-2021

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This project was prepared for and funded by the Commonwealth
Department of Home Affairs

**The views expressed in this report do not necessarily reflect the
opinions or official positions of the Department of Home Affairs or the Australian
Government**

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Executive summary

- This review was conducted at the request of the Department of Home Affairs.
- This document reviews evidence relating to mandatory participation in interventions to counter violent extremism (CVE), considers the benefits and drawbacks of mandating participation and explores relevant implementation issues.
- The *conditions of mandatory participation* relates to the parameters of involvement and entry into a program and whether it is linked to legislation or some other condition (e.g., accessing parole) that stipulates participation and treatment as a requirement.
- The review draws upon the evaluation literature and empirical studies from the field of CVE, violent and sex offender programming.
- Research evidence and literature on violent and sex offender programming provides insight into the effectiveness of mandated participation, given its extensive use to compel sexual and violent offenders to partake in treatment programs when imprisoned or released into the community.
- The project adopted the following methodology:
 - i. A rapid evidence review across the fields of CVE, sex and violent offender rehabilitative programming.
 - ii. A review of relevant policy documents and legislative sources.
 - iii. Consultations with international experts (project reference group).
- The rapid evidence review of empirical evaluations of CVE interventions found no studies that met our inclusion criteria for review. When examining additional available literature and policy documents that has considered the issue of mandatory participation in interventions targeting convicted terrorist or individuals at risk of radicalisation, the general consensus is that interventions should be voluntary.
- A range of potentially negative outcomes and unintended consequences were identified with mandatory interventions, including reinforcing extremist attitudes and grievances.
- The rapid evidence review across violent and sex offending programming identified a number of eligible studies:
 - These studies indicated mixed results as to the effectiveness of mandating participation in rehabilitation programs.
 - Some studies found that voluntary programs had an impact on rates of reoffending, while mandatory schemes did not. In some cases no differences or impact was found between the two approaches.
- The violent and sex offender literature indicates that the impact of mandated participation on behavioural and cognitive change is, at best, inconclusive:
 - That is, studies could not identify whether mandatory participation did or did not make a difference to program effectiveness, rehabilitative outcomes, or reoffending.
 - Benefits of exposure to rehabilitative programming under mandatory conditions, however was not dismissed. The features of effective programming included the presence of CBT and the development of therapeutic relationships.
 - Several authors concluded that it is the content of an intervention that is more important than if it is mandated.

- A review of country-specific CVE policy and legislative documents identified that mandated participation in an intervention or support scheme is most commonly utilised as part of community supervision conditions (probation/parole) when radicalised offenders are released from prison.
- Internationally, most CVE programs are voluntary. Some schemes do involve implicit forms of coercion to promote participation.
- The United Kingdom's Desistance and Disengagement Programme (DDP) was the only specifically named intervention identified as linked to mandated legislative conditions relating to dealing with individuals charged with terrorist offences or who have demonstrated radicalised views and behaviours. However, this program has not been rigorously evaluated.
- Experience from jurisdictions abroad indicate that mandated participation in a CVE intervention, whether in prison or during parole does not guarantee success as evident with the UK's DDP.
- Some benefits of mandated CVE programming were identified, such as its use in the prison environment where it can help maintain program integrity and facilitate insights about offending behaviours.
- Across the literature reviewed, problems and challenges identified with implementing mandated participation include the following:
 - High dropout rates amongst mandated clients.
 - Negative impacts on therapeutic relationships and environments and poor levels of motivation amongst participants.
 - Diversion of resources to deal with non-compliance and poor attendance.
 - Generation of resistance to cognitive and behavioural change.
 - Resentment amongst clients about forced and coerced involvement.
 - The use of appropriate responses for non-compliance that generate genuine motivation amongst participants.
- The conclusion drawn from this review is that it is the content and process of implementing a CVE intervention that matters more than whether it is mandated. It should target motivations that promote positive attitudinal and behavioural change amongst participants.
- This review indicates that policy or legislative schemes that mandate CVE program participation in the prison or community context need to consider the following:
 1. How target groups will respond to being forced to participate.
 2. Ensuring quality therapeutic relationships can be developed between clients and intervention providers.
 3. Avoiding an emphasis upon simply enforcing compliance, control and surveillance.
 4. Developing responses to incidents of non-compliance that do not simply punish participants.
 5. Ensuring interventions address motivations for change and focus on protective factors against radicalisation.
 6. That progress will vary amongst participants over time, with their success and failures.
- In the specific context of the release of radicalised offenders, setting parole conditions that stipulate the requirement to engage in an intervention might help ensure individuals

are exposed to appropriate forms of support. This should be part of a reintegration plan that aims to assist re-entry and transition back into the community. It should not be seen by authorities as another way by which individuals can be monitored and surveyed.

- Based on the evidence and literature reviewed here, mandating participation in CVE interventions may not offer greater benefits overall compared to voluntary programming and participation. This conclusion is cautionary in light of the limited evidence that directly and rigorously evaluates programs in the CVE context.

Introduction, project aims and methodology

This research was conducted at the request of the Department of Home Affairs, with the project team securing funding to undertake this review. The aim was to review the evidence relating to mandatory participation in programs to counter violent extremism and consider its potential benefits and drawbacks.

Mandatory participation relates to the parameters of participation and entry into a program and whether it is linked to legislation or some other condition (e.g., accessing parole) that stipulates participation and treatment as a requirement. This may involve for example an offender being mandated as part of a court order to participate in a support program. There are though variations across jurisdictions as to the mandatory nature of countering violent extremism (CVE) programs (ICSR, 2020; Koehler, 2017). Some involve voluntary participation e.g., the New South Wales Proactive Integrated Support Model (PRISM) intervention targeting convicted terrorists and prison inmates (see Cherney, 2018b). Other approaches can be more coercive and are explicitly linked to legislative conditions, such as participation in the UK's Desistance and Disengagement Programme (see below). Hence participation in a CVE program can potentially span across mandated/mandatory involvement, which means individuals have little choice but to participate and risk a sanction if they do not comply, to voluntary involvement where clients freely consent to participate. Even in contexts where program participation is voluntary, there may be implicit forms of coercion to be involved given the unequal relationships between offenders and official agencies.

More recently in Australia there has been debate and proposed legislative changes relating to imposing supervision conditions on the release of convicted terrorists and radicalised offenders, which includes directions for offenders to participate in treatment programs (Department of Home Affairs, 2020a). A Victorian review of terrorism and counter radicalisation recommended the implementation of what was termed Support and Engagement Orders (SEOs), which would enable courts to impose a support plan for radicalised offenders and could include mandating participation in an intervention (Victorian Expert Panel, 2017).

This project undertook a review of the relevant evaluation literature, policy documents, and legislative requirements that pertain to mandatory participation in CVE rehabilitation and reintegration interventions targeting convicted terrorists and individuals identified as at risk of

violent extremism. To complement this analysis, evidence and literature on mandatory conditions relating to offenders who have committed physical and sexual violence was examined. This area provides potential useful lessons as to the viability of mandatory program participation and whether it reduces risk, given this has been a key area of debate relating to the treatment of sexual and violent offenders in prisons or when released into the community (Grossi, 2017). In combining these areas of scholarship, this project aimed to review existing evidence to identify the effectiveness of mandatory conditions in rehabilitation, reintegration and risk reduction, and consider applicable issues pertaining to the implementation of mandatory participation in CVE. This will allow for consideration of the key benefits and drawbacks of such an approach.

The project adopted the following methodology:

1. A rapid systematic evidence review of the existing evaluation research in the areas of CVE and violent and sex offenders programs. Detailed information on the methodology adopted for the review is provided below and in Appendix A.
2. Consultation with international experts (project reference group) requesting country specific information relating to mandatory participation in CVE programs.
3. A review of the relevant policy documents and legislative sources.
4. Examination of identified ancillary literature that considers issues relating to the behavioural science and effectiveness of mandatory participation in some type of intervention.

This report is divided into four sections. The first section provides findings from the rapid evidence review on CVE, sex, and violent offender programs. Section 2 outlines how particular countries have addressed the issue of participation in CVE programs and the use of mandatory conditions. Section 3 considers implementation issues relating to the adoption of mandatory participation in CVE interventions, and also considers various benefits and drawbacks of such an approach in addressing violent extremism. The report then concludes with an outline of key findings.

1: Rapid evaluation evidence review on the effectiveness of mandatory participation

Summary of methodological approach

Two comprehensive databases were used to conduct searches for eligible documents for our rapid evaluation evidence review: the Global Policing Database (GPD) and a Corrections database (CD), both developed at the University of Queensland.

