

## Preventing Violent Extremism through Mentoring? Outcomes and Insights from a Quebec-Based Program

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### Abstract

Although research on the tertiary prevention of violent extremism has increased over the past decade, clear benchmarks for best practices remain scarce. Existing studies often suffer from methodological and ethical limitations and seldom incorporate the perspectives of those most directly affected—namely, the individuals targeted by these programs. Nevertheless, a growing body of literature highlights the promise of social rehabilitation approaches, such as mentoring programs. This article examines a mentoring program developed by a Quebec-based clinical team specializing in the prevention of extremism and violent radicalization. It explores the program's impact from the perspectives of mentees, mentors, and clinicians. Based on a qualitative analysis of 15 individual semi-structured interviews and 2 focus groups, the study identifies the program's strengths and limitations. Overall, participants viewed the mentoring program positively. Among the positive effects was the creation of a secure relational space that enabled some mentees to break out of isolation through meaningful interpersonal engagement. However, the mentoring relationship also presented challenges, including the potential for mentees to reproduce or reinforce past negative relational experiences. Robust clinical support is therefore essential to mitigate these risks and to safeguard the well-being of both mentees and mentors.

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### Introduction

In an increasingly polarised global context, different forms of violent extremism (VE) are multiplying as inter-group tensions rise. Various preventive measures have emerged over the past decade, including mentoring programs aimed at individuals who are engaged in or at risk of VE. This article focuses on one such program implemented in Quebec by a clinical team

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specialized in VE. Through the qualitative analysis of semi-structured interviews, it sheds light on the experiences of mentors, mentees, and clinical supervisors who participated in the program. The conceptual framework and the program will first be presented, followed by the methodological design upon which this study is based. The results subsequently highlight the strengths of the program as well as its shortcomings. Recommendations are provided in light of these findings.

### **Theoretical background and objective**

Although the literature on VE is extensive, there remain several unresolved questions regarding the best practices for prevention and intervention (Brouillette-Alarie et al., 2022; Feddes & Gallucci, 2015; Horgan & Braddock, 2010; Koehler & Fiebig, 2019). On the one hand, the outcomes of implemented programs seem to be under-evaluated despite growth of the VE prevention evaluation research field in the past decade (Charkawi et al., 2024). On the other hand, the scope of available research is sometimes compromised by methodological and ethical weaknesses. Notable limitations include the relative scarcity of studies evaluating empirical data, the overrepresentation of extremism forms related to Islamism compared to other types of VE, the ambiguity surrounding conceptual definitions, and the difficulty in identifying the "active ingredients" of programs—i.e., the specific impacts of their various components (Brouillette-Alarie et al., 2022; Morrison et al., 2021; Kessels & Veldhuis, 2013).

Moreover, the fact that few evaluative studies include an analysis of the potential negative effects of the programs implemented is lamented, as is the lack of representation of the voices of the individuals most directly affected. In fact, studies tend to position those engaged in violent extremism as targets rather than as stakeholders in the interventions offered (Pilkington & Hussain, 2022). Finally, the very nature of what constitutes a positive outcome is debated, with success indicators varying across sectors. The application of security-related criteria to prevention initiatives outside the security domain has, in fact, been criticized, with authors highlighting the inappropriateness of such measures given the nature of the interventions being evaluated: “According to a narrow perspective marked by a desire for (internal) security, an effective prevention program is supposed to prevent terror attacks. From a professional perspective, it seems self-evident that the total number of attacks or the

number of individuals listed as a threat to national security cannot serve as a realistic measure for judging the effectiveness of single prevention projects, many of which have educational aims” (Nehlsen et al., 2021, p. 5).

These initiatives, which are created outside the security domain and involve community, education, and mental health sectors, have proliferated in recent years, particularly in North American regions (Brouillette-Alarie et al., 2022). While they would benefit from more in-depth evaluative studies, many programs that appear to show promising results align with a broader approach aimed at supporting protective factors against VE. This approach thus demonstrates positive outcomes not only in primary and secondary prevention but also in tertiary prevention. A recent literature review on tertiary VE prevention programs identifies common elements associated with their effectiveness (Charkawi et al., 2024). Most of these elements are related to principles of social rehabilitation. They include, for example, the adoption of a community trust-based approach, the strengthening of a sense of belonging, recognition of the feelings of injustice experienced by some extremist individuals, and consideration of the socio-economic variables at play. More pragmatically, the involvement of a multidisciplinary team and the flexibility of support modalities offered are also common components shared by programs evaluated as having the most positive outcomes (Charkawi et al., 2024).

Tertiary prevention initiatives that build on these components include mentoring programs for people engaged in VE. The few evaluative studies made on these programs suggest that they could foster the establishment of social ties with diverse peers, strengthen participants' confidence in their abilities to achieve their goals, or decrease their attitudes or beliefs related to violent extremism (Dubois & Alem; 2017; Radicalisation Awareness Network, 2016; Spalek & Davies, 2012). Based on these promising results, a mentoring program has been developed in Quebec by a clinical team specializing in the prevention of VE. This article aims to explore how this program is perceived by those who take part in it, namely the mentees, mentors and clinicians. Through their different points of view, the strengths and limitations of this type of mentoring, as well as the relational processes it involves, will be explored.

