Carceral Care Work: Strengthening Policing Through the Provision of Social Services

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Abstract

In this article, I examine the United States’ antiterrorism framework, Countering Violent Extremism (CVE), which mobilizes social service providers as terrorist watchdogs and delivers critical resources to enhance information sharing between communities and police officers. I focus on how CVE draws from previous community policing paradigms to activate care work that strengthens carceral power. I theorize these policing arrangements as “carceral care work” to highlight how the US security state uses the provision of social services to expand the criminalization of communities of color, while appearing to attenuate past practices of governmental overreaching, racial profiling, and coercive policing. The concept of carceral care work therefore does not denote a departure from past policing practices but a continuation of them; the concept, however, intends to highlight the liberal narratives and frameworks used to justify, normalize, and advance these illiberal practices. In the context of rising demands to #DefundThePolice, I view the term carceral care work as politically useful in militating against the mobilization of helping professionals and caring institutions to enhance carceral power.

Keywords

Countering violent extremism, terrorism, carceral care work, social movements, studying up
Introduction

At a 2016 peacebuilding conference, a retired FBI senior advisor explained that the United States relied on three tools to combat the perceived rise of homegrown terrorism: “handcuffs, body bags, and the closed case file.” Given these resource-intensive “kill or capture” methods that could miss “real threats” like Pulse shooter Omar Mateen, the United States needed to create additional antiterrorism tactics by mobilizing community members, social service providers, and religious leaders as proxy national security agents. A National Counterterrorism Center senior officer similarly explained that “families, peers, strangers, and trusted authorities” like “your wrestling coach, your Sunday school teacher, your imam, [and] your school official” could deter vulnerable individuals from terrorist violence by providing “resources they need as a part of the healing process.” Instead of “immediately incarcerating” terrorist threats, law enforcement agencies have collaborated with “trusted authorities” who could use their daily interactions with their clients to identify potential violent actors and then provide interventions that “off-ramp” individuals from the perceived “path to violent extremism” (participant observation, October 2016). In this national security approach, the provision of “pastoral care” offers a “fourth way” to fight homegrown terrorism (senior policy advisor, Department of Homeland Security, participant observation, October 2016).

Vying for new resources, police departments, social service providers, and community leaders have integrated this federal antiterrorism model into local national security initiatives and caring-giving practices. For example, the Denver Police Department (2016) argued that “terrorist groups target isolated and alienated youth for recruitment,” leading to a partnership with Goodwill Industries to “counter this recruitment tactic by preventing the initial isolation” (3). Leveraging its partnership with Goodwill Industries to prevent terrorist recruitment, the Denver Police Department (2016) conducted “refugee/immigrant outreach,” offered mentoring services to “disenfranchised” youth “not well integrated into their communities,” and engaged “faith communities, Black Lives Matter, diverse communities, refugee communities, and LGBTQ communities, among others, facing disenfranchisement by society” (2; 4). Concerned about the perceived rise of homegrown terrorism within its large Somali population, Minneapolis Public Schools announced plans to “hire and train youth intervention workers” who would “spend time in the lunchroom and non-classroom setting building relationships and trust” through which they could “spot identity issues and disaffection” believed to be the “root causes of radicalization” among Somali youth (Kiernat 2015). Advocating for the nationwide adoption of these “countering violent extremism” (CVE) practices, security-minded psychiatry professors have explained that this “community-led” antiterrorism approach is “concerned with providing mental health resources to those who need them but lack access,” with the intention to “reach[] those communities/individuals who are most at risk of becoming radicalized to violence, but need not have already committed crimes or violence” (Weine and Kansal 2019, 4, emphasis in original). After decades of revanchist policies that have downsized social welfare while upsizing coercive policing, the US security state has reinvested in disinvested communities by transforming the public provision of social supports into a global war on terror weapon.

As the global war on terror ravages onward, the US security state has exploited the neoliberal erosion of healthcare, education, and other social services to develop newantiterrorism methods that mobilize helping professionals and caring institutions. For example, Somali community leader Abdi Mahdi reasoned that, “in an ideal world, you would want to have all the funding you can get for domestic programs for social services, for these women’s empowerment programs, for soccer programs, right? But it doesn’t exist right now.” Given these economic conditions, Mahdi accepted money from the Department of Homeland Security’s 2016 Countering Violent Extremism grant program to fund “afterschool programs,” even as community members warned that this amounted to community-led “surveillance.” Mahdi rejected these concerns, saying, “It’s bullshit. The parents are struggling with their
kids’ education because they’re not educated. And the kids need tutoring. If someone else is willing to pay for it, let’s go for the money” (April 2017 interview). Although community members worried that collaborating with the Department of Homeland Security would intensify anti-Muslim surveillance, Mahdi was willing to “compromise” to gain access to new resources that could support positive youth development (April 2017 interview). Rather than address the conditions that create the need for social supports—surviving military interventions, experiencing racial violence, and enduring the withering of social services—the US security state deploys care as a global war on terror strategy (McDowell in press; Morgan 2018). Given this securitization of social services, targeted communities have rejected the premise that they only merited access to these resources as “ticking timebombs,” rather than as deserving members of society (April 2017 participant observation).

Given their use of life-affirming institutions to expand carceral power, I argue that countering violent extremism (CVE) programs constitute one form of carceral care work. Understanding how the state historically has responded to the criminal-legal system’s crisis of legitimacy by developing ostensibly friendlier policing programs (Nguyen 2019), the term carceral care work captures 1) the mobilization of “care work” to fortify carceral power, 2) the making of care contingent on participation in or subjection to community policing, and 3) the activation of liberal narratives that frame these practices as a way to reduce the reliance on law enforcement and increase access to services (Williams 2015; İşleyen 2018). In the context of the domestic war on terror, the US security state has instituted carceral care work by mobilizing social service providers as terrorist watchdogs, intensifying young people’s contact with police officers through the provision of social supports, and justifying these tactics as a progressive alternative to previous punitive practices.