This rapid review specifically aimed to identify and analyse the available evidence on mandatory participation in CVE, violent and sex offender rehabilitation. To guide the review, minimise bias, and ensure feasibility, a set of protocols was developed (see Appendix A for more detail) that guided the inclusion of documents in the synthesis of evidence. In summary, the key criteria used were as follows:

- documents published between January 2001 and December 2018 (most recent 17 years indexed in both databases);¹
- publications written in English and from a high-income country;
- publications pertained to CVE, violent and/or sex offenders;
- offenders may have been detained in prison, other custodial settings, within the community (e.g., probation or parole), or in the re-entry phase;
- publications reported on an impact evaluation of an eligible mandatory intervention based in a custodial or community setting;
- publications evaluated an intervention's impact on reintegration, rehabilitation, effects on behavioural or cognitive change; and
- publications used either outcome measures relating to risk reduction or the reduction of offending.

A set of terms were used to conduct searches for these documents (see Appendix A). The rapid review process itself included four stages of screening. The first stage used title and abstract screening. Stage two focused on determining if the source material contained a bivariate or multivariate quantitative comparison and whether it was a quantitative impact evaluation. Stage

¹ As noted below, manual searches of more recent literature pertaining to CVE were conducted.

three focused on determining eligible research designs.² Stage four included full-text eligibility screening that determined eligibility based on mandatory participation and eligible populations, interventions, participants and outcomes. For a detailed description of the inclusion criteria and how screening decisions were made, refer to Appendix A. Eligible studies were then coded according to standardised guidelines to assist with synthesising the evaluation evidence. Specifically, data was coded based on the characteristics of the study and features such as type of intervention, participants, comparison groups, outcomes, evaluation design and setting. This information was then synthesised for review.

Findings:

CVE interventions

The CVE literature search identified 147 potential studies in the CD and 14,646 articles in the GPD. Title and abstracts that were eligible within the CD included 67 articles, and 6,537 within the GPD. Stages two and three screening identified 4 eligible articles in the CD and 307 within the GPD. Stage four screening concluded that none of the articles met the eligibility criteria for document synthesis and analysis due to either not focusing on the population of interest (terrorist offenders/at risk individuals), did not focus on an eligible intervention (i.e., it aimed to rehabilitate/ change offender behaviour or cognitions) or the intervention was not mandatory.

To supplement the rapid review, we conducted an additional review of various academic literature and policy documents produced by government and non-government agencies, that examined issues around the effectiveness of CVE interventions and client participation.

There does exist a small body of literature and documents that specifically considers the issue of mandatory participation in CVE interventions (e.g., Bell, 2015; Global Counter-terrorism Forum, n.d; Morton & Silber, 2018; Veldhuis, 2012). It needs to be emphasised that this identified corpus of literature and documents did not present evaluative evidence on the effectiveness of mandatory participation, but where descriptive policy review papers, theoretical accounts or opinion pieces. The consistent theme in this literature is that participation must be voluntary for a CVE intervention to be effective. This view is based on the premise that mandatory participation is unlikely to achieve either the desired forms of

² The eligible designs contain a number of criteria. For example, studies had to be quantitative, have a comparison criteria, (or if not then a control group), and there had to be a single group with a pre- and post-set of measures.

cognitive or behavioural change and may actually serve to further entrench the radical views of those mandated to participate (Veldhuis, 2012). Morton and Silber (2018, p. 19) state that “forcing individuals to participate in a program that requires cognitive openness to new ideas is unlikely to yield successful results and further antagonize these extremist offenders”.

This potential reinforcement of negative attitudes and behaviours has been observed in some deradicalisation programs in Yemen, Saudi Arabia, Malaysia and Indonesia (Braddock, 2014). Interventions targeting terrorist offenders in countries such as Morocco, Yemen, Sudan, Singapore, Indonesia, and Malaysia tend to have some form of coercive element (i.e., clients are given little choice to participate) when it comes to facilitating client involvement.³ Programs in these nations can rely on persuasive techniques (dialogue, counselling, religious re-education) that aim to actively invoke feelings of anger and guilt in order to influence participants to accept their mistakes, develop remorse and become open to non-violent worldviews (Braddock, 2014; El-Said, 2015). While this intends to change thoughts and attitudes by eliciting negative experiences and cognitive change around offending behaviour, this approach may backfire and create an effect known as attitude inoculation (McGuire, 1961). Attitude inoculation refers to the process of creating resistance to persuasion (Braddock, 2019). Its relevance to the issue of CVE has gained attention, given many forms of counter-radicalisation strategies have some type of persuasive element aiming to influence behaviour and attitudes (Braddock, 2019, 2020). Resistance to persuasion can occur in the mind of offenders when exposed to arguments against their behaviour, creating immunity against attempts to change their behaviours or attitudes. This constitutes a significant risk to the reintegration and disengagement goals of CVE programming that has mandatory or coercive elements, as individuals may feel and are resentful, that they have no choice but to participate (creating a perceived sense of unfairness in their minds) and hence only become more entrenched in the views they have (Braddock, 2014; Cherney & Belton, 2018). The consequence is that this can further impact future attempts to induce deradicalisation making it more difficult or even unachievable (Braddock, 2014, 2019; Koehler, 2017).

The specific topic of mandatory interventions delivered in prison/custodial settings has been given some attention within the literature. It has been argued that the nature of custodial environments and the conditions to which inmates are subject, may actually facilitate antagonism and resistance against cooperating with deradicalisation efforts and inmates

³ Information provided by expert advisory group – Daniel Koehler (German Institute on Radicalization and De-radicalization Studies) and Idhamsyah Eka Putra (Persada Indonesia University).

willingness to participate in an intervention (Cherney, 2018a; Mullins, 2010). On the other hand, within a prison context, some level of coercive or mandatory element to facilitate client participation in particular elements of a program may be necessary in order to prevent deviation from program activities, or free riding amongst participants (Koehler, 2017). Additionally it can be the case that custodial environments can create barriers to ongoing contact with other radicalised individuals or associates, thus decreasing their influence, which may, therefore increase susceptibility to “cognitive openings” that can challenge extremist views and promote offence insights (Wiktorowicz, 2005). However, some scholars argue that such cognitive openings may be more likely to occur when voluntary strategies are utilised. For example, in evaluating CVE disengagement programs, Bell (2015) noted that none of the interventions in his sample were mandatory (although some coercion to participate was evident). Bell (2015) concluded that voluntary participation was relevant to promoting a willingness to hear alternative ideas and accept support.

Violent offender programs

The violent and sex offender literature search identified 1,837 articles in the CD and 60,269 articles in the GPD. Titles and abstracts that were eligible within the CD included 1,192 articles, and 24,781 within the GPD. Stages two and three identified 125 eligible articles in the CD and 9,424 within the GPD. Stage four screening concluded that 14 articles met the eligibility criteria for document synthesis and analysis. Ten documents were located that directly related to violent offender programs. Of the 10 identified articles half were systematic reviews or meta-analyses.

Ferrer-Perez and Bosch-Fiol (2018) conducted a review of programs targeting intimate partner violence in Spain - what the authors term batterer intervention programs (BIPs). They investigated three types of BIPs: interventions conducted inside prisons, court-mandated intervention programs, and intervention programs conducted in a community context where batterers volunteered to receive treatment (Ferrer-Perez & Bosch-Fiol, 2018). They found variability in program outcomes across different types of BIPs and stated that a challenge impacting their effectiveness is high dropout rates amongst participants – which is linked to recidivism. In specific reference to court-mandated treatment, the authors stated that a lack of motivation on behalf of perpetrators undergoing involuntary treatment is a cause of high dropout rates.

A meta-analysis by Feder and Wilson (2005) included ten studies (four experimental and six quasi-experimental) investigating the effects of post-arrest mandated BIPs (including pre-trial diversion programs) on reducing domestic violence reoffending. Similar to the findings of Ferrer-Perez & Bosch-Fiol (2018), Feder and Wilson (2005) found mixed results. In reference to studies that adopted quasi-experimental designs, Feder and Wilson (2005) found that abusers who were mandated to a domestic violence treatment and completed their program reoffended at a substantially lower rate than offenders who were mandated and did not complete their treatment. However, the authors expressed some concern about the validity and reliability of these studies. Feder and Wilson (2005) concluded that their meta-analysis did not offer strong support that court-mandated treatment for domestic violence offenders reduces the likelihood of further reoffending.

