

TREATMENT PROCEDURES FOR IDEOLOGY-BASED TERRORIST OFFENDERS IN INDONESIA

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ABSTRACT

Studies on terrorism have increased dramatically since the 9/11 World Trade Center attacks. However, the ways in which terrorist offenders' rehabilitation should be constructed needs to be examined systematically, regardless of whether the approach used to look at terrorism is clinical or non-clinical. This research was carried out to identify treatment procedures for terrorist offenders based on first-hand experience of terrorism rehabilitators by applying qualitative design. The study involved interviews with terrorist rehabilitators in Indonesia who had been involved in treatment for ideology-based terrorist offenders in Indonesia in a variety of counseling and deradicalization programs. The findings show that the participants mention the presence of modifiable and unmodifiable domains of terrorist offenders. They believe that the domain of terrorism Motivation is likely modifiable, whereas Ideology is more challenging or takes longer to modify, while Capability is unlikely to be modified. The findings also demonstrate that there are nineteen steps for treating modifiable domains and seventeen steps for addressing unmodifiable domains of offenders. The results of this study may provide insights on treatment for offenders with different specifications related to motives, doctrines, attitudes, roles in ideological groups, militancy, and capabilities.

Keywords: terrorism, treatment procedures, behavior modification, rehabilitation, deradicalization, reintegration

INTRODUCTION

Studies on terrorism have increased dramatically since the 9/11 World Trade Center attacks (Murphy, 2010; Shepherd, 2007). However, the ways in which terrorist offenders' rehabilitation should be constructed needs to be examined systematically (Borum, 2011), regardless of whether the approach used to look at terrorism is clinical or non-clinical.

Kruglanski and Fishman (2009) explain that there are two general psychological approaches in determining the root causes of terrorism: 'syndromic' (clinical) and 'instrumental' (non-clinical). The first approach (syndromic) deems acts of terrorism as a consequence of a certain identifiable psychological constructs, such as personality traits, motivations, and socialization history (Victoroff, 2005). The latter approach views acts of terrorism simply as a means to achieve an objective. The non-clinical approach, as discussed by Crenshaw (2010) for example, suggests that the terrorists'

actions, as instruments, are based on rational decision-making processes. This approach suggests that terrorist groups continually upgrade their techniques/tactics and learn from previous mistakes to be more efficient and advanced (LaFree & Dugan, 2004).

Bridging the gap between the clinical and non-clinical approaches, Putra and Sukabdi (2014) found that there is a condition in which religious militants might choose non-violent instruments to achieve their goals. This study also found that rationalization is used as a tool to justify violent instruments to achieve terrorist groups' objectives. The moral justifications to legitimize extreme terrorist acts are used by the militants who believe they are serving God (Kruglanski & Fishman, 2009; Putra & Sukabdi, 2013).

Sukabdi's (2018) research has found that there are eighteen risk and need factors of ideology-based terrorist offenders which should be addressed in response to terrorism (Figure 1). Several researchers and counterterrorism practitioners in Indonesia also use Sukabdi's Model and instrument in assessing offenders, called MIKRA (Amelia, Widodo, & Budiarto, 2020; the Indonesian Forensic Psychological Association, 2020; Slamet, 2019; Sukabdi, 2020).

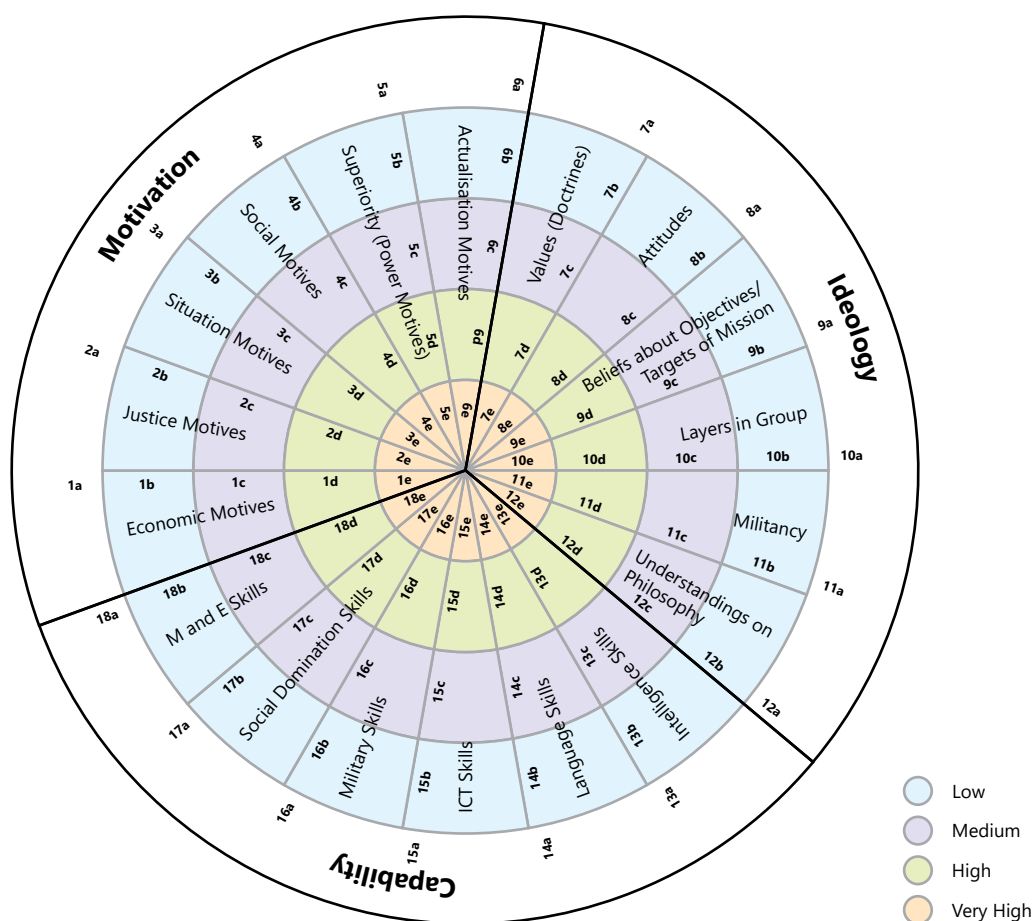


Figure 1. Terrorism risk and need factors

This study attempts to identify treatment procedures for terrorist offenders as a response to their risk and need factors designed by Sukabdi (2018). Using a qualitative approach, the paper seeks to elucidate treatment management for offenders based on the first-hand experience of terrorism rehabilitators in Indonesia. The ultimate aim of this research is to increase the knowledge-base to contribute to the rehabilitation of ideology-based terrorist offenders. Findings may be useful in assisting service providers or counterterrorism practitioners (e.g., therapists, counselors, psychologists, and clinicians) responsible for the design of terrorism rehabilitation programs.

TERRORISM AND TERRORIST REHABILITATION IN INDONESIA

Schmid (1983) has outlined 109 definitions of terrorism. Nonetheless, two commonalities are frequently found in definitions of terrorism, namely that: 1. terrorism contains aggression against non-combatants, and 2. terrorist actions are intended to affect a targeted audience's behaviors in order to meet certain goals (Badey, 1998; Laqueur, 1999).

Terrorism is complex and multifaceted, and the actors involved can be categorized across multiple variables. Schultz explains, in Victoroff (2005), that seven variables (cause, goal, environment, strategy, means, participation, and organization) could be applied to group terrorism. Post, Sprinzak, and Denny (2003) separate political sub-state terrorism into: 1. social revolutionary terrorism, 2. right-wing terrorism, 3. nationalist-separatist terrorism, 4. religious extremist terrorism, and 5. single-issue (e.g., environmental issue) terrorism, and argues that each type is likely connected to its own social-psychological dynamics.

Regarding ideology-based terrorism, for example, for Islamist movements engaged in terrorism, the act of suicide is defined as a struggle for the highest value or goal, or jihad (Post, Sprinzak, & Denny, 2009; Putra & Sukabdi, 2013) and is seen as a form of sacrifice to God (Putra & Sukabdi, 2013). The term 'jihad' is identified as an armed struggle against the enemies of Islam, including non-Muslim nations and the existing heads of Muslim states who have replaced God's authority with theirs (Gerges, 2006; Rabasa et al., 2010). Ideological terrorist actions are seen by scholars as a form of reaction towards perceived social situations, including relative deprivation (Gurr, 1970; Love, 2009; Post et al., 2003; Post, 2007; Rose, 1982; Runciman, 1966; Walker & Smith, 2001).