This theorization of carceral care work takes seriously how power relations organize care-giving practices and how social structures and relationships create the need for care (Farmer 2003; Lawson 2007; Bondi 2008; Tronto 2010). More specifically, it considers how contemporary antiterrorism models perform the “dual roles of care and control,” such that care functions as a counterinsurgency technology (Pallister-Wilkins 2015, 58). In this way, the US security state administers care to legitimize antiterrorism initiatives and to extend policing deeper into intimate spaces of everyday life, from gym locker rooms to therapists’ offices. Given these practices, the term carceral care work captures how the US security state has intensified the relationship between care and control to advance its global war on terror agenda. Furthermore, I view the term carceral care work as politically useful in militating against liberal discourses that justify, and encourage social service providers to participate in, these illiberal methods.

To develop this conceptual framework, this article examines the United States’ antiterrorism framework, Countering Violent Extremism (CVE), which I consider to be emblematic of carceral care work. Promoted by the Obama administration as a liberal alternative to previous domestic war on terror paradigms, CVE has mobilized social service providers and law enforcement agents in “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” (Illinois Department of Public Health 2016, 2). To examine CVE as a form of carceral care work, I first detail the methodological approach I undertook to better understand this emerging antiterrorism initiative. Next, I explore how CVE programs have integrated care work into the global war on terror, such that the provision of social supports expands the surveillance of targeted communities through helping professionals and increases their contact with law enforcement. I then detail the academic studies that have facilitated these initiatives by providing law enforcement agencies and social service providers with lists of warning signs, risk factors, and indicators to identify individuals.

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1 I have changed the names of all research participants and any other identifying information.
vulnerable to or in the process of terrorist radicalization. I examine how such radicalization research has justified the intensified relationship between care and control through collaborative partnerships between law enforcement agencies and mental health professionals. Lastly, I consider the role radical geographers might play in studying carceral care work and in supporting community organizations contesting these institutional arrangements that further tie social services to law enforcement.

**Polymorphous Engagement: Studying Fast-Moving CVE Policies and Programs**

To better understand CVE policies and programs from the perspectives of national security actors, I conducted a two-year interpretive qualitative research study with the help of a research assistant. Rather than follow disciplinary conventions of studying relatively powerless individuals, this project engaged in “studying up” by examining people in positions of institutional power, such as national security policymakers, and their relationship to less powerful constituents (Nader 1972). Furthermore, as a fast-moving and amorphous set of policies and programs, CVE required more nimble fieldwork than conventional ethnographies where researchers immerse themselves in a single setting for an extended period of time. Instead, I undertook “polymorphous engagement” by “interacting with informants across a number of dispersed sites” and “collecting data eclectically from a disparate array of sources in many different ways” (Gusterson 1997, 116).

To eclectically collect data, my research assistant and I traveled to key CVE hotspots like Boston, Minneapolis, and Chicago. At each hotspot, we observed CVE events like conferences and workshops and interviewed policymakers, practitioners, and researchers involved in the CVE policy world. Our interviews included a range of CVE actors, such as state-level officials with a long history of public service, community leaders who became CVE practitioners only after receiving grant money to design and implement local national security programs, and academic researchers with a record of studying CVE and associated national security policies.

To support this fieldwork, my research assistant and I searched federal, state, and local databases for texts like white papers, research reports, and policies related to countering violent extremism. We also filed dozens of Freedom of Information Act (FOIA) requests to obtain public records related to local CVE programs, such as grant applications, program evaluations, and communications between public officials. These documents provided additional insight into local CVE practices, identified key national security figures, and revealed discrepancies between public and private framings of this work.

Through these research activities, I worked to better understand how CVE actors defined the problem of homegrown terrorism and solutions to it, negotiated competing understandings of national security, and implemented CVE policies, programs, and research agendas. I also examined how governing social, political, and economic contexts shaped policy decisions and people’s understandings of these policy decisions. My qualitative fieldwork ultimately sought to understand how the concept of countering violent extremism came to be institutionalized and thus operationalized through people’s everyday work. Through my immersion in the CVE policy world, I learned how antiterrorism programs have facilitated carceral care work and brought communities in closer contact with national security agencies through the provision of vital social services.

Because I developed this research study in consultation with community organizations seeking to better understand antiterrorism policies and programs that directly affected their constituents, I also engaged in community report backs where I communicated the major findings of my fieldwork. I then pursued additional research to answer any community questions raised in these forums. The ethical standards enforced by my university’s Institutional Review Board (IRB) limited my capacity to report my findings to community members. Mandated to protect the anonymity of research participants, I could not report which agencies said what about their local CVE practices. Under these dictates, I used my fieldwork to direct me to public records that I could share with community members in ways that helped
them identify, understand, and respond to local CVE programs and practitioners. Community organizations could interpret and act on such information in strategic ways, such as developing direct actions to contest local antiterrorism practices, creating political education campaigns, and refusing to participate in CVE programs. By re-expanding the concept of “activist research” beyond participatory projects, I quickly learned how studying up could support grassroots organizing from below.

