

# **CRIMINALIZING MENTAL HEALTH**

**A REPORT ON  
ANTITERRORISM  
INITIATIVES IN  
ILLINOIS**

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*“Section 215 of the PATRIOT ACT of 2001 requires psychologists to provide the FBI with certain client information and states that psychologists are prohibited from telling the client or anyone else that the FBI has requested information under the Act.”*

**— 2017 materials from the Association for Advanced Training in the Behavioral Sciences**

*“We are as saddened and troubled by violence around the world as most others, but those feelings should not lead us down a path that includes the trampling of human rights or turning health care professionals into government informants.”*

**— Psychologists Alice LoCicero & J. Wesley Boyd**

*“Trump considering ‘neurobehavioral’ tech to predict mass shooters.”*

**— [Vanity Fair](#)**

# INTRODUCTION TO THE REPORT

Following mass shootings in Texas and Ohio, President Donald J. Trump argued that “[mental illness and hatred pulled the trigger, not the gun.](#)” Soon after, the Trump administration began exploring technology incubators capable of developing new tools to detect “when mentally ill people are about to turn violent.”<sup>1</sup> These efforts align with popular narratives that frame mental illness as a driver of mass violence.

In response, former chief research psychologist for the US Secret Service Marisa Randazzo reported that although she understands the desire to identify individuals at risk of violence to prevent mass shootings, “there’s so many things about this idea of predicting violence that doesn’t make sense.”<sup>2</sup> Despite the fact that researchers, including psychologists, have demonstrated the impossibility of predicting violence, the US government continues to develop tools and programs that seek to identify individuals vulnerable to violence, before the line of criminal activity is crossed. Although some have promoted interventions in this “pre-criminal space” as a progressive alternative to predictive policing, community organizations, civil rights advocacy groups, and scholars have documented how these new practices continue to criminalize communities of color, pathologize individuals with psychiatric disabilities,<sup>3</sup> and strengthen the role of the police, newly framed as collaborative problem-solvers.<sup>4</sup> The development of mental health-related antiterrorism initiatives cannot be understood as a re-commitment to the health and wellbeing of communities but, rather, as a repackaging of police practices that historically have criminalized communities of color, political activism, and psychiatric disabilities.<sup>5</sup>

Given the increased attention to the acceleration of (mental) health disparities driven by state-sponsored violence, ongoing war, and other injustices,<sup>6</sup> communities have sought to improve access to social services, such as culturally-responsive counseling and healing-informed pedagogies. At the same time, policymakers and political leaders have indicted “mental health” in recent mass shootings, ultimately calling for legislation and programs that target individuals with psychiatric disabilities.

In this context, the United States has exploited mental health concerns to advance policing, surveillance, and monitoring. **These approaches have ignored community calls for disinvestment from domestic policing and global military operations—key drivers of health disparities worldwide—and a simultaneous reinvestment in community resources, such as mental health services, mentoring programs, and high-quality public schools, fully independent of law enforcement.**<sup>7</sup>

In this report, we evaluate the state of research on the relationships between psychology, mental health, and terrorism as well as the antiterrorism initiatives that have mobilized mental health professionals and other social service providers *as participants in the domestic war on terror*. **We argue that current antiterrorism initiatives, such as Countering Violent Extremism (CVE):**

- 1. rely on disproven social science**
- 2. disproportionately target Muslim and other nondominant groups**
- 3. force mental health professionals into unethical situations that breach professional standards such as privacy and confidentiality under expanded interpretations of “duty to warn,” and**
- 4. criminalize and increase the surveillance of those labeled with or perceived to have psychiatric disabilities.**

By integrating mental health professionals into the domestic war on terror, these antiterrorism programs risk increasing health disparities, securitize the provision of social services, and, ultimately, harm targeted communities.

In the following pages, we provide an overview of the competing research studies that investigate the relationship between mental health and terrorism. We also detail how mental health professionals have been called on to participate in current antiterrorism initiatives, with an emphasis on the Illinois context. We conclude our report by reaffirming the professional standards and principles that guide the work of mental health professionals, particularly by examining the laws that protect client confidentiality as well as national security legislation that erodes privacy under the banner of duty to warn. We consider how mental health professionals might make decisions in contexts in which the law conflicts with professional ethics. We also detail concrete ways communities, scholars, and practitioners can challenge antiterrorism initiatives and their harmful effects on Muslims, individuals with psychiatric disabilities, and other marginalized communities.

As we develop these arguments, it is important to note that we highly value the work of mental health professionals. We encourage continued investment in these services, fully independent of law enforcement agencies, antiterrorism initiatives, and disproven research.

# EXPLORING THE INTEGRATION OF MENTAL HEALTH RESEARCH INTO ANTITERRORISM INITIATIVES

Over the last twenty years, terrorism scholars, policymakers, and practitioners have considered the role of psychologists in preventing terrorist attacks and, more recently, thwarting mass shootings. Research studies, for example, have examined the psychological profiles of known terrorists and explored the psychological processes that propel an individual toward violence. By assessing the cultural, psychological, and theological dispositions of terrorists, these studies have sought to understand **radicalization**—the theoretical process by which “terrorists” are made. Former National Security Council member Quintan Wiktorowicz, for example, detailed a three-step psychology-based radicalization process initiated by a “cognitive opening” that could “facilitate possible receptivity” to radical ideas, “spark[] a process of religious seeking,” and lead to the development of social networks that encourage individuals to “engage in risky activism” such as violence.<sup>8</sup>

More recent research studies have argued that mental health professionals can play “important roles in preventing lone actor terrorist attacks,” even while recognizing that “there are no rigorous studies which actually interview persons involved in radicalization using standard measures to assess for mental health problems.”<sup>9</sup> Despite the methodological limitations of radicalization research,<sup>10</sup> scholars continue to call on mental health professionals to contribute to local antiterrorism programs. In this section, we examine the state of research on mental health research and its integration into antiterrorism initiatives.

## CONCEPTUALIZING THE RELATIONSHIP BETWEEN PSYCHOLOGY AND TERRORISM

In the 1990s, the late terrorism historian and Georgetown University professor Walter Laqueur began examining what he referred to as a “new breed of terrorism,” distinct from older forms of terrorism enacted by “social revolutionaries driven to desperate actions by intolerable conditions, oppression, and tyranny.”<sup>11</sup> This new breed of terrorism is “different in character, aiming not at clearly defined political demands but at the destruction of society and the elimination of large sections of the population.”<sup>12</sup> For Laqueur, this new breed of terrorism abandoned the political visions of previous revolutionaries, instead deriving their motivation for violence from theological, cultural, or psychological

pathologies. Interested in why only a few individuals turned to violence “if many believe[d] with equal intensity in the justice of their cause,” Laqueur hypothesized that a “cultural-psychological predisposition” could explain why only a few engaged in violence.<sup>13</sup> **Reducing terrorism to a “syndrome” rather than a blunt political tool,<sup>14</sup> Laqueur concluded that “madness, especially paranoia, plays a role in contemporary terrorism,” even though no research studies have proven a link between mental health and terrorist activity.<sup>15</sup>**

Laqueur’s early study of the cultural and psychological drivers of violent extremism led to an explosion of studies seeking to understand the process by which individual terrorists are made. As we will see, these studies have justified the early identification of potential terrorists, particularly by calling on mental health professionals to report individuals who exhibit certain “concerning behaviors” to law enforcement. Such approaches have led to the criminalization of mental health, whereby individuals with psychiatric disability labels are considered more likely to become terrorists than the general public.

Unfortunately, this antiterrorism strategy “resembles the ‘medical model’ of psychopathology in portraying terrorism as a kind of ‘disease’ with a definite etiology, developmental trajectory, and consequences. It implies that ‘terrorists’ should be demarcated from non-terrorists by their internal psychological make-up, that is, their personality traits, motivations, and socialization history.”<sup>16</sup> Unsupported by social science, this antiterrorism strategy treats certain psychological profiles and behaviors as indicative of a vulnerability to or propensity for violence, particularly when exhibited by Muslims.<sup>17</sup> Such pathologizing logics encourage mental health professionals to participate in the domestic war on terror by evaluating and reporting their clients, ultimately transforming these practitioners into national security agents and casting suspicion on behaviors experienced by many who do not go on to commit acts of violence, such as changes in weight or quality of sleep, anger, and substance use.<sup>18</sup>

## **THE STAIRWAY TO TERRORISM: UNDERSTANDING THE PSYCHOLOGICAL DRIVERS OF RADICALIZATION**

Given growing concerns with “homegrown terrorism,” scholars began exploring the psychological factors that might drive the radicalization process.

Georgetown University psychology professor Fathali Moghaddam, for example, describes the radicalization process as a “staircase to terrorism,” which eventually leads to an act of mass violence. In this framework, the staircase to terrorism has “a ground floor and five higher floors, with behavior on each floor characterized by particular psychological processes,” from feeling a sense of

unfairness to developing an “us versus them” mindset rooted in “religious fundamentalism.”<sup>19</sup> Escalation in the radicalization process propels an individual closer to violence. Informed by this concept of the staircase to terrorism, security professionals have used these psychological behaviors to determine where individuals are in the radicalization process and create tailored interventions to deter individuals from violence.



Published in *Police Chief*, this conceptual diagram visualizes the "staircase to terrorism."<sup>20</sup>

By framing terrorism as a moral problem rooted in psychological pathologies, Moghaddam argues that the staircase metaphor illustrates how “prevention is the long-term solution to terrorism,” which aligns with “a model of mental health that is integral to a larger public health care system and that provides broad-based services.”<sup>21</sup> Psychologists therefore play a central role in intervening at every stage of the radicalization process with the goal of preventing terrorism. Like Laqueur, Moghaddam reframes terrorism as a mental health issue, rather than a political one, thereby requiring the intervention of mental health professionals to prevent such violence in its earliest stages of development. This approach stands in stark contrast to more traditional intervention methods focused on interdicting individuals at the top of the staircase. Moghaddam’s research therefore demonstrates how understanding these psychological processes could organize a preventative approach to terrorism led by mental health professionals, ultimately transforming these practitioners into frontline defenders in the domestic war on terror.

Researchers, however, have demonstrated how Moghaddam’s “staircase to terrorism” metaphor lacks empirical evidence and relies on secondary literature.<sup>22</sup> Moghaddam himself concedes that this metaphor should function as a “general framework” for terrorism prevention, rather than a “formal model to be tested against alternatives.”<sup>23</sup>

University of Illinois-Chicago psychiatry professor Stevan Weine has further developed academic analyses that investigate the relationship between mental health professionals and the prevention of violent extremism. In a recent journal article, Weine and his colleagues suggest that “recent high-profile cases and scientific research on lone actor terrorist attackers have indicated that there *may be* an association with mental illness.” The authors thus argue that “any one individual *may* have psychosocial problems or even mental disorders that could contribute, directly or indirectly, to them potentially conducting violence.”<sup>24</sup> Despite asserting a relationship between mental health and violent extremism, the uncertainty expressed in this statement—noted in qualifying language like “may”—reflects the general scholarly understanding that “the state of evidence is still developing, and it is entirely possible that mental illness is no more likely and no more causally linked to violent extremism than it is to any other types of violence.”<sup>25</sup> This means we cannot conclude, scientifically, if certain psychological dispositions drive violent extremism.



**IN FACT, MOST STUDIES RECOGNIZE THAT INDIVIDUALS WITH PSYCHIATRIC DISABILITY LABELS ARE 10 TIMES MORE LIKELY TO BE VICTIMS OF VIOLENCE THAN THE GENERAL PUBLIC AND LESS LIKELY TO BE PERPETRATORS OF IT.**<sup>26</sup>

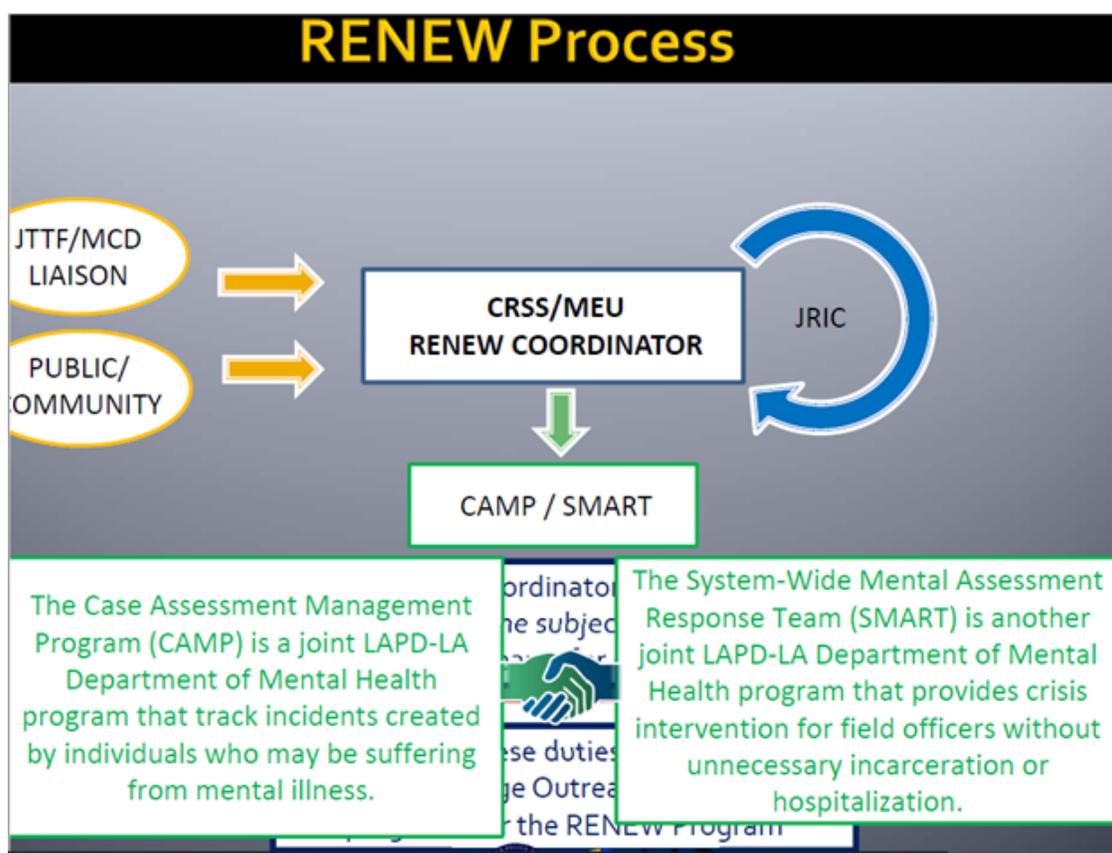


Furthermore, “police responses to mental health crises make up a significant proportion of Black women and women of color’s lethal encounters with police,” which means that “nothing short of uncoupling police from mental health crisis responses will achieve safety for people with disabilities.”<sup>27</sup>

Despite these concessions, some continue to insist that it is “valuable to have mental health experts highly involved in this [antiterrorism] work” as “mental health professionals can bring to the situation not only standard professional practices for diagnosis and therapeutic management, but also the specialized practice of the threat assessment approach, which focuses on the individual’s threat-related behaviors and communications.”<sup>28</sup> In this view, incorporating mental health professionals into antiterrorism initiatives offers a more effective preventative model while ostensibly reducing the role of law enforcement in the pursuit of national security.