Similar inconclusive findings have also been found for reviews of mandatory cognitive behavioural therapy (CBT) interventions targeting male offenders who physically abuse their female intimate partner (Smedslund, et al., 2007). Smedslund et al. (2007) included six randomised controlled trials in the US that evaluated the effectiveness of CBT for male offenders who were physically violent towards their female partner. Of these six studies, only one study utilised an intervention approach that involved mandatory participation. This study examined physical violence outcomes of 376 court-mandated offenders in the New York borough of Brooklyn, who were randomly assigned to either a 40-hour batterer treatment program or 40 hours of community service that did not include any therapeutic treatment (Taylor, Davis & Maxwell, 2001). This study found that, relative to offenders who were court-mandated to undertake community service, offenders who received the mandated CBT intervention were less likely to reoffend⁴.

Babcock, Green and Robie (2004) completed a meta-analytic review examining the findings of 22 studies evaluating treatment for male perpetrators of domestic violence. Of the 22 included studies, only two studies examined the effectiveness of mandatory treatment (versus no treatment) on police and partner reports of violence. Both were quasi-experimental designs, with mixed results. For the study evaluating court-mandated CBT, the effect favoured the control group (no mandated treatment) for both police- and partner-reported violence. The

⁴ This study found a moderate effect size of 0.39. Effect sizes quantify difference between the two groups. In this case, a positive effect size would favour the effect of the experimental (mandated to CBT) group. The strength of the relationship is indicated by the size of the effect. In other words, a larger number is indicative of a larger difference between the control and experimental groups.

authors concluded that court-mandated treatment programs are unlikely to be effective in the absence of a strong legal response during sentencing and sanctions for offenders who do not comply with treatment (Babcock, Green & Robie, 2004). Exactly what constitutes a strong legal response or appropriate sanctions for non-compliance was not detailed by the authors. A study by Akoensi et al., (2013) reviewed European evidence on the effectiveness of DV perpetrator programs. When the authors investigated studies that included a mandatory program, they noted high drop-out rates amongst participants. The authors found that there was no clear evidence in favour of or against mandating participation and that it was difficult to conclude that mandatory components are the sole reason for any observed improvements.

Other studies of DV perpetrator programs that include mandatory conditions have also found mixed results. For example Mills, Barocas and Ariel (2013) compared offenders who were court-mandated to attend a Circles of Peace (CP) program administered in the U.S. state of Arizona with a local mandated group-based Batterer Intervention Program (BIP) program. This study involved a randomised controlled trial with 152 domestic violence cases court-mandated to undertake treatment, who were then randomly assigned to either BIP or CP. CPs are private spaces and more informal settings compared with BIP interventions. Results demonstrated a small but statistically non-significant difference in rates of recidivism for the CP group compared to the BIP group. This result was found across all time points in the longitudinal analysis, from 6 months post-intervention, where the rate of recidivism was 17.07% for the CP group and 28.57% for the BIP group, to 24 months post-intervention, where offenders mandated to the CP program had a 31.71% rate of recidivism, and offenders who were mandated to the BIP program had a 44.29% rate of recidivism. Research by Loeffler et al. (2010) evaluated what they termed as shame transformation in mandatory group treatment of domestic violence offenders' and how it impacts self-esteem, locus of control, empathy, empathetic concern, and personal distress (Loeffler et al., 2010). They found cognitive behavioural theory could elicit compassion for victims and that forms of "shame transformation" were more effective than standard cognitive-behavioural treatment in increasing participants' self-esteem and empathetic concerns (Loeffler et al., 2010). Stewart et al. (2005) examined mandated treatment for male DV offenders in Canada and measured outcomes for offenders allocated to high- and moderate-intensity psychological programs, which included changes in offenders' attitudes that support violence against women and rates of violent recidivism. Results confirmed that program participation reduced attitudes and

increased prosocial skills⁵. Furthermore, after six months post-release, program completers of both high and moderate intensity programs experienced a 69% reduction in spousal violence, relative to the non-treatment comparison group (Stewart et al., 2005).

Hyatt and Barnes (2017) conducted an experimental evaluation on the impact of intensive supervision on the recidivism of high-risk probationers. Conducted in the US city of Philadelphia, the research focused on Intensive Supervision Probation (ISP) among probationers allocated to treatment ($n = 447$) or control groups ($n = 385$). The experimental ISP treatment mandated an increased level of supervision (Hyatt & Barnes, 2017). High risk offenders were required to report to a centralised office location for weekly face-to-face meetings with their probation officer and were mandated to undertake drug testing at least twice per month. The authors found that this supervision strategy for high risk offenders had no significant effects on reoffending (Hyatt & Barnes, 2017). Hogan, Lambert and Barton-Bellessa (2012) evaluated an involuntary cognitive behavioural intervention for high risk inmates titled CHANGE. Carried out at a mid-western state prison in the US, the study aimed to assess the impact of CHANGE on violent, official misconduct in prison. Inmates were randomly assigned to the treatment ($n = 122$) or control group ($n = 91$). The program was facilitated by case managers, CHANGE officers who worked directly in the program, and block officers where inmates were housed (Hogan, Lambert & Barton-Bellessa, 2012). The program was divided into three phases to assist in the prosocial cognitive development of participants, with the first phase being a mandatory component. Phase I was designed to last 6 to 8 weeks with participants attending 2-hour group sessions twice a week. The authors found that participating in the CHANGE program had no effect on forms of official misconduct either 3 (estimated effect size = 0.01) or 6 months (estimated effect size = 0.01) after the completion of the program.

In reviewing the evidence of violent offender interventions, some themes emerge from the evidence. First, across both the meta-analyses and individual program evaluations, the effectiveness of mandating treatment is mixed and inconclusive. In some instances, mandatory programs exhibited positive effects (Smedslund et al., 2007; Stewart et al., 2005). One common element among successful mandatory interventions is the presence of CBT or similar styles of rehabilitative programming. The problem of participant drop-out was highlighted by a number of studies. Study authors drew attention to the fact that it is difficult to conclude whether the

⁵ See Table 1 on page 15 of the Stewart et al (2005) report which provides all effect sizes for the measures used to assess attitudes and skills.

mandatory nature of participation has a bearing on success. Overall, the violent offending literature points to neither a definitive positive nor negative influence over behavioural or cognitive change when offenders are mandated to violent offender rehabilitative interventions.

Sex offender programs

As discussed above, the search completed for violent and sex offender programs resulted in 14 eligible documents. Four documents were located directly related to sex offenders. Losel and Schmucker (2005) report on outcome evaluations for sex offender treatment, drawing on 69 studies (the majority of them including mandatory programs) that contained 80 independent comparisons between treated and untreated offenders. To be included in their review, the interventions needed to incorporate therapeutic measures. When investigating mandatory participation, the authors concluded that voluntary treatment led to a slightly better outcome than mandated programs (Losel & Schmucker, 2005). Schmucker and Losel (2015) updated their review and meta-analysis and found that the most effective interventions were characterised by the use of CBT or multi-systemic treatment, smaller groups sizes, targeting of medium to high-risk offenders and individualised treatment. They also found that treatment motivation (whether an offender entered treatment voluntarily or on a mandatory basis) made no difference to any observed sexual recidivism. Schmucker and Losel (2017) published an update of their 2015 study that included a systematic review of six experimental and 21 quasi-experimental studies. Studies in this review compared official recidivism rates of treated sexual offenders with comparable groups of sexual offenders that had not been subjected to the respective treatment. Results observed on average, a significant reduction in recidivism in treatment groups, moreover the odds to sexually reoffend were 1.41 lower compared to control groups. However, they found it made no difference whether offenders entered treatment voluntarily or on a mandatory basis (Schmucker & Losel, 2017). The authors suggested that other factors such as the provision of individualised treatment, CBT-based interventions, and therapeutic settings were more likely to have an impact on sexual reoffending than the role of mandated participation.

Lambie and Stewart (2012) examined the recidivism rate of 203 people mandated by the courts to attend three community-based child sexual offender treatment programs. Of the 203, 175 offenders who had participated in intervention were the treatment group, whereas 28 individuals who only received an assessment were the comparison group. A second comparison

group was formed using official data for 186 convicted child sexual offenders who did not receive any treatment (Lambie & Stewart, 2012). The mandated program included various components focused on individual treatment (e.g. individual and family therapy) and group components e.g., (relationship skills and relapse prevention). Their results showed no significant difference between the recidivism rates for any of the three programs. Differences were found though between the treatment vs no treatment groups, in that recidivism occurred less and at a delayed rate amongst the treatment group compared with the two non-treatment groups. Also the reoffending rate for people who did not complete the program was twice that compared to those who did complete the intervention (Lambie & Stewart, 2012).

