NATIONAL INSTITUTE FOR HEALTH AND WELFARE

DATA BRIEF 43 • 2019

SOCIAL WELFARE AND HEALTH CARE PROFESSIONALS NEED MORE INFORMATION ABOUT VIOLENT EXTREMISM

Main findings

- Finnish social welfare and health care professionals have come across violent extremism and radicalisation.
- There is a statistical connection between mental health service use and encounters with violent extremism.
- Experience of encounters with violent extremism in the past helps professionals recognise the phenomenon and act in these situations in the future.
- The mass media and social media were the most important sources of information about violent extremism and radicalisation for a majority of respondents.
- Social welfare and health care professionals need more high-quality, evidence-based information and training on violent extremism and radicalisation.

Authors

Venla Ritola
Research Assistant, Finnish Institute for Health and Welfare

Merja Mikkola
Development Manager, Finnish Institute for Health and Welfare

Background

The social and health care sector participates in national efforts to prevent violent extremism and radicalisation (Ministry of the Interior 2016; Ministry of the Interior 2019). Social welfare and health care professionals' perceptions and experiences of violent extremism have not been previously studied in Finland. Furthermore, there has been a lack of information about how often this phenomenon is encountered in social welfare and health care. International experiences and research indicate that while violent extremism and radicalisation are encountered in social and health care, professionals' capabilities for assessing and encountering this phenomenon may be insufficient. However, there are indications that training – including cultural sensitivity training – may build up social and health care professionals' capabilities for encountering it. (RAN 2018.)

Previously, violent extremism and radicalisation in the social and health care sector have mainly been examined within the framework of mental health issues and interventions intended for countering or preventing violent extremism. The effectiveness of the tools developed for such interventions (including VERA-2R, ERG22+) has divided expert opinions, and it has also been challenged by research (Knudsen 2018). Straightforward and consistent findings have not been obtained concerning the connection that mental health disorders and mental health service use may have with violent extremism. In addition, a need arises from social welfare and health care practices to examine encounters with and observations of the phenomenon outside the context of mental health issues. Whereas this study touches on the connection between mental health service use and violent extremism, above all it expands the perspective to the social welfare and health care sector's practices followed when violent extremism is observed.

This survey, which was conducted in two stages in 2018–2019, is the first study on observations of violent extremism in social welfare and health care in Finland. The hypothesis of the study was that 1) the level of knowledge and skills in the social and health care sector has so far been modest, and that 2) training provided for social and health care professionals would promote the recognition of clients or patients who have become radicalised and appropriate planning of further actions and services.

The survey examined practices related to violent extremism as well as respondents' experiences, level of knowledge and need for additional information on this theme. The information provided by the study will be used for planning an e-training programme on violent extremism by the Ministry of Social Affairs and Health and the Finnish Institute for Health and Welfare (THL). While this continuing education course is first of all intended for social and health care professionals, it will also be available for other stakeholders. The e-training programme will support social and health care professionals in their task of preventing violent extremism, offer information about the phenomenon, and provide practical tools for interventions.

Violent extremism and radicalisation

Conceptualising violent extremism and radicalisation is far from straightforward: at different times, politically or ideologically motivated acts of violence have been

How this study was conducted

The data for this study were collected in two stages using the Webropol survey platform in autumn 2018 and spring 2019. In both sub-studies, the respondents had two weeks to participate in the survey. The survey for the sub-study focusing on social services was conducted by the Finnish Institute for Health and Welfare (THL) and the University of Helsinki. [1] The survey for the sub-study focusing on health care was carried out by THL. The research permit was approved by the Director of THL's Government Services department.

The data collection was carried out in 90 selected municipalities. The survey addressed to health care professionals was distributed not only to the municipalities but also to the Finnish Student Health Service, Health Care Services for Prisoners, the Finnish Defence Forces' health care services for personnel and persons in military service and specialised medical care. The survey was mainly distributed through related registries.