# THE PATHE PROGRAM: TYING MENTAL HEALTH CARE TO LAW ENFORCEMENT

To support their claims, these scholars have pointed to Los Angeles’s Providing Alternatives to Hinder Extremism (PATHE) model (formerly known as RENEW: Recognizing Extremist Network Early Warnings) as emblematic of how mental health professionals can contribute to domestic efforts to prevent violent extremism by increasing collaborations between law enforcement and psychologists.<sup>29</sup>



This LAPD PowerPoint slide illustrates the PATHE referral process.

PATHE is a collaborative antiterrorism effort led by the Los Angeles Police Department (LAPD), LA Department of Mental Health, LA Sheriff’s Office, and the FBI. The [PATHE Procedural Guide](#) explains more specifically that “PATHE is a risk assessment and management strategy used to identify behaviors, exhibited by a person suffering from a mental illness or mental health crisis, which is indicative of being on a pathway to future act(s) of targeted mass violence.” Through

community-police partnerships, PATHE has sought to identify and then work with individuals perceived to be vulnerable to or in the process of terrorist radicalization. Although PATHE uses certain behaviors to identify potential threats, the program also narrows its search for dangerous individuals to those perceived to be “suffering from a mental illness or mental health crisis,” **erroneously equating dangerousness with the perceived presence of psychiatric disabilities.**

To prevent “targeted mass violence,” PATHE staff receive referrals from various stakeholders about community members who may pose a potential threat to public safety. These referrals “can be made from internal or external sources,” including “federal and local law enforcement, behavioral health, and/or community members.” Once a referral is received, PATHE personnel evaluate the individual and direct them to specialized interventions. This means that the PATHE program generates actionable referrals that police departments use to funnel individuals to various interventions and services, from law enforcement to school-based supports. In this approach, individuals “suffering from a mental illness” may be uniquely susceptible to violent extremism and therefore need tailored approaches to ensure they do not mobilize to violence. Importantly, these interventions are led by the police department, thereby **increasing** people’s contact with law enforcement on the unsubstantiated (and generally disproven) belief that psychiatric disabilities drive violence.

Building on earlier efforts to establish a community policing model of CVE,<sup>30</sup> law enforcement agencies like the FBI continue to play a central role in antiterrorism initiatives in Los Angeles, particularly by partnering with mental health professionals and academics to deter individuals from the perceived pathway to violent extremism. As a leading scholar on mental health and terrorist radicalization, psychiatry professor Stevan Weine has worked extensively with the LAPD in the development of these programs, even serving as the co-director of one such initiative, indicative of the integration of mental health research and researchers into the domestic war on terror.<sup>31</sup> This co-directorship illustrates the centrality of mental health in current antiterrorism programs.

Psychiatric Institute (MC 912)  
1601 West Taylor Street  
Chicago, Illinois 60612

Deputy Chief Michael Downing  
Counter-Terrorism and Special Operations Bureau  
LAPD Headquarters  
100 West 1st Street Room  
Los Angeles, CA 90012

Dear Deputy Chief Downing,

June 17, 2014

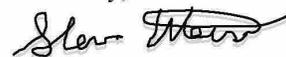
I am very pleased to participate in the proposed project entitled “Training in Enhanced Community Policing to Combat Violent Extremism.”

It has been a privilege to work with you on our DHS funded study of the LAPD’s community policing work on countering violent extremism over the past several years. It is clear that this approach has not only been effective locally, but has become a national and international model. That is why it is so essential that the LAPD develop state of the art training modules that can be used to share your expertise and experience with law enforcement and their community partners. The choices to develop the training through a law enforcement-community-academic partnership and to use Hydra and 10,000 volts debriefing make this a truly innovative approach.

As a co-director, I will assume primary responsibility for assessment and reporting activities and will be actively engaged in the Training Design Collaborative. I will do whatever I can to help the project succeed.

Thanks for the opportunity to be involved in this important activity and best of luck in the reviews.

Sincerely,



Stevan Weine M.D.

Stevan Weine’s e-mail to LAPD Deputy Chief Michael Downing confirms his role as co-director of the proposed Training in Enhanced Community Policing to Combat Violent Extremism project.

Given community concerns with programs that pathologize individuals with psychiatric disabilities and that use mental health as a predictor of future violence, the following sections examine the PATHE program to better understand how the CVE framework has intensified the relationship between law enforcement and mental health professionals and its impact on targeted communities.

## UNDERSTANDING THE PATHE INFRASTRUCTURE AND REFERRAL PROCESS

To better understand PATHE's referral and intervention processes, first we need to examine the program's infrastructure, including its internal organization, which demonstrates the intensified collaborations between law enforcement and mental health professionals. To begin, the PATHE coordinator is housed in the LAPD's Mental Health Evaluation Unit and collaborates with more than one hundred specially trained detectives and more than fifty clinicians from the LA County Department of Mental Health. Clinicians participating in the PATHE program include clinical psychologists, licensed social workers, mental health nurses, and licensed marriage and family therapists. These detectives and clinicians must complete a 40-hour mental health intervention training course.<sup>32</sup>

In addition to these practitioners, a 24-hour "triage desk" helps direct police officers through behavioral risk assessments when they encounter an individual perceived to be "suffering from a mental health crisis."<sup>33</sup> Such an assessment includes examining an individual's criminal and mental health history using medical records otherwise protected by privacy laws such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Such laws do not apply in perceived crisis situations, which allows field officers and mental health professionals to freely share confidential medical information.<sup>34</sup>

With this infrastructure and personnel, the PATHE coordinator can receive and process referrals. When the Joint Terrorism Task Force, Major Crimes Division, or community member encounters an individual perceived to be vulnerable to mass violence, they alert the PATHE coordinator. To assess the referred individuals, the PATHE coordinator uses a pre-screening questionnaire, which includes questions such as: "Have you traveled recently?" "Do you have a religious community affiliation?" and "Do you have any animosity towards any religious, community or political group?"<sup>35</sup> These questions explicitly direct the PATHE coordinator to consider religion and political orientation in the threat assessment process. The PATHE coordinator then contacts the Regional Intelligence Center, which conducts a "full workup" on the individual using "comprehensive information about the individual, including social media analysis, criminal records, probation and warrants, weapons, travel details, financial records, and any other information deemed to be relevant."<sup>36</sup>

After the initial evaluation, the PATHE coordinator directs the referred individual to one of two LAPD Department of Mental Health programs: 1) the Case Assessment Management Program (CAMP) which “tracks incidents created by individuals who may be suffering from mental illness” or 2) the System-Wide Mental Assessment Response Team (SMART) which “responds to situations and provides crisis intervention.”<sup>37</sup>



This LAPD PowerPoint slide shows how the PATHE program works at the intersections of the Joint Terrorism Task Force, law enforcement, and mental health.

- **CAMP Unit referral:** for more “intensive case management” where a team consisting of a police detective and mental health clinician responds to “hospitals, jails, courts, and homes” to “assess and make recommendations to the criminal legal and mental health systems regarding strategies to enhance client stability.”<sup>38</sup>
- **SMART Unit referral:** a team evaluates the individual and then facilitates one of three options: 1) immediate action, such as placing the individual on a “5150 hold” - the section of the Welfare and Institutions Code that allows a person to be involuntarily detained for up to 72 hours in a psychiatric hospital if the person is considered to be a danger to others or self or is “gravely disabled”; 2) outpatient therapy to address “mental illness”; or 3) connection with social services if the individual appears to be “isolated and would respond positively to integration with community or social services such as a mentorship, cross-cultural programs, or advice about other resources available to him or her.”<sup>39</sup>

After these forced interventions, the PATHE coordinator resubmits the evaluation to the Joint Terrorism Taskforce (JTTF). In some instances, the LAPD may open a criminal case against an individual if there is “reasonable suspicion to believe that a crime [is] about to take place.” The case remains open until the LAPD determines that the individual has been “successfully integrated.”<sup>40</sup> PATHE relies on law enforcement to coordinate the provision of mental health treatment and other social services, and necessarily shares information with other law enforcement agencies, such as the JTTF.

## MAPPING THE BROADER IMPLICATIONS OF PATHE

**Led by law enforcement, such efforts can initiate the pursuit of criminal charges, even before a crime has been committed, simply because a police officer suspects a crime may occur sometime in the future. These practices therefore further imbue law enforcement with predictive powers, allowing police officers to arrest, detain, and monitor individuals on the disproven assumption that the presence of a psychiatric disability label can signal future violence.<sup>41</sup> PATHE 1) gives law enforcement access to spaces otherwise unavailable to them, such as the therapist’s office; 2) intensifies the relationship between the mental health sector, local law enforcement agencies like the LAPD, and federal agencies like the FBI; and 3) deputizes social service providers as proxy national security agents who take on the work of law enforcement, thereby further expanding the reach of the criminal-legal system into communities. PATHE therefore is less about building bridges with communities and more about encouraging helping professionals, parents, and friends to undertake surveillance work for the police.**

Informed by radicalization research and enticed by the rapid expansion of federal funding for CVE programming, law enforcement agencies and associated organizations across the country have sought to establish similar programs that mobilize mental health professionals in the service of the domestic war on terror. The US Secret Service National Threat Assessment Center, for example, encourages law enforcement officials to “continue developing close partnerships with the mental health community, local schools and school districts, houses of worship, social services, and private and public community organizations.” The Illinois Terrorism Task Force (ITTF) School Safety Working Group similarly recommends that “all [school] districts consider as best practice the formation of Behavioral Threat Assessment Teams that include mental health professionals, law enforcement professionals, and other disciplines” to “work with local school officials to help identify behaviors, intervene, and provide help to students before

they turn to violence.”<sup>42</sup> Responding to these growing calls, the Illinois School and Campus Safety Program offers free statewide trainings to support these behavioral threat assessment teams. The Illinois Department of Public Health (IDPH) sought (but did not receive) federal funds to train individuals from local health departments, community mental health agencies, healthcare and social service providers, and law enforcement. More specifically, the IDPH wanted to teach participants “the similarities and differences between addressing violent extremism as compared to violence in general, risk factors and warning signs of radicalization to violence, and when the duty to warn arises as well as when and to what extent to begin involving law enforcement.”<sup>43</sup> Each of these planned and funded programs has placed mental health professionals at the center of domestic national security operations.

These approaches incorrectly and unscientifically assume a causal connection between “struggling with mental health issues” and a vulnerability to violent extremism. Despite limited scientific evidence to support their work, local communities and law enforcement agencies have developed and are running antiterrorism programs that incorporate mental health professionals on the assumption that such service providers are best positioned to identify, report, and work with individuals perceived to be vulnerable to terrorist radicalization and that unique “psychological states” can make an individual more susceptible to terrorist radicalization. These unsubstantiated assumptions cast suspicion on and therefore criminalize individuals with psychiatric disability labels while simultaneously enlisting their counselors and therapists into the domestic war on terror and intensifying their relationship with law enforcement.

# THE PROBLEMS WITH FUSING MENTAL HEALTH AND THE DOMESTIC WAR ON TERROR

Academics, practitioners, and communities alike warn that integrating mental health professionals into antiterrorism initiatives means that the provision of essential social services now comes with dangerous criminal-legal strings attached.<sup>44</sup> Doing so risks exacerbating existing health disparities and eroding patient privacy, particularly for individuals with psychiatric disabilities and communities of color. These concerns have raised serious debates within the profession, which have focused specifically on the ethics and effects of participating in local antiterrorism initiatives and collaborating with law enforcement to prevent future terrorist attacks.