### Presentation of the program

The mentoring program was implemented between 2019 and 2020. It is inspired by the Aarhus model, a Danish program based on the principles of Life Psychology, which aims to rebuild or strengthen a sense of meaningful attachment to life through the development of various life skills (Bertelsen, 2015). The program also aims to reduce social isolation by fostering the development of psychosocial skills, primarily through the establishment of a trusting relationship with the mentor. In this respect, the objectives of the mentoring program align with some key factors identified in evidence-based models of disengagement and deradicalization, such as the Phoenix Model (Silke et al., 2021). This model notably emphasizes the role of trusted individuals in facilitating change. In this context, the mentor can serve as a “catalyst actor” through the privileged relationship developed with the mentee.

However, the mentoring program discussed in this study differs from the Aarhus model in that it also incorporates knowledge related to forensic psychiatry since the clinical team that created it follows people who may suffer mental health problems while also being at risk of or engaged in VE (Rousseau et al., 2023). The profile of these individuals is often closer to that of solitary actors rather than members of organized groups, with mental health issues being more pronounced in the former than in the latter (Gill et al., 2021; Misiak et al., 2019). To our knowledge, this is the only VE prevention mentoring program in Quebec to include a clinical component.

The team responsible for implementing the program provides consultation and clinical supervision services across five regions across the province of Quebec. It is composed of nine clinicians: four psychologists, two social workers, one psychoeducator, and two psychiatrists, all trained in VE intervention and possessing combined expertise in transcultural psychiatry, autism spectrum disorders, first-episode psychosis, trauma treatment, and family and community intervention (Rousseau et al., 2023).

Mentors are recruited through the clinical team’s professional network. Prior to beginning their role, they undergo a half-day training session delivered by two clinicians from the team. The purpose of this training is to raise awareness among future mentors about the expectations and responsibilities associated with their role. It covers foundational theoretical concepts related to the prevention of violent extremism (e.g., the diversity of violent

ideologies, risk and protective factors, and the ecosystemic dimensions of phenomena linked to social polarization). The training also addresses practical and ethical considerations (e.g., setting appropriate boundaries, responding to emergency situations).

Throughout the mentoring relationship, mentors benefit from the support of a clinical supervisor. They may consult the supervisor for technical guidance (e.g., how to adapt their interactions based on the mentee's clinical profile, how to respond to offensive or unsettling remarks) or, more broadly, to receive support in processing their own experiences within the mentoring relationship. Mentors are financially compensated for their involvement, and their assigned clinical supervisor is also the primary clinician responsible for the mentee's case. Participation in the program is voluntary for mentees and is proposed by their lead clinician based on clinical judgment and in consultation with other members of the clinical team. Mentees are informed that the program involves close collaboration between clinicians and mentors.

The program relies on a flexible framework. The activities between mentor and mentee, as well as their frequency and duration, are not predetermined but instead tailored to the mentees' needs. To date, approximately a dozen mentor-mentee pairings have been established. Despite the considerable heterogeneity in the forms that mentoring support can take, most pairings revolve around informal meetings between mentor and mentee (e.g., having coffee, going for a walk), while more specific projects (e.g., artistic activities) occur less frequently. Several pairings have lasted over a year and involve meetings every two weeks.

## Methodology

The research underlying this article aimed to gather the perspectives of mentees, mentors, and clinicians on the impact, strengths, and limitations of the mentoring program in which they were involved. Since the primary objective was to capture their subjective perceptions of the program rather than to measure its impact through external indicators, a qualitative approach was chosen. This epistemological decision was further motivated by the scarcity of studies in VE prevention that emphasize the voices of those most directly affected by the support systems designed for them. Moreover, the methodological approach adopted was inspired by

interpretative phenomenological analysis (IPA), which goes beyond mere description to explore how participants make sense of their lived experiences (Smith, 2004).

### *Recruitment and sampling*

The study received formal ethics review and approval from both the CIUSSS West-Central Montreal (protocol #17-064) and the institutional review board of the university of the first author. It involved 17 participants: 5 mentees, 4 mentors and 8 clinicians acting as supervisors for the mentors. All clinicians and mentors involved in the program were invited to participate in the project. A purposive sampling approach (Polkinghorne, 2005) was adopted for the recruitment of mentees to ensure a diverse range of profiles in terms of age (with a minimum threshold of 14 years), level of education, and type of violent extremism. Mentees were recruited through their clinician. The clinician briefly informed the mentees about the project. Those who wished to know more allowed the clinician to pass on their contact details to a research assistant. The research assistant then contacted the mentees to provide more information about the project. Those who expressed interest in participating after this initial contact were sent a consent form to read before the first interview. The first interview was scheduled one to two weeks later.