In reviewing the research of sex offender programming, similar themes emerge from the investigation of violent offender interventions. Targeting behavioural change yields the most promising results. The role of mandatory programming may have a small impact on successful outcomes for participants. The problem though is that it is unclear from the evidence if it is the mandatory nature of an intervention that makes a difference. The studies by Losel and Schmucker demonstrates that, at best, involuntary treatment has no bearing on the overall success of a program.

2: CVE policy and legislative review

Country-specific approaches to participation in CVE interventions and mandatory requirements

Europe

Our review of the existing literature indicates variations across European countries as to the use of mandatory conditions relating to CVE programming. The specific case of the United Kingdom (UK) is discussed below.

In France a pilot program in 2016 was developed and implemented in secret called the French Research and Intervention in Violent Extremism (RIVE) (Recherche et Intervention sur les Violences Extremistes). It is reported that the pilot involved 14 men and women for whom attendance was mandatory (Lahnait, 2018). Mandatory attendance was required through judicial control or request by a judge (France 24, 2017; France Inter, 2017). The program targeted people already sentenced or awaiting sentencing for a terrorism-related offence or who were reported for being radicalised (France 24, 2017). The program aims were disengagement and reintegration and to provide support specific to the individual needs of participants. In

some cases a client might meet with an expert on Islam (France 24, 2017) and a Muslim chaplain would provide religious guidance if required (Lahnait, 2018). There is no published research on the effectiveness of the RIVE available in English speaking sources, although French sources were located that describe the program (Letto, 2019). The intervention was discontinued because the contract with the intervention provider was not renewed (Letto, 2019).

In the Norwegian prison system a mentoring scheme is provided to radicalised inmates on a voluntary basis (ICSR, 2020). It is reported that only 9 of the 34 possible target group inmates are registered in the mentoring-scheme (ICSR, 2020, pg. 71). However, all inmates though will have mandatory requirements to participate in regular prison activities and programs (e.g., work or cognitive behavioural change programs).

The Dutch Team TER (Terrorists, Extremists and Radicals) initiative is run by the Netherlands Government. The nationally operating Team TER helps the Dutch Probation Service to prevent radicalisation amongst Dutch probationers. It aims to disengage radicalised individuals (Muslims, right-and left-wing extremists) through the use of tailored approaches to influence individual behaviour (Radicalisation Awareness Network, [RAN], 2019). The Team includes 18 trained probation officers and has a legal mandate to work with clients who can be directed to engage the Team TER as a condition of their impending release and supervision in the community (van der, Heide & Schuurman, 2018; Radicalisation Awareness Network, 2019). A Dutch study by Weggemans and de Graaf (2017), into the reintegration of jihadist detainees in the Netherlands included interviews with professionals involved in the delivery of reintegration initiatives. One issue raised by interviewees was that given the voluntary nature of these initiatives they felt powerless to compel former detainees to participate. The best practitioners could do was to use forms of assistance in housing, welfare, employment and psychological care as leverage to encourage participation. Some interviewees commented that it was difficult to implement voluntary programs and that if participants failed to attend appointments for example, there was little they could do (Weggemans & de Graaf, 2017, pg. 109-110).

In Sweden, the Swedish Prison and Probation Service does not use parole boards and all inmates are automatically released after serving two-thirds of their sentence. Over the next nine years it is reported that Sweden is set to release 32 extremist inmates (ICSR, 2020). Once released these inmates will be subject to the mandatory condition of attending regular meetings

with their probation officer. All clients must participate in these sessions regardless of their attitude or motivation for change and can be directed to participate in other treatment programs (ICSR, 2020).

Reports from Germany indicate that participation in programs to rehabilitate convicted terrorists or radicalised individuals is not mandatory (often referred to as exit programs in Germany).⁶ In Belgium, individual participation in a deradicalisation/disengagement program may be mandated as part of an individual's probation or in cases of a suspended sentence when certain conditions are imposed.⁷ CVE efforts in Belgium can often be divided by Francophone (French speaking regions) and Flemish (Dutch speaking regions) differences and distinctions. On the Francophone side, some individual cases are under judicial mandate, typically probation, which can include certain mandated conditions such as attending a CVE intervention. In some instances individual cases under judicial mandate have been taken over by other agencies (e.g. local prevention officials, or NGOs).⁸

Asia and the Middle East

As already noted above CVE schemes in Asia and the Middle East targeting convicted terrorists or radicalised offenders while voluntary, can often involve forms of coercion to participate. The use of deradicalisation centres in some countries (referred to as rehabilitation centres in Sri Lanka and Saudia Arabia; see Boucek, 2008, Hettiarachchi, 2018; Perliger 2020), where program beneficiaries are all housed in the one location, while offering the opportunity to deliver targeted interventions, offers participants little choice but to consent to participate (hence are underpinned by implicit coercion). In Indonesia there is legislative provision relating to the delivery of deradicalisation programming to terrorist convicts or those exposed to terrorist views (Institute for Criminal Justice Reform, 2018). Recent amendments to these laws do make reference to these interventions being mandatory for prisoners and individuals seeking parole.⁹

⁶ Information provided by expert advisory group – Daniel Koehler (German Institute on Radicalization and De-radicalization Studies); and Sofia Koller (Research Fellow, Project Leader InFoEx, German Council on Foreign Relations DGAP).

⁷ Information provided by expert advisory group – Thomas Renard (Egmont Institute. Royal Institute for International Relations. Belgium).

⁸ Ibid

⁹ Information provided by expert advisory group – Idhamsyah Eka Putra (Persada Indonesia University); and Fajar Erikha (Lecturer, Deputy Director, Universitas Nahdlatul Ulama Indonesia).

Canada

Based on information provided from academic contacts in Canada,¹⁰ mandatory participation in Canadian CVE programs has not been adopted in any universal fashion. It has only been used in a limited number of cases in relation to conditions imposed by the Canadian parole board relating to the release of convicted terrorists (Bell, 2020). In 2016, for example, an individual named Aaron Driver, a covert to jihadism and who was shot dead by police in the act of perpetrating a terrorist offence, was placed on what is termed a “peace bond” due to his extremist behavior (Amarasingam, 2016; McKeon, 2017). A peace bond is used by the Royal Canadian Mounted Police against people who they think are likely to commit an offence, but where police lack evidence to charge the individual (Canadian Department of Justice, 2015). It can impose a range of conditions on the offender. In the case of Driver this included that he had to participate in some religious counselling to correct his understanding of Islam.¹¹ This was seen in Canada, however, as an infringement of his constitutional rights and was subsequently challenged and dropped (CBC online, 2016). A recent case is that of Mohamed Hassan Hersi, who was charged with trying to leave Canada to join a terrorist group (Bell, 2020). A number of special conditions will be imposed upon Hersi when he is released, which include the condition that he undergo treatment for his extremist beliefs and behaviours (Bell, 2020). Another example is that of Pamir Hakimzadah, who was convicted of attempting to join ISIS and was released on parole in 2019, with him subject to a range of conditions including a requirement that he attend counselling and meet weekly with an Imam (Bell, 2019).

The UK Desistance and Disengagement Programme

The UK Desistance and Disengagement Programme (DDP) targets convicted terrorists and terrorist related offenders. This includes what are termed ‘TACT’ (in reference to the Convicted Terrorism Act) offenders and non-TACT individuals. It provides support for individuals in prison and in the community. It is a case managed intervention, funded and sponsored by the UK Home Office. It provides a range of interventions spanning mentoring, theological and psychological support, plus a discretionary practical fund to support participants. It aims to address the drivers of radicalisation around needs for identity, self-esteem, meaning and purpose, and personal grievances. Its objectives include deradicalisation,

¹⁰ Information was provided by Professor Lorne Dawson (University of Waterloo); Dr Amarnath Amarasingam (Queens University), and Professor Sarah Thompson (Ryerson University).

¹¹ Email communication with Professor Lorne Dawson 1-12-2020.

rapport building, changing mindsets and strengthening protective factors, social integration, employment and training, improving family and personal relationships and broader support (DDP Operating Guide, 2020). The DDP case management process involves case identification and referral, client case assessment and acceptance, intervention provider selection and commissioning, intervention delivery, case review and evaluation and case exit and closure. Intervention providers (including government and non-government agencies) are the main mechanism of delivering the DDP (DDP Operating Guide, 2020).