Legal scholar Kelly Morgan reports that “some doctors have expressed concerns over not feeling safe to fully explore patients’ needs for fear of initiating a discussion that would reveal the presence of ‘radicalization’ risk factors and require disclosure of confidential patient information.”<sup>45</sup> Mental health professionals similarly have worried about their “inability to genuinely assure patients of confidentiality, their complicity in the marginalization of Muslim populations, and conflicts between their [antiterrorism] duties...and their professional ethical responsibilities.”<sup>46</sup> Furthermore, psychology professor Alice LoCicero explains that “when you zoom out from clinical interventions to a larger frame, what you see is another example...of somewhat privileged professionals acting as intermediaries, enforcing government driven agendas,” such as the domestic war on terror, rather than meeting individual client needs or professional ethics.<sup>47</sup>

Mental health professionals have asserted that their inclusion in the domestic war on terror raises serious ethical concerns. In the next section, we explore some of these concerns, particularly by examining the transformation of mental health professionals into proxy national security agents, the conversion of safe spaces into sites of surveillance, and the reliance on disproven social science.

# TRANSFORMING MENTAL HEALTH PROFESSIONALS INTO PROXY NATIONAL SECURITY AGENTS

With these evidence-based concerns, academics and community organizations have challenged antiterrorism initiatives like countering violent extremism (CVE) programs. Illustrative of these concerns, the PATHE program demonstrates how these antiterrorism initiatives have established and strengthened the relationship between mental health professionals and law enforcement officials. Mental health professionals, for example, have been encouraged to refer individuals perceived to be vulnerable to terrorist radicalization to law enforcement, to work on multidisciplinary teams that include law enforcement officials and prosecutors, and to provide treatment for individuals referred to them by law enforcement, all in the name of preventing terrorism. **Antiterrorism initiatives therefore ensnare mental health professionals who, seeking to help their communities, contribute to the policing, monitoring, and criminalization of their clients. In fact, within the PATHE program, LAPD can open criminal cases against individuals under “reasonable suspicion” that a crime is about to take place. This means that the LAPD can pursue criminal charges *before* an individual has committed a crime, based on the suspicion that a crime *may* take place. Mental health professionals facilitate these preemptive policing practices by providing referrals and giving law enforcement access to spaces otherwise unavailable to them.**

Although many who support countering violent extremism (CVE) programs argue that this approach reins in racial profiling and coercive policing, research studies and reports demonstrate that this approach intensifies the targeting of communities perceived to be more susceptible to violence, such as “faith communities, Black Lives Matter, diverse communities, refugee communities, and LGBTQ communities, among others, facing disenfranchisement by society,” despite the reality that violence perpetrated by white, US-born men has increased in recent years.<sup>48</sup> Even when CVE programs do not explicitly target marginalized communities, they often have discriminatory effects. Mental health professionals, after all, “are not immune to Islamophobic media discourses” and therefore can, and do, “apply their duties of suspicion unequally and replicate the stigmatization of brown bodies.”<sup>49</sup>

Given these concerns, communities have challenged antiterrorism programs that transform social service providers into proxy national security agents. Rather than viewing countering violent extremism programs as a progressive alternative to more coercive counterterrorism methods, communities have argued that these initiatives intensify policing in their communities by dangerously tying community resources to an antiterrorism framework. The Young Muslim

Collective, for example, defined CVE as “an insidious surveillance program that seeks to incriminate, surveil[], and alienate young Muslims under the guise of social service” and noted that CVE “exists to create a system that funnels Muslims into the prison industrial complex.” The Young Muslim Collective’s warning reverberates across the country as local entities continue to rely on the same programs that harm Muslim communities, especially Black Muslim youth. Accordingly, we argue for a disinvestment in antiterrorism initiatives that increase contact with law enforcement and exacerbate existing health disparities, and for a reinvestment in social services, such as the provision of mental health care, independent of law enforcement.

**PULLING BACK THE CURTAIN ON CVE**

.....

CVE is based on the belief that there are indicators that distinguish who is prone to "terrorism" or "terrorist" recruitment. There is nothing to prove that such exists.

CVE is an insidious surveillance program that seeks to incriminate, surveillance, and alienate young Muslims under the guise of social service. CVE exists to create a system that funnels Muslims into the prison industrial complex.

In Minneapolis, CVE targets the Somali community.

**Protect Yourself From CVE:**

- Don't Let Law Enforcement Into Your Home
- Don't Talk to FBI or Police If You Are Not Detained or Without a Lawyer
- Stay Away From Groups Participating In CVE
- Hold Politicians Accountable! Call, Email, and Speak To City and State Officials About the Harms of CVE

This Young Muslim Collective flyer explains the problems with CVE programs and the steps communities can take to protect themselves from CVE.

## TURNING SAFE SPACES INTO SITES OF SURVEILLANCE

These antiterrorism projects increasingly have crept into schools and therapists' offices. Given its concerns with the perceived rise of homegrown terrorism within its large Somali student body, Minneapolis Public Schools announced plans to "hire and train experienced youth workers from the community to bridge the gap between youth and the school system" in 2015. More specifically, these youth workers would "spend time in the lunchroom and non-classroom setting building relationships and trust," allowing them to "spot identity issues and disaffection" believed to be the "root causes of radicalization" among Somali youth.<sup>50</sup> In this view, Somali youth are uniquely vulnerable to terrorist radicalization and therefore in need of additional resources as possible national security threats.<sup>51</sup>

Schools thus serve as important sites to carry out antiterrorism projects, particularly by hiring youth specialists who work alongside teachers, administrators, and school resource officers to intervene at the perceived early stages of the radicalization process, like feeling alienated or disaffected. Through CVE, trusted adults come to view common experiences as signs of future violence, a process that criminalizes Muslim, Arab, and immigrant youth and discourages them from seeking services in fear of increased surveillance. In Maryland, for example, CVE-trained school staff referred more than twenty-five individuals for interventions, including a Jordanian refugee child experiencing post-traumatic stress disorder (PTSD) and an Afghan immigrant child who "was severely homesick." Referring staff cited "homesickness," "acculturation-related stress," "feelings of alienation," and "economic stressors" as signs these individuals "may be at risk of violent extremism."<sup>52</sup> These referrals can discourage children from confiding in trusted adults who use children's everyday experiences as a pretext to report and refer these children to de-radicalization programs.

In addition to these concerns, several of the so-called risk factors of terrorist radicalization are not signs of future violence but the direct outcomes of being the target of anti-Muslim racism in the United States. For example, research shows that being, or being perceived as, Muslim in the United States leads to increased stress, social isolation and marginalization, and psychological distress due to discrimination rooted in anti-Muslim racism.<sup>53</sup> Rather than address anti-Muslim racism, CVE programs criminalize Muslims for experiencing and responding to such racism, often exhibited through behaviors such as social isolation (not violence).

Although some adults have praised this approach as a community-driven alternative to more coercive policing practices, Somali students in Minneapolis Public Schools have challenged the assumptions that drive countering violent extremism programs and their effects on their daily lives. One student criticized

the school district’s hiring of youth intervention workers to counter violent extremism, reporting that “We already face disparities being in school” and so CVE “adds to the barriers we’re already facing” as Black Muslim young men. Students also argued that CVE practitioners “try to come after our safe spaces we’ve created for ourselves” and “come to our school and tell us how to walk and talk and what to do [as] America wants you to act a certain way and if you don’t, they’re not having it.” In addition to increasing school disparities, Somali students lamented that some of their peers withdrew from their mosques in fear of increased surveillance, noting that even though many “say the mosque is bad,” it was an important community institution where youth “learned a third language, learned to be a good person, and learned to be charitable.” Although some wrongly have argued that mosques serve as terrorist breeding grounds, young people experienced these sites as important “safe spaces” that contributed to their coming of age.



**YOUTH REPORTED THAT CVE PROGRAMS ERODED THEIR SAFE SPACES BY CASTING SUSPICION ON THEIR EVERYDAY ACTIVITIES AND BY CIRCULATING DAMAGING NARRATIVES PREDICATED ON THE ASSUMPTION THAT ‘THEIR HUMANITY IS SUBPAR.’**



Despite popular appraisals of CVE as a progressive alternative to conventional counterterrorism tactics, one Somali college student concluded that CVE feels like “you’re looking down a barrel of a gun.”<sup>54</sup> **These programs have turned Somali “safe spaces” into sites of suspicion and transformed trusted adults into the “eyes and ears” on the frontlines of the domestic war on terror.** Such antiterrorism programming risks increasing school and health disparities as children and their families fear seeking services that could lead to their criminalization and incarceration.

Teachers also have identified serious issues with these antiterrorism processes. British teacher Stephanie Reed, for example, explains that common education goals now have become synonymous with the so-called warning signs of radicalization that teachers and school counselors must report. This model reframes critical thinking skills encouraged by teachers—“speaking out against social injustice,” “challenging the status quo,” and “questioning those in power to be held accountable for their actions”—as indicative of a vulnerability to violence. Encouraging educators to contact the police every time a student demonstrates such critical thinking skills has chilled political discussions in classrooms and eroded trust between students and school staff.<sup>55</sup>

## MISUNDERSTANDING POLITICAL VIOLENCE

In addition to these harmful effects and scientific limitations, radicalization research reduces political violence to the deviance of individual actors, ultimately erasing the political aims of such violence. Anthropologist Darryl Li, for example, argues that, although radicalization research reduces political violence to individual pathologies, scholars “would never write a cogent analysis of the invasion of Iraq by focusing on why soldiers choose to join the US military.”<sup>56</sup> Despite the mass violence US soldiers inflict on local populations, we do not reduce soldiers to irrational evildoers or indict their psychology, theology, and/or culture in their capacity to kill.

Other scholars have extended these analyses by illustrating how the narrow, and unsubstantiated, focus on the psychological journeys to violent extremism “forgets colonialism” and “precludes any wider discussion of foreign policy,” ultimately reducing political violence to the pathological behavior of wayward individuals rather than bound up in the social, political, and economic contexts in which such violence is embedded.<sup>57</sup> By leeching the politics out of such violence, this approach indicts individual psychologies, cultural deficiencies, and theological perversions in the radicalization process. As scholars Jasbir Puar and Amit Rai explain, “terrorism, in this discourse, is a symptom of a deviant psyche, the psyche gone awry, or the failed psyche; the terrorist enters this discourse as an absolute violation.”<sup>58</sup> Contemporary antiterrorism models thus misunderstand political violence, securitize mental health services, criminalize entire communities in the name of national security, and rely on disproven scientific studies.

# CHALLENGING THE INTEGRATION OF MENTAL HEALTH PROFESSIONALS INTO THE WAR ON TERROR

Given these scientific limitations and community concerns, community organizations have developed campaigns to #StopCVE and, more specifically, end the use of social service providers and community members to identify, report, and work with individuals perceived to be vulnerable to violent extremism. [The Muslim Justice League](#), for example, argues that recruiting health professionals to collaborate on local CVE projects threatens to:

- Erode adherence to ethical obligations,
- Damage trust in health and helping professions broadly,
- Increase stigma of seeking mental health care,
- Increase surveillance of dissidents and movements,
- Chill other targeted communities' use of health services,
- Worsen racial health disparities,
- Undermine movements by discouraging activists' use of mental health and other services,
- Increase 'pre-emptive' prosecutions/coercion of folks with disabilities (in contrast to CVE proponents' claim of seeking to 'off-ramp' folks), and
- Create a potential 'clinic-to-prison' pipeline, and worsen the school-to-prison pipeline.<sup>59</sup>

Given these concerns, the Muslim Justice League has sought to educate communities and mental health professionals about local CVE programs and their potential harm.

In support of these community efforts, psychologist Alice LoCicero has spoken at the American Psychological Association annual meeting, where she has encouraged budding psychologists to resist the pull to contribute to antiterrorism initiatives, arguing that participating in CVE programs requires *defying* "science, common sense, and ethical codes." Rather than consider CVE to be a friendly alternative to conventional counterterrorism methods like FBI stings, LoCicero contends that such scientifically unsupported programs intensify the criminalization of targeted communities, abrogate the professional standards that guide the mental health profession, and erode client rights.

More recently, some have argued that these antiterrorism programs can address the problem of white supremacist violence, ultimately drawing a false equivalence between the Islamic state and white supremacist groups. Presidential candidate Pete Buttigieg's [Action Plan to Combat the Threat Posed by Hate and the Gun Lobby](#), for example, proposed dedicating \$1 billion "to prevent and combat radicalization and violent extremism" using the same antiterrorism methods. The national civil rights organization [Muslim Advocates responded to this plan](#), contending that "There is no evidence that CVE programs prevent violence" but "ample evidence that the programs lead to Muslims being over-policed and over-criminalized" on the basis of disproven social science. Muslim Advocates therefore concludes that "repurposing this failed, discriminatory program to address white nationalist violence is building a house on a shaky foundation." Although white supremacist violence terrorizes our communities, we refuse to consent to programs that criminalize communities of color, fail to address the systemic roots of such violence, and treat white supremacist violence as the aberrant behavior of an individual rather than the result of embedded societal racism.<sup>60</sup>

For civil rights organizations like Muslim Advocates, the reliance on disproven radicalization research, history of criminalizing Muslim communities, and ineffectiveness at preventing violence make CVE a failed strategy to prevent any kind of violence, including white supremacist attacks. As psychologists Alice LoCicero and J. Wesley Boyd conclude,

"We do not read minds, and we know that none of us can predict the future. We know of several non-punitive approaches to helping ALL kids resist ALL recruitment to violence. They are not high tech and they do not involve the FBI. They involve listening and talking to kids, mentoring kids, educating kids and helping them find paths to meaningful lives, honoring their communities here and any communities they are connected with in the US and elsewhere, and taking their grievances seriously."<sup>61</sup>

Mental health professionals and other social service providers seeking to reduce violence can do so by remaining committed to their practices and by advocating for increased investment in community resources. Doing so does not require collaborating with law enforcement, working with individuals referred to them by the FBI, or trying to preemptively identify individuals who might be vulnerable to violence.

