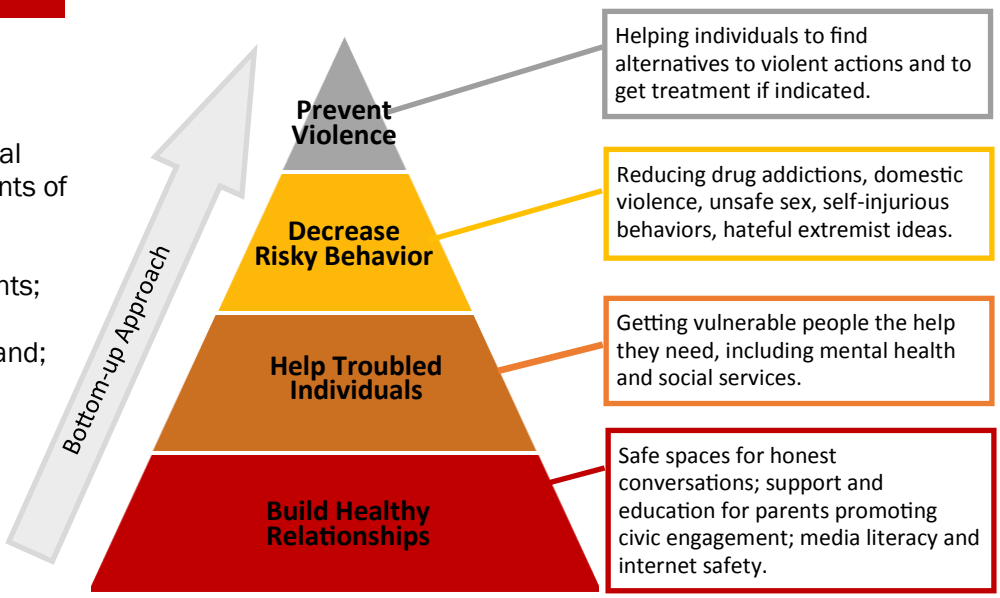
HOW CAN A PUBLIC HEALTH FRAMEWORK BE APPLIED TO PREVENTING VIOLENT EXTREMISM?

LESSONS LEARNED FROM EVALUATING SAFE SPACES

The University of Illinois at Chicago (UIC) evaluated the Muslim Public Affairs Council's (MPAC) Safe Spaces program and found that the program as implemented was not successful, but some aspects showed potential. The full NIJ report is available and scholarly reports forthcoming. This research brief, written in collaboration with START, shares key lessons learned to help guide other programs and policies.

THE SAFE SPACES MODEL

The Safe Spaces Program aimed to strengthen community resilience and promote a healthy environment by empowering communities with practical and effective tools. The key components of the model included: adopting a public health framework; incorporating both prevention and intervention components; having an outside trainer deliver the program training to community sites, and; focusing on Muslim communities to implement the program in mosques.



1. Adopt a Public Health Approach

A public health approach offers an alternative to the national security framing of violent extremism prevention. The triangle public health prevention model has been used to frame the different activities of preventing violent extremism.

According to this model, ***primary prevention*** may include community-level strategies that mitigate modifiable risk (e.g., availability of extremist media) and leverage protective factors (e.g., parenting support and education) that are empirically or theoretically associated with violence.

Secondary prevention may include strategies directed at individuals who have been identified as exhibiting characteristics that render them at elevated risk for violence, such as exposure to extremist ideologies or proximity to a radical social network. Strategies for secondary prevention may include counseling and mentoring.

Tertiary prevention may refer to strategies directed at individuals who have already committed themselves to terrorist organizations or carried out acts of violence (e.g. returned foreign terrorist fighters), through multidisciplinary rehabilitation and reintegration.

The Safe Spaces model (above) was based upon the public health prevention model and advocated a bottom-up approach. Within the Safe Spaces program, prevention corresponds to primary prevention activities ("build healthy communities" and "help troubled individuals"), while intervention refers to secondary prevention activities ("decrease risky behavior" and "prevent violence").

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2. Incorporate Prevention and Intervention Components

Prevention is a proactive community-wide effort to build healthy communities through activities that address potential problems before they escalate. The Safe Spaces Toolkit recommended four focus areas for prevention:

Honest conversations encourage communities to create an open and productive environment in communal spaces such as mosques, service agencies, and organizations.

Civic engagement can help develop a set of knowledge and skills for individuals to become more informed and effective members of their communities.

Parental support fosters positive youth development by increasing parental involvement and support to help facilitate discussion of difficult topics with their children.

Media literacy raises awareness among parents and youth about the various kinds of messages on the internet, including teaching media literacy and cyber safety.