### *Participants' characteristics*

All five mentees were male, which coincides with the overrepresentation of men followed by the clinical team. They adhered to various types of extremism<sup>2</sup>. Two were in their forties, one was in his thirties, and one was under twenty. In terms of education, three had completed high school, one had earned a college diploma, and one had earned a university degree. Two participants had been in the program for less than two months; the other three had been in the program for eight months, nine months, and two and a half years, respectively. Meetings with their mentor occurred at various frequencies (weekly, bi-monthly, monthly, or a few times a year) and took place in person or by telephone. Mentors and mentees engaged in various activities, such as walks and discussions, providing support in the

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<sup>2</sup> To safeguard the anonymity of the mentees, the specific forms of radicalization they were associated with have not been disclosed, due to the very limited sample size.

search for love, restaurant outings, visits to recreational parks, video projects, tutoring, and minor construction work.

The length and frequency of meetings between mentor and mentee varied considerably. Two mentees had only had one meeting with their mentor at the time of the interview, while the other three had respectively received support over a period of eight months, nine months, and two and a half years. Meetings varied in frequency (weekly, bi-monthly, monthly or a few times a year), and were held in person and sometimes on the phone. The activities between mentors and mentees were equally varied, and included discussions, advice on finding a romantic partner, restaurant outings, hikes, visits to the zoo, video projects, school work assistance, coaching, and small construction projects.

The mentors were three men and one woman. One was under 30 years old, one was in his 30s, one was in his 40s, and one was in his 50s. All had completed university studies. Two had been in the program for less than two months and the other two had been in the program for more than seven months. With the exception of one mentor, all had received more than two payments since joining the program. Finally, five women and three men acted as clinical supervisors. Two were under 35, five were between 40 and 60, and one was over 65. Two clinical supervisors had less than three years of experience with the clinical team. Three had between four and six years of experience. The rest had been with the program for more than six years.

#### *Data collection*

Data collection took place between April 2022 and June 2023. The end of recruitment was determined according to the criterion of theoretical sufficiency, based on the richness of the material collected (Malterud et al., 2016). This criterion was chosen over data saturation and redundancy, which is more difficult to achieve with a small number of participants and in view of the exploratory objective of the present research (LaDonna et al., 2021).

The material was gathered through semi-structured individual and group interviews conducted by research assistants or researchers trained in VE prevention. 15 individual interviews were conducted: six with the five mentees (one of whom was interviewed twice), four with mentors (one could not be reached) and five with three clinical supervisors (two of whom were interviewed to talk about two different follow-ups they were supervising). Two

group interviews were also conducted, one with three mentors and the other with eight clinical supervisors. These group interviews complemented the material collected by addressing the general experience of clinical supervisors and mentors with mentees who had not been recruited for this research project.

Meetings were held online, over the phone, or in person at a CLSC location, depending on participants' preferences. Interviews were structured around broad themes (see interview outline in appendix). Table 4 shows examples of questions taken from the interview outline for mentees, mentors and clinical supervisors. Finally, interviewers were asked to collect field notes during the interviews to contextualize the analysis.

### *Analysis*

Except in one case<sup>3</sup>, all interviews were recorded. Their entire content was transcribed and imported into NVivo software. The material was subjected to an ongoing comparative analysis involving two research assistants and the principal researcher. The rigour of the analysis was ensured according to the criteria of authenticity, credibility and reflexivity specific to the qualitative approach adopted (Morrow, 2005). It was based on multiple perspectives and included contextual data. In concrete terms, each transcript was read repeatedly and initial thematic coding was elaborated as closely as possible to the material collected. The themes were then grouped and structured in a second stage of analysis (Gioia et al., 2013). Exploratory notes of a more inferential nature were added throughout the process, inspired in particular by observation notes linked to the context of the interviews, or by the linking of different themes within the same interview (Paillé and Muchielli, 2021). Finally, cross-cutting themes were identified once the analysis of each interview had been completed.

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<sup>3</sup> At the request of a participant who refused to allow the interview to be recorded, handwritten notes were taken and subsequently analyzed.

## Results

### *Motivations and expectations*

#### **Motivations and expectations: the mentees' point of view**

When asked about their reasons for taking part in the program, almost all mentees said they chose to participate because their therapist recommended it:

*"therapists from one of the CLSC's thought it would be a good idea and they MAY (emphasized by the participant) be able to help"*

*"It's just that my psychologist used to talk to me about it a lot, and then I got fed up and said okay, I'll try it, you've got to stop talking to me about it (laughs)".*

*"Basically, it's like the psychologist who said it was a good idea. Then I was like yeah, it could be a good idea, but it goes like... It wasn't like it came from me ... But it was good, it was good... But my motivation was that I trusted them".*

One participant didn't really understand that mentoring was involved, believing that he was being accompanied to do a project, but nothing more. Whether they participated without being aware of the exact nature of the support offered, or to follow their therapist's advice, their comments converge towards the idea that the motivation did not come from them but was rather extrinsic. The treatment team thus played a facilitating role in the decision to take part in the program, especially as several participants stressed that they were not very enthusiastic about the idea initially:

*"I - What were your expectations for the project?"*

*P - I don't have expectations for anything, really"*

*"I thought I wasn't going to like it".*

Furthermore, some mentees reported that they mainly wanted instrumental support, in the form of one-off help with a specific project (e.g. video or academic work), while for

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others, expectations were more of an identity or relational nature. This was the case, for example, of one mentee who hoped his mentor could teach him how to “*be a man*” and “*meet women*”.