With this in mind, the next section explores the laws that protect mental health professionals and their clients as well as the legislation, such as the Patriot Act, that can erode these protections.

# THE RIGHT TO PRIVACY & CVE: A PRACTITIONER'S GUIDE

Many mental health professionals understand the right to privacy and confidentiality to be cornerstones of their practice. The American Mental Health Counselors Association Code of Ethics directly states that “mental health counselors have a primary obligation to safeguard information about individuals obtained in the course of practice, teaching, or research” and that “the release of information without consent of the client may only take place under the most extreme circumstances,” such as “the protection of life (suicidality or homicidality), child abuse, and/or abuse of incompetent persons and elder abuse.”<sup>62</sup> The American Psychological Association similarly asserts that “confidentiality is a respected part of psychology’s code of ethics.”<sup>63</sup> Psychologists “take your privacy seriously” because they recognize that “for people to feel comfortable talking about private and revealing information, they need a safe place to talk about anything they’d like, without fear of that information leaving that room.”<sup>64</sup> As these statements illustrate, privacy and confidentiality are ethical mandates that inform mental health counseling.

In addition to these professional guidelines on what constitutes the ethical provision of mental health counseling, the protection of client privacy and confidentiality are enshrined in federal and state laws. The Health Insurance Portability and Accountability Act of 1996 (HIPAA), for example, protects data privacy and safeguards medical information. The HIPAA Privacy Rule (45 CFR 164.500-34) explicitly “establishes national standards to protect individuals’ medical records and other personal health information,” “requires appropriate safeguards to protect the privacy of personal health information,” and “sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization.”<sup>65</sup> State laws fortify HIPAA protections, such as the Illinois Mental Health and Developmental Disabilities Confidentiality Act (740 IL 110/3) and the Illinois Mental Health Code (405 ILCS 5/6-103). The first act provides that all records and communications between a therapist and their client:

shall be confidential and shall not be disclosed except as provided in this Act. Unless otherwise expressly provided for in this Act, records and communications made or created in the course of providing mental health or developmental disabilities services shall be protected from disclosure regardless of whether the records and communications are made or created in the course of a therapeutic relationship.

The act only allows for the disclosure of confidential information “when, and to the extent, in the therapist’s sole discretion, disclosure is necessary to warn or protect **a specific individual against whom a recipient has made a specific threat of violence** and where there exists and therapist-recipient relationship or a special recipient-individual relationship.” This means that a therapist only has a legal duty to warn when an individual makes a specific threat and that threat identifies a specific target. The act only allows for the disclosure of confidential information in a limited number of other exceptional circumstances.<sup>66</sup> The Illinois Mental Health Code further provisions that “there shall be **no liability** on the part of, and no cause of action shall arise against, any person who is a clinical psychologist, or qualified examiner based upon that person’s **failure to warn of and protect from a recipient’s threatened or actual violent behavior except where the recipient has communicated to the person a serious threat of physical violence against a reasonably identifiable victim or victims.**” These state laws protect confidential information and generally rely on the therapist’s “sole discretion” to determine when to disclose such information.

Despite these protections, the American Civil Liberties Union (ACLU) cautions that medical privacy rules enacted under HIPAA “offer patients far less protection than the federal government promises.”<sup>67</sup> HIPAA rules, for example, allow the disclosure of confidential medical information to law enforcement without requiring a warrant in three specific circumstances: 1) to identify or locate a suspect, fugitive, witness, or missing person; 2) when a crime has been committed on the premises of the covered entity; and 3) in a medical emergency connected to a crime. As the ACLU concludes, “law enforcement is entitled to your records simply by asserting that you are a suspect or victim of a crime.”<sup>68</sup> As previously discussed, Los Angeles’s PATHE program could nullify HIPAA protections if the presenting police officer determined a situation constituted a mental health crisis, a decision made according to the officer’s own discretion.

Section 215 of the USA PATRIOT ACT—passed in the immediate aftermath of the September 11 attacks—further erodes privacy and confidentiality rights by allowing the government to obtain a secret court order requiring third parties, such as telephone companies and therapists, to turn over any records or “tangible things” for “an investigation to protect against international terrorism or clandestine intelligence activities.” Section 215 of the Patriot Act therefore can force mental health professionals to turn over confidential medical records related to terrorism investigations, regardless of the charges filed and the outcomes of such cases. The Brennan Center for Justice reports that Section 215 orders can be “combined with requests under other provisions of the Patriot Act, such as Section 216, which governs access to online activity, such as email contact information or Internet browsing histories.”<sup>69</sup> Psychologists warn that “these sections of the Patriot Act seem to put psychologists in conflict with our own Ethics Code.”<sup>70</sup> The Patriot Act directly impinges on the trust, privacy, and confidentiality on which effective and ethical mental health practices depend.

Prior to the passage of the Patriot Act, the 1996 *Jaffee v. Redmond* case brought the question of “psychotherapist–patient privilege” to the Supreme Court. In this case, a police officer shot and killed an individual to prevent the stabbing of another person and, in the aftermath, entered into counseling. The plaintiffs sought to obtain the records of these counseling sessions as a part of its investigation and prosecution, which the defendant refused. The Supreme Court upheld the Seventh Circuit finding that the Federal Rules of Evidence recognized a psychotherapist–patient privilege. Writing for the majority, Justice Stevens argued that “Reason tells us that psychotherapists and patients share a unique relationship, in which the ability to communicate freely without the fear of public disclosure is the key to successful treatment...**An uncertain privilege, or one which purports to be certain but results in widely varying applications by the courts, is little better than no privilege at all.**” Despite the Supreme Court’s ruling, the Patriot Act would come to undo the psychotherapist–patient privilege in the name of national security. Under the Patriot Act, no records are fully protected, which, by Justice Stevens’s own conclusion, is little better than no protection at all.

The effects of the growing tension between mental health and antiterrorism resonate across the United States as communities face increased policing and criminalization as a part of the domestic war on terror. In Arizona, fifteen-year-old Mahin Khan first came in contact with the FBI after he sent a threatening letter to his teacher. In response, the FBI arranged for Khan to undergo a forty-five-day in-patient psychological evaluation. The FBI continued to meet with Khan every few months “under the pretense of mentoring him and coordinating his mental health care.”<sup>71</sup> Khan’s parents were eager to work with the FBI so they could access better services for their son’s psychiatric and developmental disabilities. Although Khan’s parents did not give him a cell phone because they did not trust him with one, an FBI agent provided Khan with a cell phone. While receiving mental health services coordinated by the FBI, Khan unknowingly began meeting with an undercover informant working for the FBI. After prodding by the informant, Khan allegedly used the FBI-supplied phone to communicate his willingness to commit an act of terrorism. Two weeks after Khan turned eighteen—and thus prosecutable as an adult—the state of Arizona charged Khan with conspiracy to commit terrorism and conspiracy to commit misconduct involving weapons. Although it is unclear how much Khan’s mental health providers communicated with the FBI, the FBI’s coordination of his mental health care facilitated the sting operation that led to his arrest. More specifically, the FBI maintained contact with Khan and established a positive relationship with his parents by arranging Khan’s mental health care. Yet, at no time did the FBI communicate its concerns that Khan was in trouble or offer to intervene. Instead, the undercover informant pulled Khan in an unimaginable direction. Khan currently is serving an eight-year sentence in an adult prison.

Despite the state framing of Khan as a budding terrorist, Khan's medical files (now a matter of public record) show that, although he stopped taking antipsychotic medications at one point, he never expressed suicidal or homicidal ideation (SI/HI) and never articulated an "extreme thought" like "killing the president or other plan":<sup>72</sup>

**Mahin (MAR-HIN) has NOT been taking any meds for eight weeks. His mood has been OK. No extreme thoughts. He does not have any extreme thought such as killing the president or other plan. He sleeps well. His mom stated that his mood has been OK and he agreed to it. FBI agents Benjamin and John visited him a month ago and they did not visit him recently and possibly due to his improvement. He is calm and quiet today, answering question adequately and mood is good and collaborative. He continues his individual psychotherapy and group therapy currently. No ANGER or IRRITABILITY was observed or detected. He continues sleep well. No SI/HI. No SE. His group therapy and individual therapy are all done.**

Mental health professionals concluded that Khan did not pose a threat, did not hold extreme ideas, and did not have plans to commit an act of violence.

Khan's experience and the PATHE program are cautionary tales, illustrating how the inclusion of mental health professionals into domestic antiterrorism initiatives does not rein in past practices of racial profiling and coercive policing; instead, the field of mental health has been weaponized to facilitate these damaging and dehumanizing practices. Although we all want to prevent violence, the risks that accompany the mobilization of mental health professionals to counter violent extremism are simply too great. Scholars have documented how such mobilizations have securitized social services, increased law enforcement's access to communities, criminalized psychiatric disabilities, and turned mental health professionals into terrorist watchdogs who identify, report, and work with individuals perceived to be vulnerable to or in the process of terrorist radicalization. All communities deserve access to quality mental health care and other social services as deserving members of society rather than as ticking timebombs. In addition, all communities deserve access to these services without fear of criminalization, arrest, and prosecution. Unfortunately, contemporary antiterrorism regimes tie mental health care to law enforcement, causing communities to not seek services, ultimately enhancing health disparities.

Given these serious concerns, in the next section, we detail how these antiterrorism initiatives show up in Illinois and outline actions mental health professionals and communities can take to protect their loved ones and their right to access mental health care privately and confidentially, without fear of reprisal.

# ANTITERRORISM INITIATIVES IN ILLINOIS

The implementation of antiterrorism initiatives, even those federally funded, has unfolded unevenly across the country. Oftentimes local law enforcement agencies and community organizations carry out these initiatives under friendlier names that seek to obscure their connections to law enforcement and promote public participation, such as E Pluribus Unum (Alameda County Sheriff's Office), Great Parenting Workshops (Metro-Nashville Tennessee Police Department), and Engaged Bystander-Gatekeeper Training (Illinois Criminal Justice Information Authority). In addition, the government sometimes funnels federal funds allocated for countering violent extremism programs through passthrough organizations or unidentified recipients, again obscuring the source and recipient of funding. In this section, we detail what we know about local antiterrorism initiatives. We also provide tools to help evaluate programs that might surface in your workplace or community.

## ILLINOIS: TARGETED VIOLENCE PREVENTION PROGRAM (TVPP)

The Illinois Criminal Justice Information Authority (ICJIA) leads the Targeted Violence Prevention Program (TVPP). ICJIA argues that behavioral health providers and public health practitioners “play a crucial role in the lives of individuals who may be at-risk for violence, suicide, or other behavioral health concerns” and “are on the front lines of preventing violence and enhancing community member well-being and resilience.”<sup>73</sup> To this end, TVPP staff have worked to “educate a cross-section of communities on how to help off-ramp those who exhibit behaviors signifying they may be in the early stages of planning an act of ideologically inspired targeted violence.”<sup>74</sup>

To develop and implement this “bystander-gatekeeper training”—a term that draws from progressive movements that teach communities how to respond to oppressive acts of violence—ICJIA first surveyed mental health professionals and then piloted a training. TVPP and its community partners identified a number of organizations and professionals to recruit for participation in this survey.

**Subject:** RE: Research Survey for Mental Health and Behavioral Health Service Providers in Elgin

Junaid,

Are you looking for individual therapists from each mental health/behavioral health agency? Or, are you looking for a representative from each organization? Suggested organizations are:

Ecker Center for Mental Health

Association for Individual Development (AID)

Family Service Associations

Kairos Center

Phoenix Family Center

Streamwood Behavioral Health Center

Alexian Brothers MHC

Greater Elgin Family Care Center

Renz Addiction Counseling Center

Kane County Public Health Department (They have a Mental Health Council plus are starting funding for Children's Mental Health Services)

Hanover Township Mental Health Board

Kenneth Young Center

NAMI Kane County

NAMI Hanover Township

Fox Valley Institute

Elgin Mental Health Center

Community Crisis Center

In this e-mail exchange with the TVPP director, a health professional discusses recruiting participants for the program's survey for mental health and behavioral health service providers.

The survey included questions about the respondents' training on "legal liability regarding law enforcement referrals" and experiences with "receiving referrals from local, state, or federal law enforcement." Through these survey questions, we can infer that the TVPP model has sought to include receiving referrals from and working with law enforcement agencies, including the FBI.

## ICJIA'S CARE TRAINING

The Targeted Violence Prevention Program piloted its first training in July 2019 at the Champaign-Urbana Public Health Department. In September 2019, we obtained the training materials for this program—**Communities Acting to Refer and Engage (CARE)**—which was developed by ICJIA staff, Stevan Weine (Chicago), Linda Langford (Boston), and Nancy Zarse (Chicago). The pre-training toolkit instructs local coordinators to identify and establish a Point of Contact (POC) and Band of Services (BOS) that will anchor their CARE programs. Like the LAPD's PATHE coordinator, the Point of Contact conducts initial assessments to facilitate the referral process by directing an individual to services.<sup>75</sup> The Band of Services connects services together to make it easier to "refer and link up individuals with the appropriate services."<sup>76</sup> Once the POC and BOS have been established, the coordinators can move to training local communities.