Responses to the first survey were received from 312 social welfare sector professionals, while the second survey attracted responses from 1,077 health care professionals.[2] The numbers of responses received to the various questions varied. The participants responded anonymously, and no personal data were collected.

IBM SPSS Statistics 25 software was used to analyse the data and to examine frequency distributions. To examine statistical significance, cross-tabulation and an χ^2 test were used. Open-ended responses received in the survey were subjected to thematic analysis.

given different interpretations and definitions (Malkki & Sallamaa 2018). In this study, **violent extremism** refers to, in keeping with the *National Action Plan for the Prevention of Violent Radicalisation and Extremism 2019–2023*, using, threatening with, encouraging or justifying violence on ideological grounds (Ministry of the Interior 2019). While violent extremism is often associated with Islamic extremism, it may also be based on far-right or far-left ideologies. Unlike terrorism and terrorist offences, violent extremism is not a concept used in the criminal law (Criminal Code 39/1889 34a.). Extremist acts are often targeted at individuals or communities seen as opponents of the perpetrator's political or ideological thinking.

The concept of **radicalisation** has been criticised because of its dimension that pathologizes individuals – and especially the Muslim population (Kundnani 2012). In this study, the concept is seen in the broader context of political violence as well as societal and geopolitical issues. Violent radicalisation refers to a process in which an individual ends up threatening with, justifying or using violence on ideological grounds.

Social welfare and health care sector respondents

The social welfare and health care sector professionals who responded to the survey worked in different tasks and with different educational backgrounds in their sector. Of respondents working in health care (n = 1,051), 70% had a higher education degree (this figure does not include qualifications from vocational institutes). In the social welfare sector (n = 312), this share was 84%. In both sectors there were differences in the lengths of professionals' work experience: 41% of those working in health care (n = 1,073) had over 20 years of work experience in this sector. The work experience of respondents employed in social services was evenly distributed, ranging from those who were at the beginning of their careers to professionals who had been working in the field for over 20 years. One out of three respondents (30%) working in social services (n = 310) had less than five years of work experience in the social welfare sector, while 22% had over 20 years of experience.

Of respondents working in health care (n = 1,071), 38% said their employer was a hospital district, while one out of three (34%) were employed by a municipality and 18% by a joint municipal authority. Five per cent said their employer was a private service provider, four per cent worked for a foundation, and one per cent for the central government. The majority of respondents working in social services (88%) (n = 310) were employed by a municipality, and 12% said their employer was a joint municipal authority.

One half of health care sector respondents worked in primary health care (53%). The second largest group of respondents worked in specialised medical care (44%). As no responses were received from the Finnish Defence Forces' health care services for personnel and persons in military service, they were excluded from this study. The largest group of respondents in social services (n = 309) worked in child welfare and family services (35%), services for adults (33%) and immigrant services (18%).

[1] The survey was conducted as part of Venla Ritola's course study in social work. The findings related to social services have been discussed more extensively in published practice research, see References.

[2] The participants responded anonymously and using a public response link, and they could share the invitation within their own organisations. Consequently, the exact number of respondents reached by this survey cannot be given. While no conclusions on the entire population can be made based on the sample collected for the study, the findings presented in this study throw light on the ideas, level of knowledge and need for additional information related to violent extremism among social welfare and health care professionals in general.

Is violent extremism encountered in social welfare and health care?

The respondents were asked about suspicions of or encounters with violent extremism in their work. Of respondents working in social services, 69 (23%) said they had come across or suspected the phenomenon in their work. In the health care sector, 97 respondents (9%) reported that they had encountered violent extremism. Respondents found recognising the phenomenon challenging, as one out of five respondents in social services (18%) and almost one out of four in the health care sector (23%) were not sure if they ever had observed violent extremism. (Figure 1.)