The DDP is offered to those in prison that have been convicted of a TACT or terrorist related offence and ‘at-risk’ non-TACT individuals. Those approaching their release date are prioritised with a view of their transition onto probation. The DDP is also offered to TACT/related offenders on probation in the community and can be a condition of their license. The same conditions can apply to individuals who have been subject to what are called Terrorism Prevention Investigation Measures (TPIMs) and Temporary Exclusion Orders (TEOs). The DDP can be mandated for individuals subject to TPIMs and TEOs. TPIMs target individuals who present a terrorist risk but have not been prosecuted and whom the UK Home Secretary believes to have engaged in terrorist related activity, but where it is assessed as not feasible either to prosecute or deport the individual (Anderson, 2014).¹² TEOs are legislated under the Counter-Terrorism and Security Act 2015¹³ and target individuals who are suspected of being involved in terrorist-related activity outside the U.K (e.g., returning foreign fighters). Individuals subject to a TEO who return to the UK have to agree to a range of conditions relating to their movements, reporting and attendance at appointments. Where the DDP is mandated for individuals on probation or subject to court-approved conditions, non-compliance can lead to the individual being charged for breach of their conditions, which may result in them being recalled to prison (if on probation) or given a prison sentence (if in breach of a TPIM or TEO).

The DDP is located within the Prevent strand of the UK’s Counter-Terrorism Strategy CONTEST. Not a lot is known publicly about the program and there are few open source documents on its content and implementation, with it currently not having been subject to any

¹²In 2020 there were proposals to create “enduring TPIMs”. Enduring TPIMs are to focus on long-standing subjects of interest who are engaged in radicalisation rather than attacks. It proposes to remove the two-year limit on the use of TPIMs (Grierson, 2020b).

¹³ See <https://www.legislation.gov.uk/ukpga/2015/6/section/2/enacted>

evaluation (Elshimi, 2020). Figures reported in the media are that in 2019 about 110 convicted and suspected terrorists were participating in the DDP (Drury & Barrett, 2019).

Recent cases of radicalised individuals who have been required to participate in the DDP have called into question its effectiveness and capacity to reduce ongoing risk. For example, one case includes that of Usman Khan (London Bridge attacker). Khan was sentenced in 2012 along with other co-offenders for plotting a terrorist attack. When released on licence he was subject to a range of conditions standard for terrorist offenders in the UK (e.g., electronic monitoring, community supervision and banned from certain associations), which included participating in the DDP. Khan received assistance under the DDP which included mentoring. Khan travelled to London in November 2019 to participate in a Cambridge University prison rehabilitation event. During the event Khan left and put on a fake suicide vest and also attacked and killed two delegates and injured three in a knife attack. He was shot dead by police (Casciani, 2019; Warrell, 2019).

There is varying information about whether Khan had been “gaming” the system and appearing cooperative when participating in the DDP (Casciani, 2019; Warrell, 2019). One former Scotland Yard officer who mentored Khan during his participation in the DDP stated he had a “suspiciously rehearsed persona” and reported he witnessed Khan losing his temper during a meeting with him, and was angry about his licence conditions (Kerbaj, 2019). Other details about how Khan was dealt with include reporting that Prevent officers responsible for monitoring Khan had no training in dealing with a terrorist offender. Police who visited Khan two weeks before the attack reported that Khan was jobless, living alone and antagonistic during the visit. His mentoring had also ceased. It was reported at a pre-inquest inquiry into the attack that there were questions about the effective monitoring and supervision of Khan (Grierson, 2020a). A full inquest into the attack is due to begin in April 2021.

The Khan case raised questions about the effectiveness of CVE interventions such as the DDP, and whether mandated participation makes a difference when offenders may just decide to deceive intervention staff – referred to as disguised compliance (Acheson 2020). However, Renard (2020) argues that the Khan case needs to be placed into a broader perspective and that it should be seen as an outlier given the number of radicalised offenders who have been released into the community in the UK. Renard (2020) reviews international data and concludes there is a low rate of terrorist recidivism amongst released convicted terrorists.

3: Implementation issues and the benefits and drawbacks of mandatory participation

In this section we review a number of arguments for and against mandatory participation and consider various implementation issues that have a bearing on mandated interventions. Table 1 summaries these key points. We discuss each in detail below.

Table 1: Summary of benefits and drawbacks / implementation issues of mandated participation.

Benefits and drawbacks	Implementation issues
<p>Benefits:</p> <ul style="list-style-type: none"> - Guarantees individuals are exposed to treatment/support. - Mandated exposure can help convince individuals of the need to change. - The development of therapeutic relationships still possible. <p>Drawbacks:</p> <ul style="list-style-type: none"> - Can create resistance/resentment to being involved in a program. - Does not inspire the necessary motivation for change. - Undermines the quality of therapeutic relationships. - Mandated programs have high dropout rates. - Sanctions for noncompliance can undermine positive client progress. - Involuntary clients can be a drain on resources and staff time. - Too much of a focus on compliance/control. 	<ul style="list-style-type: none"> - Developing responses to non-compliance that generate genuine motivations to participate. - Overcoming resistance and resentment to involvement. - Finding a balance between compliance and monitoring and reintegration needs. - Creating conditions that generate quality therapeutic relationships. - Having tailored intervention plans and forms of support. - Identifying and targeting offender motivations to change. - Encouraging the involvement of third parties e.g. friends/family/mentors.

A consistent argument made by CVE scholars is that disengagement programs need to be based on respectful and non-coercive approaches (Harris-Hogan, Barrelle & Zammit, 2016). This is to avoid participant resentment and resistance. Hence it is generally argued that programs should be implemented in a voluntary fashion. Regardless of mandatory or non-mandatory conditions, the broader literature on the rehabilitation of serious offenders (violent and sexual) show that programs targeting them suffer from high rates of participant drop-out and attrition (Ferrer-Perez & Bosch-Fiol, 2018; Hanson, Broom & Stephenson, 2004). Mandated intervention may help to minimise this, but the problem then arises as to what do with those who do not comply with mandated conditions. An appropriate response and punishment for non-compliance needs to help generate genuine motivation to participate. While sending individuals back to prison might be one response to violations of mandated conditions, this does not help prepare them for eventual release into the community.

One drawback of mandated interventions pointed out in the literature, is that it does not inspire the needed motivation necessary for treatment to be effective (Lambert, et al., 2007). Lambert et al., (2007) notes in a study of offenders in maximum-security, that candidates who voluntarily participate in a program are often more susceptible to treatment compared with those who are forced. Additionally, investigations of coercive treatment in correctional settings have demonstrated that even when involuntary participants did not necessarily resist treatment, the presence of someone who absolutely does not want to participate can have a negative impact on the treatment environment (Miller, et al., 2010). Also, inmates who are forced to participate in treatment can consume a disproportionate amount of time and resources relative to offenders who voluntarily consent given the need to deal with episodes of noncompliance, poor attendance and motivation (Miller, et al., 2010). In effect, the implication arising from arguments presented in the literature is that mandating treatment can carry risks to the success of programs that aim to rehabilitate extremist offenders.

Research has also drawn attention to how mandated interventions can have an impact on client and intervention-provider interactions and relationships (Hachtel, Vogel & Huber, 2019). For example, research on the topic of criminal justice mandated treatment for mentally ill individuals has indicted how it can change the therapeutic relationship between clients and treatment providers (Manchak, Skeem & Rook, 2014; Skeem et al., 2007). The concern is that in such a context, the relationship can move beyond the provision of care to that of control and compliance. The risk is that too much of a focus on the latter can lead to anger and resistant amongst clients towards treatment goals, as well as create a sense of helplessness that

detrimentally impacts on therapeutic engagement (Manchak, Skeem & Rook, 2014; Monahan, et al., 1995). This can undermine the quality of care provided and make clients resentful and resistance to change.

One of the key findings within correctional research is how the quality of the relationship between parole/probation supervisors and the individuals they supervise impacts reoffending (Kennealy, et al., 2012; Skeem, et al., 2007). It is argued that mandated treatment or involuntary programming can potentially undermine the quality of such relationships (Skeem et al., 2007) and finding a balance between providing care and focusing on compliance can be challenging for supervisors or practitioners (Manchak, Skeem & Rook, 2014). Research in the area of community supervision indicates that correctional practitioners need to deploy specific skillsets when working with involuntary clients (Trotter, 2015).

This issue needs to be considered in the context of agencies working with convicted terrorists or individuals who have radicalised to violent extremism. For example, given that anti-authoritarian and anti-government sentiment in part drives radicalisation in combination with grievances about perceived injustices (van den Bos, 2018; Hafez & Mullins, 2015), radicalised offenders in prison or being supervised in the community, may perceive mandated interventions as an example of authorities treating them unfairly by forcing them into a program, thus increasing the grievances about how they are treated (Cherney & Belton, 2018). This can potentially make it far harder to engage radicalised inmates in programs aimed at deradicalisation and community reintegration.

