

COMPOS MENTIS ?

Prevalence of mental health-issues among Jihadi-radicalised in the Netherlands.

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How does a signal gets validated?

- Signals out of the public domain are assembled by the local authorities
- All signals are checked with the Intelligence partners
- A risk-instrument is used to validate the signals
- The name of the person is communicated
- Response will be either “yes” or “no”
- The right partners will be invited by the Safety-house

Matching cases and percentage

- November 2014 : 12 matches
- December 2014 : 18 matches
- Januari 2015 : 46, of which 26 matching = 56,7 %
- Februari 2015 : 49 matches = 50%
- Juli 2015 : 79 matches ; % blijft gelijk
- November 2015: 97 matching cases, percentage is way up

.....we're not the only provider....

Educated guess: 60 % match

79 matches

Consisting of:

12 adult women

37 adult men

7 minor girls

3 minor boys

9 family-members (not in analysis)

10 internal signals (not in analysis)

10 persons removed from listings (cry wolves)

79 matches

- 17 persons “first generation”, hard-core group
 - 3 killed in combat (Syria)
 - 3 women facilitator or recruiter
- 7 persons actually in Syria
 - 1 of them: young woman with childrenm husband already killed in combat
- 10 returnees
 - 6 files accesible, 4 in ongoing treatment

79 matches

- Detentions on Terrorist Wards (special regime)
9 persons, 2 of them women
2 actual detentions, 1 in Holland, 1 in Belgium

Potential travellers/foreign fighters:

- +/- 8 (partly unknown)

Focus on accesible files

- Files from after 1-1-2011 (computer generated archive-date)
- All cases before 1-1-2011 are archived, only court-order can lead to access
- EPD: partly administrated, workload-pressure....
- Regular mental health care: voluntary
- Forensic mental health care: by court-order
- Match between cliënt and professional
- Intercultural professionalism
- System-oriented, integral, holistic...?

Adult women and minor girls

- Actual files: 8 adults, 6 minors
- Unknown: 2
- Diagnosed PTSD: 5
- PTSD-related: 4
- Personality disorder: 5 (mainly borderline)
- Mentally retarded (low IQ): 3
- Mood-disorder: 2

Women and girls (12 known, 2 unknown)

- Victims of domestic violence: 7
- Victims of sexual abuse / incest: 6 (inc 4 incest)
- Depression : 4
- TS: 3
- Fobic : 4
- Eating disorder: 2
- Automutilation: 1
- Delusional: 3
- Egoweakness: 4
- Highly influential: 4
- Djinn-experience: 2
- Converts: 3

Women and girls, systemically

- Father:

Criminal : 1

Absent: 5

Deranged: 1

- Brother:

Criminal: 1

Overtaking traditional father-role: 2

Deranged: 2

In Jihad-network: 2

- Partner:

In Jihad-network: 4

Women and girls, general

- Nearly all files indicate domestic violence
- Disrupted family-hierarchy +/- 8 out of 10
- Repeating violence-spiral in later relations
- Borderline behaviour
- International grooming, by returnees
- Superfast (illegal) Sharia-weddings
- “preparing for Hijra”
- Womens’ roles are extremely sub-radar

Adult males and minor boys

- Actual files: 22 adults, 2 minors
- (2 killed in combat, 1 actually in Syria) : 21 total
- Unknown: 1
- Diagnosed PTSD: 6
- Paranoïd schizofrenia 5
- Psychotic: 4
- Personality-disorder: 3 (ASPS, NSPS)
- addictions: 4 (former?)
- Metally retarded: 3

Men and boys

- Victims of domestic violence: 5
- Identity-problems: 4
- Psychotic complaints: 1
- Depressive complaints: 3
- Agression-control: 5
- Impulse-control: 1
- Fears & fobias: 7
- Suspicious: 2
- “I’m being tapped”: 3
- Conspiracy-thinking: 6
- Quotes anti-government: 4
- delusions: 3
- Djinn-experience: 2
- Hearing voices: 3
- Re-living traumas: 4
- Very influential: 2
- Hypochondria: 1

Men and boys

- Formerly homeless: 4
- Detentions in the past: 6
- Violence: 2
- Manslaughter: 3
- TBS: 1
- ISD: 2
- Weapontraffic: 3
- Drugtraffic: 2
- Prostitution: 1
- Substance-abuse: alc 3, cann 5, hard 4
- Father TS: 3
- Father deranged: 3

Families

3 families: 1 family 4 / 4, 1 family 4 / 5, 1 family 4 / 6 matching

1 family: parents pensioners, eldest son a.o gambling addiction, second son died in crash, daughter retarded, domestic & sexual violence, 4 kids and pregnant with twins

1 family: father chronic psychiatric patient, mother PTSD & overall psychological weakness, 1 son mentally retarded, 1 son: carries the weight of the whole family and “doesn’t travel to Syria because of sick mother”.

1 family: refugees from Syria (10 years). Father: detentions, mother unknown, son mentally retarded, daughter: victim of incest, dysthyme, is being forced into marriage

6 subgroups, age & motivation

- 1 minor girls: identity-issues, looking for structure, meaning, sex, doing well at school, disrupted family-relations and hierarchy
- 2 adult women: borderline behaviour, used to violent relations, criminality in the family
- 3 adult men: criminal intentions and/or past; drugs, weapons, human traffic
- 4 adult men and some women: cry and lone wolfs/actors, borderline, psychotics, schizophrenics, apparently un-attached
- 5 adult men and some women: ideologically driven, “real Jihadi”, personality-disorders, PTSD, paranoid schizophrenics, psychotics
- 6 converts: the most severe combinations in issues, behaviour and networkposition

Justice department: crime or not?

- Foreign fighter, killed in action..?
- Potential foreign fighter / traveller
- Returnees
- Facilitator
- Recruiter
- Partner-of
- (all minors, kids from: civic justice ...?)

Focus on 10 returnees

- 6 accessible files, 4 in archive
- 5 /10 are part of Context-trial
- Actual files: 3 PTSS, 2 paranoïde schizofreen, 1 psychotic
- 3 have broken off their treatment
- 4 are unclear in status network & movements
- Archived cases: 1 unknown, 2 prob. Paranoïde schizo, 1 prob. PD & PTSD, 1 narcicistic personality disorder

Differences in juridical status & responsivity to treatment

As examples:

- minors: “abduction from” or gross negligence of parental rights...the recruiter is punished, the minor is taken in state-care
- It’s still legal to travel to Syria for holidays....
- Returnees: what’s the evidence...?
- Treatment-goals: what is “compliance to Dutch values”?
- Forensic approach necessary because of possibilities of discussing specific topics

Overall policy needed: approach and treatment

- Dysfunctional families with immigration-related problems: debts, language, society & perception, personal coping
- Criminal past in family (father, brother)
- Absent, deranged or deceased father (TS)
- Domestic and sexual violence
- “inward aggression” : eating disorders, automutilation
- Paranoid schizophrenia, psychoses, borderline, voices, conspiracy
- Ending treatment on religious grounds (medication)
- Spiritual quest & spiritual nourishment

Finances....

- Local authorities: local government is responsible for all services on prevention (first line)
- Central government: department of **VWS** ?
Inspection ?
- Department of Justice & Safety: legislation, jurisprudence, forensic health care, definition of crimes
- Department of Defence : terrorism, war
- Health-insurers: diagnoses & finance
- Role of NCTV (national coordinator): coordinate!