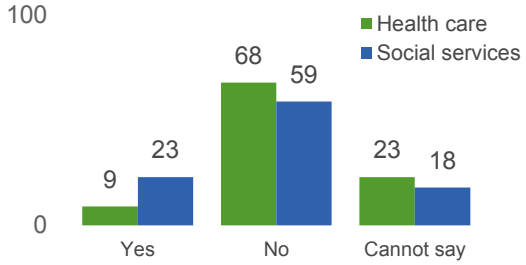


Figure 1. Encounters with or suspicions of violent extremism and radicalisation in the social welfare and health care sector, % (n = 298–1,076).

The study investigated the areas of social and health care in which violent extremism is encountered and observed. Encounters with or suspicions of the phenomenon were examined in proportion to the areas of social and health care in which the respondents worked. In social services, 19% of respondents employed in services for adults (n = 111) said they had come across the phenomenon. In child welfare and family services, 29% of respondents (n = 117) had come across violent extremism and radicalisation, and among respondents working in immigrant services (n = 58), this share was 28%. The numbers of respondents working in social emergency services, social work in health care, disability care and services for older people were too small (n = 5–20) to lend themselves to straightforward interpretations of how often the phenomenon is encountered in these fields. (Table 1.)

Of respondents who worked in Health Care Services for Prisoners (n = 11), 27% had encountered or suspected violent extremism in their work, whereas this figure for those who worked both in specialised medical care and in primary health care (n = 22) was 14%. For respondents working in specialised medical care, it was 11%. Seven per cent of respondents employed in primary health care said they had observed the phenomenon in their work. The incidence of encountering violent extremism is higher in mental health services than in other social and health care services, and the difference is statistically significant. This observation was made both in primary health care and in specialised medical care. (Table 2.)

Table 1. Encounters with or suspicions of violent extremism in social services by area. The respondents could select several different work areas in the survey.

Area of social services	Respondents (n)	Have encountered violent extremism (n)	%
Services for adults	111	21	19
Child welfare and family services	117	34	29
Immigrant ser-	58	16	28
Social emergency services	5	2	40
Social work in health care	5	1	20
Disability care	20	1	5
Elderly services	13	1	7

Table 2. Encounters with or suspicions of violent extremism in health care by area. The respondents could select several different work areas within specialised medical care or primary health care in the survey.

Health care area	Respondents (n)	Have encountered violent extremism (n)	%
Specialised medical care	**468**	**52**	**11**
Physiatrics	32	6	18.8
Surgery	107	8	7.5
Paediatrics (including youth psychiatry)*	46	11	23.9
Obstetrics and gynaecology	22	5	22.7
Neurology	61	4	6.6
Orthopedics and traumatology	52	4	7.7
Psychiatry (incl. forensic psychiatry)**	106	27	25.5
Emergency department and first aid	138	11	8
Internal medicine	97	5	6.2
Other area of specialised medical care	72	1	1.4
Primary healthcare	**562**	**39**	**7**
Community nursing	44	3	6.8
School and student health care	139	7	5
Mental health services and services for substance abusers	45	7	15.6
Maternity clinic	80	4	5
Health centre clinic and outpatient care	212	16	7.5
Nursing in inpatient ward	76	7	9.2
Other primary health care services	27	2	7.4
Oral healthcare	29	1	3.4
Specialised medical care and primary health care	**22**	**3**	**14**
Health Care Services for Prisoners	**11**	**3**	**27**

*$\chi^2(2) = 11{,}925$, $p = 0{,}003$. ** $\chi^2(2) = 31{,}192$, $p<0{,}001$.*** $\chi^2(2) = 8{,}812$, $p = 0{,}012$. The limit of statistical significance was set at the established value of $p<0{,}05$. A statistical connection was found with other area of specialised medical care, however statistical significance cannot be established due to the small number of respondents (n = 1).

How much do social welfare and health care professionals know about violent extremism?

The survey examined the respondents' experiences of their skills level and need for additional information and training. One out of ten (9%) respondents employed in social services (n = 309) felt they had sufficient skills for working with a violently radicalised client, whereas this proportion among respondents who worked in health care (n = 1,071) was seven per cent. The majority of respondents (91% and 93%) felt they did not have sufficient skills. (Figure 2.)