The CARE training works to "provide community members tools to prevent violence and enhance community health and resiliency," "enhance confidence

among community members to be helpful engaged bystanders,” and “identify resources and services in your community.”<sup>77</sup> Doing so helps “prepare community members to play a role in violence prevention and intervention,” with a specific focus on preventing “targeted violence,” meaning “a violent incident in which the perpetrator(s) specifies the intended victim or victims. The victim(s) can be a group or class of people such as racial, religious, or ethnic community; a particular person or persons; and/or a specific location.”<sup>78</sup> The training materials identify the Boston Marathon bombings and Sandy Hook school shooting as examples of targeted violence.<sup>79</sup>

Next, the CARE training materials assert that “When whole of communities can appreciate its members’ common values and norms, this enhances community members’ abilities to notice signs of disorder or distress and intervene when appropriate.”<sup>80</sup> This approach views deviations from shared values and norms as potential signs of “disorder or distress.” Once identified, community members can direct individuals to information and resources to address such disorder or distress. The training materials then ask participants to “notice and identify” by recognizing “concerning behaviors” and then identifying options for action.<sup>81</sup> Seeking to address the scientific limitations of radicalization research, the training materials list concerning behaviors such as “sudden change in physical appearance or personality,” “substance use,” “feelings of hopelessness,” and a “verbalized fixation on a grievance—feeling they have been wronged in some way, an ‘us versus them’ mentality,” while noting that “the behaviors listed do not predict or conclusively indicate that someone may use violence. These are just behavioral concerns that may lead you to better identify whether behavior warrants action.”<sup>82</sup>

### What am I noticing?

What to consider:

- Sudden change in physical appearance or personality
- Isolating behavior
- Obsessing about violence or weapons.
- Substance use (alcohol & drugs)
- Group affiliation—hate, violence promoting groups
- Frequent fighting (past violence); chronic hitting; initiation of physical fights
- Stalking (individuals or places)
- Overreaction or aggressive behavior for seemingly minor reasons, especially if it is out of character
- Vocalization (including social media) of a planned act of violence
- Cruelty to animals
- Feelings of hopelessness
- Deliberate and intentional fire setting
- Verbal or written threat—a threat being something that suggests a intent to harm someone or some location
- A verbalized fixation on a grievance—feeling they have been wronged in some way, an “us versus them” mentality

What not to consider:

- Race or ethnicity
- Gender
- Gender identification
- Sexual orientation
- Nationality
- Manner of dress
- Religion/religious affiliation
- Religious practices

ICJIA’s CARE training materials inform readers about behaviors they should and should not consider in identifying individuals in need of services.

The authors recognize that there are no scientifically proven warning signs of an individual vulnerable to violence, yet still assert that “engaged bystanders” can use these concerning behaviors to help identify “individuals in need.”<sup>83</sup> Many people, however, feel hopeless or use substances without committing an act violence, just as perpetrators of violence may never feel hopeless or use substances. Such individuals deserve access to services as deserving members of society, rather than as possible future violent actors.

Although ICJIA frames its CARE training as the antithesis of racial and religious profiling by detailing how participants should not consider race, ethnicity, gender, and other axes of social difference, it still relies on disproven checklists of “concerning behaviors” to identify individuals in need of services to reduce the possibility of violence. As the Brennan Center for Justice concludes, “US policymakers, while acknowledging that there are no tell-tale signs of who is likely to become a terrorist, nonetheless promote an approach that maintains that likely terrorists come with visible flags. Although the newer checklists tend to avoid obvious religious stereotypes, these are replaced with subjective personality assessments and evaluations of political beliefs. Empirical research does not support the use of these as predictive of terrorism.”<sup>84</sup> Such subjective assessments can facilitate the uneven application of suspicion that can disproportionately target Muslim, Arab, and immigrant communities. Despite ICJIA’s efforts to address the methodological and community concerns about more conventional antiterrorism approaches, **its training materials still rely on checklists of concerning behaviors with no scientific merit** to identify individuals vulnerable to violence. Furthermore, as a law enforcement agency supported by Department of Homeland Security funds, ICJIA calls on community members to identify concerning individuals and refer them to specific services, on the assumption that doing so can prevent “targeted violence.”



#### Pre-Training Prep work

It is useful for you to meet with local law enforcement agencies prior to the training to talk about what information would be helpful to share if an emergency exists and to go over what policies/units they have that may impact what options exist in your community (e.g., crisis intervention teams). This information needs to be used to update the training slides to make them specific to the community. See the pre-training toolkit for more details.

ICJIA’s CARE training materials encourage readers to collaborate with local law enforcement agencies.

ICJIA also suggests that “there are times when calling law enforcement is the safest and best option,” particularly if communities request law enforcement trained in mental health crisis response, ignoring the very real concerns of communities that regularly experience police brutality and other forms of state-sanctioned violence. In 2015, for example, the police shot and killed 247 individuals experiencing a mental health crisis. In Chicago, Antonio LeGrier called the police to assist him in transporting his 19-year-old son, Quintonio, to a hospital after he exhibited “emotional” issues and banged on his father’s door with a baseball bat. Upon arrival, police officer Robert Rialmo opened fired, killing Quintonio and 55-year-old neighbor Bettie Jones.<sup>85</sup> Legal scholar Andrea Ritchie importantly reports that “national statistics indicate that the majority of people who experience police violence are labeled as mentally or physically disabled.”<sup>86</sup>

We continue to reject ICJIA’s antiterrorism model because it is organized around the disproven assumptions that there are observable behaviors that signal an individual’s vulnerability to violence and that collaborating with the police offers the best solution to mental health crises. We believe that communities can be trained to support all individuals, without connecting such efforts to terrorism prevention, without relying on vague and unscientific checklists of “concerning behaviors,” and without depending on law enforcement. In addition, ICJIA’s efforts to mobilize mental health professionals in terrorism prevention transforms private spaces, such as the therapist’s office, into national security sites and mobilizes mental health professionals as terrorist watchdogs. Instead, we affirm that mental health professionals play a critical role in building and supporting healthy communities, but only if such services can be provided independent of law enforcement, national security logics, and disproven research. We reject efforts to reform fundamentally flawed and discriminatory antiterrorism initiatives and instead support communities working to develop local resources that address the threats to lasting safety that they have identified as most pressing, such as police violence, chronic disinvestment, environmental racism, and the surveillance of the provision of social services.

Our intellectual critiques align with community concerns. Locally, Makki Masjid in the Albany Park neighborhood of Chicago and the Islamic Center of Naperville withdrew from their partnerships with ICJIA, “citing concerns over discrimination against the Muslim community.” After increased resistance to its Targeted Violence Prevention Program (TVPP), ICJIA dismantled the program’s website, Facebook page, and Twitter handle, making the agency’s work even less transparent. Furthermore, TVPP director Junaid Afeef resigned, although he currently is running for Kane County State’s Attorney. His [campaign promises](#) include supporting behavioral threat assessments and other early interventions to prevent mass casualty attacks, using many of the practices he promoted through his work at ICJIA. We reject these proposals.

## PUBLIC SCHOOLS: BEHAVIORAL THREAT ASSESSMENTS (ELGIN & CHICAGO)

As a part of their work, Targeted Violence Prevention Program staff reached out to libraries, school districts, and mental health facilities that could provide resources to individuals referred to their program and that could develop behavioral threat assessment teams. TVPP staff specifically reached out to the U-46 (Elgin) Director of School Safety and to the Chicago Public Schools Chief of Safety and Security.<sup>87</sup> TVPP's efforts align with national trends to develop behavioral threat assessment teams composed of mental health professionals, teachers, social workers, and law enforcement officials to prevent violence on school campuses through increased reporting, information sharing, and interventions facilitated by community-police partnerships.

Message

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**From:** Jadine Chou [jpchou@cps.edu]  
**Sent:** 4/20/2016 8:01:34 AM  
**To:** Bambade Shakoor-Abdullah [REDACTED]  
**CC:** Kennedy, Christoph J. [Christoph.Kennedy@chicagopolice.org]; Junaid.Afeef@Illinois.gov [Junaid.Afeef@illinois.gov]  
**Subject:** Re: Support for Chicago area Countering Violent Extremism application

Thank you Dr Bambade - so good to hear from you.

We will look forward to hearing from Mr Afeef.

Jadine

On Apr 19, 2016, at 10:21 PM, Bambade Shakoor-Abdullah [REDACTED] wrote:

Good morning/afternoon,

It has been a while since we have communicated, and I wanted to again thank you for the support and assistance your provided us in addressing the concerns of the young man referred by Brian Murphy of the FBI. The young man is doing well. He will be graduating from High School soon, and is looking for work again.

I am currently working in collaboration with Dr. Steven Weine of the University of Illinois, and Atty. Junaid Afeef of the Illinois Criminal Justice Information Authority, on an application to the National Institutes of Justice. Research and Evaluation on Domestic Radicalization to Violent Extremism: Prevention and Intervention Demonstration Programs. We are proposing to implement a Bystander Training program in High Schools and Junior Colleges in Metropolitan Chicago area. Mr. Afeef, who is copied in this email would like to speak with you regarding your support in planning and implementation of the program. I have taken the liberty of sharing your contact information.

I appreciate your assistance.

In this email exchange, Dr. Bambade Shakoor-Abdullah describes working with a Chicago Public Schools student referred to her by the FBI and the potential for future collaborations with UIC and ICJIA.

Message

**From:** Afeef, Junaid [Junaid.Afeef@Illinois.gov]  
**Sent:** 6/19/2018 6:51:24 PM  
**To:** McKitrick, Nell [NMcKitrick@luriechildrens.org]; jpchou@cps.edu  
**Subject:** Re: IL Targeted Violence Prevention Program & CPS: E-Introduction

Hi Nell and Jadine!

Here is a companion grant opportunity (related to the other one I emailed you about):

<https://www.bja.gov/funding/SSVtraining18.pdf>

This solicitation specifically seeks applications that address training school personnel and educating students to prevent student violence and training school officials in responding to related mental health crises.

If I can be of any assistance please let me know.

Sincerely,  
Junaid

In this email exchange, TVPP director Junaid Afeef connects with staff from Lurie Children's Hospital and Chicago Public Schools about a grant opportunity to train school staff on preventing student violence.

In line with these goals, the Illinois Law Enforcement Training and Standards Board Executive Institute (ILETSBEI) has developed student behavioral threat assessment trainings that it offers several times a year. In its training materials, ILETSBEI “recommends that all K-12 schools develop policies and procedures to implement a multidisciplinary school threat assessment and management team to evaluate and address individuals who may pose a threat and develop appropriate interventions.” These school threat assessment teams include local law enforcement officials like School Resource Officers (SROs), school principals, deans, counselors, psychologists, social workers, and local mental health officials. By the end of the training, participants should be able to “apply the threat assessment process to determine if a person poses a threat,” “develop interventions and strategies to reduce the risk of violence,” and “identify strategies for effective case management.” Importantly, threat assessment team members, including law enforcement officials, can access a student’s education records typically protected by the Family Educational Rights and Privacy Act (FERPA) because such members can demonstrate a legitimate educational interest.

In its training materials, ILETSBEI works from the assumption that there is a pathway to violence that includes ideation, planning, acquisition, and action. This means that “a person’s ideas and plans may be detectable before harm can occur.” Yet, ILETSBEI also concedes that “there is no formula, prescription, or checklist that will predict or prevent all violent acts.” Still, the training materials walk participants through the threat assessment process, which includes identifying persons of concern, gathering and assessing information, and managing individuals and situations considered to be possible threats.

Although mass violence like school shootings frighten us all, threat assessment teams strengthen the collaboration between school staff, mental health professionals, and law enforcement. These teams also rely on disproven assumptions, like the understanding that mass shooters “leak” their intent before their attack and the idea of a single, linear pathway to violence. Furthermore, research has demonstrated how school threat assessments disproportionately have targeted students with disabilities and youth of color. Albuquerque Public Schools, for example, conducted 837 threat assessments during the 2018-2019 school year. **Although students receiving special education services make up 18% of the student population, they accounted for 56% of the threat assessments. Additionally, youth of color account for 2.6% of the student body, yet 9.6% of threat assessments. Both sets of statistics reflect national trends in school-based policing that disproportionately targets students of color and students with disabilities.**<sup>88</sup>

Given these negative effects, campaigns like [Counselors Not Cops](#) and [Education Not Incarceration](#) advocate for alternatives to the increased presence of police and policing in schools. These campaigns encourage schools to provide “ongoing training and support for all school staff in positive approaches to school climate and discipline,” including “violence prevention and intervention.”<sup>89</sup> The Dignity in Schools Campaign refutes the prevailing assumption that funneling money into school police and other policing practices promotes school safety as “more police lead[s] to more students being arrested for school discipline.”