### **Motivations and expectations: the mentors' point of view**

*“I guess there were a few things going on in my head at the time: I wanted to help people, to find out more about myself, and to try and do something completely different from my usual routine”.*

The motivations cited by mentors for taking part in the program were manifold: an interest in the support role, empathy towards people at risk of radicalization, and a desire to gain a better understanding of the mentees' life trajectories. In addition to these mentee-oriented motives, there were also more personal or contextual ones, such as the need to “*discover oneself better*”, the attraction of novelty, or the desire to confirm a professional interest in psychosocial work. As with the mentees, the trust placed in the people who approached them to take part in the program seems to have played an important role in the commitment of some mentors too.

### **Motivations and expectations: the clinicians' point of view**

For the mentees' clinicians and the mentors' clinical supervisors, mentoring was seen as a complement to the services offered by the clinic. The main motivation is to offer “*an additional resource*”, an intervention modality that is “*different from and complementary to traditional psychological, psychosocial, and psychiatric interventions*”. One supervisor wanted mentoring to “*broaden the safety network, rather than involve only the psychologist*”. The supervisors' expectations relate to the mentoring relationship, which they see as likely to support the mentee's “*relational sphere*”, to “*work on the bond of trust, of attachment*” by offering “*a slightly less pathological safe space for the client*”, and to “*create a link with the community*”, all of which could, in turn, “*be helpful for therapy*”.

*Appreciation of the program*

**Appreciation of the program: the mentees' point of view**

*“I thought it was going to be crap, then it turned out to be good”.*

Overall, participants' assessment of their experience with the program was largely positive (*“there's nothing negative about my mentoring experience”*). Some participants focused on the entertaining aspect of the relationship, which allows them to *“get out of the house a bit”*, *“decompress”*, have fun and *“take their mind off things”*. Others talked about their appreciation of the activity or project carried out during the mentoring program.

Participants emphasized their appreciation of their mentor in different ways. One mentee named his mentor's professionalism, saying that the fact that his mentor had *“taken seriously the quality [of the project carried out]”* made him feel *“confident”*. Another mentee appreciated the mentor's willingness to help him in concrete ways in his day-to-day life, noting his investment when he spent many hours pursuing the project that he wanted to finish that day. The mentee also pointed out that most conversations with his mentor surrounded the project and its techniques, and that personal subjects were rarely broached. Although he occasionally seemed keen to discuss other topics with his mentor, he also seemed to appreciate the distinction between the mentor's role and that of the clinicians and recognized that the mentor is not *“a psychiatrist, someone you have to talk to to bring things out”*.

Other mentees said they appreciated the fact that their mentor had *“a lot in common”* with them. This similarity could take the form of affinities in ideas (*“he seemed to be aligned with me on a lot of philosophical issues”*) or life experiences. One mentee noted that he appreciated the fact that his mentor had experienced difficulties similar to his own:

*“Then, for example, he shared that he, too, had had trouble with ideologues, like extremists, and I found that interesting”.*

Finally, the human qualities of the mentors were also mentioned as a positive point by the mentees. One said that his mentor was *“a good person”*, another stated that his mentor was *“friendly”*, and a third stressed that he felt *“at ease”* with his mentor. Some see their

mentor as a “good friend” to whom they feel “close”. The way in which the nature of this bond contrasts with their usual relationship is also highlighted by some:

*“To be honest I don't look very forward to any meeting with people nowadays [...]. The last couple times when [the mentor] showed up, best way to explain it is I was outside before he could even get the text sent off.”*

One mentee also commented on his disappointment at not being able to show “gratitude” to his mentor, as the latter was unable to accept a thank-you gift. This mentee, who had initially considered mentoring in its utilitarian scope, i.e. insisting on the strictly concrete value of the help he received for his project, gradually started questioning himself on how he could show his gratitude to his mentor:

*“Well for one, for some reason they don't want me to give him anything. I can't take him to Tim Hortons and buy him a sandwich and a coffee. I mean, the guy's doing things to help me and I can't put out a little bit to help him?”*

Beyond this desire for reciprocity, the desire to broaden the mentoring relationship was also reflected in the words of one mentee who said that he would like the relationship he has forged with his mentor to extend beyond the project they were working on together. He goes into great detail about the recreational activity he would like to propose to his mentor, even adding that he would like to invite his mentor's family.