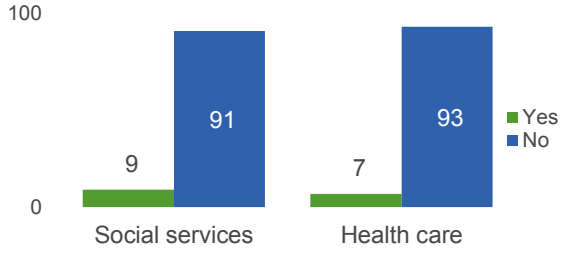


Figure 2. Respondents' experience of having sufficient skills for working with a violently radicalised client or patient, % (n = 309–1,071).

The survey indicates that the respondents had little knowledge about the phenomenon. A majority of them knew little (59% in social services and 60% in health care) or nothing (11% and 17%) about violent extremism and radicalisation. (Figure 3.)

The respondents' level of knowledge was examined in proportion to suspecting or encountering violent extremism. Those respondents who had encountered or suspected violent radicalism (n = 68–97) knew more about the phenomenon than others (Figure 3. and Figure 4.). Due to the low number of respondents, however, it is not possible to say that the differences would be statistically significant.

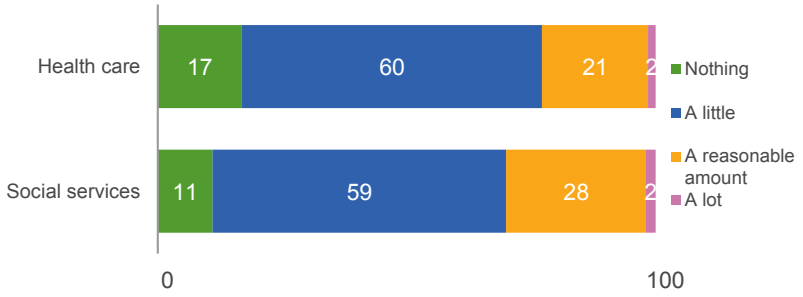


Figure 3. Respondents' experience of how much they know about violent extremism and radicalisation, % (n = 310–1,075).

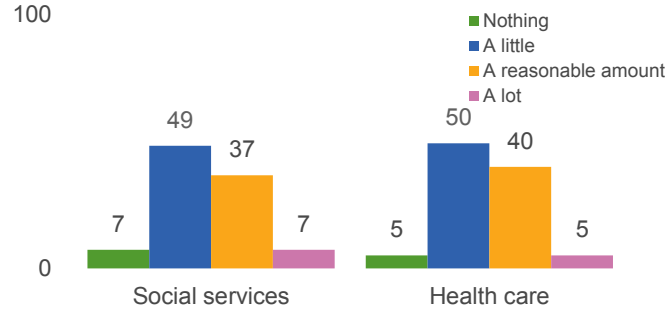
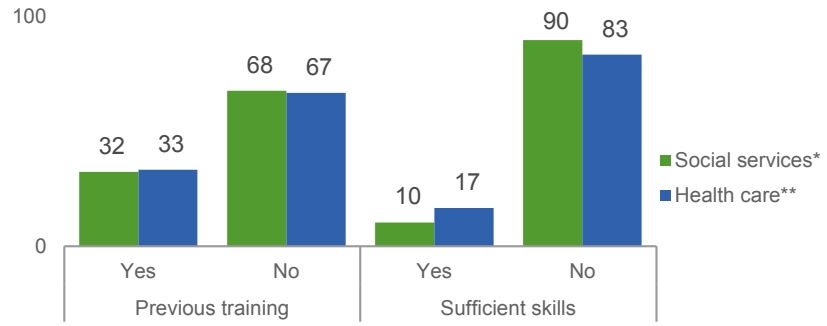


Figure 4. Perceptions of how much they know about violent extremism and radicalisation among respondents who have suspected or encountered this phenomenon, % (n = 68–97).