The campaign notes that “there is no evidence that armed personnel make schools safer during a school shooting” as armed personnel “were present at Virginia Tech, Columbine, and Parkland.” In addition, “the majority of mass shootings end when the shooter decides to end them, not by intervention by law enforcement, according to an FBI study.” Given these issues, the campaign advocates for “real safety,” recognizing that “preventing violence requires long-term and short-term solutions.” This approach advocates for 1) “social and emotional learning and Restorative Justice [to] teach young people how to manage their emotions and respond to conflicts in healthy ways”; 2) “counselors, wrap-around services, and strong relationships with caring adults” which can give struggling students support and “keep students who may need interventions from falling through the cracks”; and 3) “entrances and halls monitored by staff like Community Intervention Workers who know the student body well” and can “preemptively address issues, intervene as conflicts arise, and quickly identify when something is wrong that requires an emergency response.” The campaign therefore rejects the use of law enforcement to promote school safety and instead argues that reinvesting in counselors and other social services decreases violence and increases safety, ultimately creating healthier schools and communities.<sup>90</sup>

# COOK COUNTY: COUNTERING TARGETED VIOLENCE AGAINST OUR COMMUNITIES (CTVAC)

In 2015, the Cook County Department of Homeland Security and Emergency Management (DHSEM) created three 4-hour workshops, *Countering Targeted Violence Against Our Communities* (CTAVC), in collaboration with the security consulting firm, Cardinal Point Strategies. Each workshop has been tailored to a specific audience: community leaders, law enforcement officials, and law enforcement executives. The DHSEM submitted these materials for approval by the federal Department of Homeland Security. In this section, we explore the CTVAC training materials developed for Cook County community leaders.

The CTVAC community leaders course targets “community leaders, faith-based leaders, non-profit organizations, social services, mental health, and educational institutions.” With this audience in mind, the workshop is organized around the following “enabling learning objectives”:



#### Enabling Learning Objectives:

- Define targeted violence and differences between extremism and violent extremism
- Elevate awareness of targeted violence; Identify the process of radicalization to violence
- Recognize potential indicators of radicalization to violence and activity related to targeted violence
- Define suspicious activity and proper reporting protocols.
- Identify preparedness actions and protective measures that contribute to safer community facilities.
- Develop strategies for effective public safety partnerships.
- Discuss the respective roles of law enforcement and the community in countering targeted violence.
- Identify strategies for building and maintaining partnerships.
- Describe the potential partners and resources available to develop a whole community approach to countering targeted violence.

The CTVAC training materials list the objectives of the Community Leaders workshop.

As these learning objectives illustrate, the workshop trains community members in recognizing potential indicators of radicalization to violence and in intervening in specific ways, particularly through “enhanced partnerships with government.” In fact, the facilitator’s guide argues that “the foundation of preventing acts of targeted violence lies in being able to identify pre-attack behaviors that might be

detectable—or ‘knowable’—and could help in preventing some future events” by examining an individual’s “behaviors, activities, and communications.” Furthermore, the facilitator’s guide suggests that participants should focus on “behaviors (not race, religion, or ethnicity)” and identify “out-of-place behavior and the correlation of that to the reporting process.” The guide also asserts that “suspicious activity related to mental health is also recognized and reported in the same way and that by establishing a baseline for ‘norms’ in their respective environments, the observer will more readily identify suspicious people and items.” Furthermore, “soft targets” of violent extremism, such as “houses of worship,” “playgrounds,” and “communal locations,” require vigilant community members to secure such spaces.<sup>91</sup>

**SECURING SOFT TARGETS**

**HARD TARGETS**

- **Army Bases**
- **Government Buildings**
- **Police Stations**

**SOFT TARGETS**

- **Houses of Worship**
- **Playgrounds**
- **Communal Locations**

**COOK COUNTY**  
HOMELAND SECURITY & EMERGENCY MANAGEMENT

**MODULE 3** | COMMUNITY LEADERS' COURSE  
SECURING OUR HOUSES OF WORSHIP/COMMUNITY SPACES | COUNTERING TARGETED VIOLENCE AGAINST OUR COMMUNITIES

9

The CTVAC training materials identify soft and hard targets in communities.

In this model, “family and friends” play an important role in identifying individuals vulnerable to terrorist radicalization, actively providing “counter-narratives” that challenge and delegitimize “violent narratives,” and cultivating “safe spaces” where individuals feel “they have freedom to discuss their ideas without fear of repercussion.” These “inhibitors” can prevent, slow, or stop the radicalization process. The training module concludes that “the vulnerability to acts of targeted

violence can only be reduced by each person understanding radicalization to violence and recognizing the indicators of people that are on this path. This includes knowing which actions can and should be taken to prevent it and possessing the commitment to do so.” This antiterrorism model positions ordinary community spaces like playgrounds and houses of worship as key national security sites. In addition, this model mobilizes religious leaders, schoolteachers, families, and friends as proxy law enforcement agents who identify, report, and work with individuals on the perceived pathway toward violent extremism. As the training materials assert, “community leaders and members are the frontline of countering targeted violence” as “family members, friends, religious and community leaders are best positioned to recognize individuals in their communities who are vulnerable to recruitment and radicalization to violence.”<sup>92</sup>

Despite the promotion of CTVAC as a community-driven initiative that increases access to essential social services, communities have challenged antiterrorism programs that transform mental health professionals, teachers, and other social service providers into proxy national security agents. Like other CVE programs, CTVAC assumes that deviations from community norms, mental health, and “out-of-place behavior” can indicate a person’s susceptibility to violence, even though no scientific studies have proven a causal link between certain behaviors and future violence. More pressingly, these behaviors disproportionately arouse suspicion when exhibited by Muslim, Arab, and other nondominant communities, particularly as practitioners unevenly apply their duties of suspicion, despite the rise of white supremacist violence against these communities.<sup>93</sup>

Although we all want to reduce violence, empowering community members in this way can intensify racialized policing, evidenced in the vigilante policing of Black people, such as “BBQ Becky,” a white woman who called the police, reporting she was “really scared” of a Black family barbecuing in California; “Permit Patty,” a white woman who called the police on an 8-year-old Black girl selling water without a permit; and another white woman who reported a “suspicious man,” Kevin Moore, a Black firefighter conducting an inspection, in uniform. One veteran 911 dispatcher even reported that she fielded calls from white women “upset over what Black people were doing” every day.<sup>94</sup> **When innocuous behaviors like barbecuing are interpreted and reported as suspicious activity, we must question whether mobilizing community members to identify “concerning behaviors” to prevent targeted violence merely intensifies such racial profiling and assumes that the general public can objectively and evenly apply their suspicions. History, of course, has proven otherwise.**

## **COOK COUNTY: VIOLENCE INTERVENTION ASSESSMENT MODEL (UNFUNDED)**

In 2016, the Cook County Department of Homeland Security and Emergency Management (DHSEM) submitted a grant application to the Department of Homeland Security to “develop a behavioral threat assessment training model for CVE,” which could help “mitigate against targeted violence and its impacts.”<sup>95</sup> If the project had been funded, the DHSEM would have adapted the Illinois Law Enforcement Training and Standards Board Executive Institute’s Behavioral Threat Assessment to create a new Violence Intervention Assessment that incorporates radicalization research and includes a tool to “assist collaborative efforts in the community to identify the potential of individuals, based on behavior, to become involved in violent extremism and available prevention methods and interventions before an incident occurs.”<sup>96</sup> Specifically targeting “educators, law enforcement, clergy, social service professionals, mental health and substance use services, and others,” the DHSEM intended to teach such “community professionals” to “identify individuals who may be exhibiting threatening, violent, or radical behaviors” and then “provide appropriate interventions to reduce the potential risk.”<sup>97</sup> Fortunately, the grant application was rejected, and this project was not funded. However, the presence of the application reveals the DHSEM’s continued willingness to participate in CVE.

## **ILLINOIS: PRACTITIONER AND SERVICE PROVIDER LIVE TRAINING (UNFUNDED)**

The direct participation of mental and public health agencies in the provision of antiterrorism initiatives is one of the most troubling developments in the rise of countering violent extremism programs. The Illinois Department of Public Health (IDPH), for example, hosted a 2018 webinar featuring the TVPP director, who discussed how mental health professionals could contribute to local efforts to prevent targeted violence. Such work strengthens the relationship between social services and law enforcement.

In 2016, the Illinois Department of Public Health submitted an unfunded CVE grant application to the Department of Homeland Security, proposing a “Practitioner and Service Provider Training for Ideologically-Inspired Targeted Violence,” in “partnership with the Illinois Department of Human Services” and in “close collaboration with the Illinois Criminal Justice Information Authority.” IDPH proposed that Assistant Director Donald Kauerauf and Illinois Department of Human Services-Division of Mental Health Associate Director of Forensic Services Sharon Coleman would serve as program coordinators. In addition, IDPH

listed ICJIA's TVPP director Junaid Afeef, ICJIA's director of research Megan Alderden, and UIC professor Stevan Weine as "collaborators and consultants" who would receive payment through this grant. The expertise and institutional roles of these collaborators indicates the centrality of mental health in local efforts to prevent "ideologically-inspired targeted violence" and the growing federal funds to support, and encourage, such work.

The IDPH sought funds to "develop and implement a training module that will serve as an awareness briefing on issues surrounding ideologically-inspired targeted violence (i.e. violent extremism) as well as provide a foundation for developing coordinated and collaborative resource networks equipped to intervene when individuals at-risk for radicalization to violence and/or exhibiting warning signs of planning an act of ideologically-inspired targeted violence are identified."<sup>98</sup> IDPH selected the Compassionate Care Network as a key partner that would contribute to the curriculum development and training implementation as well as "perform outreach with service providers in greater Chicago."<sup>99</sup> The Compassionate Care Network is an important group of healthcare practitioners who provide affordable health care services and promote health care awareness through free education programming. Tying such a vital service to a broader antiterrorism agenda risks increasing health disparities as clients may stop seeking such services in fear of surveillance, policing, and criminalization, particularly since the warning signs used to identify individuals at risk of terrorist radicalization often criminalize constitutionally protected acts and disproportionately target Muslims and other marginalized communities.<sup>100</sup>

# HOW TO TAKE ACTION: RECOMMENDATIONS

In this section, we outline specific recommendations to curb the spread of antiterrorism initiatives in mental health sectors and to prevent community and professional partnerships that continue to legitimize these dangerous and faulty programs that harm communities of color and individuals with psychiatric disabilities.

# ASK QUESTIONS & REFUSE TO PARTICIPATE IN CVE PROGRAMS

Given the dangerous shortcomings of current antiterrorism initiatives and their steady expansion into state agencies and mental health care networks, Illinois communities should approach solicitations for **focus groups, bystander or upstander trainings, and workshops for mental health professionals related to “violent extremism” or “targeted violence” with healthy suspicion.** *Because local CVE programs often go by other names, like “bystander-gatekeeper training,”* we provide a few guiding questions to ask before deciding to collaborate with an organization that may participate in CVE:

- Does this program ask me to develop or use a checklist of “warning signs” or “concerning behaviors” to identify individuals vulnerable to violence?
  - Be aware that some programs use activist language like bystander training or exploit concerns about hate crimes to encourage community participation.
- Am I asked to partner with the FBI or other law enforcement agencies, such as working with individuals referred to my services by the FBI or making referrals to law enforcement?
- Who is hosting the workshop and what is its purpose?
- Who are the listed speakers? Do they include FBI agents? DHS representatives? Other law enforcement officials?
- Who provided the funding for these events? What are the reporting requirements for this funding?
  - Be aware that “third-party intermediaries” like CVE-friendly community organizations have hosted these events across the nation to make it even more difficult to establish the connections between the trainings and national security funding.

# POLICY DEMANDS

## **ICJA:**

### **DEFUND AND END TVPP IMMEDIATELY**

Ensuring that any agency receiving funding for CVE programming denounces and rejects that funding is the first major step to recognizing and supporting communities that historically have been criminalized by law enforcement agencies and treated as national security threats. Funding community-driven programs and social services independent of law enforcement agencies, rather than disproven antiterrorism initiatives, cultivates healthy communities and minimizes divisiveness. In Illinois, this means demanding that ICJIA publicly ends TVPP and refuses to accept or solicit any funds for CVE programming.

## **MENTAL HEALTH PROFESSIONALS: REFUSE TO PARTICIPATE IN CVE PROGRAMS**

Initiatives like the Targeted Violence Prevention Program rely on the participation of mental health professionals, social service providers, and community members. The refusal to contribute to these efforts can help end the program and its harm. In addition to individually refusing to participate in CVE trainings and programming, mental health professionals can:

- Get their workplace to formally agree to not participate in CVE.
- Share this report with other mental health professionals in their networks.
- Pass binding and/or non-binding resolutions within conferences and professional networks, such as the American Psychological Association, that prevent the proliferation of CVE and collaborations with law enforcement.<sup>101</sup>

## **UIC:**

# **RETURN CVE GRANT MONEY AND END CVE RESEARCH**

UIC faculty both contribute to CVE programming across the country and receive federal funds to expand this work. Students already [have identified](#) how UIC is involved in CVE and the impact of such work on communities. We support [their demands](#):

1. We demand the administration come up with necessary steps to **make UIC a real sanctuary campus for all**, which involves **halting all CVE-related research and academic partnerships that racially profile and tear down communities** of color, and predominately Muslim communities.
2. We ask that the administration **re-evaluate its ethics** to ensure that all **research projects that directly affect and potentially harm people of color are reviewed by constituents from the targeted group**. Specifically, we ask that one faculty member and one student be placed on any [Institutional Review Board] committee affecting research on Muslim students, Arab students, and/or connected to CVE (including rebranded research on “building resilience” or “targeted violence prevention”), with the first faculty and student representatives chosen by this Coalition to Stop CVE at UIC.<sup>102</sup>

## **CHICAGO RESIDENTS:**

# **CALL UIC CHANCELLOR AMIRIDIS**

To support the Coalition to Stop CVE at UIC, call Chancellor Amiridis and demand that he halts all CVE-related research and academic partnerships and evaluates Institutional Review Board (IRB) procedures to ensure that all projects that directly affect and potentially harm people of color are reviewed by constituents from that group (such as one faculty member and one student reviewing IRB protocols involving research on Muslim, Arab, Somali, and South Asian communities).