Throughout the course of this research study, I needed to be reflexive about how my status as a non-Muslim woman of color scholar shaped my fieldwork. As feminist methodologists have demonstrated, our social locations offer different intellectual insights, affect the relationships a researcher has with her participants, and require reflexive work to account for her relational positionality. Although I identify as Vietnamese and heard family stories about how the US military used the strategic delivery of humanitarian aid to widen its surveillance apparatus during the Vietnam War, I entered this research project as an outsider to the Muslim communities and security professionals at the center of this study. Being an outsider influenced the fieldwork process, shaped my relationship with research participants, and informed my interpretation of their practices and perspectives (Mullings 1999). For example, some Muslim participants understood that I was unfamiliar with the racial profiling Muslims face in the United States and therefore provided insight into their life histories to contextualize their interpretation of CVE as a progressive alternative to conventional counterterrorism initiatives. My status as an outsider facilitated these conversations and, by illustrating how past experiences with governmental overreaching and racial profiling fueled interest in CVE, these narratives forced me to reckon with the complex personhoods of research participants who were irreducible to their roles as national security workers. To account for this relationality, I sometimes engaged in member checking, through which participants could correct my interpretations of their daily lives or provide additional information to offer a fuller picture of their work. I also solicited feedback from Muslim, Arab, academic, and organizing communities uninvolved in this research study to enhance my analyses. These reflexive practices sought to account for and be responsive to my status as an outsider and other axes of social difference while being attentive to the complex power relations that define “studying up.”

“Anti-Dylann Roof Tee-Ball”: Integrating Care into the Global War on Terror

In 2015, the UK Counterterrorism and Security Act placed a duty on “specified authorities” like teachers and childcare providers to “have due regard to the need to prevent people from being drawn into terrorism.” This duty mandates that such specified authorities “make appropriate referrals” to the UK’s deradicalization program, Channel, by identifying and reporting “individuals who are at risk of being drawn into terrorism” (Her Majesty’s Government 2015, 10). This duty is part of the UK’s broader Prevent strategy, which works to “reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism” (Her Majesty’s Government 2015, 5). As one component of the UK’s multipronged antiterrorism strategy initiated in 2003, the Prevent duty calls on social service providers like teachers and mental health professionals to counter terrorist radicalization and recruitment in their daily work, thereby recasting community spaces like schools and therapist offices as critical national security sites.

To support these efforts, NHS England (2015) issued a guidance to inform the health sector’s contribution to the Prevent duty. This guidance introduced the concept of preventing terrorism in the “pre-criminal space” by “providing support and redirection to vulnerable individuals at risk of being groomed into terrorist activity before any crimes are committed” (5). Later, NHS England (2016) clarified that “Prevent works in what is described as the ‘pre-criminal’ space. It’s about identifying

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NHS England is an executive non-departmental public body within the Department of Health and Social Care.
people and behavior BEFORE it becomes criminal. Nobody is asking you to deal with behavior in the ‘criminal’ space. That is for the police. Nobody is asking you to spy or inform” (1). NHS England sought to alleviate concerns that Prevent has relied on social service providers to take on policing responsibilities in their daily work, which could jeopardize the trust on which their practices depend. To do so, NHS England distinguished the Prevent duty from policing, spying, and informing by framing this approach as a series of early stage interventions in the pre-criminal space. Through these publications, NHS England sought to define the Prevent duty in opposition to policing, despite asking health professionals to report vulnerable individuals to law enforcement. By describing Prevent in this way, the UK government has celebrated this antiterrorism initiative as a solution to the over-policing of Muslim communities, a problem that plagued previous national security strategies.

Despite these liberal narratives, NHS England’s participation in Prevent has transformed its caring-giving practices into a global war on terror tool. In describing the “perverse relation between the humanitarian and security articulations” used to manage human trafficking, Claudia Aradau (2004) contends that humanitarian and security discourses are “happily married,” marking trafficked women as both “an embodiment of threat to Western states while simultaneously awakening sympathy as human beings threatened by some states” (253). Prevent similarly engages the “perverse relation” between care and control, identifying Muslim children as both victims of predatory terrorist recruiters and imminent national security threats. Despite the care-giving vocabularies used to define contemporary antiterrorism initiatives, empirical research demonstrates how Prevent has intensified, not mitigated, anti-Muslim policing, particularly as teachers have made thousands of referrals reporting the innocuous behaviors of Muslim children as “suspicious” activity (Heath-Kelly 2017; Thomas 2010; Kundnani 2014; Kumar 2012).

Searching for its own tools to combat the perceived rise of homegrown terrorism in the United States, the Obama administration used Prevent as a blueprint to develop its own “countering violent extremism” framework. In their discussions with their constituents, policymakers and practitioners often described CVE as an alternative to conventional counterterrorism methods, even though CVE complemented, rather than replaced, a more coercive portfolio of global war on terror tactics defined by “kill or capture” methods. By promoting CVE as a friendlier national security strategy, the Obama administration authorized the integration of care work into the global war on terror. As carceral care work, CVE programs ultimately increase community contact with law enforcement through the provision of social services and expand carceral power through the mobilization of helping professionals as terrorist watchdogs.