Finally, although generally a source of appreciation on the part of mentees, the bond with the mentor also sometimes seems marked by a certain ambivalence. This is the case of one participant, who explained that although the relationship is “not bad” and the climate is “fine”, he sometimes feels looked down upon by his mentor. He adds, however, that he regrets the fact that he doesn't see his mentor often enough.

The other participants saw few weaknesses in the program. One said that he was disappointed about the mentor being unable to help him meet women as he had hoped, but added that he still had “someone to talk to”. A mentee who didn't continue participating in the program beyond the first meeting said that the reason for dropping out was his condition (“I

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*wasn't doing well*”), not a shortcoming of the program which otherwise “*inspired confidence*”. He added, however, that since he already had friends and a follow-up with the clinical team, the program was less relevant for him than it would have been for someone who was more isolated than him. Finally, one mentee deplored the fact that mentoring was sometimes mistaken for clinical support, with both the mentor and his therapists' discourse boiling down to “*don't give up*”, “*you're capable, you just need to change your outlook a bit*”.

### **Appreciation of the program: the mentors' point of view**

Among the program's strengths cited by mentors, some pointed to its “*great flexibility*”, enabling mentors and the team to “*adapt*” to each situation. In general, the fact that the program is “*not very structured*” was seen positively: “*In fact, I like the vagueness of the program in the sense that anyone can, each mentor can have a different role, can embody something different in relation to the person with whom they are matched*”.

One of the mentors pointed to the fact that the project is supported by a diverse, highly committed team, while remaining “*authentic*” and “*faithful to the program's initial philosophy*”. He added that the team is “*open-minded*”. Another mentor noted how invaluable it was for him to have a clinical supervisor with whom he could talk about issues encountered in the program in general and regarding the relationship with a mentee in particular. Mentors also identified several challenges associated with the program. One said that he found it difficult to deal with the “*fake friend*” posture he embodied for some mentees:

*"I wanna say, something not negative but difficult, hum it's the issues of loyalty and empathy that we can have for people who will maintain a certain reluctance towards mentoring by thinking to themselves 'you're just a fake friend who's being paid to spend time with me', and that can actually contribute to perpetuating distress for people who already feel alone."*

**Appreciation of the program: the clinicians' point of view**

Clinicians' expectations that the program would complement their work generally seemed to have been met. The more direct access to the mentee's environment and daily life is a strength, according to some supervisors, since it enables them to apply certain principles seen in the clinical setting: *“It's work that can be complementary to the clinic at times, by saying ‘okay, he's going to work concretely on social skills in the environment’”*.

Experiencing concrete successes, such as the creation of an artistic piece or the completion of a project, was also of great value, particularly in terms of self-esteem: *“Then it becomes a bit restorative for some people to be in something in which they can succeed”*.

Some clinical supervisors also pointed out that mentoring helps mitigate risk by enabling them to *“expand the safety network”* around the mentee and by letting the clinician be *“less present in regular follow-up”* and *“have a remote eye”* on the client's condition.

However, these positive impacts depended not only on the mentor's experience, as mentioned above, but also on the quality of the pairing. The importance of selecting the right profiles and finding judicious pairings between mentors and mentees in terms of age or common interests was raised, as is the need to ensure solid training for mentors. The availability and commitment of mentors can also sometimes pose a challenge. One clinical supervisor mentioned that a mentor's disengagement from his relationship with a mentee can be weakening for a mentee who has few stable relationships:

*“In some cases, a mentor turned out to be less available than expected [...], left without giving any news, and had to be contacted again [...] which wasn't great for my client (...) who had few solid relationships”*.

So while the mentoring relationship can be supportive for clinicians, it can sometimes also represent an additional burden when they must deal with this kind of disengagement, or when they have to *“chase mentors”* to get news of their pairing.

*Program outcomes*

**Program outcomes: the mentees' point of view**

*“Basically, just the fact that [in] the system there are people who are part of the official system who aren't just interacting with me to destroy me, well that's still fun.”*

The effects of the program, according to those first involved, were varied. One mentee cited several positive effects, saying that the mentoring project had led him to be more careful with what he says, and to do *“a lot of work on [him]self”*. Among other things, he reported acknowledging that he had gone *“too far”* with his hateful comments in the past, and highlights a significant change in the way he feels:

*“I feel more liberated and living with hate is a poison, and since I'm kind of poisoned by it, let's say I feel more... Freer and more thoughtful... Ah, it's really night and day here”*

Another mentee, who was averse to an identity group to which his mentor belonged, affirmed that the mentor made that identity group *“a little bit less bad in [his] eyes”* and that he was able in this situation to *“overlook”* this identity characteristic:

*“The only thing I do really care about is him being [he names the identity he has radicalised against], but other than that, if I don't overcome a little of something and give someone a break once in a while.”*

One mentee mentioned that mentoring enabled him to *“get out of [his] house”* and expand his social circle through his relationship with his mentor. He added, however, that he felt like mentoring has had no impact in other spheres of life, nor had it enabled him to learn anything about himself. Finally, the mentee, having only met his mentor once, did not perceive any positive effects from this meeting. He did say, however, that *“it felt good to know that people believed in it...”*, suggesting that the very offer of support may have been

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significant for him, even if it didn't concretely take form. Finally, one mentee said he had not noticed any changes in himself since enrolling in the program.