The respondents were asked if they had previously received training on violent extremism and radicalisation. Nine per cent of all respondents working in health care (n = 1,072) had received training. Of respondents who had encountered the phenomenon (n = 96), 33% had received training. This difference is statistically significant. (Figure 5.)

One out of five (18%) respondents employed in social services (n = 311) had received training related to violent extremism. Of respondents who had encountered or suspected violent extremism in their work (n = 68), 32% had received training. This difference is statistically significant. Respondents who had encountered or suspected violent extremism were more likely to have received training on the phenomenon. One out of ten respondents who had encountered the phenomenon in their work (10%, n = 68) felt they had sufficient skills for working with a violently radicalised client. (Figure 5.) Among all respondents employed in social services, this figure was nine per cent.

The experience of having sufficient skills for working with a violently radicalised patient was connected to whether or not the respondent had suspected or encountered the phenomenon in their work. Whereas seven per cent of all respondents working in health care (n = 1,071) felt they had sufficient skills, this figure was 17% among those who had encountered the phenomenon in their work (n = 96). This difference is statistically significant. (Figure 5.)



*For those with previous training in social services $\chi^2(2) = 12{,}740$, $p = 0{,}002$. Skills not statistically significant. **For those with previous training in health care $\chi^2(2) = 80{,}517$, $p<0{,}001$. Sufficient skills in health care $\chi^2(2) = 18{,}828$, $p<0{,}001$. n = 68–96.

Figure 5. Training on violent extremism and experience of their skills among respondents who had encountered or suspected the phenomenon, % (n = 68–96).

The need for additional information was examined among respondents who had received training previously. In health care, 44% felt their skills were sufficient for working with a violently radicalised patient. In social services, one out of five (18%) of these respondents said they had sufficient skills. (Figure 6.) Respondent numbers were so low, however, (n = 4–18) that statistical significance cannot be established unambiguously.

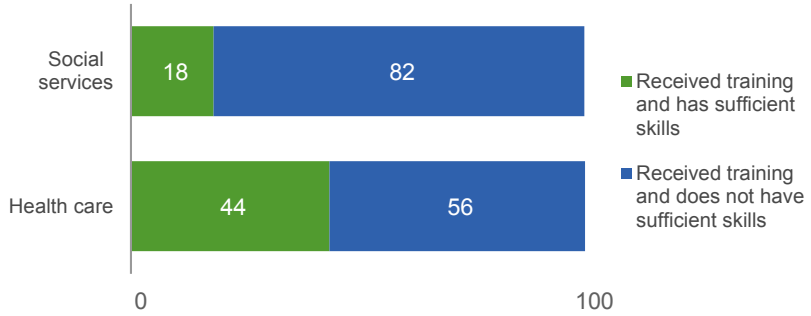


Figure 6. Training and experience of their skills among respondents who had encountered or suspected violent extremism, % (n = 4–18).

The study looked at how much respondents who had encountered or suspected the phenomenon knew about relevant authorities and other partners they could work with in situations where violent extremism is observed. One out of ten respondents working in health care (n = 96) (10%) would know who to work with in these situations, and one half (51%) would know it in certain situations, whereas 39% would not know who to work with. (Figure 7.) A majority (64%) of all respondents working in health care (n = 1,071) would not know who to work with in this situation, whereas five per cent would know who to work with. Cross-tabulation and an χ^2 test revealed that those who had experience of encountering or suspecting violent extremism in the past had a better idea of who to work with (Figure 7.).

In social services, the majority (70%) of those respondents who had encountered violent extremism in the past (n = 69) would know the right authorities to work with in certain situations. 13% of the respondents would generally know who to work with in these situations, whereas 17% would not. (Figure 7.) Of all respondents employed in social services (n = 312), 40% would not know whom to contact, 54% would know who to work with in certain situations, and fewer than one out of ten (9%) would know the correct authorities and other partners to work with. It was observed that having had experiences of the phenomenon in the past is connected to knowing who to work with also in social services (Figure 7.).