Intervention is the adoption of a Community Response Team (CRT) comprised of multi-disciplinary experts who are equipped to address at-risk individuals, potentially harmful behaviors, and violence. The Safe Spaces Toolkit recommended four focus areas for intervention:

Develop a CRT to assess persons of concern and to form relationships with education, mental health, law enforcement, and social services agencies.

Assess situations when notified of a troubled individual, potentially harmful behavior, or threat of violence to determine level or distress, harm, and threat. If the situation does not readily appear to be high risk, the CRT team should analyze their findings to determine if an intervention is needed.

Offer interventions that integrate practices from crisis intervention and threat assessment when needed. This includes: listening, providing comfort, and suggesting alternatives and following up.

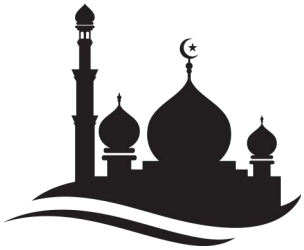
Refer for continued care if a specific situation is beyond the capacity of the CRT and if they decide that the troubled individual needs further care and/or support.

3. Outside Trainer Delivering the Program

The program was designed to employ an MPAC trainer to train the communities on prevention and intervention components of the Safe Spaces program. The trainer was tasked with disseminating knowledge and skills of prevention and intervention strategies, as well as following up with technical assistance to community members who attended the training to ensure successful implementation of Safe Spaces programming at their site.

4. Focus on Muslim Communities

The program design intended for MPAC to deliver the Safe Spaces program to Muslim communities, centered in mosques, and for those sites to implement prevention and intervention activities.



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RECOMMENDATIONS

For a public health approach to preventing violent extremism to be viable, major modifications would be required from the model as implemented in the Safe Spaces program. The modifications include:

Reframe programs to address broader community needs.

Violent extremism should not be the sole or dominant focus since it was not regarded as a top priority by any of the implementation sites. Instead, the primary focus should be the community's concerns and priorities, such as mental health, substance abuse, youth apostasy, and domestic violence. It is imperative that programs better understand communities' needs and priorities to facilitate a sharper focus on primary outcomes, risk and protective factors, and program activities, that communities can understand and accept.

Commit to public health language and framings.

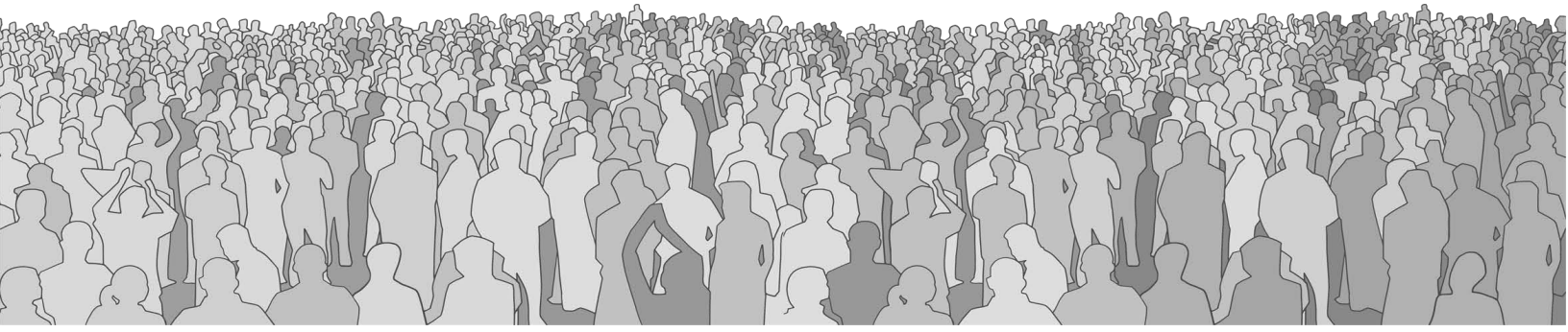
Instead of referring to activities as prevention and intervention, we recommend using primary prevention and secondary prevention language, which better aligns with the public health framing.

Focus on one level of the model at a time.

The public health-informed violence prevention model includes both primary prevention and secondary prevention strategies. Thus, communities may be expected to implement both types of activities simultaneously, which could be beyond their capacity. Additionally, can be a disconnect on the subject matter of primary prevention and secondary prevention, where primary prevention activities were focused on building healthy communities and the secondary prevention activities were focused on forming a team of experts to conduct threat assessments or crisis interventions.

Deliver public health-informed violence prevention across multiple communities.

Focusing solely on Muslim communities can leave their members concerned about profiling and stigmatization. If public health approaches are truly aimed at promoting healthy communities more broadly, then they must be implemented in a range of communities where there is concern about other types of violence, not only in ethnic and religious minority communities.



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