- Chancellor Amiridis - (312) 413-3350: *“Hello, my name is \_\_\_\_\_ and I am calling to request that you immediately suspend all research on violent extremism and terrorist radicalization. This research supports the criminalization of Arab and Muslim youth, many of whom belong to our UIC community.”*

## ILLINOIS RESIDENTS: CALL SENATOR DICK DURBIN

Proposed legislation like Senator Dick Durbin's (D-IL) [Domestic Terrorism Prevention Act of 2019](#) seeks to address white supremacist violence using tools and programs that historically have criminalized communities of color and that have no proven record of success. Although white supremacist violence frightens us, we refuse to support laws and programs that disproportionately criminalize communities of color.

Senator Dick Durbin has introduced and supported legislation that fortifies the domestic war on terror agenda. Call his office and demand he withdraw his Domestic Terrorism Prevention Act of 2019 and refuse to support other antiterrorism programs that historically have criminalized Muslim, Arab, Somali, and South Asian communities.

- Senator Durbin - (202) 224-2152: *"Hello, my name is \_\_\_\_\_ and I am calling to request that you immediately withdraw support from the Domestic Terrorism Prevention Act. This Act is based on flawed and disproven science that is dangerous for Muslim communities and communities of color throughout Illinois."*

## COMMUNITIES: SHARE INFORMATION AND KNOWLEDGE

**Share information** with your communities, friends, coworkers, and families about CVE.

- Download this report at <http://www.stopcve.com/illinois-mental-health-report.html>.
- Share the report with mental health professionals and teachers you know.
- Download, print, and distribute our zine on mental health and antiterrorism, which can be downloaded at the link above.

**Contact us** at [stopcve@gmail.com](mailto:stopcve@gmail.com) to **host an event**, which could include strategizing about how to end CVE in Illinois.

# ACKNOWLEDGEMENTS

With the support of the #StopCVE-Chicago coalition, this report was written by Nicole Nguyen, who is associate professor of educational policy studies at the University of Illinois-Chicago. Research for this report was made possible by funding from the Institute for Research on Race and Public Policy (IRRPP) and the Institute for Policy and Civic Engagement (IPCE) at the University of Illinois-Chicago. The American Friends Service Committee also provided funding for the publication of this report. We are indebted to the community members and academic researchers who reviewed this report and offered constructive feedback, especially Nico Darcangelo, Debbie Southorn, Zareen Kamal, and Kristin Garrity Şekerci. Many thanks go to Melisa Stephen for their graphic design work.



**Institute for Research on  
Race and Public Policy**



**American Friends  
Service Committee**



**Institute for Policy and  
Civic Engagement**

<sup>1</sup> Wan, William. 2019, September, 9. "White House weighs controversial plan on mental illness and mass shootings." *The Washington Post*, [https://www.washingtonpost.com/health/white-house-considers-controversial-plan-on-mental-illness-and-mass-shooting/2019/09/09/eb58b6f6-ce72-11e9-87fa-8501a456c003\\_story.html](https://www.washingtonpost.com/health/white-house-considers-controversial-plan-on-mental-illness-and-mass-shooting/2019/09/09/eb58b6f6-ce72-11e9-87fa-8501a456c003_story.html)

<sup>2</sup> *ibid.*

<sup>3</sup> This report uses the term "psychiatric disabilities" as liberatory language that validates diverse mental states, recognizing various thoughts and behaviors as rational based on personal and social harms. For more, see: Nicki, Andrea. 2001. "The Abused Mind: Feminist Theory, Psychiatric Disability, and Trauma." *Hypatia*, 16(4): 80-104. Johnson, Merri Lisa. 2015. "Bad Romance: A Crip Feminist Critique of Queer Failure." *Hypatia*, 30(1): 251-267.

<sup>4</sup> Fitzgibbon, Diana Wendy. 2007. "Institutional Racism, Pre-Emptive Criminalization and Risk Analysis." *The Howard Journal of Criminal Justice* 46 (2): 128-44. Heath-Kelly, Charlotte. 2017. "The Geography of Pre-Criminal Space: Epidemiological Imaginations of Radicalization Risk in the UK Prevent Strategy, 2007-2017." *Critical Studies on Terrorism* 10 (2): 297-319. Nguyen, Nicole. 2019. "The Eyes and Ears on Our Frontlines: Policing without Police to Counter Violent Extremism." *Surveillance & Society* 17 (3/4): 322-37.

<sup>5</sup> See Metz, Jonathan M. 2009. *The Protest Psychosis: How Schizophrenia Became a Black Disease*. Boston, MA: Beacon Press. In the 1850s, for example, psychiatrists "believed that African American slaves who ran away from their white masters did so because of a mental illness called drapetomania" (p. ix).

<sup>6</sup> For more on health disparities, please refer to: McRuer, Robert. 2018. *Crip Times: Disability, Globalization, and Resistance*. New York, NY: New York University Press. Metz, Jonathan M. 2009. *The Protest Psychosis: How Schizophrenia Became a Black Disease*. Boston, MA: Beacon Press. Erevelles, Nirmala. 2011. *Disability and Difference in Global Contexts: Enabling a Transformative Body Politic*. New York, NY: Palgrave. Ben-Moshe, Liat, Chris Chapman, and Allison C. Carey. (eds) 2014. *Disability Incarcerated: Imprisonment and Disability in the United States and Canada*. New York, NY: Palgrave.

<sup>7</sup> For an example of this divest/invest model, please see: The Movement for Black Lives. 2016. *A Vision for Black Lives: Policy Demands for Black Power, Freedom, & Justice*. <https://policy.m4bl.org/about/>.

<sup>8</sup> Wiktorowicz, Quintan. 2005. *Radical Islam Rising: Muslim Extremism in the West*. Lanham, MD: Rowman & Littlefield Publishers, p. 5

<sup>9</sup> Weine, Stevan, David P. Eisenman, La Tina Jackson, Janni Kinsler, and Chloe Polutnik. 2017. "Utilizing Mental Health Professionals to Help Prevent the next Attacks." *International Review of Psychiatry* 29 (4): 334-40, p. 334, p. 335

<sup>10</sup> See also: Sageman, Marc. 2015. "Declaration of Marc Sageman in Opposition to Defendants' Cross-Motion for Summary Judgment, Latif v. U.S. Department of Justice et Al., No. 3:100-Cv-00750." [https://www.aclu.org/sites/default/files/field\\_document/268\\_declaration\\_of\\_marc\\_sageman\\_8.7.15.pdf](https://www.aclu.org/sites/default/files/field_document/268_declaration_of_marc_sageman_8.7.15.pdf). Patel, Faiza. 2011. *Rethinking Radicalization*. New York, NY: Brennan Center for Justice at NYU School of Law New York, NY, 2011. Kundnani, Arun. 2014. *The Muslims Are Coming! Islamophobia, Extremism, and the Domestic War on Terror*. London: Verso Press. Borum, Randy. 2011. "Radicalization into Violent Extremism I: A Review of Social Science Theories." *Journal of Strategic Security* 4 (4): 7-36.

<sup>11</sup> Laqueur, Walter. 2006. "Terror's New Face." *Harvard International Review* 20 (4): 48.

<sup>12</sup> Laqueur, Walter. 1999. *The New Terrorism: Fanaticism and the Arms of Mass Destruction*. London: Oxford University Press, p. 81.

<sup>13</sup> Laqueur, Walter. 2004. "The Terrorism to Come." *Policy Review*. Palo Alto, CA, paras. 15-16.

<sup>14</sup> Kruglanski, Arie W., and Shira Fishman. 2006. "The Psychology of Terrorism: 'Syndrome' versus 'Tool' Perspectives." *Terrorism and Political Violence* 18 (2): 193-215.

<sup>15</sup> Laqueur, Walter. 2004. "The Changing Face of Terror." In *The Use of Force: Military Power and International Force*, edited by Robert J. Art and Kenneth N. Waltz, 6th ed., 450-57. Lanham, MD: Rowman & Littlefield Publishers, p. 454.

<sup>16</sup> Kruglanski, Arie W., and Shira Fishman. 2006. "The Psychology of Terrorism: 'Syndrome' versus 'Tool' Perspectives." *Terrorism and Political Violence* 18 (2): 193-215, p. 194.

<sup>17</sup> Kundnani, Arun. 2014. *The Muslims Are Coming! Islamophobia, Extremism, and the Domestic War on Terror*. London: Verso Press.

<sup>18</sup> Silver, James, Andre Simons, and Sarah Craun. 2018. *A Study of the Pre-Attack Behaviors of Active Shooters in the United States between 2002 and 2013*. Washington, DC: Federal Bureau of Investigation, pp. 18-19.

<sup>19</sup> Moghaddam, Fathali. 2005. "The Staircase to Terrorism: A Psychological Exploration." *American Psychologist* 60 (2): 161-69, pp. 161-2.

<sup>20</sup> McGhee, Sam. 2018. "Understanding and Countering Violent Extremism." *Police Chief Magazine*, July 2018. <https://www.policechiefmagazine.org/understanding-countering-violent-extremism/>.

<sup>21</sup> Moghaddam, Fathali. 2005. "The Staircase to Terrorism: A Psychological Exploration." *American Psychologist* 60 (2): 161-69, p. 167.

<sup>22</sup> Lygre, Ragnhild B., Jarle Eid, Gerry Larsson, and Magnus Ranstorp. 2011. "Terrorism as a Process: A Critical Review of Moghaddam's 'Staircase to Terrorism.'" *Scandinavian Journal of Psychology* 52 (6): 609-16.

<sup>23</sup> Moghaddam, Fathali. 2005. "The Staircase to Terrorism: A Psychological Exploration." *American Psychologist* 60 (2): 161-69, p. 162.

<sup>24</sup> Weine, Stevan, David P. Eisenman, La Tina Jackson, Janni Kinsler, and Chloe Polutnik. 2017. "Utilizing Mental Health Professionals to Help Prevent the next Attacks." *International Review of Psychiatry* 29 (4): 334-40, p. 335, emphasis added.

<sup>25</sup> *ibid.*

<sup>26</sup> Desmarais, Sarah L., Richard A. Van Dorn, Kiersten L. Johnson, Kevin J. Grimm, Kevin S. Douglas, and Marvin S. Swartz. 2014. "Community Violence Perpetration and Victimization among Adults with Mental Illnesses." *American Journal of Public Health* 104 (12): 2342-49.

<sup>27</sup> Ritchie, Andrea J. 2017. *Invisible No More: Police Violence against Black Women and Women of Color*. Boston, MA: Beacon Press, p. 91; p. 103.

<sup>28</sup> Weine, Stevan, David P. Eisenman, La Tina Jackson, Janni Kinsler, and Chloe Polutnik. 2017. "Utilizing Mental Health Professionals to Help Prevent the next Attacks." *International Review of Psychiatry* 29 (4): 334-40, p. 335.