While finding evidence against the benefits of involuntary treatment, Manchak, Skeem and Rook (2014), found that even in the context of criminal justice mandated treatment (court ordered) for mentally ill individuals, this does not always negatively influence client and therapist relationships or intervention outcomes and that this will vary on a case-by-case basis. At best there may be a neutral effect of mandatory programming (Farabee, Prendergast & Anglin, 1998; Prendergast, et al., 2002). Also the literature continues to demonstrate that high-risk offenders do benefit the most from some form of rehabilitative programming. However, this group is the least likely to volunteer for treatment (Andrews, Bonta & Hoge, 1990; Lipsey, 1999). This presents a critical challenge for voluntary participation. While it is beneficial to include motivated and invested participants, if offenders are largely hesitant to volunteer, participation rates may be so low in a program that it produces little benefit.

While the literature does find fault with mandated treatment, even in such contexts authors concede to the importance of exposing individuals to interventions. For example the study by Miller et al., (2010), indicated that offenders can become motivated to change through coerced treatment via the simple introduction of rehabilitative services. Additionally, mandated treatment does not necessarily have to result in the perception of a coercive environment or a sense of anger and resentment towards participation. A key argument is that if approaches use supportive, responsive and personalised tailored treatment styles, this often creates favourable working alliances, therapeutic outcomes and a sense of motivation to change (Hachtel, Vogel & Huber, 2019). This does demonstrate that encouraging offender participation and change, while difficult to elicit via mandated efforts, can still be facilitated under involuntary interventions.

This points to the need for intervention providers to have a clear understanding of how specific motivations influence the quality of participation and willingness to engage in an intervention. It needs to be acknowledged that a lack of motivation and an unwillingness to change is not a permanent state of mind among extremist offenders subject to interventions (Cherney, 2018c; Walkenhorst, et al., 2020). A recent Radicalisation Awareness Network (RAN) rehabilitation manual on working with terrorist offenders, recommended that addressing factors like self-confidence and trust in others over time can create key cognitive openings for change amongst program participants (see Walkenhorst, et al., 2020). Targeting motivations is concerned with strengthening and supporting positive behaviours and helping individuals to avoid extremist associates and environments. Other third parties such as partners, family members and mentors have an important role to play in facilitating and supporting motivations to change (Butt & Tuck, 2014; Cherney, 2018c; Koehler, 2017; Koehler, & Ehrt, 2018). While these observations are relevant to either voluntary or mandatory programs, the implication is that it is the content of an intervention that matters a great deal than whether it is mandated.

4: Conclusion

A review of the evaluation literature across the fields of CVE, violent and sex offender schemes finds arguments and evidence for and against mandated participation. The evidence from studies on sex and violent offender schemes indicate there is no clear advantage in relation to improving program effectiveness when mandatory conditions are imposed. Overall, the evidence was mixed, and in actual fact, a number of problems can arise. However, while

evidence does not support the effectiveness of mandated participation, the exposure of offenders to treatment under mandated schemes may offer some benefits.

Across different international jurisdictions participant involvement in CVE programs varies from voluntary interventions, to those that involve implicit coercion to participate, as well as to schemes imposing mandatory conditions. To date there is no strong evaluative evidence that one approach is more effective than the other, or that mandated schemes offer any specific advantages above voluntary schemes. There are challenges and drawbacks with any approach.

How extremist offenders respond to being involved in a CVE intervention will vary on a case-by-case basis. Some offenders will see mandated support as an imposition and perceive it as evidence of them being further treated unfairly by authorities. For other offenders they will see the benefits of participation. Mandated participation may make no difference as to how well an offender progresses on an intervention, with evidence from Australian programs indicating that this will vary overtime and be characterised by individual success and setbacks (Cherney & Belton 2018; Cherney 2020).

Mandating participation is a way of ensuring that radicalised offenders are exposed to rehabilitative schemes. The literature indicates that the implementation of policy, or legislative schemes, that mandate CVE program participation in the prison or community context must consider a range of issues that will impact on the viability and effectiveness of such an approach. Consideration needs to be given to how target groups will respond to being forced to participate in an intervention, given it may only create resentment and a sense of unfairness which will make client engagement harder. There must be a focus on ensuring quality therapeutic relationships can be developed between clients and intervention providers so that tailored intervention plans can be collaboratively developed and progress towards intervention goals is achieved. Authorities and intervention providers need to avoid an emphasis upon simply enforcing compliance, control and surveillance, given this is not conducive to facilitating genuine engagement and motivations to change. Developing responses to incidents of non-compliance cannot simply punish participants, but needs to look at factors and motivations contributing to such incidents. Interventions have to be tailored so that they address specific motivations for change and focus on protective factors against radicalisation. Finally, it needs to be accepted that progress on a mandated intervention will vary amongst participants with their success and failures.

In Australia, a number of radicalised offenders are due for release into the community (Cherney, 2018a; Department of Home Affairs, 2020b). Recent suggested strategies to deal with convicted terrorist when released into the community, include the use of extended and interim supervision orders that would include conditions directing an offender to participation in an intervention program (see the Counter-Terrorism Legislation Amendment - High Risk Terrorist Offenders - Bill 2020). It needs to be acknowledged that the challenges surrounding the transition and release of radicalised offenders into the community are not dissimilar to those for other high-risk inmates (Cherney, 2018a; Walkenhorst, et al., 2020; Weggemans & de Graaf, 2017). The cohort has criminogenic needs, which are characteristic of many offenders released from custody. They encounter similar barriers to their reintegration (e.g., in securing work).

Hence mandated interventions cannot simply be concerned with further monitoring or addressing ideological drivers underpinning radicalisation. Addressing standard forms of social support around education, work, physical and mental health, welfare and family assistance are equally important in generating disengagement from extremism and reintegration (Cherney, 2018a; National Consortium for the Study of Terrorism and Responses to Terrorism, 2019; Jensen, James & Yates, 2020; Weggemans & de Graaf, 2017).

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6: Appendix A – Evidence review protocol and inclusion criteria

Rapid review methodology

To align with the aims of this project a rapid evidence review was undertaken of intervention effectiveness examining mandatory programs and their impact on risk reduction and disengagement from violent extremism¹⁴, violent and sexual offending. Two databases were used to conduct searches for eligible documents for our rapid evidence review: The Global Policing Database (GPD) and a Corrections database (CD), both developed at the University of Queensland.

Inclusion criteria and screening protocol: CVE

Each document must have satisfied all inclusion criteria to be included in the review, however, there were no restrictions placed on the types of outcome variables utilised.

Research Timeframe and Language

Research conducted between January 2001 and December 2018 (most recent 17 years indexed in both databases) were included in the review. Only studies written in English were included in the review.

Geographical Settings

Systemic differences between political systems and cultures can impact on the ability to generalise the findings of intervention research. However, to ensure that all relevant content was captured on CVE interventions this review included evaluation studies conducted in Western and non-Western countries that provided English written reports. Therefore, this review includes rigorous evaluations of eligible interventions that were implemented in any country that provided literature/source documents in English.

Types of Population

To provide a comprehensive synthesis of the prison and community-based intervention literature pertaining to violent extremism, the review adopted a broad inclusion approach for populations who form the participants of the evaluation study. The following populations were considered eligible for the review: (a) terrorist offenders, (b) those at-risk of radicalisation or

¹⁴ Our definition of violent extremism includes offending across far left, far right, Islamists and single-issue ideologies.

extremism, and (c) and police or correctional practitioners who may come in contact with these offenders or those at risk of offending.

Terrorist offenders are individuals aged 18 years or older, of any gender and are either labelled as terrorist offenders by study authors, or who have been convicted for a terrorist-related offence or charged and subsequently diverted. Offenders may be detained in prison or other custodial settings (regardless of sentence length, level of security, or whether in remand, awaiting trial or sentenced) within the community under correctional supervision (e.g., probation or parole), or in the re-entry phase after completing their sentence in a custodial setting. Those at risk for extremism are individuals of any age or gender who are labelled as such by study authors, verified by a specified measure (e.g., risk assessment tools such as VERA-2, ERG 22+, IAT-8, TRAP-18, or RADAR assessment), or who have been in contact with police in relation to behaviours related to radicalisation, extremism, or terrorism (e.g., via street-checks, investigation, arrest, questioning).

Types of Interventions

To be included in the review, the study must have reported on an impact evaluation of a correction or policing intervention based in a custodial or community setting that aimed to reintegrate or rehabilitate either convicted terrorists or those considered at risk for extremism, radicalisation, or terrorism. To determine eligibility on this criteria requires consideration of two factors: (1) whether the intervention is a policing or correctional intervention, and (2) whether the policing or correctional intervention aims to reintegrate or rehabilitate convicted terrorists or those at risk.