### **Program outcomes: the mentors' perspective**

#### **Impacts on mentees**

From the mentors' point of view, the program's effects on mentees often echoed those mentioned by the mentees themselves, including positive relational effects and an impact on reducing the mentee's polarized ideas.

For two mentors, from a relational point of view, the program helped “*break social isolation*” by enabling the mentee “*to get out of the house more*” and “*to have more self-confidence*”, or simply by offering opportunities for “*social interaction*” to people who have little of it:

*“It seems like there's something protective and sometimes restorative for clients to be able to form a relationship with someone who doesn't judge them, who listens to them, who helps them, and to be able to do that in a flexible setting”.*

According to two mentors, their presence and identity, or the questions they ask, helped challenge the “*rigidity*” of their mentees' thoughts on topics on which they hold polarized convictions. One mentor, for example, recounts how a characteristic of his identity was an object of hatred for the mentee. He maintains that he still managed to discuss with the mentee, with both putting “*effort*” into their exchanges. Although his expectations were very low in terms of his ability to “*shake things up a bit*” with his mentee, this mentor pointed out that the mentee had sometimes been more moderate with him regarding his usually extreme opinions.

The dimension of the transposability of relational gains outside the mentoring relationship also recurs in the words of mentors. Talking about discussions with his mentee, one mentor evoked the perspective that the mentoring relationship could be a space for exchanges that could eventually find resonance outside the relationship:

*“He pushes me on one side, I try to push him a little, but taking really, really, a lot, a lot of time, really paying attention and thinking maybe this will allow him to meet a real person and have real human-to-human discussions.”*

The evolution of the relationship with their mentee over time was also highlighted by one mentor, who explained that the bond gradually deepens:

*“At first we talk about common interests [...]. We don't put pressure on each other to become important people [...]. Then over time, the subjects change [...]; they start to open up certain subjects that are more personal to them. Yes, obviously the relationship changes and it becomes a space for exchange, on all subjects for them that is safe”.*

The development of the bond of trust and its fluctuations over time were also evident in the words of the mentors:

*“We created a bond that became stronger and stronger, sometimes he wavered, sometimes he went back on his concerns, so after I didn't see him for the whole summer [...] he asked me again [...] 'I really need to know if you're on my side, are you on my side?' and [...] I thought it was good that he could talk to me about it”.*

### **Impacts on mentors**

*“They have something to share, they teach me things about life that I wouldn't have imagined”*

The program not only had an impact on its mentees, but also on the mentors themselves. One mentor noted that the program had enabled him to broaden his relational horizons by meeting people he would never have met otherwise. Another mentor noted a personal evolution over the course of the program, laughing as he said he had “*de-radicalized*” himself. He explained that his participation as a mentor had “*pushed him to*

*distrust all forms of ideological certainty*". His role as a mentor had made him "more pacifist, more of a conscience defender", he added.

The gratifying nature of the mentor's posture is also mentioned: "it's extremely rewarding, to feel that I'm helping... these young people, as I obviously can, just to feel that they have a place in society".

For some, mentoring was seen as meaningful work in line with their values ("I respect my philosophy"). The positive impact of the link with the clinical team was also noted by one mentor, who said he felt not only integrated but respected within the team ("I feel respected by people who could definitely just treat me like an employee"). Some mentors mentioned that their involvement in the program had also had positive professional repercussions, enabling them to refine their understanding of the factors at play in violent extremism and acting as a "trigger" for a professional retraining project.

Conversely, the effects of the program on mentors can also be trying. One mentor talked about dealing with the high level of aggression and fatigue generated by meetings with his mentee, claiming to have experienced more emotions in one meeting with his mentee than in an entire regular week. He added:

*"At every meeting I'll have a little stabbing, he'll try to trick me. He'll make bad comments. Then I have to deal with that and get back to it. Then, at the same time, I get the impression that the person likes me but can't help saying mean things about me".*

A mentor talked about the fear he felt meeting inside the home of a mentee at high risk of hateful comments and homicide. He explained that after that meeting, he adapted the way he met that mentee, but that this difficult moment even interfered with his sleep:

*"I've already had nightmares [...] about him and everything, because he's someone who has a level of delusion and hatred [...] and cleavage that goes very, very far".*

Another mentor also explained that he had experienced a great deal of anxiety during a confrontational situation with a mentee, stress that the clinical supervision he subsequently received helped alleviate. These "things that are so intimate, so complex" were "a bit beyond

him” and reminded him of his limits as a non-psychologist: *“Sometimes, you won't be able to help him, and you won't be able to say the right things, because it's way beyond your skills!”* Overflow can take other forms. As one mentor put it, he felt *“invaded”* by *“fatherly feelings”* for a mentee to whom he was very attached. These preoccupations then followed him into his personal life.