Like the “community policing” response to restore the police’s legitimacy in the 1960s and again in the 1990s, contemporary antiterrorism initiatives like Prevent and CVE have served as liberal responses to community outrage over racialized policing conducted in the name of national security. Given the growing resistance to the police infiltration of mosques, the blanket surveillance of Muslim communities, and the use of sting operations to ensnare otherwise law-abiding Muslims, policymakers argued that emerging antiterrorism initiatives could increase community control over the domestic war on terror, amplify Muslim voices in the political process, and improve community-police relations. In this approach, CVE represents a liberal commitment to protect the civil rights of targeted communities, while engaging in operationally-relevant practices, such as developing trusting relationships between police and communities that can “serve as a platform for addressing many public safety threats, including, but not limited to, violent extremism” (Schanzer et al. 2016, 6). Policymakers and practitioners viewed CVE as a way to defuse community resistance while creating new policing tools to identify, report, and deter potential terrorist threats.
Exploiting the continued neoliberal erosion of social welfare, CVE practitioners have integrated the provision of social services into their antiterrorism initiatives. One practitioner, for example, admitted to accepting state funding allocated for countering violent extremism, reporting that “that money paid for afterschool programs. It paid for coaches. It paid for job re-training. It paid for parents being aware of their kids in school. And it paid for a lot of good things within my community” (April 2017 interview). A civil rights advocate in the same community, however, argued that, although “this money is needed regardless if terrorism is that [connecting] dot,” saying that this money “would solve this problem” makes it “toxic.” In his view, “a white parent who’s poor in South Carolina would not send their child to Tee-ball that’s called the ‘Anti-Dylan Roof Tee-Ball’” because the assumption is that “that’s for the bad kids.” Instead, Muslim parents simply “want to take their kids swimming that has nothing to do with CVE” (April 2017 interview). In other words, earmarking certain social services as an antiterrorism initiative risked alienating communities because it would be seen as “for the bad kids” and reinforce the notion that Muslim children only deserved access to these resources as “ticking timebombs.” Some Muslim parents questioned the integration of social services into the domestic war on terror while others agreed to participate in order to gain access to resources otherwise unavailable to them, even if it meant that “some elements of surveillance” accompanied these resources (April 2017 interview).

Despite community concerns about the intensifying relationship between care and control through the institutionalization of the federal CVE framework, law enforcement agencies, community organizations, and caring institutions alike eagerly sought funds and partnerships to establish local

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*Screenshot of the PowerPoint presentation used at a law enforcement-sponsored CVE workshop featuring a representative from the Department of Homeland Security's Office for Civil Rights and Civil Liberties.*
programs. The Illinois Criminal Justice Information Authority (ICJIA) (2016), for example, applied for and received federal funds to train mental health professionals on how to “off-ramp individuals who exhibit warning signs of radicalization to violence,” arguing that “individuals closest to those at-risk are best positioned to intervene, recognize problematic behaviors and warning signs, and make referrals” (3; 10). The City of Houston (2016) similarly pursued federal funding to develop “parent and youth workshop curricula and support tools focusing not only on terrorism ideologies but also on the root causes of extremism, providing information about risk factors, community connections, and social support programs” (1). To implement its initiatives, the City of Houston (2016) planned to partner with law enforcement agencies, academic institutions, and nonprofit organizations like the Islamic Center of Greater Houston to provide “social support resources for families with youth who may need support resources but not law enforcement intervention” that could minimize the “isolation and disenfranchisement of Muslim youth” (6; 8). Although partnerships with the FBI, Regional Intelligence Service Centers, and local police departments typically have supported CVE programs like the City of Houston’s, practitioners promoted their work as a “community-led violence prevention effort that brings together all stakeholders that need to keep our community healthy and safe,” such as “our faith communities, our schools, our service providers, including mental health and behavioral health services, and our local law enforcement agencies” (June 2018 participant observation, emphasis added). Another practitioner concluded that, “although the community and hopefully community-led programs should be the bulk of what we do [to build] resilience against violent extremism, we shouldn’t delude ourselves into thinking it could be done without the support of law enforcement. My program would have never been possible without the [local police department]” (August 2016 participant observation, emphasis in original). By defining their “community-led” initiatives as an alternative to the “early disturbing work” of law enforcement-led antiterrorism programming, practitioners defended CVE as a progressive framework for preventing terrorist violence, even while detailing their ongoing collaborations with law enforcement agencies (June 2018 participant observation).

This portrayal of CVE obscures how practitioners have called on mental health professionals to take on the functions of law enforcement—identifying and reporting perceived threats—and transformed their clinical practices into sites of surveillance. As community organizers have argued, “surveillance is surveillance, no matter who is doing it” (May 2020 participant observation). Such a critique captures how care-giving practices and life-affirming institutions can discipline, punish, and control targeted populations in ways similar to law enforcement agencies, ultimately expanding carceral power in the process. Given the interplay between care and control, countering violent extremism programs draw from the US security state’s counterinsurgency practices used in places like Palestine, through which “humanitarian infrastructures, technologies, and practices constitute key sites through which a relation of war is sustained and reproduced” (Bhungalia 2015, 2310). As a “fourth way” to fight the perceived rise of homegrown terrorism, the countering violent extremism framework strengthens policing by expanding the reach of law enforcement agencies into care-giving spaces such as therapists’ offices and by facilitating information sharing through the provision of social services. By “extend[ing] the security-agenda into realms of care, social work, and education,” CVE expands carceral power and intensifies the domestic war on terror, particularly in Muslim communities, while appearing to offer a liberal alternative to conventional counterterrorism practices (Stephens, Sieckelinck, and Boutellier 2018, 1).

**Radicalization Theories: Substantiating Preemptive Interventions**

To integrate care work into the domestic war on terror, policymakers and practitioners turned to social science research identifying how an ordinary person transforms into a “terrorist.” In the 1990s, social scientists began developing theories of radicalization to understand the process by which terrorists are made. Through this research, “the hope was to ‘get to the left of boom’—to predict and, ideally, to prevent future attacks. Radicalization came to be the word used to refer to the human developments that
precede terrorist attack[s]” (McCaul and Moskalenko 2017, 205). Given the perceived rise of homegrown terrorism and the urgency to prevent future attacks, terrorism scholars sought to plot the perceived pathway(s) to terrorism and the observable behaviors that signal progression in this process. In this view, such predictive knowledge could facilitate early interventions capable of preventing, slowing, or stopping the radicalization process by mobilizing a “whole of community” approach that brings together social service providers, religious leaders, police officers, families, and friends. Concluding that “addressing violent extremism requires significant new initiatives that extend beyond criminal justice and are a part of public health and policy,” radicalization research has legitimized the use of social supports to fight the global war on terror by first identifying and reporting potential threats (Weine et al. 2017, 10, emphasis added).