References

Malkki, L. & Sallamaa, D. (2018). To call or not to call it terrorism: Public debate on ideologically-motivated acts of violence in Finland. *Terrorism and Political Violence* 30(5), 862–881.

Knudsen, R. (2018). Measuring radicalisation: risk assessment conceptualisations and practice in England and Wales. *Behavioral Sciences of Terrorism and Political Aggression.*

Kundnani, A. (2012). Radicalisation: the journey of a concept. *Race & Class* 54(2), 3–25.

Radicalisation Network (2018). Ex Post Paper. Methods of evidence-based approaches: assessment and CVE/PVE.

Ritola, V. (2019). Väkivaltaisen ekstremismin ja radikalisoitumisen havaitseminen ja tiedontarve sosiaalitoimessa. Kyselytutkimus. http://www.socca.fi/files/8169/RAPORTTI_Vakivaltaisen_ekstremismin_ja_radikalisoitumisen_havaitseminen_ja_tiedontarve_sosiaalitoimessa_Venla_Ritola.pdf

Ministry of the Interior (2016). National Action Plan for the Prevention of Violent Radicalisation and Extremism. Ministry of the Interior publication 15/2016.

Ministry of the Interior (2019). National Action Plan for the Prevention of Violent Radicalisation and Extremism. Ministry of the Interior publication xx/2019. Not published.

Legislation

Criminal Code 19.12.1889/39. https://www.finlex.fi/fi/laki/ajantasa/1889/18890039001

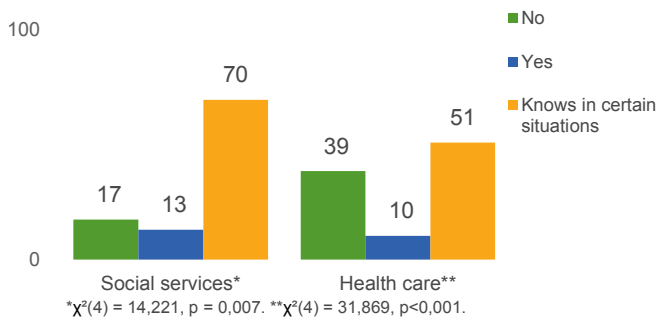


Figure 7. Knowledge of possible partners or authorities to work with in situations where the phenomenon is identified among respondents who have encountered or suspected violent extremism, % (n = 69–96).

Access to information about violent extremism and radicalisation

The respondents were asked to list the channels through which they had received information about violent extremism and radicalisation. Survey respondents working in health care were only able to list information channels if they said they had received information from sources outside their own organisation. The number of respondents who answered this question was lower in the health care sector, presumably due to this restriction.

One half (49%) of respondents in the health care sector (n = 414) received information about violent extremism from the mass media and social media. The second most important information sources were the police (16%) and training in their field or personal information searches (12%). The mass media and social media were also the most important information sources for respondents working in social services (32%), while 22% of these respondents had received information from the police and 15% through other training. (Figure 8.)

A thematic analysis of open-ended responses to a question about mass media and social media revealed that news broadcasts, the television and newspapers were the most important information sources for respondents working in both health care and in the social services. Social media was the third most common information source for respondents working in health care and the fourth most common for those employed in social services.

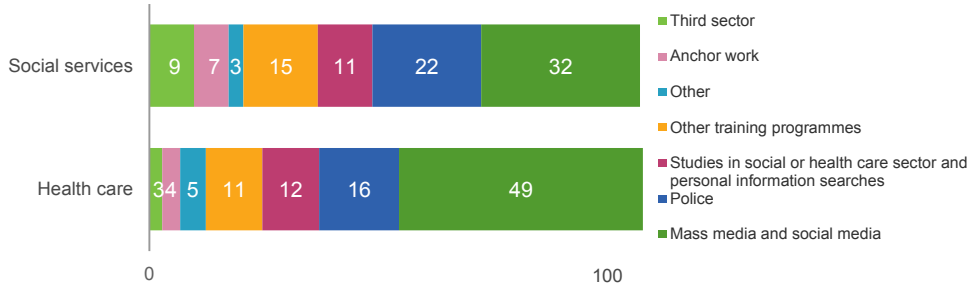


Figure 8. Information sources of respondents working in social services and health care, % (n = 201–414). The respondents could choose several options.