We defined a policing or corrections intervention as some kind of a strategy, technique, approach, activity, campaign, training, directive, funding or organisational change that involves police or corrections in some way (other agencies or organisations can also be involved).

If the intervention was determined to be a policing or correctional intervention, it was then assessed on whether it was an intervention aiming to reintegrate or rehabilitate either convicted terrorists or those considered at risk for extremism, radicalisation, or terrorism. We defined this to mean intervention efforts aiming to influence behavioural and/or cognitive changes that may impact deradicalisation, disengagement or desistance. Additionally, interventions may also address standard rehabilitative goals associated with most correctional programs (e.g.,

engagement in work and education). If the intervention met these criteria it was then assessed for the presence of a mandatory participation component. We defined this as the mandated and explicit direction/condition that an individual participate in an intervention or a specific component. If the mandatory component was not present or stipulated in the source document, the study was not included for analysis.

Types of Outcomes

Each eligible study needed to evaluate the impact of the eligible intervention using either risk reduction or disengagement in relation to violent extremism. Due to variation in terminology and interchangeable use of terms in the literature (e.g., Government Offices of Sweden, 2011; Norwegian Ministry of Justice and Public Security, 2014; Barker, 2015; Public Safety Canada, 2018; Lowe, 2017), this review does not focus exclusively on violent extremism per se. Rather, this review adopted the same broad definitions used by Mazerolle and colleagues (2020a, 2020b) to identify eligible outcome measures. Specifically, studies were included if the study explicitly labelled the outcome as violent extremism or if the study described an outcome that aligns with violent extremism, including: radicalisation (Horgan, 2009), extremism, violent extremism (Khalil, & Zeuthen, 2016), political violence, ideologically motivated violence, political extremism (Lafree, et al., 2018), violent radicalisation (Bartlet, & Miller, 2012) and terrorism (Christmann, 2012).

Terrorist behaviour is one outcome of violent extremism, which is comprised of a cognitive and a behavioural component. The literature distinguishes between radicalisation as the cognitive or belief component and violent extremism as the behavioural outcome of those beliefs. For the purposes of this review, violent extremism was defined as “advocating, engaging in, preparing, or otherwise supporting ideologically motivated or justified violence to further social, economic, and political objectives” (Barker, 2015; Horgan, 2009; Khalil & Zeuthen, 2016). This can include a range of ideologies, including Islamist (or jihadist), far-right (right-wing), far-left (left-wing) and single issue (anti-abortion, animal liberationists; (START, 2018). In addition to including both the behavioural and cognitive/belief components of extremism, this review also included studies using disengagement and/or deradicalisation as an indicator of change or shift away from extremist beliefs and behaviours (Klausen, et al., 2016). Disengagement links with the behavioural aspect of extremism and is the reduction or ceasing of physical involvement in violent or radical activities (Horgan, 2009). In comparison, deradicalisation is the psychological shift in attitudes or beliefs (Horgan & Braddock, 2010).

Additionally, the concept of disengagement from criminal attitudes and behaviours links to the wider rehabilitative goals of pre- and post-release programming offered by corrections more broadly. The review included outcome data measured through self-report instruments, interviews, observations and/or official data (e.g., contact with police, calls-for-service reporting incidents, arrests, charges, prosecution, sentencing and correctional data).

Types of Study Designs and Comparators

To be included in the review, the study must have evaluated the eligible intervention using one of the following research designs:

- Randomised controlled trials.
- Matched control group designs (with or without baseline measures).
- Unmatched control group designs (with or without baseline measures).
- Regression discontinuity designs.
- Cross-over designs.
- Designs using multivariate controls (e.g., multiple regression).
- Single group designs with pre- and post-intervention measures.

Review of interventions was also harvested to identify studies not captured individually by the search. Eligible comparison conditions include: no treatment, placebo, waitlist control, business-as-usual, or an alternative treatment.

Screening and Coding Process

All search results were imported into *SysReview*, a Microsoft Access database designed for managing systematic reviews (Higginson & Neville, 2014). Prior to screening, ineligible document types (e.g., book reviews) and duplicate records were removed. The subsections below provide a summary of the screening and coding process adopted for the review.

Title and Abstract Screening

The search results were first screened on title and abstract to refine the corpus of research directly relevant to the review topic. Trained research staff utilised a standardised screening companion to screen each title and abstract identified by the search according to the following criteria:

- Document is an eligible document type (e.g., not a book review).
- Document is unique (i.e., not a duplicate).

- Document is focused on responding to radicalisation, extremism, or terrorism.

Records were excluded if the answer to any one of the criteria was unequivocally ‘No’ on the first applicable criterion. The full-text document corresponding to each potentially eligible record was then progressed to the final full-text eligibility screening stage.

Full-Text Eligibility Screening

Trained research staff screened the full-text document using a standardised screening companion according to the following criteria:

- Document is an eligible document type (e.g., not a book review).
- Document is unique (i.e. not a duplicate).
- Document is set in an eligible country (Western, English-speaking, Westminster).
- Document reports on an eligible population.
- Document reports on an eligible intervention.
- Document reports on an evaluation of the eligible intervention using eligible participants and outcomes.
- Document uses an eligible research design to evaluate the intervention.

Documents were excluded if the answer to any one of the criteria was unequivocally ‘No’ on the first applicable criterion, and were otherwise deemed eligible for full-text coding and syntheses.

Full-Text Coding

A team of trained research assistants first categorised eligible studies from the full-text screening stage into broad review themes. Each eligible study was then coded according to standardised guidelines to assist with qualitative syntheses within each review theme. Specifically, data was extracted for each study according to the following domains:

- Citation information (type of document, publication date, authors, etc).
- Geographical location of the intervention.
- Research design (including comparison condition).
- Mandatory nature of the intervention.
- Description of participants used to evaluate the intervention.
- Intervention description and implementation considerations (e.g., setting, relevant legislation, required staff, nature and mode of delivery for treatment components,

treatment/support types, intensity/dosage, fidelity).

- Description of the outcome measure(s) used to evaluate the intervention.
- Description of study findings (size and magnitude of effects).

Inclusion criteria and screening protocol: violent and sex offenders

Each document must have satisfied all inclusion criteria to be included in the review, however, there were no restrictions placed on the types of outcome variables utilised. This review also includes criteria and screening protocols developed in Sydes, Eggins and Mazerolle (2018) and Higginson, Eggins and Mazerolle (2017).

Research Timeframe and Language

Research conducted between January 2001 and December 2018 (most recent 17 years indexed in both databases) were included in the review. Only studies written in English were included in the review.

Geographical Settings

Systemic differences between political systems and cultures can impact on the ability to generalise the findings of intervention research. As such, this review included evaluation studies conducted in high-income countries. Therefore, this review excludes interventions that were implemented in the countries listed in Table 1. This list was developed by compiling a list of all low and middle-income nations (World Bank, 2013).

Table 1: Countries classified as low and middle income and their corresponding region (World Bank, 2013)

Regions	Countries
East Asia and Pacific	American Samoa; Cambodia; China; Fiji; Indonesia; Kiribati; Democratic Republic of Korea; People's Democratic Republic of Lao; Malaysia; Marshall Islands; Fed. Sts Micronesia; Mongolia; Myanmar (also referred to as Burma); Palau; Papua New Guinea; Philippines; Samoa; Solomon Islands; Thailand; Timor-Leste; Tuvalu; Tonga; Vanuatu; Vietnam
Europe and Central Asia	Albania; Armenia; Azerbaijan; Belarus; Bosnia and Herzegovina; Bulgaria; Georgia; Hungary; Kazakhstan; Kosovo; Kyrgyz Republic; Macedonia, Former Yugoslav Republic; Moldova; Montenegro; Romania; Serbia; Tajikistan; Turkey; Turkmenistan; Ukraine; Uzbekistan
Latin America and the Caribbean	Argentina; Belize; Bolivia; Brazil; Colombia; Costa Rica; Cuba; Dominica; Dominican Republic; Ecuador; El Salvador; Grenada; Guatemala; Guyana; Haiti; Honduras; Jamaica; Mexico; Nicaragua; Panama; Paraguay; Peru; St Lucia; St Vincent and the Grenadines; Suriname; Venezuela
Middle East and North Africa	Algeria; Djibouti; Egypt; Iran; Iraq; Jordan; Lebanon; Libya; Morocco; Syria; Tunisia; West Bank and Gaza; Yemen
South Asia	Afghanistan; Bangladesh; Bhutan; India; Maldives; Nepal; Pakistan; Sri Lanka
Sub-Saharan Africa	Angola; Benin; Botswana; Burkina Faso; Burundi; Cameroon; Cape Verde; Central African Republic; Chad; Comoros; Congo, Dem. Rep.; Congo, Rep.; Cote d'Ivoire (also searched as Ivory Coast); Eritrea; Ethiopia; Gabon; Gambia, The; Ghana; Guinea; Guinea-Bissau; Kenya; Lesotho; Liberia; Madagascar; Malawi; Mali; Mauritania; Mauritius; Mayotte; Mozambique; Namibia; Niger; Nigeria; Rwanda; Sao Tome and Principe; Senegal; Seychelles; Sierra Leone; Somalia; South Africa; Sudan; Swaziland; Tanzania; Togo; Uganda; Zambia; Zimbabwe

Types of Population

To provide a comprehensive synthesis of the prison and community-based intervention literature pertaining to violent and/or sex offenders, the review adopted a broad inclusion approach for populations that form the participants of the evaluation study. The following populations were considered eligible for the review: (a) violent or sex offenders, and (b) police or correctional practitioners who may come in contact with these offenders.