To establish these new policing practices, law enforcement agencies began publishing reports on the terrorist radicalization process. In 2007, the New York City Police Department (NYPD) published one of the most influential reports on the topic, Radicalization in the West: The Homegrown Threat, which has informed how police officers have identified and responded to perceived terrorist threats on their beats. The report outlined a predictable and observable four-stage radicalization process defined primarily by a changing relationship with Islam. The NYPD argued that each stage of this process comes with “distinct indicators and signatures,” meaning police officers could look for these warning signs to identify radicalizing individuals (Silber and Bhatt 2007, 7). The NYPD specifically named “gravitation towards Salafi Islam,” “growing a beard,” “becoming involved in social activism and community issues,” and “affiliating with like-minded individuals” as “typical signatures” that signaled progression in the radicalization process (31). By indicting Salafi Islam as the main driver of the radicalization process, the NYPD’s framework and predictive practices are imbued with and enact anti-Muslim racism.

Informed by this report, NYPD officers have used these observable behaviors in their daily patrols, including policing “radicalization incubators” perceived to “provide fodder or fuel for radicalizing,” such as “cafes, cab driver hangouts, flophouses, prisons, student associations, non-governmental organizations, hookah (water pipe) bars, butcher shops, and bookstores” (Silber and Bhatt 2007, 20). For example, the NYPD monitored Muslim college students at schools “far beyond city limits,” including the University of Pennsylvania, Yale University, and Syracuse University (Hawley 2012). One undercover agent even went on a whitewater rafting trip with students, documenting student names and the number of times each student prayed. Such policing follows the report’s conclusion that the final stage of the radicalization process – “jihadization” – is “characterized by a unique set of indicator(s),” including participation in “Outward-bound-like activities” like “camping, white-water rafting, paintball games, target shooting, and even outdoor simulations of military-like maneuvers” (Silber and Bhatt 2007, 44). Such predictive policing transforms innocuous student groups and activities like whitewater rafting into reliable signs of terrorist radicalization and therefore important sites of surveillance.

Over time, social scientists and law enforcement agencies reinterpreted these lists of warning signs, risk factors, and indicators of terrorist radicalization, arguing that social service providers and community members could participate in the early identification of vulnerable individuals and then refer them to services designed to interrupt the radicalization process. Similar to NHS England’s new role under Prevent, police departments and security agencies have partnered with health departments, school systems, and community organizations to facilitate the identification and reporting of individuals vulnerable to or in the process of terrorist radicalization. The Nebraska Emergency Management Agency (2016), for example, partnered with the University of Nebraska Public Policy Center, Nebraska State Patrol’s Fusion Center, Nebraska Department of Health and Human Services, and Nebraska Department of Education to “increase[] awareness of observable behaviors associated with the process of radicalization,” mitigate the “barriers to reporting,” and enhance the “connection between state level
threat assessment resources and local trusted resources receiving reports” (1). Citing radicalization research, the Nebraska Emergency Management Agency (2016) taught communities how to identify potential threats using the “CVE warning signs” and how to report these threats, while developing new resources to “respond adequately” when a report is received (10-11). In this view, “integrating prevention of violent extremism in health activities” could enhance the identification and reporting of potential threats and therefore create safer communities (Bulling 2017, 29–30). Informed by radicalization research, the Nebraska Emergency Management Agency (2016) mobilized a “public health prevention framework to prevent radicalization” (7). Although promoted as an alternative to police-led antiterrorism initiatives, the Nebraska Emergency Management Agency’s (2016) CVE program facilitated “reporting to formal sources like law enforcement or government social services,” ultimately reinforcing the relationship between control and care (9).

The Nebraska Emergency Management Agency (2016) identified the murder of Black Nebraskans and anti-immigrant violence perpetrated by “Neo-Nazis, white militia, and similar groups” as the state’s most pressing “extremist” threats (9). Yet, it also insisted that its CVE program addressed all forms of ideologically-inspired violence while suggesting that “ethnic or religious cultural elements” in its growing immigrant population “make[] reporting potential signs of violence or radicalization unlikely in many areas of Nebraska and similar rural areas across the United States” (9–10). Given these, and other, contradictions in CVE programs, the Brennan Center for Justice (2019) warns that “government public-facing descriptions of CVE are almost always ideologically and religiously neutral, but the overwhelming focus has always been on American Muslim communities” (para. 12). Other law enforcement agencies have used radicalization research to explicitly target Muslim, Arab, South Asian, Somali, and other immigrant communities. The Police Foundation (2016), for example, developed its Youth and Police Initiative Plus (YPIP) “with a goal to build and foster community resilience to violent extremist recruitment and radicalization among Somali immigrant families in the Boston metropolitan area” (1). Charges of anti-Muslim racism have plagued CVE programs, especially as these models explicitly target Muslim communities, rely on racialized indicators of terrorist radicalization, such as “wearing traditional Islamic clothing” (Silber and Bhatt 2007), and use early warning signs so vague that they only raise suspicion when exhibited by Muslims, such as “outrage over US or western foreign policy” (Los Angeles Police Department 2010).