In Indonesia, terrorism has growth rampantly since the Reformation Era, which supports freedom of speech (Widya, 2020). One of the terrorist groups, Al Jemaah Al Islamiyah (JI), which is affiliated with Al Qaeda (Sinaga, Prayitno, & Montratama, 2018), committed terror attacks in several places including churches, cafés, hotels, and embassies (Sinaga, Prayitno, & Montratama, 2018; Sarwono, 2012). Mufid et al. (2011) identified that 87.8% of the terror offenders in Indonesia were Muslims and 12.2% were Christians. Their study found that the five factors which motivated the offenders to engage in terrorism are: religious-ideological (45.5%), solidarity-driven (20%), separatist (1.8%), 'mob mentality' (following crowd) (12.7%), and situational (guilty by association) (9.1%).

TREATMENT FOR IDEOLOGY-BASED TERRORIST OFFENDERS

In treating ideology-based terrorist offenders, Indonesia has built hard and soft approaches (Idris, 2018; Putra & Sukabdi, 2014; Sukabdi, 2017). The soft approach includes deradicalization, disengagement, and reintegration programs, involving government and non-government organizations (Idris, 2018; Shodiq, 2018; Sukabdi, 2021; Sumpter, 2017). Rabasa et al. (2010) define some concepts for treatment management for terrorist offenders. By exploring the general pattern of individuals leaving cults and religious sects, Rabasa et al. (2010) argue that the chance that an individual will disengage or deradicalize is linked to the level of commitment that the person has made to the movement. Furthermore, there are some crucial elements that differentiate radical Islamists from other group members. That is, it is more challenging for radical Islamists to renounce their ideology since the principles used in radical groups are associated with religious obligations, yet at the same time there is a prospect of influencing mainstream believers (general Muslims) to challenge violent/radical interpretations of the religion brought by the radical groups. In short, deradicalization could be very difficult, but the approach is important in order to permanently rehabilitate terrorist offenders (Rabasa et al., 2010).

There is another term used to describe treatment for terrorism offenders: disengagement. While deradicalization is the process of moderating one's beliefs, disengagement is the process of modifying offenders' behaviors by renouncing violence and quitting a radical group (Rabasa et al., 2010). Hwang and Villarosa's (2011) study found five common drivers of offenders' disengagement: (1) disillusionment with the purpose of bombing and other factors; (2) bonds with those outside the jihadi circles; (3) change of priorities; (4) law enforcement's soft approach; and (5) loss-benefit calculation. Horgan (2008) suggests that disengagement is the result of psychological issues such as disillusionment or some physical factors such as imprisonment. The researcher explains that disengagement does not necessarily require leaving the group; rather, an offender can disengage from terrorism activities even if they remain affiliated with radical networks. This is known as role change (Horgan, 2008). Rabasa et al. (2010), however, argue that role change still implies an active support for the radical group. Another reason is that disengagement can be conditional or depends on rewards, and the degree of disengagement may vary; therefore, role changes could not be a true indicator of disengagement (Clubb, 2009). Rabasa et al. (2010) argue that effective deradicalization programs should generate belief modification, not only a change in behavior, for a more durable attitudinal change. Further, Kruglanski, Gelfand, and Gunaratna (2011) argue that disengagement could be viewed as an important element of deradicalization since most deradicalization programs actually emphasize disengagement from violence and alternative methods to remedy grievances.

BELIEF SYSTEMS

Terrorism research, assessment, and rehabilitation often involve debates about belief systems and values of terrorist offenders (Putra & Sukabdi, 2013). Milton Rokeach's (1973) Belief System Theory provides an innovative contribution that increases the understanding of values and provides a much-needed drive for conducting values research (Mayton, Ball-Rokeach, & Loges, 1994). Human values, according to Rokeach (1973), are defined as stable and permanent dogmatic or conserva-

tive beliefs that a specific definite mode of conduct (known as 'instrumental value') or end state of existence (known as 'terminal value') is preferred compared to another mode of conduct or end state (Ball-Rokeach et al., 1984; Rokeach, 1973, 1979).

A basic principle of belief system theory is that beliefs are organized or structured along a dimension of centrality or importance. This is known as *belief centrality* (Ball-Rokeach, Mayton, & Grube, 1994; Rokeach, 1968a, 1968b). Another concept is *attitudes*, which are the least central of the primary belief subsystems (Ball-Rokeach, Mayton, & Grube, 1994; Rokeach, 1980). Further, human *values* play a particularly critical role because they are cognitive representations of both individual needs and desires, and societal demands. Even though values and the belief system are relatively stable, they can be modified. This is because values are organized into rank orders and are constantly in conflict. Attaining one value often means blocking another. Thus, humans may have to consistently select among values when expressing their attitudes or behaviors. As a result, individuals may come to reorganize/reorder their own values (Ball-Rokeach, Mayton, & Grube, 1994; Braithwaite & Scott, 1991; Feather, 1975; Rokeach & Ball-Rokeach, 1989).

METHODS

This study used a qualitative design due to the depth of information explored in the study. As empirical research on terrorism faces several issues, such as difficulties in engaging terrorists (O'Duffy, 2008), confidentiality or sensitivity issues (Bhui et al., 2012), and the close critical observation and suspicion from both legal authorities and terrorist offender networks (Shepherd, 2007), a qualitative design was more appropriate in discussing treatment procedures for terrorist offenders. Furthermore, the study is outlined according to COREQ (Consolidated criteria for Reporting Qualitative research) guidelines for qualitative research (Tong, Sainsbury, & Craig, 2007). An ethics clearance was generated by an ethical committee of the Swinburne University of Technology in 2016.

Research team and reflexivity

Personal characteristics. As stated in the previous section, the researcher conducted the interview. The researcher is a Ph.D. and forensic psychologist. She has experience as an expert consultant for the National Anti-Terrorism Agency.

Relationship with participants. The researcher-participants relationship was established prior to this study due to the researcher's activities and access to counterterrorism forums. Further, the participants know about the researcher in person and her personal goals and reasons for performing this study through the descriptions of the study and informed consent form. For transparency, the researcher stated her assumptions and personal interest in this study, which is to achieve efficient and sustainable behavior modification of terrorist offenders in terrorism rehabilitation.

Study design

Theoretical framework. Sukabdi's (2018, 2020) studies on eighteen psychological terrorism risk and need factors are referred to in this study (Table 1).

Table 1. Eighteen psychological terrorism risk and need factors in Indonesia

RISK AND NEED FACTORS
1. <i>Economic Motives</i> : motives of terrorism associated with economic needs.
2. <i>Justice Motives</i> : motives of terrorism associated with the need to search for fairness.
3. <i>Situational Motives</i> : motives of terrorism associated with the need for safety and security.
4. <i>Social Motives</i> : motives of terrorism associated with the needs for social support and social identity.
5. <i>Power Motives</i> : motives of terrorism associated with a need for political power.
6. <i>Actualization Motives</i> : motives of terrorism associated with the need to give impact to others.
7. <i>Doctrines</i> : thoughts, concepts, and ideas which are favorable to violence and other destructive behaviors.
8. <i>Violent Ideology-Driven Attitudes</i> : attitudes toward outside social groups driven by concepts, dogmas, and ideas which are favorable to violence.
9. <i>Targets of Missions</i> : goals, objectives, purposes, and targets of life driven by thoughts, concepts, dogmas, doctrines, and ideas which are favorable to violence and destructive behavior.
10. <i>Layers in Ideological Groups</i> : roles, status, involvement, grades, layers, levels, positions, tasks, and ranks in ideological groups.
11. <i>Terrorism Militancy</i> : loyalty, persistence, and commitment to a more dominant figure, or to a set of doctrines which are favorable to violence.
12. <i>Understandings on Philosophy and Contexts</i> : lacking knowledge and understanding of religious philosophy and its implementation in many contexts.
13. <i>Intelligence Skills</i> : skills to collect, manage, store, protect, and use information including complex data, to manage terrorism activity.
14. <i>Language Skills</i> : skills of listening, reading, speaking, and writing in multiple languages, used to conduct terrorism activity.
15. <i>Information and Communication Technology Skills</i> : skills in using and creating Information and Communication Technology, such as Artificial Intelligence and Dark Web, used to manage terrorism activity.
16. <i>Military Skills</i> : skills in physical fighting and battlefield skills used to conduct terrorism activity.
17. <i>Social Domination Skills</i> : skills in influencing others, such as recruiting, mobilizing, manipulating, and controlling people, used to manage or conduct terrorism activity.
18. <i>Mechanical and Electrical (M and E) Skills</i> : skills in using and creating technical, mechanical, and electrical device(s) for managing terrorism activity.