Violent or sex offenders are defined as individuals aged 18 years or over of any gender and are either labelled as violent or sex offenders by study authors, or who have been convicted for a violent or sexual offence or charged and subsequently diverted. Offences defined as violent or sexual are listed in Table 2 and guided the inclusion criteria for eligible studies. Offenders may be detained in prison or other custodial settings (regardless of sentence length, level of security, or whether in remand, awaiting trial or sentenced), within the community under correctional supervision (e.g., probation or parole), or in the re-entry phase after completing their sentence in a custodial setting. Professional staff employed by police departments or correctional entities were also considered eligible for inclusion.

Table 2: Types of offences included in analysis (ABS, 2011)

Offence Type	Description
Sex offences	Aggravated sexual assault, rape, indecent assault of an adult, unlawful sexual intercourse with a young person, maintaining a sexual relationship with a young person, indecent assault involving a child, procuring a child for prostitution/pornography, grooming offences and the production, possession, distribution or display of child pornography
Violent offences	Acts intended to cause injury, murder, attempted murder, manslaughter, grievous assault, serious assault, aggravated assault and robbery, armed robbery, unlawful entry with violence, domestic violence and general assault

Types of Interventions

To be included in the review, each study must have reported on an impact evaluation of a corrections or policing intervention based in a custodial or community setting that aimed to reintegrate or rehabilitate convicted violent or sex offenders. To determine eligibility on these criteria requires consideration of two factors: (1) whether the intervention is a policing or correctional intervention, and (2) whether the policing or correctional intervention aims to reintegrate or rehabilitate convicted violent or sexual offenders.

We defined a policing or corrections intervention as some kind of a strategy, technique, approach, activity, campaign, training, directive, funding or organisational change that involves police or corrections in some way (other agencies or organisations can also be involved). For the purposes of this review, police or correctional involvement meant:

- Police or correctional staff initiate, develop, or lead the intervention.
- Police or correctional staff implement the intervention.
- Police, correctional staff, or correctional populations are recipients of the intervention.
- The intervention is related, focused, or targeted to police or correctional practices.

If the intervention was determined to be a policing or correctional intervention, it was then assessed on whether it was an intervention aiming to reintegrate, rehabilitate, effect behavioural or cognitive change away from sexual and violent behaviours, or address standard goals associated with most correctional programs treating convicted violent or sexual offenders. We defined this to mean intervention efforts aiming to influence behavioural and/or cognitive changes that may impact on desistance from offending (i.e., violent or sexual criminality). Additionally, interventions may also address standard rehabilitative goals (e.g., engagement in work and education). Provided that the intervention met these criteria it was then assessed for the presence of a mandatory participation component. We defined this as the mandated and explicit direction/condition that an individual must participate in an intervention or a specific component. If the mandatory component was not present, the study was not included for analysis.

Types of Outcomes

Each eligible study needed to evaluate the impact of the eligible intervention using either risk reduction or reduction of offending measures. Reduction of offending measures refers to a decrease observed in individual reoffending behaviour post-intervention. For both violent and sexual offenders this is defined as a return to custody (a new period of probation or parole, re-incarceration or re-arrest post-index release). Risk reduction refers to a decrease in behaviours associated with the risk of reoffending. The review included outcome data measured through self-report instruments, interviews, observations and/or official data (e.g., contact with police, calls-for-service reporting incidents, arrests, charges, prosecution, sentencing and correctional data).

Types of Study Designs and Comparators

To be included in the review, the study must have evaluated the eligible intervention using one of the following research designs, as these are the most rigorous designs for establishing causality: (a) randomised controlled trial, (b) matched control group design (with or without baseline measures), and (c) unmatched control group design (with baseline measures). A review of interventions was also harvested to identify studies not captured individually by the search. Eligible comparison conditions include: no treatment, placebo, waitlist control, business-as-usual, or an alternative treatment.

Screening and Coding Process

All search results were exported from the GPD and CD, assigned a unique identification number and imported into Excel for eligibility screening. Prior to screening, ineligible document types (e.g., book reviews) and duplicate records were removed. The subsections below provide a summary of the screening and coding process adopted for the review.

Full-Text Eligibility Screening

Trained research staff screened the full-text document using a standardised screening companion according to the following criteria:

- Document is an eligible document type (e.g., not a book review).
- Document is unique (i.e. not a duplicate).
- Document is set in an eligible country (Western, English-speaking, Westminster).
- Document reports on an eligible population.
- Document reports on an eligible intervention.
- Document reports on an evaluation of the eligible intervention using eligible participants and outcomes.
- Document uses an eligible research design to evaluate the intervention.

Documents were excluded if the answer to any one of the criteria was unequivocally ‘No’ on the first applicable criterion.

Full-Text Coding

A team of trained research assistants first categorised eligible studies from the full-text screening stage into broad review themes. Each eligible study was then coded according to standardised guidelines to assist with qualitative syntheses. Specifically, data was extracted for each study according to the following domains:

- Citation information (type of document, publication date, authors, etc.).
- Geographical location of the intervention.
- Research design (including comparison condition).
- Mandatory nature of the intervention.
- Description of participants used to evaluate the intervention.
- Intervention description and implementation considerations (e.g., setting, relevant legislation, required materials and training, required staff, nature and mode of delivery for treatment components, treatment/support types, intensity/dosage, fidelity).
- Description of the outcome measure(s) used to evaluate the intervention.
- Description of study findings (size and magnitude of effects).

Search term strategy

The GPD and CD served as the primary search locations for this review. The GPD is a web-based and searchable database designed to capture all published and unpublished experimental and quasi-experimental evaluations of interventions relating to police or policing conducted since 1950. Using innovative systematic review technologies developed at UQ, the GPD is compiled by systematically searching, retrieving and screening published and unpublished literature to locate eligible studies. There were no restrictions on the type of policing technique, type of outcome measure or language of the research. A complex search string using a large number of search terms (free-text and controlled vocabulary) and several search fields (e.g., title, abstract, keywords) was used to search more than 65 academic databases and multiple grey literature repositories (see www.gpd.uq.edu.au for a full methodological protocol). The CD is also built using systematic search and screening methods, and contains quantitative impact evaluations of corrections-focused interventions from January 1997 to December 2018. There were no restrictions on the type of outcome measures used to evaluate interventions or the types of participants (e.g., practitioners, victims, offenders). A full protocol for the compilation of the database can be found in Sydes, Eggins and Mazerolle (2018).

We used specific terms to search the title and abstract fields of both databases to locate potentially eligible impact evaluations relevant to the CVE-focused review and the violent/sex offender reviews, limiting the search to the most recent 17 years of research indexed in the databases (January 2001 – December 2018). Table 3 lists the search terms used for the violent/sex offender review.

For the CVE-focused review, we used the following search terms:

(*radical* OR *extrem* OR *terror* OR threat* OR jihad* OR indoctrinat* OR supremacis* OR nazi* OR fundamentalis* OR semits* OR nativis* OR islam* OR capitalis* OR hate* OR ISIS OR Al Qaida)

Table 3: Violent and Sex Offender Review Search Terms

Violent Offender Terms	Sex Offender Terms
murder*	abus*
manslaughter*	contact*
assault*	groom*
robbe*	incest*
violen*	molest*
"serious crime*"	paedo*
kill*	paraphil*
wound*	pedophil*
attack*	penetrat*
homicide*	rape*
batter*	rapist*
shoot*	sex*
"bodily harm*"	
stab	
stabbed	
stabbing	
infanticide*	
femicide*	
death*	
bash*	
gun*	
slaught	
massacr*	
beating*	
beater*	
mugged*	
"serious injur*"	
burgl*	
weapon*	

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