Such antiterrorism approaches also assume that community members and social service providers can apply their suspicions evenly by learning to “identify potential threats of violence, take responsibility, and respond” (Illinois Criminal Justice Information Authority 2016, 11). Empowering community members in this way, however, can intensify racialized policing, evidenced in the vigilante policing of Black people, such as “BBQ Becky,” a white woman who called the police because she was “really scared” of a Black family barbecuing in California and “Permit Patty,” a white woman who called the police on an 8-year-old Black girl selling water without a permit. One veteran 911 dispatcher even reported that she fielded calls from white women “upset over what Black people were doing” every day (Herron 2018). When innocuous behaviors like barbecuing are interpreted and reported as suspicious activity, we must question whether mobilizing community members and social service providers to identify “concerning behaviors” mitigates racial profiling or incorrectly assumes that the general public can objectively identify security risks. Mobilizing community members as foot soldiers in the domestic war on terror has intensified racial profiling, increased targeted communities’ contact with law enforcement, and called on social service providers to further take on the functions of the police by identifying and reporting potential threats through their professional work. These models constitute carceral care work by strengthening carceral power through the provision of social supports and by mobilizing liberal narratives that frame these models as a progressive remaking of conventional counterterrorism methods.
Despite the primacy of radicalization theories in contemporary security regimes, social scientists and legal scholars have demonstrated the methodological flaws of these research studies and their dependence on anti-Muslim logics. As terrorism scholar Marc Sageman (2016) explains, “Any attempt to assess the validity of indicators or factors that might lead an individual to commit political violence would require a study including both (a) individuals who actually carried out acts of political violence, and (b) individuals (the control group) who are similar to the first set in all respects except that they did not engage in violence (9). It is “only by comparison with this control group, in which the indicator of actual violence is absent that one can make the argument that other indicators specific to the subject group are valid” (9). Sageman (2016) thus concludes that “no one inside or outside the government has yet devised a ‘profile’ or model that can, with any accuracy or reliability, predict the likelihood that a given individual will commit an act of terrorism” (8). Current lists of potential warning signs amount to nothing more than mere “hunches” or “guesses” (9).

In my own fieldwork, CVE researchers willingly conceded that “one of the biggest criticisms of certain radicalization models has been from a social science perspective, the fact that there’s a lack of control group and that there’s a reliance on the dependent variable.” Given this “entirely valid methodological critique…that has largely gone unaddressed in radicalization research,” CVE practitioners “don’t necessarily have the evidence yet that can speak to causality” (January 2017 interview, emphasis in original). Social scientists therefore cannot determine which indicators, warning signs, or risk factors can be used to identify an individual vulnerable to or in the process of terrorist radicalization.

Given the methodological limitations of radicalization research, CVE practitioners insisted that they did not seek to predict who might be a future terrorist but to intervene when individuals exhibited behaviors indicative of their vulnerability to terrorist radicalization. For example, practitioner Nazanin Zaghari publicly admitted that, despite “millions of dollars in research to determine what causes radicalization, there is no such thing as terrorist profile and there is no one single factor that can predict who will become a terrorist.” Yet, Zaghari also argued that “what we do know from the empirical research on convicted terrorists and terrorist incidences are some common indicators that exist in many of those cases, which may make an individual more vulnerable to recruitment and radicalization.” This meant that Zaghari could “educate stakeholders about the warning signs of radicalization so that they have the ability to intervene” as an “informed and aware public would be able to help a vulnerable individual if they could recognize those warning signs.” (August 2016 participant observation, emphasis in original). Although Zaghari recognized she could not predict who will become a terrorist, she argued that the public could identify individuals vulnerable to radicalization and intervene, using the same disproven warning signs, risk factors, and indicators.

In addition to these methodological limitations, social scientists, civil rights organizations, and Muslim advocacy groups have demonstrated that the initiatives informed by radicalization research have criminalized Muslim communities, most evident in how the NYPD defined the radicalization process by a changing relationship to Islam. In fact, law enforcement agencies consider common cultural, religious, and political expressions of Islam, such as “wearing traditional Islamic clothing” (Silber and Bhatt 2007), “increased activity in a pro-Muslim social group or political cause” (Federal Bureau of Investigation 2006), and “concerns about anti-Muslim discrimination” (National Counterterrorism Center 2014), as signs of terrorist radicalization. Yet, the explicit targeting of Islam “as the engine driving radicalization is simply not justified on the basis of current research” (Patel 2011, 11–12). Furthermore, by abstracting political violence from its formative conditions and indicting the cultural, psychological, and theological pathologies of individual actors, radicalization research echoes earlier colonial frameworks taxonomizing the “Arab mind, dominated by Islam,” irrespective of the broader social contexts, such as ongoing military invasions, that might produce violence (Patai 1973). Given the discriminatory impetus
driving radicalization theories and their methodological limitations, many scholars and activists have rejected this research as harmful “junk science.” Instead of abandoning practices that rely on such disproven research, CVE practitioners insisted that they did not seek to predict future terrorists, just prevent vulnerable individuals from engaging terrorist violence.