### **Program outcomes: the clinicians' point of view**

Clinical supervisors, too, noted the benefits of the mentoring relationship, and added that mentoring also had mobilizing effects on mentees' daily lives by engaging them in concrete activities:

*“It was definitely appreciated to have someone who could [...] accompany him in certain activities, mobilize him to [...] among other things, rearrange his apartment and make things a little more livable”.*

The program enabled mentees to *“create a bond”* when some had *“not had one for a long time”*. However, the bivalence of this bond was raised, as it can be both *“rewarding”* and *“frightening”*. The question of *“how, finally, to invest a relationship”* was thus embodied in this particular relationship and also raised concerns about its termination. As the end of the relationship between mentor and mentee is not fixed in advance, it could be a source of apprehension for mentees, as some clinicians pointed out. However, as one clinician mentioned, the mentoring setting can sometimes attenuate the confrontational nature of this ending, making it less *“threatening”* than in everyday relationships. The idea of transferability of the bonds forged with the mentor was raised, with one clinical supervisor mentioning that ideally, the mentoring relationship would naturally take a back seat, as it would have enabled the mentor to connect with other people or groups. The question of how to navigate the end of a mentoring relationship when these external anchors are not created however remains.

Moreover, despite the positive spin-offs, several dimensions of the program remain to be clarified, noted the clinicians. Among the questions that remained unanswered are those relating to ethical and relational boundaries. For example, the closeness and flexibility that characterize the mentoring relationship could pose a challenge: *“It's like a friendship now, so*

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*the boundaries aren't necessarily defined*". Like the mentors, the supervisors appreciated the program's flexibility, but they also pointed to its possible drawbacks: *"It's because it's flexible that it works, but it can also become problematic"*.

With regard to the blurring of the ethical boundaries of the mentoring relationship, clinical supervisors mentioned issues related to confidentiality. For example, the infallibility of the mentoring space could be compromised in the event of a mentee being accused of a crime or assault. In the absence of a code of professional secrecy, the mentor would not be bound before a judge to not to reveal confidential information. Finally, the close relationship between mentor and mentee, while appreciated in many respects, also has its darker side, according to clinicians. One supervisor raised the issue of the sharing and contagion of radical ideas between mentor and mentee when the mentor and mentee share many ideas in common, with the mentor potentially feeding the mentee's radical ideas. We note here that having a mentor whose profile is symmetrical with that of the mentee can also entail a degree of risk: *"He lets the mentee talk a lot about his radical extremist ideas but from a certain point of view maybe he'll contribute too by sharing his own ideas that will join the mentor."*

### Recommendations

A number of suggestions were made for improving the program, mainly by clinical supervisors and mentors. They concern mentor recruitment, training and support, as well as program resources. Regarding mentor recruitment, one mentor suggested selecting people who had themselves experienced *"isolation, radicalization, criminalization"*, thus advocating a form of experience symmetry between mentee and mentor. In the same vein, a clinical supervisor suggested having profiles of mentors with autism spectrum disorder (ASD) who would form *"good matches"* with other ASD individuals, who are over-represented among the clients followed by the specialized team. Finally, a clinical supervisor suggested refining the selection process by questioning mentors more closely on their relational and affective profile, particularly with regards to introversion and sensitivity to rejection.

Regarding training and support for mentors, one supervisor suggested thinking about the *"minimum knowledge"* that should be imparted to mentors regarding transference and countertransference, neurodevelopmental issues, and issues related to safety. One supervisor

suggested setting up a community of practice for mentors, so that they can share their challenges and reactions to mentees' hateful or violent speech. In the same vein, two mentors recommend that there should be more opportunities for exchange between mentors:

*“But it would be nice if there were more of us to have more things so that it would be um references, comparisons: how did you do it, what happened in your life, how is it going with the people you meet?”*

One supervisor pointed out that it would be beneficial to have *“a better flow of information, particularly on the principles of the program, and for this information to be communicated in a general way at meetings with mentors”*. Regarding program resources, two mentors would like to see a permanent budget allocated to the program in order to increase the number of mentors and mentees. On the clinical supervisors' side, it was suggested that there should be someone dedicated to managing and coordinating the mentoring project:

*“I think that if we could have someone who was a little more free to do this, it would be helpful at different levels, because I think this person could be a little more present and know a little more about what's going on in each of the follow-ups”*.

## Discussion

Overall, the views of mentors, mentees and clinical supervisors seem to converge towards a general appreciation of the program. The impact of the program can be felt in many ways, some directly, and others more indirectly. On the obvious level, most of the individuals involved emphasized the value of the bond created with their mentor, a bond that was not self-evident given their initial reluctance. Whether it's a break from loneliness or a distraction, the benefits of the mentoring relationship are similar to those identified in other mentoring programs (Dubois & Alem, 2017).

