

to eliminate those with substance abuse problems. Such individuals may pose a security risk. Although further empirical study is needed, it seems that, if a relationship between substance abuse and terrorist recidivism exists, it is likely to be conditional on the terrorist group to which an individual belongs.

While we have offered several testable hypotheses regarding the predictors of terrorist recidivism, we would like to emphasize that this list should not be viewed as exhaustive, but merely as a starting point based upon our review of the literature on criminal recidivism. Because many terrorists are, in fact, motivated and mobilized by an acceptance of underlying ideology, it seems that the likelihood of recidivism for some terrorists is also likely to be shaped by changes in the social and political context and the organization to which he or she belonged (e.g. Taylor & Horgan, 2006). Changes in the political context, for instance – the opening up of political negotiations – may shape individual beliefs about the necessity of violence and influence an individual's desire to resort to terrorism. He or she might now view politics as opposed to violence as the way forward. For others, particularly those whose involvement was motivated by the need for kinship, disintegrating relations between members of an organization may reduce their likelihood of re-engagement as they are no longer likely to derive a 'social benefit' from re-engagement in the terrorist organization. The important point here is that focusing on the rationale for terrorism for the individual may provide a meaningful way to assess his or her risk of re-engagement as organizational and political circumstances change.

Reducing the Risk of Terrorist Recidivism

The above hypotheses, if they hold, suggest that reducing the risk of terrorist recidivism requires: 1) weakening an individual's commitment to a violent, radical ideology as well as his or her bonds to others that support that same ideology and 2) facilitating his or her acquisition of

certain social achievements (e.g., stable employment, a family, an education) and development of pro-social bonds.

Given, however, that individuals' reasons for engaging in terrorism differ (e.g., commitment to the ideology, need for belonging), as might their reasons or risk factors for re-engaging, the question becomes: How do we assess an individual's risk and design targeted interventions that take into account individual motivation? We believe, similar to Mullins (2011), that Andrews (1989) and later Andrews' and his colleagues' (1990; 1994) argument that reducing criminal recidivism requires adherence to four principles: *risk, need, responsivity and professional discretion* offers some guidance here.

With regard to the first principle, risk, Andrews, Bonta, et al. (1990) maintained that studies have shown that there are known antecedents of criminal activity and recidivism, which we have reviewed here. Assessments of risk, according to Andrews, Bonta et al. (1990) should not be based on these risk factors and not on clinical judgments alone, for past work has shown that professional judgments, even by the most competent practitioners, are poor predictors of future criminality (see e.g., Meehl, 1954; Little & Schneidman, 1959; Dawes, Faust et al., 1989; Glover, Nicholson et al., 2002).

Once those who have the highest risk of recidivating have been identified, they should, according to Andrews, Bonta, et al. (1990), receive the highest level of treatment - that is, the most attention and intensive service possible. Those at a lower risk for recidivism, on the other hand, require less care. Although the risk principle is usually applied with regard to who is more likely to reoffend upon release, it may also be applied to the timing of intervention. A 2007 report by the National Research Council, for instance, argues that since we know released criminals are at the highest risk of reoffending during the initial days, weeks, months, and year after their release, treatment should be the most intense during this period. According to the

report, a “person should not leave prison without an immediately available person and plan for post-release life” including counseling, enrollment in drug treatment programs, parole supervision, assistance finding work, mentors, assistance obtaining identification, clothes, housing, etc. (National Research Council, 2007). The same, of course, is likely to be true of disengaged terrorists. They need a strong support system in place as they adapt to their new role and those at a greater risk of returning to the fight are more likely to need more care.

With respect to the second principle, need, Andrews and his colleagues (1990) argued that the types of service or treatment that an individual offender receives should be tailored to his or her criminogenic needs. As a reminder, criminogenic needs are those dynamic factors that when changed reduce an individual’s propensity to engage in criminal activity (Andrews & Bonta, 1994). Thus, different individuals may have very different criminogenic needs. Certain needs may be criminogenic in some individuals, but not others (Andrews & Bonta, 1994). Initiatives should be aimed at first identifying, and then reducing or eliminating an offender’s particular criminogenic needs through, for instance, changing antisocial attitudes, breaking associations with antisocial peers or family members, increasing self-control, treating substance abuse, and altering the perceived costs/rewards to criminal behavior (Andrews, 1989). For those engaging in terrorism, of course, this would mean first identifying, and then focusing on and addressing those factors responsible for the individual’s initial and continued involvement in terrorism. What particular function or what need does involvement in terrorism serve for the individual in question? How can we reduce his/her propensity to resort to terrorism by eliminating or reducing that need or fulfilling it in another legal, non-violent manner?