“Not a Counterterrorism Strategy”: Mobilizing Mental Health Professionals

To prevent terrorist violence through early stage interventions, CVE programs have relied on social service providers like teachers and mental health professionals to deter individuals “who exhibit the warning signs of radicalization to violence as well as those who exhibit behaviors signifying they may be in the early stages of planning an act of ideologically inspired targeted violence” (Illinois Criminal Justice Information Authority 2016, 2). In this model, “regular workers in various sectors like healthcare and social work, and the public at large, are enlisted to look out for the warning signs of ‘extremism’” and then intervene (Shafi and Qureshi 2020, 15). In Maryland, for example, school staff who attended local radicalization trainings reported twenty-five students experiencing “homesickness,” “acculturation-related stress,” and “economic stressors” on the assumption that such feelings “suggest they may be at risk of violent extremism” (World Organization for Resource Development and Education 2014, 4, emphasis in original). Staff referred these students, such as a “severely homesick” child from Afghanistan, to various services facilitated by community-police partnerships. In Illinois, a CVE practitioner collaborated with the FBI, Chicago Police Department (CPD), and Chicago Public Schools (CPS) to intervene with a student “having a hard time” in school, experiencing “cultural and language barriers,” and allegedly “connected up with some people who reported to be involved with al-Shabaab, which is the terrorist organization that operates in Somalia.” In this case, “the FBI and two community organizations got together, and they identified a mentor for this young man. . . . They were able to move that young man to a better school where he could do better. They were able to find him a job.” This CVE practitioner applauded this “collaboration between the FBI, CPD, CPS, and perhaps others,” noting that this young man “could have easily been the subject of a sting operation and subsequently charged and convicted of [providing] material support [to a designated foreign terrorist organization].” Instead, the young man was “on his way to college” (June 2018 participant observation). Framing this antiterrorism approach as a successful alternative to a sting operation, this CVE practitioner celebrated the provision of social services, such as mentoring, to deter a child allegedly vulnerable to terrorist recruitment, while making his access to such care contingent on cooperation with local and federal law enforcement agencies that coordinated this “early intervention.” Such practices constitute carceral care work by mobilizing “care work” to fortify carceral power and offering a liberal narrative to portray such “early interventions” as a way to reduce the reliance on law enforcement and increase access to social services.

By treating common immigrant experiences like “cultural and language barriers” and “homesickness” as potential signs of radicalization, adults came to view Arab, Somali, Muslim, and other immigrant children as uniquely vulnerable to violent extremism. Seeking to stop the radicalization process, adults have referred these children to social services, often in collaboration with law enforcement agencies. These examples demonstrate how CVE programs have intensified anti-Muslim policing, cast suspicion on innocuous behaviors, and increased contact with law enforcement, while appearing to address community concerns related to governmental overreaching, racial profiling, and political exclusion.

Some CVE programs explicitly have mobilized mental health professionals to identify, report, and work with individuals perceived to be vulnerable to terrorist radicalization and recruitment. In Los Angeles, for example, the police department collaborated with mental health professionals to identify individuals at risk of radicalization and then provide tailored interventions through a program called
Providing Alternatives to Hinder Extremism (PATHE). More specifically, police officers and community members referred individuals perceived to be “on a pathway to a future act(s) of targeted mass violence” to the police department’s Mental Health Evaluation Unit, which “co-housed” clinicians, detectives, police officers, and the PATHE coordinator (February 2019 participant observation) After receiving a referral, the PATHE coordinator conducted a risk assessment, asking 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?” Under the supervision of the police department, these questions explicitly directed the PATHE coordinator to consider religion and political orientation in the threat assessment process. After conducting this initial evaluation, the PATHE coordinator referred each individual to specific interventions and services.

The PATHE coordinator shared the results of the evaluation and interventions with the Joint Terrorism Taskforce (JTTF), which is comprised of several federal, state, and local law enforcement agencies. In some instances, the LAPD opened a criminal case against an individual if there was “reasonable suspicion to believe that a crime was about to take place.” The case remained open until the LAPD determined that the individual had been “successfully integrated” (National Academies of Sciences Engineering and Medicine 2017, 40). Through PATHE, the city of Los Angeles coordinated the provision of mental health treatment and other social services through the police department and shared information with other law enforcement agencies through reports to the JTTF in the name of national security. Although local practitioners have positioned CVE as a program that conducted activities in the “social domain” or “pre-criminal space,” these interventions have increased people’s contact with law enforcement and made access to care contingent on such contact. For example, an LAPD detective described PATHE as “not a counterterrorism strategy” while also defining it as “an additional strategy that’s been attached to the [police] unit” using a set of “risk factors” to evaluate potential threats and then provide “tailored” interventions (February 2019 participant observation). In this view, “terrorism” is a “community problem and not just a criminal justice, law enforcement problem, but our criminal justice and whole community problem” (February 2019 participant observation). By further synchronizing the work of social service providers with the needs of law enforcement agencies, PATHE institutionalized carceral care work - to solve a “criminal-justice problem” through a “whole-of-community approach.”

As the PATHE program demonstrates, this antiterrorism model turns social service providers into terrorist watchdogs as they come to view their clients through a lens of radicalization. In Minneapolis, for example, one community organizer reported that a psychologist consulted him to determine if a Somali teen “was radicalizing,” rather than just “struggling to grow up.” This psychologist came to view her Somali clients through a radicalization lens, even though she had never “worked with this population before” (December 2017 informal conversation). In Saint Paul, a local athletics center provided Somali children with free passes to use its facilities because “playing soccer and getting strong” deterred these children from “paying attention to social media” where terrorist recruiters lurked (April 2017 interview). In fact, youth workers developed a social network map by giving children free guest passes so their friends could join them at the athletics center. Through these guest passes, CVE practitioners “knew who their friends [were]” and collected “good data” on Somali youth (April 2017 interview). By viewing children through a lens of terrorist radicalization, soccer coaches, youth workers, teachers, and mental health professionals all play key roles in local intelligence-gathering activities and in identifying,

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3 PATHE was previously known as Recognizing Extremist Network Early Warning (RENEW).

4 For more on these procedures, please refer to the guide available here: https://www.advancingjustice-la.org/sites/default/files/3037-3044.pdf
reporting, and working with children perceived to be vulnerable to terrorist radicalization and recruitment. CVE programs therefore constitute carceral care work by enhancing local policing through community outreach activities, mobilizing social service providers as proxy national security agents, and treating Muslim children as incipient terrorists in schools, therapists’ offices, athletics centers, mosques, and other spaces of care.