- <sup>29</sup> See, for example, National Academies of Sciences, Engineering, and Medicine. 2017. *Countering Violent Extremism through Public Health Practice: Proceedings of a Workshop*. Washington, DC: The National Academies Press.
- <sup>30</sup> See, for example, Weine, Stevan, Ahmed Younis, and Chloe Polutnik. 2017. *Community Policing to Counter Violent Extremism: A Process Evaluation in Los Angeles*. College Park, MD: START. [https://www.start.umd.edu/pubs/START\\_CSTAB\\_CommunityPolicingtoCounterViolentExtremism\\_July2017.pdf](https://www.start.umd.edu/pubs/START_CSTAB_CommunityPolicingtoCounterViolentExtremism_July2017.pdf).
- <sup>31</sup> Asian Americans Advancing Justice - Los Angeles filed a Public Records Act (PRA) request for documents related to the RENEW/PATHE program. These documents can be viewed here: <https://www.advancingjustice-la.org/sites/default/files/LAPRA-3030-3165.pdf>
- The letter identifying Stevan Weine as co-director mentions using Hydra and 10,000 Volts. According to the [Hydra Foundation](#), 10,000 Volts or 10kv is “a technology assisted debriefing tool which uses networked computers to capture text input from an unlimited number of anonymous sources simultaneously.”
- <sup>32</sup> National Governors Association. 2019, *Preventing Targeted Violence Webinar: LAPD's Providing Alternatives to Hinder Extremism*. Webinar.
- <sup>33</sup> NGA webinar. *Preventing Targeted Violence Webinar: LAPD's Providing Alternatives to Hinder Extremism*.
- <sup>34</sup> *ibid*.
- <sup>35</sup> For more on these procedures, please refer to the guide available here: <https://www.advancingjustice-la.org/sites/default/files/3037-3044.pdf>
- <sup>36</sup> National Academies of Sciences Engineering and Medicine. 2017. *Countering Violent Extremism through Public Health Practice: Proceedings of a Workshop*. Washington, DC: The National Academies Press, p. 40.
- <sup>37</sup> National Academies of Sciences Engineering and Medicine. 2017. *Countering Violent Extremism through Public Health Practice: Proceedings of a Workshop*. Washington, DC: The National Academies Press, p. 31.
- <sup>38</sup> National Governors Association. 2019, *Preventing Targeted Violence Webinar: LAPD's Providing Alternatives to Hinder Extremism*. Webinar.
- <sup>39</sup> National Academies of Sciences Engineering and Medicine. 2017. *Countering Violent Extremism through Public Health Practice: Proceedings of a Workshop*. Washington, DC: The National Academies Press, p. 32.
- <sup>40</sup> National Academies of Sciences Engineering and Medicine. 2017. *Countering Violent Extremism through Public Health Practice: Proceedings of a Workshop*. Washington, DC: The National Academies Press, p. 40.
- <sup>41</sup> For more on predictive policing, please see Ferguson, Andrew Guthrie. 2017. *The Rise of Big Data Policing: Surveillance, Race, and Law Enforcement*. New York, NY: New York University Press. Harcourt, Bernard. 2007. *Against Prediction: Profiling, Policing, and Punishing in an Actuarial Age*. Chicago, IL: University of Chicago Press.
- <sup>42</sup> Illinois Terrorism Task Force School Safety Working Group. 2018. “Recommendations of the Illinois Terrorism Task Force School Safety Working Group.” <https://www.iasa.edu/cms/lib/IL01923163/Centricity/Domain/4/ITTF%20School%20Safety%20Working%20Group%20Recommendations%20-%20Final%20draft%20040318.pdf>, p. 5.
- <sup>43</sup> Illinois Department of Public Health. 2016. *Practitioner and Service Provider Training for Ideologically-Inspired Targeted Violence*. Chicago, IL: ICJIA, p. 2.
- <sup>44</sup> Historically, the provision of social services sometimes has come with dangerous criminal-legal strings attached. A 2004 Arizona statute, for example, mandated that social workers report “any violation of federal immigration law by an applicant for [public] benefits” like college scholarships, and imposed criminal misdemeanor charges on social workers who failed to comply (Ariz. Rev. Stat. § 46-140.01).
- <sup>45</sup> Morgan, Kelly. 2018. “Pathologizing ‘radicalization’ and the Erosion of Patient Privacy Rights.” *Boston College Law Review* 59 (2): 791–820, p. 801.
- <sup>46</sup> *ibid*.
- <sup>47</sup> LoCicero, Alice. 2018. “#StopCVE: Well-Meaning Psychologists May Find Themselves Doing Harm.” *Psychology Today*, March 2018. <https://www.psychologytoday.com/us/blog/paradigm-shift/201803/stopcve>.
- <sup>48</sup> Denver Police Department. 2016. *Countering Violent Extremism Collaborative Grant Program Grant Proposal*. Denver, CO: DPD. <https://www.dhs.gov/sites/default/files/publications/EMW-2016-CA-APP-00381%20Full%20Application.pdf>, p. 3.
- See also: Kundnani, Arun. 2014. *The Muslims Are Coming! Islamophobia, Extremism, and the Domestic War on Terror*. London: Verso Press; Kumar, Deepa. 2012. *Islamophobia and the Politics of Empire*. Chicago, IL: Haymarket Books; Patel, Faiza, Andrew Lindsay, and Sophia DenUyl. 2018. *Countering Violent Extremism in the Trump Era*. New York, NY: Brennan Center for Justice at NYU School of Law. <https://www.brennancenter.org/analysis/countering-violent-extremism-trump-era>.
- <sup>49</sup> Heath-Kelly, Charlotte. 2017. “The Geography of Pre-Criminal Space: Epidemiological Imaginations of Radicalization Risk in the UK Prevent Strategy, 2007–2017.” *Critical Studies on Terrorism* 10 (2): 297–319. <https://doi.org/10.1080/17539153.2017.1327141>, p. 299.
- <sup>50</sup> Kiernat, Kourtney. 2015. “Minneapolis Public Schools CVE Program.” <https://www.c-span.org/video/?c4530677/minneapolis-public-school-cve-program>.
- <sup>51</sup> In the years leading up to this program, psychiatry professor Stevan Weine conducted a study that examined “the everyday lives of Somali-American adolescent boys and young men in the context of their families and communities” to better understand “how violent extremists try to exploit their condition for recruitment purposes” and “what resources and strategies are needed to minimize their vulnerability.” For more, please refer to Weine, Stevan, and Osman Ahmed. 2012. *Building Resilience to Violent Extremism among Somali-Americans in Minneapolis-St. Paul*. College Park, MD: START. [https://www.start.umd.edu/sites/default/files/files/publications/Weine\\_BuildingResiliencetoViolentExtremism\\_SomaliAmericans.pdf](https://www.start.umd.edu/sites/default/files/files/publications/Weine_BuildingResiliencetoViolentExtremism_SomaliAmericans.pdf)
- <sup>52</sup> World Organization for Resource Development and Education. 2014. “COPS Application.” Montgomery Village, MD, p. 4.
- <sup>53</sup> Samari, Goleen. 2016. “Islamophobia and Public Health in the United States” *American Journal of Public Health*, 106 (11): 1920–25.

- <sup>54</sup> Public forum, April 2017, Minneapolis, MN, <https://unicornriot.ninja/2017/young-muslim-collective-spotlights-government-surveillance-muslims-minneapolis/>.
- <sup>55</sup> Reed, Stephanie. 2016. The Prevent Programme: An Ethical Dilemma for Teachers as well as Psychiatrists. *The British Journal of Psychiatry*, 40(2), 85-86.
- <sup>56</sup> Li, Darryl. 2015. "A Jihadism Anti-Primer." *Middle East Research and Information Project* 276. <http://www.merip.org/mer/mer276/jihadism-anti-primer>, para. 25.
- <sup>57</sup> Morsi, Yassir. 2017. *Radical Skin, Moderate Masks: De-Radicalising the Muslim and Racism in Post-Racial Societies*. London, UK: Rowman & Littlefield Publishers, p. 17
- <sup>58</sup> Kundnani, Arun. 2014. *The Muslims Are Coming! Islamophobia, Extremism, and the Domestic War on Terror*. London: Verso Press, p. 14.
- <sup>59</sup> Puar, Jasbir K., and Amit S. Rai. 2002. "Monster, Terrorist, Fag: The War on Terrorism and the Production of Docile Patriots." *Social Text* 72 20 (3): 118-48, p. 124.
- <sup>60</sup> Al-Wakeel, Shannon. 2019. "CVE in the Health Sector." At the American Psychological Association Annual Meeting, Chicago, IL.
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- <sup>62</sup> LoCicero, Alice, and J. Wesley Boyd. 2016. "The Dangers of Countering Violent Extremism (CVE) Programs." *Psychology Today*, July 19, 2016. <https://www.psychologytoday.com/blog/almost-addicted/201607/the-dangers-countering-violent-extremism-cve-programs>.
- <sup>63</sup> American Mental Health Counselors Association. 2015. "AMHCA Code of Ethics." Alexandria, VA. <http://connections.amhca.org/HigherLogic/System/DownloadDocumentFile.ashx?DocumentFileKey=d4e10fcb-2f3c-c701-aa1d-5d0f53b8bc14>, p. 2.
- <sup>64</sup> American Psychological Association. n.d. "Protecting Your Privacy: Understanding Confidentiality." American Psychological Association. Accessed August 21, 2019. <https://www.apa.org/helpcenter/confidentiality>, para. 1.
- <sup>65</sup> *ibid.*
- <sup>66</sup> US Department of Health and Human Services. 2015. "The HIPAA Privacy Rule." *Health Information Privacy*. 2015. <https://www.hhs.gov/hipaa/for-professionals/privacy/index.html>.
- <sup>67</sup> For more on these special circumstances, please refer to the code, which is available at <http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2043&ChapterID=57>
- <sup>68</sup> American Civil Liberties Union. 2003. "FAQ on Government Access to Medical Records." Washington, DC. <https://www.aclu.org/other/faq-government-access-medical-records>.
- <sup>69</sup> *ibid.*
- <sup>70</sup> Brennan Center for Justice at New York University School of Law. 2013. *Are They Allowed to Do That? A Breakdown of Selected Government Surveillance Programs*. New York, NY: Brennan Center for Justice at NYU School of Law. <https://www.brennancenter.org/sites/default/files/analysis/Government%20Surveillance%20Factsheet.pdf>, p. 2.
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- <sup>74</sup> Gleicher, Lily. 2019. *Behavioral and Public Health Perspectives on Violence Prevention: A Survey of Illinois Practitioners*. Chicago, IL: ICJIA. <http://www.icjia.state.il.us/articles/behavioral-and-public-health-perspectives-on-violence-prevention-pa-survey-of-illinois-practitioners>, p.1.
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- <sup>76</sup> Illinois Criminal Justice Information Authority, Stevan Weine, Linda Langford, and Nancy Zarse. 2019. "Communities Acting to Refer and Engage (CARE) Curriculum Contents." Chicago, IL: ICJIA, p. 5.
- <sup>77</sup> *ibid.*, p. 3.
- <sup>78</sup> *ibid.*, p. 6.
- <sup>79</sup> *ibid.*, pp. 9-10.
- <sup>80</sup> The concept of targeted violence was first introduced in a DOJ report, Threat Assessment: An Approach to Prevent Targeted Violence.
- <sup>81</sup> Illinois Criminal Justice Information Authority, Stevan Weine, Linda Langford, and Nancy Zarse. 2019. "Communities Acting to Refer and Engage (CARE) Curriculum Contents." Chicago, IL: ICJIA, p. 12.
- <sup>82</sup> *ibid.*, p. 24.
- <sup>83</sup> *ibid.*, p. 24.
- <sup>84</sup> *ibid.*, p. 26.
- <sup>85</sup> Patel, Faiza, and Meghan Koushik. 2017. *Countering Violent Extremism*. New York, NY: Brennan Center for Justice at NYU School of Law. <https://www.brennancenter.org/sites/default/files/publications/Brennan%20Center%20CVE%20Report.pdf>, p. 16.
- <sup>86</sup> Patterson, Brandon E. 2015. "Neighbors and Family Recount Chilling Details in Chicago Police Shooting." *Mother Jones*, December 2015. <https://www.motherjones.com/politics/2015/12/chicago-police-shooting-quintonio-legrier-bettie-jones-witnesses/>.
- <sup>87</sup> Ritchie, Andrea J. 2017. *Invisible No More: Police Violence against Black Women and Women of Color*. Boston, MA: Beacon Press, p. 92.

<sup>87</sup> These collaborations build on a [2004 report](#) written by the US Secret Service and Department of Education in the aftermath of the 1999 Columbine High School mass shootings, arguing that “identifying pre-attack behaviors and communications that might be detectable...could help in preventing some future attacks.” The report concludes that the use of threat assessment teams “may be a promising strategy for preventing a school-based attack,” a strategy that school districts and law enforcement agencies continue to use today.

<sup>88</sup> Swetlitz, Ike. 2019. “When Kids Are Threats: The Assessments Unfairly Targeting Students with Disabilities.” *The Guardian*, October 15, 2019. <https://www.theguardian.com/us-news/2019/oct/14/when-kids-are-threats-the-assessments-unfairly-targeting-students-with-disabilities>.

<sup>89</sup> Dignity in Schools Campaign. 2016. *Counselors Not Cops: Ending the Regular Presence of Law Enforcement in Schools*. New York, NY: Dignity in Schools Campaign. <https://dignityinschools.org/resources/a-resource-guide-of-faqs-data-and-supplemental-information-on-counselors-not-cops/>.

<sup>90</sup> Dignity in Schools Campaign. 2018. *Why Counselors, Not Cops?* New York, NY: Dignity in Schools Campaign. <http://dignityinschools.org/wp-content/uploads/2018/10/WhyCounselorsNotCops.pdf>.

<sup>91</sup> Cook County Department of Homeland Security and Emergency Management, and Cardinal Point Strategies. 2015. *Facilitator Guide: Community Leaders’ Course: Countering Targeted Violence against Our Communities*. Chicago, IL: Cook County DHSEM.

<sup>92</sup> *ibid.*

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<sup>94</sup> Herron, Rachael. 2018. “I Used to Be a 911 Dispatcher. I Had to Respond to Racist Calls Every Day.” *Vox*, October 31, 2018. <https://www.vox.com/first-person/2018/5/30/17406092/racial-profiling-911-bbq-becky-living-while-black-babysitting-while-black>.

<sup>95</sup> Cook County Department of Homeland Security and Emergency Management. 2016. *Developing Resilience Grant Application*. Chicago, IL: Cook County DHSEM.

<sup>96</sup> *ibid.*, p. 3

<sup>97</sup> *ibid.*, p. 4.

<sup>98</sup> Illinois Department of Public Health. 2016. “Practitioner and Service Provider Training for Ideologically-Inspired Targeted Violence.” Chicago, IL: IDPH, p. 1.

<sup>99</sup> *ibid.*

<sup>100</sup> Patel, Faiza, and Meghan Koushik. 2017. *Countering Violent Extremism*. New York, NY: Brennan Center for Justice at NYU School of Law. <https://www.brennancenter.org/sites/default/files/publications/Brennan%20Center%20CVE%20Report.pdf>.

<sup>101</sup> For an example, please see the American Public Health Association’s statement on addressing law enforcement violence as a public health issue: <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2019/01/29/law-enforcement-violence>

<sup>102</sup> For more on these demands, please refer to: <https://docs.google.com/document/d/1uMRe5PnLnRXuVXvY9dsqD3zWrgITqFO9IFzFel8ONts/edit>