The third principle, responsivity, holds that treatment should be delivered in such a way that it matches the offender’s learning style and abilities (Andrews et al., 1990). Specifically, interpersonal sensitivity, interpersonal anxiety, verbal intelligence, and cognitive maturity

should be considered when determining the nature of treatment (Andres & Bonta, 1994). Andrews (1989), Andrews and Bonta (1994), and others (e.g., Gendreau, Little et al., 1996; Allen, Mackenzie et al., 2001; Taxman, 2008) argue that cognitive-behavioral therapy (CBT) and social learning approaches have the greatest potential to lower one's risk of recidivism. According to Andrews, Bonta, et al. (1990) these approaches "shift the density of the incentives and disincentives for criminal and noncriminal acts in the favor of noncriminal alternatives" (p. 201). Treatment should include modeling and the reinforcement of anti-criminal behavior, the development and practice of new skills, role-play, verbal guidance, and the provision of resources (Andrews, 1989). Similarly, Allen, Mackenzie et al. (2001) hold that moral reconnection therapy and reasoning and rehabilitation programs - two types of CBT - reduce recidivism. The first, moral reconnection therapy (MRT) increases an offender's moral reasoning ability through confrontation, stressing delayed gratification, and an emphasis on the means in addition to the ends. Reasoning and rehabilitation seeks to improve an offender's cognitive skills including his or her ability to identify potential consequences of certain behaviors and engage in means-end reasoning (Allen et al., 2001). Andrews further argues that other approaches, besides CBT, such as group interactions without the presence of a leader to dissuade pro-criminal attitudes; approaches guided by deterrence theory (i.e. fear of punishment or retribution) or labeling theory (i.e. the idea crime is a self-fulfilling prophecy driven by minority stereo-types); isolated community service programs, or restitution are unlikely to be rehabilitative as are "client-centered counseling" (where the psychotherapist just listens) or "unstructured psychodynamic therapy" (Andrews, 1989, p. 16). A recent report by the National Research Council supports these claims. The report concludes that, to date; only CBT and treatment for substance abuse (especially when combined with criminal supervision) have been shown to be effective in reducing recidivism. The empirical evidence for all other forms of treatment is not

methodologically sound because these studies are subject to selection bias - that is, they do not allow for random assignment into the treatment and control groups (National Research Council, 2007). While there are no studies of the role that CBT plays in reducing the risk of recidivism among former terrorists, CBT is a key part of certain de-radicalization programs, like the Saudi initiative. A more important take away point here is that the nature of the treatment should be tailored in such a way to account for differences in the education and learning style of the terrorist and perhaps, his or her openness to change.

The fourth and last principle, professional discretion, allows for an override of the first three principles in unique cases that do not “fit the formula” (Andrews & Bonta, 1994). Andrews (1989) notes that ethical, legal, and humanitarian factors should be taken into consideration when applying and implementing principles one through three. This point easily seems applicable to terrorism where one must be sensitive to differences in culture and political beliefs. Risk reduction initiatives that are not sensitive to these differences may only backfire, increasing a terrorist’s commitment to his or her group and perhaps, its violent, radical ideology.

Assessing whether certain treatments, programs, or other interventions are successful at reducing recidivism is tricky. As already mentioned, the individuals who participate are usually not selected at random. When this is true, it is impossible to determine whether differences in the recidivism rate are due to the effects of the treatment, program, or intervention on the behavior of participants or inherent differences between participants and non-participants. Experimental research can help circumvent these problems, but it may pose a number of ethical problems (e.g. denying certain treatments to those who need/want them).

Conclusion

Based upon our review of the literature on criminal recidivism, we have offered a definition and method of measurement for terrorist recidivism and hypothesized a number of

potential risk factors. The empirical investigation of these hypotheses, we believe, is a fruitful avenue for future research.

In closing, we would like to reiterate a point made by Rosenfeld (2008) with regard to criminal recidivism that we believe is essential for how we think about estimated rates of terrorist recidivism. Rosenfeld (2008) cautions that the criminal recidivism rate is a poor predictor of how well we are rehabilitating offenders because it “confounds successes with failures.” According to Rosenfeld, if we believe that some repeat offenders are not amenable to rehabilitation and that most first-time offenders usually desist, then an ideal criminal justice system - which reserves prison for those who cannot be rehabilitated in other ways - would have a high rate of recidivism.⁸ The system would have isolated and confined those individuals not likely to change their ways under any circumstances. A low recidivism rate, on the other hand, might signal the unnecessary imprisonment of individuals likely to respond to other forms of treatment such as CBT. In response to these issues, Rosenfeld (2008) calls for future research to identify and test the effects of various treatments or interventions on different sub-sets of the prison population (e.g. first-time offenders, career criminals, etc.). He further cautions that, although recidivism warrants our immediate attention, high rates of recidivism may occur alongside a high or low incidence of crime in the general population and the larger picture must be considered. The same is true with regard to terrorism. Even if an alarming percentage of terrorists released from prison may return to terrorism, the question is whether we have effectively isolated and offered alternative, effective forms of treatment (e.g., de-radicalization programs) to those most likely to change.

⁸ This is true unless, of course, as Rosenfeld (2008) points out, these criminals are sentenced to life or death.

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