Although community organizations readily designed and implemented CVE programs, some Somali college students in Minnesota rejected the premise that they deserved access to community resources like soccer leagues and mental health counseling as “ticking timebombs,” rather than as deserving members of society. For example, Somali youth defended community sites like the mosque as important “safe spaces” that contributed to their coming of age and provided critical services that supported their development. Youth reported that CVE programs eroded these safe spaces by casting suspicion on their everyday activities and by circulating damaging narratives predicated on the assumption that “their humanity is subpar” (April 2017 participant observation). Prominent Muslim leaders affirmed young people’s position, concluding, “We cannot support CVE. We don’t support it. We’re against it. And we believe there’s problems with it, and nothing of benefit will come out of it” (April 2017 interview). These incisive critiques highlight how racialized state surveillance regimes monitor the mundane everyday lives of Muslim communities through “community outreach” activities that generate community intelligence and enhance on-the-ground policing.5

These early stage interventions differentially affect targeted groups, particularly by activating different racial logics and inciting different methods of social control. Some communities negotiate these policing practices at the dynamic intersections of specific racial formations. One Somali college student, for example, described radicalization research as “viable hate speech that’s acceptable because we are Black and Muslim and poor and refugees” (April 2017 participant observation). This student illustrated how Somali youth lived at the intersections of anti-poor, anti-Black, anti-immigrant, and anti-Muslim policing, ultimately doubly criminalized as incipient terrorists and budding gang members. In response to these forms of racialized policing and their harms, Somali students developed an extensive campaign to #StopCVE, organizing efforts that intentionally connected anti-Black policing, anti-Muslim surveillance, and US empire (for more on this movement, please see StopCVE.com). #StopCVE organizing has disrupted the promotion of CVE as an alternative to coercive policing by demonstrating how these new antiterrorism regimes merely institute a kind of “ambient” or “all-pervasive” policing committed to “raising overall numbers of policing operatives” by mobilizing social service providers as extensions of law enforcement agencies and by deploying community outreach activities that increase information sharing between community members and police officers (Loader 2006, 205, 207).

**Conclusion: Studying Carceral Care Work**

Emerging antiterrorism initiatives have further integrated care work into the domestic war on terror, ultimately creating new forms of social control and expanding carceral power in the name of national security. Exploiting decades of neoliberal rollbacks in social welfare, practitioners and policymakers argued that CVE offered a liberal alternative to conventional counterterrorism methods organized around “kill or capture methods” and increased access to social services. Critics, however, have demonstrated how these efforts have reinforced dominant assumptions about who is, or may

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5 This analysis should not erase the vigilante murders of Muslims in the United States. Craig Hicks, for example, murdered three Muslim students—Deah Barakat, Yusor Abu-Salha, and Razan Abu-Salha—at the University of North Carolina-Chapel Hill, racialized killings reduced in popular media to a “parking dispute.” In addition, the US security state has ensnared Muslims in sting operations, leading to their arrest and incarceration. The marking of Muslims as a “suspect community,” however, is qualitatively different than the criminalization of Black communities.
become, dangerous and reaffirmed carceral solutions to social problems. More specifically, CVE logics have shored up support for the very structures that criminalize, dehumanize, and brutalize children of color, from policing institutions like the LAPD to schools reimagined as critical sites of public safety and national security. I refer to these practices, and their historical antecedents, as “carceral care work.” Naming carceral care work is politically useful in organizing campaigns, particularly in working with social service providers who might be eager to participate in such ostensibly progressive programs and in demonstrating how improving access to services can increase contact with law enforcement.

The continued use of carceral care work and its ever-dynamic permutations demand innovative methods to document and disrupt prevailing technologies of social control. For example, “studying up” provided me with unique insights into CVE policy making and taking across the United States. Such work has supported community groups seeking more information on CVE to guide their political organizing. Despite these contributions through studying up, I often have imagined participatory action research as the most effective and democratic methodological approach to support social movement work. In fact, I originally approached a community organization by proposing a youth-led participatory project to understand and respond to CVE’s impact on Muslim and Arab youth. This community organization, however, rejected my proposal, explaining its youth organizers already had examined entrapment as a part of its campaign to end racial profiling in Chicago. I would come to learn that leveraging my privilege as an academic scholar – my mobility to travel to CVE hotspots, my access to high-level officials, and my protection from the “terrorist” label – to “study up” could support grassroots organizing from below.

Although scholars often have engaged in participatory action research to support social movements, a broader range of methodological approaches is needed to understand and challenge mutating policing practices. For example, campaigns for “police-free schools,” “counselors not cops,” and “cops out of schools” clearly have demonstrated how the presence of law enforcement has widened racial inequities in school, created more harm and violence, and reallocated resources for counselors and nurses to school-based police officers. As policing practices morph, they increasingly call on caring (though always already punitive) institutions like schools and social service providers like guidance counselors to take on the work of law enforcement. Radical geographers and community organizers therefore must study how strategic demands to reduce law enforcement and increase social supports can be fulfilled without enhancing criminalization through carceral care work. Community organizers, for example, have begun attending the American Psychological Association’s annual convention to challenge the role of mental health professionals in preventing homegrown terrorism, demonstrating how mental health clinics can become sites for the surveillance, monitoring, and criminalization of Muslim clients.

As these criminalizing practices and their organizing logics further seep into the provision of social services, critical scholars must develop new modes of inquiry to understand carceral care work and the making of suspect communities to support social movement work. Retheorizing caring spaces as carceral sites demands new empirical research to document and understand how the helping professions continue to intensify carceral power and its articulation with US empire.

References