Source: Sukabdi (2018)

Participant selection. A total of 11 of 13 reputed terrorist rehabilitators (counselors, interventionists) who were identified by the National Anti-Terrorism Agency (BNPT) and the National Police as successful icons/figures in rehabilitation were engaged in this study. Another two of the total 13 suggested candidates were not well during this study or resided far from Jakarta, therefore they were not able to participate in the study. The 11 participants were between 35 and 68 years old (mean: 46). Their practices/experiences were up to 20 years in various deradicalization/disen-

gagement programs. Their experience in a variety of terrorism rehabilitation programs takes place throughout several Indonesian presidential administrations.

The participants were recommended by the National Anti-Terrorism Agency for this study due to their success story or percentage which, according to the agency, is more than 80% in comparison to other junior practitioners in counterterrorism. Moreover, the participants were well-known for their outstanding achievement in working with offenders and they obtained positive reviews from former offenders. Besides the recommendations, the participants were carefully selected based on their nationally recognized and documented products (e.g., deradicalization programs, recorded observed changes in offenders' behaviors, offenders' testimonials in rehabilitation programs, the officers' testimonials). The achievement of the participants was viewed by several government units in counterterrorism as extraordinary, beginning even before the National Anti-Terrorism Agency was founded in 2010. In this case, the agency admitted that they have learned from these participants' experiences. Thus, this study used purposive sampling.

Data collection and setting. After reviewing the participants, approaching them, and corresponding with the selected participants, the researcher conducted structured interviews. The participants who agreed to be involved in the study were provided with an informed consent form prior to the interviews. The interviews were held from October to November 2016. The interviews were conducted in a private manner, during the participants' working hours. Their offices were located in Jakarta, the capital city of Indonesia. One of the icons that participated was ASM. As a former official at the Ministry of Religious Affairs, ASM was a well-recognized icon in terrorism rehabilitation. He was the chairman of the National Interfaith Communication Forum (FKUB). The other icon was NHI. Graduated from Ngruki, an education institution which was strongly linked with terrorist networks, NHI gained trust and was able to connect with terrorist offenders and their affiliation. His trainings were focused on life skills and social entrepreneurship, which endorsed co-existence with non-Muslims and non-jihadi circles. NHI and former terrorist offenders engaged in charity activities for victims of terrorism. He produced several globally-known counterterrorism movies in 2016, 2020, and 2021 as educational material for millennials. His movies explain the damaging consequences of going to conflict zones such as Syria and Iraq by highlighting sad stories of returnees who have come back from conflict areas. The in-depth interview guideline was pilot tested with one of the researcher's colleagues. The first question in the interview was to identify if all risks in each domain (*Motivation, Ideology, and Capability*) are possible to be reduced (modifiable). Each participant was interviewed once (no repeat interviews were carried out). Each interview lasted for almost ninety minutes. The interviews were performed in Indonesian, in Bahasa Indonesia. The researcher took notes during interviews since the participants requested the researcher to not digitally record their answers. Data saturation was not discussed. This is because the participants believe that terrorism rehabilitation is a work of art which is open to the extensive creativity of rehabilitators (counselors, therapists, and staff). Before ending each interview, the researcher read the written notes to the participant for verification.

Study procedure

Data analysis. Using the first question of the interview as an introduction, the eleven participants were asked to identify modifiable and unmodifiable domains in terrorist offenders, based on their existing programs and experience. Their response was tabulated to understand if the risk factors of *Motivation*, *Ideology*, and *Capability* were all modifiable (if interventions are possible). Furthermore, participants' backgrounds/perspectives and length of practice were put in the table to provide information regarding their experiences (for example, the possibility of viewing a particular domain as unmodifiable because of their lack of experience in the domain).

In the second question of the interview, participants suggested treatment procedures for the terrorist offenders' modifiable and unmodifiable domains. Participants' ideas were tabulated and coded to identify the key similar concepts/general pattern of procedures for terrorist offenders (Table 2 and Table 3). Thus, the themes were derived from the data. Thematic analysis (using a *constructionist approach*) was performed in this process. Three coders coded the data: a psychologist, a psychometrician, and a counterterrorism practitioner. The author provided these coders with a coding tree. Excel was used to manage the data. Furthermore, another two psychologists (forensic and clinical), eight deradicalization practitioners, and a psychometrician then discussed the participants' responses and validated the themes (to verify if any of the themes overlapped one another or were redundant).

Table 2. Example of thematic analysis for treating modifiable domains

Participants	Treatment procedures for modifiable domains (prior to inter-rater judgment)	Newly-formulated treatment procedures for modifiable domains (validated by inter-rater judgment)
1	I. Having a "certain charm" or "image" to get offenders' attention (code: 1) II. Delivering "hope" to offenders (code: 19) III. Gaining offenders' "trust" and winning their "heart" for intervening in their domain of <i>Motivation</i> (code: 10) IV. Redirecting offenders' "hand"/skills/ <i>Capability</i> for positive greater impact (code: 11, 12, 15) V. Challenging offenders' "head"/ <i>Ideology</i> (code: 11, 12)	Gaining attention (code: 1). Percentage of agreement during inter-rater judgment: 100% Delivering hope (code: 19). Percentage of agreement during inter-rater judgment: 100%
4	I. Conducting prisoners' proper placement (code: 8) II. Setting up clear objectives/goals (code: 4) III. Making work plans (code: 5) IV. Setting up parameters of measurement (code: 6) V. Performing technical preparation (code: 7) VI. Building rapport (code: 2) VII. Gaining trust (code: 10) VIII. Conducting two-way dialogue that focuses on "now" and tomorrow" (code: 11, 12) IX. Developing offenders' families' wellbeing (code: 9) X. Giving "new identity" (code: 13) XI. Providing empowerment (code: 15) XII. Conducting advocacy (code: 16) XIII. Performing evaluation and feedback (code: 17)	Building rapport (code: 2). Percentage of agreement during inter-rater judgment: 100% Assessments (code: 3). Percentage of agreement during inter-rater judgment: 100% Setting ethical objectives (code: 4). Percentage of agreement during inter-rater judgment: 100% Planning methods (code: 5). Percentage of agreement during inter-rater judgment: 100% Setting parameters of measurements (code: 6). Percentage of agreement during inter-rater judgment: 100%

Table 3. Example of thematic analysis for treating unmodifiable domains

Participants	Treatment procedures for unmodifiable domains (before inter-rater judgment)	Newly-formulated treatment procedures for unmodifiable domains (after validation by inter-rater judgment)
1	I. Channeling offenders' skills when they are ready, as skills cannot be reduced (code 11) II. Providing empowerment and exposures to different people if offenders show positive behaviors. On the other hand, giving social sanctions (isolation) if offenders perform violence (code: 13)	Delivering hope (code: 1). Percentage of agreement during inter-rater judgment: 100% Building rapport (code: 2). Percentage of agreement during inter-rater judgment: 100%
6	I. Appreciating offenders (code: 1) II. Changing their orientation to be more constructive (code: 10) III. Transforming offenders (code: 10, 11)	Skills assessments (code: 3). Percentage of agreement during inter-rater judgment: 100% Setting ethical objectives (code: 4). Percentage of agreement during inter-rater judgment: 100% Planning methods (code: 5). Percentage of agreement during inter-rater judgment: 100%

Reporting. Participants' quotes are presented to illustrate the themes and the findings. Each quote was identified by participant number. The data presented was consistent with the findings of major themes that are clearly presented in the findings. Minor themes, such as *gaining attention of offenders before rehabilitating them*, *setting ethical objectives*, *planning methods*, *setting parameters of measurements*, and *managing technical preparation* were discussed to determine if the themes were to be disregarded or combined with other themes. The team of raters then agreed to keep them to achieve comprehensiveness of findings.

