

Chapter 95

What We Know and What Else We Need to Do to Address the Problem of Violent Extremism Online: Concluding Chapter

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ABSTRACT

This concluding chapter is an attempt made to summarise and analyse the chapters provided by the various authors in this book. The analysis used in this chapter is based on a public health prevention model created by Quick, Quick, Nelson, and Hurrell (1997). The value of this approach is the systemic prevention angle that it undertakes to examine problems and solutions.

INTRODUCTION

This concluding chapter is an attempt made to summarise and analyse the chapters provided by the various contributors of this book. The analysis used is based on a public health prevention model created by Quick, Quick, Nelson, and Hurrell (1997). The value of this approach is the systemic prevention angle that it undertakes to examine problems and solutions. This chapter will thus be structured in a manner that discusses the various book chapters in terms of their relevance for Primary, Secondary, and Tertiary prevention efforts in countering violent extremism, and will discuss these in terms of what is working and what is lacking.

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Public Health Prevention Model

Along the lines of Quick et al.'s (1997) framework, primary prevention serves to address risk factors and enhance an organisation's health. These initiatives refer to interventions and programs designed to reduce, modify or eliminate the risk factor in the first place. Typically, primary prevention efforts are low-cost strategies which are meant for the masses. One reason for keeping these efforts low cost or at least 'value for money' is because of the massive outreach that they are intended to have in order to have impact.

Primary prevention seeks to prevent the onset of specific diseases via risk reduction; by altering behaviours or reducing exposures that can lead to disease, or by enhancing resistance to the effects of exposure to a disease agent. Examples include smoking cessation and vaccination. Some primary approach in dental medicine has been to encourage regular tooth brushing and flossing to prevent dental cavities. Other approaches include adding fluoride to municipal drinking water to harden tooth enamel and prevent caries. Primary prevention generally targets specific causes and risk factors for specific diseases, but may also aim to promote healthy behaviours, improve host resistance, and foster safe environments that reduce the risk of diseases. In road safety, primary prevention efforts include initiatives such as the use of seatbelts and safety helmets.

Applying this to the domain of violent extremism, we should ask what are the efforts that we need to do that will be targeted at everyone in the population, no matter their risk levels. Intuitively, it could be argued that some of these efforts should be aimed at inoculating the masses against the dangers of the violent extremist propaganda with counter-narratives and anti-terrorism or anti-violent extremism campaigns.

Secondary prevention usually involves efforts aimed at those who may already be exhibiting a certain level of risk. This involves more specific, proactive efforts, which aim to influence the way in which these individuals and organisations manage the situations and risks. This is done by detecting and treating risk, disease or injury as soon as possible to halt or slow its progress, encouraging strategies to prevent re-injury or recurrence of disease, and implementing programs to return people to their original health and function to prevent long-term problems. Examples include regular examination and screening tests to detect disease in its earliest stages (e.g., mammograms to detect breast cancer); daily low-dose of aspirins and/or diet and exercise programs to prevent heart attacks or strokes; and suitably modified work so that injured or ill workers can return safely to their jobs.

Applying this to the domain of violent extremism, secondary prevention could be aimed at those who are already predisposed towards sympathising violent extremist views or already visiting violent extremist websites as well as those who have the propensity to visit such websites.

Tertiary prevention initiatives intend to be focused on aiding and healing the individual or organisational symptoms of distress and strain, and returning them to their normal state. Examples of this may include emergency medical procedures, and workplace counselling services for those who are traumatised. In the violent extremism and countering violent extremism domain, these kinds of interventions may include disengagement programs and de-radicalisation programs as well as website takedown initiatives.

Tables 1, 2, and 3 illustrate how the chapters in this book address or do not address the primary and secondary, and tertiary factors discussed earlier. These tables below are by no means comprehensive in any way, since they merely reflect the content of the chapters in this book. For example, the use of tell-tale indicators to detect and report potential violent extremist activities is certainly important for countering violent extremism efforts, but as none of the chapters had directly discussed this in detail, it is not found within the tables. However, this does not mean that it is unimportant.

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