Summary and conclusion

The study examined encounters with and observations of violent extremism in social services and health care. One out of ten respondents (9%) working in health care had encountered or suspected violent extremism, whereas this figure for respondents employed in social services was 23%. The respondents were asked about their subjective experience of encountering the phenomenon, and thus the number of responses does not necessarily directly reflect the incidence of this phenomenon in social services. The respondents found re-cognising the phenomenon a challenge, and approximately one out of five could not say whether or not they had encountered it in their work. Based on open-ended responses received

in the survey, it can additionally be noted that violent extremism is often associated with other themes of violence, for example domestic violence. The study pointed at the vital importance of obtaining more information about the phenomenon.

The existing research has been unable to find an unambiguous connection between political violence on the one hand and mental health disorders and service use on the other. This study showed that encounters with or suspicions of violent extremism were linked to mental health service use – professionals in mental health services are more likely to encounter or suspect the phenomenon than professionals in other social welfare and health care services. The survey data did not enable a closer examination of this connection, however. The study supports the idea of a complex link between mental health and political violence. Further research on the links between mental health and political violence will be needed.

The study found that experiences of encountering violent extremism in the past are linked to knowledge of targeted services and stronger experiences of having sufficient skills. Compared to other respondents, those who had encountered violent extremism were more likely to be familiar with multiprofessional cooperation models and targeted support or service forms to which they could direct the patient or client. In health care, these respondents also had a stronger experience than others of their skills being sufficient for working with a violently radicalised patient.

Experience of violent extremism in the past was also connected to training. Those respondents who had encountered or suspected the phenomenon had received more training on it than others. However, most respondents who had encountered the phenomenon and received training said that their skills were insufficient for working with violently radicalised patients or clients.

In conclusion, we can say that the social and health care professionals who responded to the survey felt more information and training on violent extremism and radicalisation is needed in their sector. The study found that the mass media and social media have been the most important information sources about violent extremism and radicalisation for those working in social welfare and health care.

As a whole, social welfare and health care professionals had little knowledge of violent extremism and radicalisation. Fewer than one out of ten survey respondents found that their skills were currently sufficient for working with violently radicalised clients or patients. While the incidence of encountering violent extremism in social and health care services is low in the light of earlier literature, this study showed that there is a need for additional evidence-based information about violent extremism and practices in this sector. Additional information is undeniably needed – if a professional does not have any knowledge of a phenomenon, recognising it and directing the client to the correct services is not possible. Recognising violent extremism and radicalisation is facilitated by up-to-date, evidence-based information and training.

The study reinforced the prior hypothesis of there being a clear need in the social and health care sector for neutral, evidence-based information that looks at violent extremism from various perspectives. So far, there has been little research on this phenomenon from the perspective of the Finnish social welfare and health care sector. More research is needed on encountering violent extremism in social welfare and health care.

Finnish Institute for Health and Welfare
PO Box 30 (Mannerheimintie 166)
FI-00271 Helsinki, Finland
Telephone: +358 29 524 6000

ISBN 978-952-343-405-9 (printed)
ISBN 978-952-343-406-6 (online publication)
ISSN 1798-0070 (printed)
ISSN 2323-5179 (online publication)

http://urn.fi/URN:ISBN:978-952-343-406-6

www.thl.fi

Reference to this publication:
Ritola, V. & M. Mikkola: Social welfare and health care professionals need more information about violent extremism. Data brief 43, 2019. Finnish Institute for Health and Welfare, Helsinki.