RESULTS

Modifiable and unmodifiable domains in terrorist offenders

Eleven participants identified what they believed were modifiable and unmodifiable domains. The answers indicated that the domain of terrorism *Motivation* is likely modifiable, whereas *Ideology* is more challenging or takes longer to modify. Participants' responses also indicated that *Capability* is unlikely to be modified as the skills (once they are mastered by the offenders) are almost impossible to be purposefully lessened, unless there are natural causes changing the situation such as ageing, loss of memory or diminution of skills due to a lack of practice/rehearsal (Table 4).

The context of change and stability of belief systems in the above section underlines the possibility of belief and behavior modifications of terrorist offenders during rehabilitation. Theories about belief systems are to provide an understanding as to how human behaviors are determined by their beliefs and ideology.

Table 4. Modifiable and unmodifiable domains in terrorist offenders

Participant	Participants' perspectives	Participants' length of practice	Modifiable domains*		Unmodifiable domains**
			In short-term rehabilitation	In long-term rehabilitation	
1	Social	15	<i>Motivation</i>	<i>Ideology</i>	<i>Capability</i>
2	Education	13	<i>Motivation</i>	<i>Ideology</i>	<i>Capability</i>
3	Social Religious	5	<i>Motivation</i>	<i>Ideology</i>	<i>Capability</i>
4	Legal	5	<i>Motivation</i>	<i>Ideology</i>	<i>Capability</i>
5	Religious	4	<i>Motivation</i>	<i>Ideology</i>	<i>Capability</i>
6	Religious	12	<i>Ideology</i>	<i>Motivation</i>	<i>Capability</i>
7	Sociology	14	<i>Motivation</i>	<i>Ideology</i>	<i>Capability</i>
8	Psychology	4	<i>Motivation and Ideology</i>		<i>Capability</i>
9	Anthropology	31	<i>Motivation and Ideology</i>		<i>Capability</i>
10	Military	26	<i>Motivation and Ideology</i>		<i>Capability</i>
11	Social	6	<i>Motivation</i>		<i>Capability and Ideology</i>

* Risk factors in these domains are likely to be lessened, from 'very high' to 'low' risk

** Risk factors in these domains are unlikely to be lessened from 'very-high to 'low' risk

Treatment procedure for modifiable domains

Findings from this study suggest that the following treatment procedure should be considered by terrorism rehabilitators when addressing offenders' modifiable domains, *Motivation* and *Ideology* (Figure 2):

Phase I: Gaining attention. Terrorism rehabilitators (e.g., counselors, therapists, clinicians) are advised to obtain the offender's attention in the first phase. In this phase, rehabilitators are counseled to represent positivity, optimism, resourcefulness, credibility, integrity, competence, and accountability. The rehabilitator's good reputation, originality, positive image, identity positioning, wide social networks, and charisma help them gain the offender's attention.

"At a very beginning, a terrorism rehabilitator needs to have 'charm'. The 'charm' will define his 'certain image' and help him grab people's attention. There is no formula for being 'charming', but I think these things may help: the rehabilitator's enthusiasm, positive energy, resourcefulness or smartness, wide-ranged knowledge, good reputation,

unique identity positioning, credibility, accountability, support system, wide social networks and charisma.” (Participant 1)

Phase II: Delivering hope. It is recommended that terrorism rehabilitators try to motivate offenders and deliver hope early in the rehabilitation process. In this phase, rehabilitators should seek to treat offenders with enthusiasm to generate positive behavioral changes.

“Then we give them ‘hope’ even before we meet them; inject them with enthusiasm to change. This is done by our reputation in media. Naturally living things including humans and animals are attracted to hope, as illustrated by ants that are attracted to sugar.” (Participant 1)

Phase III: Building rapport. Terrorism rehabilitators need to build rapport with offenders in the third phase. This may be accomplished using various strategies such as ‘ice breakers’ (i.e., short visits), stimulation of ideas, dialogue, and gathering.

Phase IV: Conducting assessments. Individualized rehabilitation requires assessment of each offender’s risks and needs, and these assessments occur during the fourth phase. Specifically, this phase aims to understand offenders’ needs, interests, potential, background (e.g., educational, employment, family), personality, attitudes, views, orientations, criminogenic risks, socio-economic class, values, learning preferences, and knowledge/understanding about their beliefs. A profile of offender’s terrorism *Motivation, Ideology, and Capability* is generated through these assessments.

Phase V: Setting ethical objectives. Terrorism rehabilitators establish intervention objectives at the fifth phase. The objectives are aligned to moral values and ethical considerations.

Phase VI: Planning methods. Terrorism rehabilitators need to plan the intervention methods that will be used to rehabilitate terrorist offenders (i.e., soft skill trainings, counseling, lectures, case studies, religious/spiritual mentoring, book tutorials, and so forth). This is done in the sixth phase. The methods are adjusted based upon the offenders’ learning style and preferences.

Phase VII: Setting parameters of measurements and instruments. Terrorism rehabilitators need to formulate the way in which progress is monitored. The instruments used to measure the success of interventions are planned in this phase. Measurement instruments that focus on behavior are recommended, especially the ones which cover domains of *Motivation, Ideology, and Capability*, because they incorporate different levels of risk in each domain, presenting as one method for monitoring change, although a multi-method approach is advisable.

“Before intervention, rehabilitators should formulate parameters of measurements to track the success of their programs. The instruments should be able to measure any progress in offenders’ observable behavior.” (Participant 4)

Phase VIII: Holding technical preparation. Terrorism rehabilitators need to manage technical preparation for an intervention at the eighth phase. This includes the preparation of materials that will be used to facilitate discussion including materials, setting a time, place, and persons to be involved. Same-sex trainers/instructors, religious settings of environment, convenient locations of interventions, involvement of senior mentors/source persons (i.e., clerics, chaplains), and support from technical staff with good personal integrity are recommended.

“Rehabilitators need to prepare discussion materials and guidelines. They or their staff needs to prepare apparatus, time, place, and resource persons to be involved. The technical preparation needs to follow work plans set in the earlier stage and adjust with the offenders’ learning style. Same-sex instructors, religious settings of environment, humble and inconvenient locations of interventions, involvement of clerics, and support from non-smoking technical staff or field facilitators are very important. Why non-smoking staff? Because the offenders believe that smokers represent evil as devils were made by God from fire.” (Participant 4)

Phase IX: Managing learning placement. Terrorism rehabilitators need to manage the social environment where the intervention occurs. This means taking into account the other offenders in the person’s environment (for incarcerated offenders).

Phase X: Restoring wellbeing. In the tenth phase, terrorism rehabilitators assist offenders in restoring their psychological wellbeing. The phase includes facilitating offenders in defining life purposes and developing life skills (e.g., decision making, problem solving, acceptance of difference, grit, self-awareness, assertiveness, empathy, adaptability, and coping strategy). A holistic approach including soft and cultural approaches is suggested. Rehabilitators may involve offenders’ family, friends, and community in the therapeutic process.

“The important thing we do is restoring offenders’ wellbeing. Their basic needs such as food, water, security, and socio-emotional support need to be fulfilled. Then we facilitate them in defining life purposes and developing social, emotional, and spiritual skills. We also develop their soft skills such as kindness, problem solving, critical thinking, empathy, acceptance to differences, grit, self-awareness, assertiveness, adaptability, accepting norms, and coping with stress. We involve their families, friends, and community in counseling and therapies.” (Participant 11)

Phase XI: Winning ‘heart’. At the eleventh phase, terrorism rehabilitators seek to build a positive therapeutic relationship and gain offenders’ trust. At this phase, rehabilitators perceive offenders’ high level of readiness and willingness to generate positive changes.

“Winning offenders’ hearts is essential. I would say that winning their heart is gaining their trust in us.” (Participant 1)

Phase XII: Challenging 'head'. At the twelfth phase, intervention occurs aimed at changing the offender's attitudes and beliefs. Various methods were suggested with most related to discussing beliefs and hearing other people's reactions to these beliefs and alternate points of view, for example: attendance at lectures with guest speakers, book tutorials, presentations, demonstrations, skills channeling, role-playing, experiments, watching documentary movies, interactions with different people (i.e. bombing victims, the local community), challenging ideas (with questions and answers), and discussions on essential topics such as identity, people, history, cultures and traditions, religious concepts, sacred texts, values and wisdom, peace and conflicts, ethics, and norms. When offenders are defensive and unwilling to consider alternate viewpoints then it is recommended that rehabilitators demonstrate understanding of the resistance and to modify their intervention methods.

"The 'central route' method is giving individual learning opportunities through cognitive stimulations. We can use various methods such as lectures inviting guest speakers from the Middle East, book tutorials, trainings, skills redirecting, role-playing, watching documentary movies together, meeting with different people such as bombing victims, question-and-answer sessions, and discussions about many topics such as religious concepts and verses of sacred texts. For me, the process is really challenging, yet interesting." (Participant 6)

Phase XIII: Facilitating social learning. Throughout this phase, terrorism rehabilitators provide offenders with social learning opportunities in a broader context. This social learning may include interfaith dialogues, exposure to outer circles ('the outside group' or non-*jihadi* groups), and participation in programs which involve people from various backgrounds.

Phase XIV: Giving new identity. During this phase, terrorism rehabilitators help shape offenders' identities and new motivating and satisfactory roles in society.

"After offenders learn so much, show positive behavioral changes, and disengage from violence, we rehabilitators must give them new identity as change agents. That motivates them and helps them institutionalize their transformation." (Participant 2)

Phase XV: Providing new support groups. In the fifteenth phase, terrorism rehabilitators help to manage rehabilitated offenders' placement to meet new support groups. The new groups may consist of former rehabilitated offenders who have succeeded and produced wide-ranging achievements in society.

Phase XVI: Facilitating empowerment. Within the sixteenth phase, terrorism rehabilitators facilitate and provide empowerment programs for rehabilitated offenders and manage offenders' positive reintegration to society.

"Rehabilitators should be able to provide the offenders with community service opportunities. It helps them reintegrate to society." (Participant 9)

Phase XVII: Providing advocacy. In the seventeenth phase, terrorism rehabilitators maintain regular contact to provide support (weekly to monthly) and advocacy for rehabilitated offenders inside and outside the prison.

Phase XVIII: Evaluating and getting feedback. In the eighteenth phase, terrorism rehabilitators should evaluate their impact, and determine whether there are positive and negative side effects of their work. At this phase, feedback from external reviewers such as experts, practitioners, and professionals in various fields is recommended.

Phase XIX: Upgrading methods. During the final phase, terrorism rehabilitators revise their intervention methods based on evaluation and feedback gained during the evaluation and feedback phase.

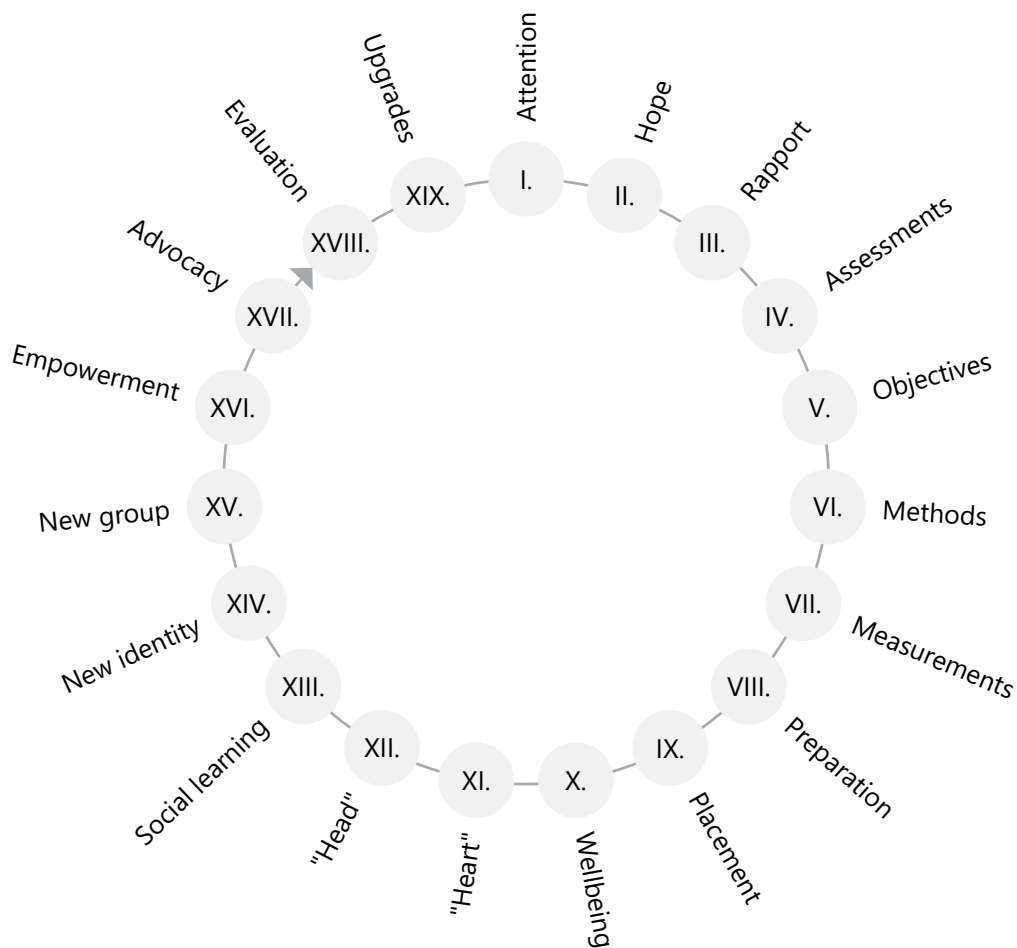


Figure 2. Treatment procedure for terrorism Motivation and Ideology

Treatment procedure for the unmodifiable domain

The results of this study describe the following treatment procedure when addressing the unmodifiable domain of offenders: *Capability*. In this process, the treatment procedure is to manage, minimize, and prevent the intensification (improvement) and extension (spread) of terrorist skills: *Intelligence, Language, ICT, Military, M and E, and Social Domination Skills*. Similar to the procedure in treating *Motivation* and *Ideology* (modifiable domains), the procedure for *Capability* involves building rapport, conducting an offender's assessment, setting measurement, and preparation. However, in this process, rehabilitators should direct the skills of offenders (channeling, i.e., facilitating and encouraging the use of skills in non-terrorist and prosocial ways), giving rewards and sanctions based on the offender's behavior outcomes (Figure 3).

Phase I: Delivering hope. In the first phase, terrorism rehabilitators should be able to represent themselves as credible experts and deliver hope to offenders that they have capacity to help them change and improve their wellbeing. At this phase, rehabilitators provide offenders with appreciation and respect, and acknowledge the offenders' skills.

Phase II: Building rapport. In the second phase, the rehabilitators build a rapport with offenders through intensive visits and communication.

Phase III: Conducting assessments. In the third phase, rehabilitators manage assessments of offenders on *Intelligence, Language, Information and Communication Technology, Military, Mechanical and Electronic (M and E), and Social-Domination skills*.

Phase IV: Setting ethical objectives. At the fourth phase, rehabilitators set objectives of interventions. The objectives are aligned to social norms and moral considerations.

"Before redirecting their skills, we set objectives which are based on non-exploitative principles. In other words, the objectives must be aligned to our social norms and ethical considerations." (Participant 4)

Phase V: Planning techniques. In the fifth phase, rehabilitators design methods for managing offenders' capabilities.

Phase VI: Setting parameters of measurements and instruments. During the sixth phase, rehabilitators identify and develop methods to measure their impact. Focusing on behaviors rather than the offender's spoken word was recommended since offenders may say one thing because it is seen to be socially appropriate, but then may believe something else.

Phase VII: Holding technical preparation. Within the seventh phase, rehabilitators plan interventions and ensure all necessary equipment is available. Preparation includes people, units, and organizations to be involved, modules and manuals, equipment, transportation, presentation materials, time, and location.

Phase VIII: Managing clustering. In the eighth phase, rehabilitators manage offenders' social environment. The clustering is based on skills profiling and results of assessments at the third phase.

"Offenders should be grouped based on levels of skills. This is because we don't want them learning new skills from other offenders" (Participant 4)

Phase IX: Winning 'heart'/affection. During the ninth phase, rehabilitators seek to build a positive and meaningful relationship with offenders. In this phase, rehabilitators gain offenders' trust and commitment (i.e., contracts, agreements) to generate positive impacts. The notion of channeling offenders' skills into more productive and prosocial activity is raised in this phase.

Phase X: Challenging 'head'/beliefs/cognition. Throughout the tenth phase, rehabilitators provide offenders with active learning opportunities through participation in discussions with others who can challenge their thinking (e.g., presentations, role-playing, experiments, problem-solving missions, case studies). At this phase, rehabilitators also discuss with offenders the positive use of offenders' skills.

Phase XI: Channeling 'hand'/skills. In the eleventh phase, rehabilitators manage offenders' skills, and share these skills (transferring the skills) to appropriate the audience (i.e., government officers, investigators, and security units/task forces). It is important that these intervention plans are legal and ethical (not violating the offender's human rights).

"Channeling should meet five objectives in: time, place, use, target, and period. The principle helps rehabilitators keep their intervention in control and in balance between deficiency and excessiveness. Thus, careful ethical reviews by an ethical committee are necessary." (Participant 5)

Phase XII: Managing rewards and sanctions. During the twelfth phase, rehabilitators manage rewards (i.e., facilities, access extension) and sanctions (i.e., access limitation) for offenders, based on their performance during the previous phase. Offenders' performance may be considered by examining whether interventions have had a positive impact on risk factors, by examining their behavior, through review of the evaluation review plans generated earlier in the rehabilitation process (i.e., sixth phase). Rehabilitators may also facilitate that rehabilitated offenders join new support groups. These new support groups may consist of former rehabilitated offenders or skillful individuals who are highly regarded in the community for their service.

"Offenders with admirable transformation deserve some rewards, such as new supporting groups, remission, access extension, and facilities, and the ones with regression do not. Rehabilitators can set restricted limits or even sanction offenders who misuse channeling programs or facilities." (Participant 1)

Phase XIII: Giving new identity. During the thirteenth phase, rehabilitators work with offenders to assist them to shape new prosocial identities and roles in the community. These new roles and identities are designed to help rehabilitated offenders embrace new positive behaviors in the community.

"New identities and positive roles helped offenders in their transformation. They motivated them to generate more positive behaviors. The new identity and role helped them boost their self-concept and self-efficacy and gave them new self-image." (Participant 4)

Phase XIV: Facilitating empowerment. In this phase, rehabilitators create and manage social empowerment programs for rehabilitated offenders and support the offender's participation and reintegration.

"Redirect offenders' skills and help them make positive contributions to society. Empower them and prepare their reintegration to society outside prison." (Participant 11)

Phase XV: Providing advocacy. Within the fifteenth phase, terrorism rehabilitators provide and maintain regular support (weekly to monthly) and advocacy for rehabilitated offenders inside and outside of prison.

Phase XVI: Evaluating and getting feedback. Throughout the sixteenth phase, rehabilitators evaluate their intervention, accepting criticism and positive feedback from external reviewers (experts, professionals, and practitioners) to help refine interventions.

"Redirecting skills of terrorist offenders needs careful and detailed review. At the end, rehabilitators must accept criticism and feedback from other experts in various fields such as legal and security, and practitioners in intelligence, ICT, language, M and E, military, social, and psychology." (Participant 4)

Phase XVII: Upgrading methods. In this final phase, rehabilitators use critical reviews to improve rehabilitation methods.

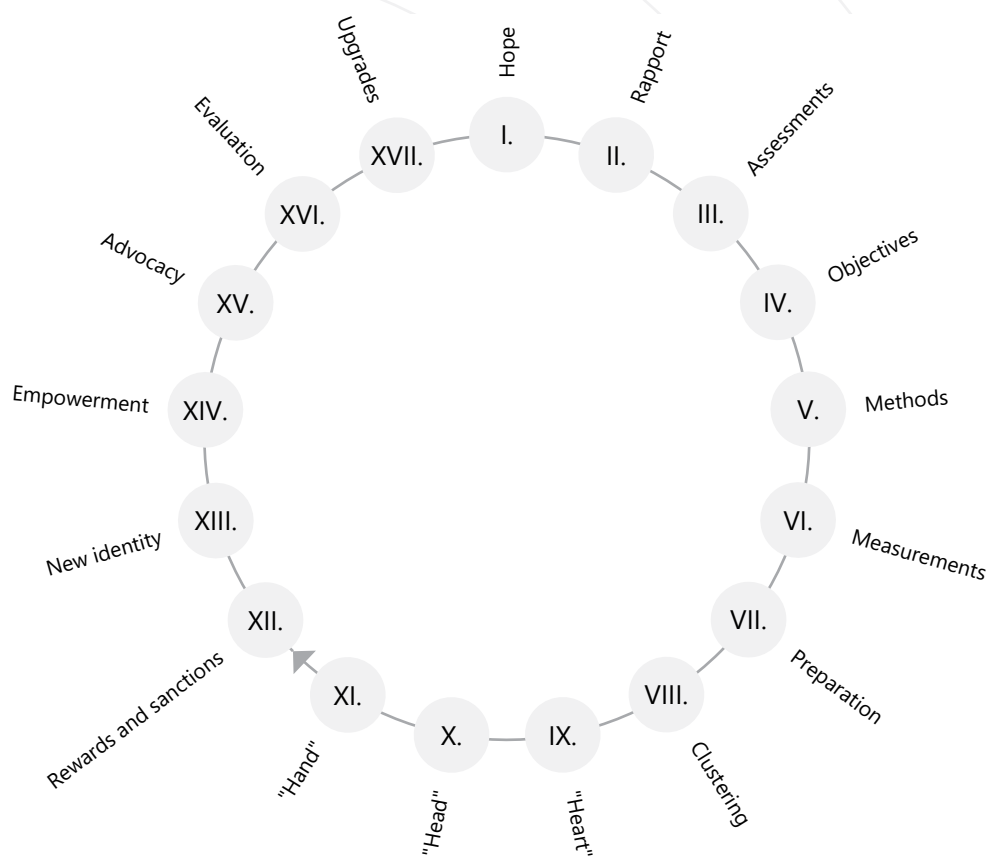


Figure 3. Treatment procedure for terrorism Capability

DISCUSSION

This study aimed to identify treatment procedures for terrorist offenders as a response to their risk and need factors in Sukabdi's (2018) study based on the first-hand experience of terrorism rehabilitators in Indonesia. The findings have found that there are modifiable and unmodifiable domains in terrorist offenders. Accordingly, the treatment procedures for these distinct domains in offenders are different.

The study supports Belief System Theory that beliefs, even the radical ones, are organized in *belief interconnectedness/centrality* (Ball-Rokeach, Mayton, & Grube, 1994; Rokeach, 1968a). This has an implication that altering a particular belief will lead to changes in less central beliefs which are associated. Therefore, modifying ideology (a fairly central belief) will have greater impact on the belief system as a whole, and eventually on an offenders' behavior. Furthermore, the theory describes *attitudes* which are the least central to the primary belief subsystems (Ball-Rokeach, Mayton, & Grube, 1994; Rokeach, 1980). Therefore, offenders' attitudes are relatively peripheral in the belief systems that are possibly modified. Moreover, even though humans' (offenders') values are relatively stable, they can experience change as they are developed and organized into hierarchies and constantly in conflict (Ball-Rokeach, Mayton, & Grube, 1994). Attaining offenders' values on peace and socially-acceptable ways for implementing religion will mean blocking other values (on

violence). Underlining this theory, terrorism rehabilitation programs/treatment management should assist offenders in comparing and selecting among values for generating more socially-accepted attitudes or behaviors and rearranging/reordering their values.

The findings support previous studies on deradicalization for offenders with various views regarding ideologies or religions (Almond, Appleby, & Sivan, 2003; Gunaratna & Rubin, 2011; Hoffman, 2006; Jacobson, 2010; Juergensmeyer, 2003; Kruglanski et al., 2011; Piazza, 2009; Porta, 2008; Rabasa et al., 2010), levels of commitment or ties to the ideological group (Rabasa et al., 2010), and roles/layers in the ideological groups (Ashour, 2007; Kaplan et al., 2005; Kruglanski et al., 2011). Particularly in addressing Ideology, the study validates the study by Rabasa et al. (2010) which specifies that deradicalization programs should work to intervene towards the militant's affective, pragmatic, and ideological commitment to the group, involving theological dialogues which challenge the minds of offenders and provide an alternate interpretation of religious scripts to modify their belief systems. Still, the study has limitations related to its generalizability. The study may not be able to be generalize in other culturally different contexts/countries.

CONCLUSION

This study demonstrates that there are modifiable and unmodifiable domains of terrorist offenders. Participants' answers show that the domain of *Motivation* is likely modifiable, while *Ideology* is more challenging, and *Capability* is unlikely to be modified. The findings suggest the following steps to address offenders' modifiable domains: 1) *gaining attention*, 2) *delivering hope*, 3) *building rapport*, 4) *conducting assessments*, 5) *setting ethical objectives*, 6) *planning methods*, 7) *setting parameters of measurements and instruments*, 8) *holding technical preparation*, 9) *managing learning placement*, 10) *restoring wellbeing*, 11) *winning 'heart'*, 12) *challenging 'head'*, 13) *facilitating social learning*, 14) *giving new identity*, 15) *providing new support groups*, 16) *facilitating empowerment*, 17) *providing advocacy*, 18) *evaluating and getting feedback*, and 19) *upgrading methods*.

The results show the following steps to address offenders' unmodifiable domains: 1) *delivering hope*, 2) *building rapport*, 3) *conducting assessments*, 4) *setting ethical objectives*, 5) *planning techniques*, 6) *setting parameters of measurements and instruments*, 7) *holding technical preparation*, 8) *managing clustering*, 9) *winning 'heart'/affection*, 10) *challenging 'head'/beliefs/cognition*, 11) *channeling 'hand'/skills*, 12) *managing rewards and sanctions*, 13) *giving new identity*, 14) *facilitating empowerment*, 15) *providing advocacy*, 16) *evaluating and getting feedback*, and 17) *upgrading methods*. The results of this study provide insights on treatment for offenders with different specifications related to motives, doctrines, attitudes, layers/roles in ideological groups, militancy, and capabilities. Further studies can focus on treatment management and procedures for terrorist offenders in different contexts and cultures. It may also be helpful to find out if there are differences in treatment procedures for foreign terrorist fighters (FTF), deportees, and returnees coming home from some conflict areas. Additionally, further studies can also pinpoint treatment for children of specific ages who are involved in terror acts and terrorism organizations.

REFERENCES

- Almond, G. A., Appleby, R. S., & Sivan, E. (2003). *Strong religion: The rise of fundamentalisms around the world*. University of Chicago Press.
- Ashour, O. (2007). Lions Tamed? An Inquiry into the Causes of De-Radicalization of Armed Islamist Movements: The Case of the Egyptian Islamic Group. *The Middle East Journal*, 61(4), 596–625. <https://doi.org/10.3751/61.4.12>
- Badey, T. J. (1998). Defining international terrorism: A pragmatic approach. *Terrorism and Political Violence*, 10(1), 90–107. <https://doi.org/10.1080/09546559808427445>
- Ball-Rokeach, S. J., Mayton, D. M., & Grube, J. W. (1994). Inducing change in values, attitudes, and behaviors: Belief system theory and the method of value self-confrontation. *Journal of Social Issues*, 50(4), 153–173. <https://doi.org/10.1111/j.1540-4560.1994.tb01202.x>
- Ball-Rokeach, S., Rokeach, S., Rokeach, M., & Grube, J. W. (1984). *The great American values test: Influencing behavior and belief through television*. Free Press.
- Bhui, K. S., Hicks, M. H., Lashley, M., & Jones, E. (2012). A Public Health Approach to Understanding and Preventing Violent Radicalization. *BMC Medicine*, 10(1). <https://doi.org/10.1186/1741-7015-10-16>
- Borum, R. (2011). Radicalization into Violent Extremism II: A Review of Conceptual Models and Empirical Research. *Journal of Strategic Security*, 4(4), 37–62. <https://doi.org/10.5038/1944-0472.4.4.2>
- Clubb, G. (2009). Re-evaluating the disengagement process: the case of Fatah. *Perspectives on Terrorism*, 3(3), 25–34.
- Crenshaw, M. (2010). *The Consequences of Counterterrorism*. Russell Sage Foundation.
- Feather, N. T. (1975). *Values in education and society*. Free Press.
- Gerges, F. A. (2009). *The Far Enemy: Why Jihad Went Global*. Cambridge University Press.
- Gunaratna, R., Jerard, J., & Rubin, L. (2011). *Terrorist rehabilitation and counter-radicalisation: New approaches to counter-terrorism*. Routledge.
- Gurr, T. R. (1970). *Why Men Rebel*. Princeton University Press.
- Hoffman, B. (1998). *Inside Terrorism*. Columbia University Press.
- Horgan, J. (2008). From Profiles to Pathways and Roots to Routes: Perspectives from Psychology on Radicalization into Terrorism. *The ANNALS of the American Academy of Political and Social Science*, 618(1), 80–94. <https://doi.org/10.1177/0002716208317539>
- Hwang, C., & Villarosa, S. (2011, October 6). *Counter-terrorism strategy in Indonesia: Adapting to a changed threat*. USINDO. Retrieved from: <https://usindo.org/briefs/counter-terrorism-strategy-in-indonesia-adapting-to-a-changed-threat-2/>
- Idris, I. (2018). *Deradikalisasi: Kebijakan, Strategi dan Program Penanggulangan* [Deradicalization: Policy, Strategy, and Intervention]. Penerbit Cahaya Insani.
- Indonesian Forensic Psychological Association (2020, April 1). *Psifor-Talks with Zora A. Sukabdi*. Indonesian Psychological Association.
- Jacobson, M. (2010). *Terrorist dropouts: Learning from those who have left*. Washington Institute for Near East Policy.

- Juergensmeyer, M. (2003). *Terror in the mind of God: The global rise of religious violence*. University of California Press.
- Kaplan, E. H., Mintz, A., Mishal, S., & Samban, C. (2005). What Happened to Suicide Bombings in Israel? Insights from a Terror Stock Model. *Studies in Conflict & Terrorism*, 28(3), 225–235. <https://doi.org/10.1080/10576100590928115>
- Kruglanski, A., Gunaratna, R., & Gelfand, M. (2011). Aspects of deradicalisation. In L. Rubin, R. Gunaratna & J. A. R. Jerard (eds.), *Terrorist Rehabilitation and Counter-radicalisation: New Approaches to Counter-terrorism*. Routledge.
- Kruglanski, A. W., & Fishman, S. (2009). The psychology of terrorism: “Syndrome” versus “Tool” perspectives. *Terrorism and Political Violence*, 18(2), 193–215. <https://doi.org/10.1080/09546550600570119>
- LaFree, G., & Dugan, L. (2004). How does studying terrorism compare to studying crime? In M. DeFlem (ed.), *Terrorism and counter-terrorism: Criminological Perspectives* (pp. 53–74). Elsevier.
- Laqueur, W. (1999). *The New Terrorism: Fanaticism and the Arms of Mass Destruction*. Oxford University Press.
- Love, K. (2009). *From deprivation to detonation: Identity, political deprivation, and homegrown terrorism in the United Kingdom* [Unpublished master’s thesis]. Georgetown University.
- Mayton, D. M., Ball-Rokeach, S. J., & Loges, W. E. (1994). Human values and social issues: An introduction. *Journal of Social Issues*, 50(4), 1–8. <https://doi.org/10.1111/j.1540-4560.1994.tb01194.x>
- McCauley, C., & Segal, M. (1987). Terrorist Individuals and Terrorist Groups: The Normal Psychology of Extreme Behaviour. In J. Groebel & J. H. Goldstein (eds.), *Terrorism: Psychological Perspective* (pp. 39–64). Publicaciones de la Universidad de Sevilla.
- Mufid, A. S., Sarwono, S. W., Syafii, M., Baedowi, A., Karnavian, T., Zarkasih, M., ..., Padmo, A. (2011). *Research on Motivation and Root Causes of Terrorism*. Indonesian Institute for Society Empowerment.
- Murphy, M. N. (2010). *Small boats, weak states, dirty money: Piracy and maritime terrorism in the modern world*. Columbia University Press.
- O’Duffy, B. (2008). Radical Atmosphere: Explaining Jihadist Radicalization in the UK. *PS: Political Science & Politics*, 41(01), 37–42. <https://doi.org/10.1017/s1049096508080050>
- Porto, D. D. (2008). Leaving underground organizations: A sociological analysis of the Italian case. In T. Bjorgo & J. Horgan (eds.), *Leaving terrorism behind: Individual and collective disengagement* (pp. 66–87). Routledge.
- Post, J., Sprinzak, E., & Denny, L. (2003). The Terrorists in Their Own Words: Interviews with 35 Incarcerated Middle Eastern Terrorists. *Terrorism and Political Violence*, 15(1), 171–184. <https://doi.org/10.1080/09546550312331293007>
- Post, J. M. (2007). *The psychology of terrorism from the IRA to al-Qaeda*. Palgrave Macmillan.
- Putra, I. E., & Sukabdi, Z. A. (2013). Basic Concepts and Reasons Behind the Emergence of Religious Terror Activities in Indonesia: An Inside View. *Asian Journal of Social Psychology*, 16(2), 83–91. <https://doi.org/10.1111/ajsp.12001>
- Putra, I., & Sukabdi, Z. (2014). Can Islamic fundamentalism relate to nonviolent support? The role of certain conditions in moderating the effect of Islamic fundamentalism on supporting acts of terrorism. *Peace and Conflict*, 20, 583–589.

- Rabasa, A., Pattyjohn, S. L., Ghez, J. J., & Boucek, C. (2010). *Deradicalizing Islamist Extremists*. Rand Corporation. Retrieved from: https://www.rand.org/content/dam/rand/pubs/monographs/2010/RAND_MG1053.pdf
- Reich, W. (1998). Understanding terrorist behavior: the limits and opportunities of psychological inquiry. In W. Reich (ed.), *Origins of Terrorism: Psychologies, Ideologies, Theologies, States of Mind* (pp. 261–279). Woodrow Wilson Center Press.
- Rokeach, M. (1968a). *Beliefs, attitudes, and values: A theory of organization and change*. Jossey-Bass.
- Rokeach, M. (1968b). A theory of organization and change within value-attitude systems. *Journal of Social Issues*, 24(1), 13–33.
- Rokeach, M. (1979). *Understanding human values*. Free Press.
- Rokeach, M. (1980). *Some unresolved issues in theories of beliefs, attitudes, and values*. Columbia University Press.
- Rokeach, M. (1981). *The three Christs of Ypsilanti*. Columbia University Press.
- Rokeach, M., & Ball-Rokeach, S. J. (1989). Stability and change in American value priorities, 1968–1981. *American Psychologist*, 44(5), 775–784. <https://doi.org/10.1037/0003-066x.44.5.775>
- Rokeach, M. (1973). *The Nature of Human Values*. The Free Press.
- Rose, J. D. (1982). *Outbreaks, the Sociology of Collective Behavior*. Free Press.
- Runciman, W. G. (1966). *Relative deprivation and social justice: a study of attitudes to social inequality in twentieth-century England*. University of California Press.
- Sarwono, S. W. (2012). *Terorisme di Indonesia* [Terrorism in Indonesia]. PT Pustaka Alvabet.
- Schmid, A. (1983). *Political terrorism: A Research Guide to the Concepts, Theories, Databases and Literature*. North Holland.
- Shepherd, J. (2007, July 3). *The Rise and Rise of Terrorism Studies*. The Guardian. Retrieved from: <https://www.theguardian.com/education/2007/jul/03/highereducation.research>
- Shodiq, M. (2018). *Paradigma Deradikalisasi dalam Perspektif Hukum* [Deradicalization in Legal Perspective]. Pustaka Harakatuna.
- Sinaga, O., Prayitno, R., & Montratama, I. (2018). *Terorisme Kanan Indonesia: Dinamika dan Penanggulangannya* [Indonesia Far-Right Terrorism: Its Dynamics and Solution]. Elex Media Komputindo.
- Slamet, A. W. (2020). *Fenomena Lone Wolf di Indonesia: Belajar dari Kasus Suliono dan Leopard* [Unpublished master's thesis]. Universitas Indonesia.
- Sukabdi, Z. A. (2017) Psychological rehabilitation for ideology-based terrorism offenders. *International Journal of Neurorehabilitation*, 4(1). <https://doi.org/10.4172/2376-0281.1000247>
- Sukabdi, Z. A. (2018). *Terrorism Criminogenic Risk Factors* [Conference session]. The 2nd International Conference on Social and Political Issues, Bali, Indonesia.
- Sukabdi, Z. A. (2020). *Measuring the Effectiveness of Deradicalisation: The Development of MIKRA Risk Assessment* [Conference session]. The International Conference on Pandemics Crisis Risks, Impacts, and Mitigation: Global Perspectives of Social, Humanities, and Resilience, Indonesia.

- Sukabdi, Z. A. (2021). Bridging the gap: Contributions of academics and national security practitioners to counterterrorism in Indonesia. *International Journal of Law, Crime and Justice*, 65, 100467. <https://doi.org/10.1016/j.ijlcj.2021.100467>
- Sumpter, C. (2017). Countering Violent Extremism in Indonesia: Priorities, Practice, and the Role of Civil Society. *Journal for Deradicalization*, 11, 112–147. <https://journals.sfu.ca/jd/index.php/jd/article/view/103>
- Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated Criteria for Reporting Qualitative Research. *International Journal for Quality in Health Care*, 19(6), 349–357. <https://doi.org/10.1037/t74064-000>
- Victoroff, J. (2005). The Mind of the Terrorist. *Journal of Conflict Resolution*, 49(1), 3–42. <https://doi.org/10.1177/0022002704272040>
- Victoroff, J. I., & Kruglanski, A. W. (2009). The mind of the terrorist: A review and critique of psychological approaches. In J. Victoroff & A. W. Kruglanski (eds.), *Psychology of Terrorism: Classic and Contemporary Insights* (pp. 55–86). Psychology Press.
- Walker, I., & Smith, H. J. (2001). *Relative Deprivation: Specification, Development, and Integration*. Cambridge University Press.
- Widya, B. (2020). *Strategi Disengagement oleh Yayasan Lingkar Perdamaian di Lamongan* [Unpublished master's thesis]. Universitas Indonesia.

VRSTE TRETMANA U INDONEZIJI ZA POČINITELJE KAZNENIH DJELA TERORIZMA IZ IDEOLOŠKIH RAZLOGA

Zora A. Sukabdi

Sveučilište u Indoneziji

SAŽETAK

Broj istraživanja o terorizmu dramatično je porastao nakon napada na Svjetski trgovački centar 11. rujna. S druge strane, potrebno je sustavno ispitati načine na koje valja oblikovati programe rehabilitacije za počinitelje kaznenih djela terorizma, bez obzira primjenjuje li se klinički ili neklinički pristup terorizmu. Cilj ovog istraživanja je utvrditi vrste tretmana za počinitelje kaznenih djela terorizma na temelju izravnog iskustva rada s rehabilitiranim počiniteljima primjenom kvalitativnog dizajna. Uključuje razgovore s rehabilitatorima počinitelja ovih kaznenih djela koji su bili uključeni u niz savjetodavnih programa i programa deradikalizacije u Indoneziji. Rezultati pokazuju da ispitanici spominju postojanje promjenjivih i nepromjenjivih domena počinitelja kaznenih djela terorizma. Vjeruju da je domena terorizma pod nazivom Motivacija promjenjiva, a domena Ideologija mnogo problematičnija ili njena promjena zahtijeva više vremena. Isto tako, smatraju da domenu Sposobnost nije moguće promijeniti. Rezultati upućuju i na devetnaest koraka za rad s promjenjivim domenama i sedamnaest koraka kojim bi se obuhvatile nepromjenjive domene počinitelja. Rezultati ovog istraživanja mogu dati uvide u tretman počinitelja s različitim obilježjima u smislu motivacije, doktrina, stavova, uloga u ideološkim grupama, militantnog ponašanja i sposobnosti.

Ključne riječi: terorizam, tretman, promjena ponašanja, rehabilitacija, deradikalizacija, reintegracija