The program's effects can also be seen in more indirect ways. For example, while one participant clearly stated that he had moderated his opinions of certain previously hated groups, it was also possible to detect a more modest transformation in another mentee who admitted that his mentor had created a breach in his vision of the hated group. Similarly, the desire for reciprocity expressed by a mentee, who was otherwise focused on instrumentalizing his relationship with the 'other,' suggests that consideration of the 'other's' desires and needs may arise, even if the relationship was initially viewed from a more utilitarian perspective. These indirect effects, which are harder to pin down, call for evaluation methods that are sensitive to their complexity. In this respect, the adoption of methodologies that encourage a broad understanding of lived experience is relevant.

This type of perspective makes it possible to capture particular relational movements, such as ambivalence regarding an ambiguous relationship in which the mentor can be both friend and false-friend (Bourgeois-Guérin et al., 2025). Some mentees, for example, wondered whether their mentors were really interested in them, or how they can show their appreciation. The openness to the unknown that such a relationship implies seems to refer to notions of reciprocity, of giving and receiving, but also of risk. While they shape the relationship with the 'other' in the broadest sense (Mauss, 2023, Goffman, 1974), these dimensions seem to be highlighted by the flexible and vague context of the mentoring relationship. It is thus possible to question whether this flexible relationship, which can take different forms and for which the boundaries are defined by mentor and mentee, can have wider effects, particularly in the sphere of non-prescribed relationships, outside the mentoring program.

The program's flexibility also reflects its non-mandatory nature, which sets it apart from other initiatives operating within more restrictive frameworks—frameworks that may carry certain drawbacks (Cherney, 2021). By taking the needs and interests of mentees as a starting point, the mentoring program offers them a degree of agency. It is possible that the empowering effects of such an approach contribute to a shift from extrinsically motivated to intrinsically motivated participation. However, the mechanisms by which the mentoring program fosters engagement among mentees warrant deeper exploration.

The non-linear nature of the benefits derived from the mentoring program was also reflected in the transformations that take place not only on the mentee's side, but on the

mentor's as well. Similarly, it seems that clinical support can both nurture and be nurtured by the mentoring relationship. The bidirectionality of the program's effects, however, also concerns its risks, which are played out on the side of mentees and mentors alike. The delicate questions raised by the end of the mentoring relationship, and the doubts some people have about the relationship's authenticity, hint at the bond's disillusioning potential. The risk of reproducing or reinforcing difficult relational experiences of mentees is also to be considered. In this respect, the fact that their motivation to take part in the program was driven by others may reflect protective doubts, reminiscent of the non-demand posture of subjects who “no longer expect anything” evoked in certain clinical writings on disaffiliation (Roussillon, 2005, Mellier, 2006). Offering a relationship in this context raises the question of responsibility for the bond created and its effects. On the other hand, the risk also lies with the mentors, who pointed out the delicate situations in which the mentoring relationship could put them. The proximity required to establish the bond can lead to a number of slippages, which are accentuated by the fact that the mentoring relationship unfolds in an undefined framework.

In this context, the recommendations to tighten mentor selection criteria and improve their training appear particularly relevant. Equally important is the establishment of ongoing peer support systems, aimed at ensuring mentors' well-being and sustained engagement, as well as promoting the exchange of good practices. Clinical supervision for mentors also seems essential.

### **Research limitations**

The exploratory approach adopted in this study, as well as the small size of the sample, do not allow us to generalize our results. What's more, the profile of the people followed by the specialized team is not representative of all those involved in VE, since it is closer to that of solitary actors than that of active members of radical groups. Finally, the views of those who participated in the mentoring program but declined to take part in the present study could not be collected. However, this limitation was partially overcome through group interviews with mentors and clinicians, during which they were able to give their general impressions of the mentees who could not be reached by the research team.

## Conclusion

Overall, the mentoring program appears to be positively perceived by the mentors, mentees, and clinicians. Its positive effects suggest that, for some, the mentoring relationship can provide a sufficiently secure space for relational experimentation, enabling mentees to break out of their isolation and reactivate, in an attenuated way, frustrations and limitations of a past often marked by exclusion. However, the pitfalls of this mentoring relationship for both mentees and mentors emphasize the importance of solid clinical support and further exploration of the conditions under which this relatively secure space can be created. In the same way, it would be useful to explore the ways in which relational gains can be disseminated outside the mentoring relationship.

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## References

- Bertelsen, P. (2015). Danish preventive measures and de-radicalization strategies: The Aarhus model. *Panorama: Insights into Asian and European Affairs*, 1(241), 53.
- Bourgeois-Guérin, É., Rousseau, C., Aldebert, J., & Saules, G. (2025). Radicalisation violente et intervention : le pari du mentorat : promesses et écueils d'un dispositif d'accompagnement périthérapeutique. *Criminologie*, 58(1), 101–127. <https://doi.org/10.7202/1117822ar>
- Brouillette-Alarie, S., Hassan, G., Varela, W., Ousman, S., Kilinc, D., Savard, É. L., Madriaza, P., Harris-Hogan, S., McCoy, J., Rousseau, C., King, M., Venkatesh, V., Borokhovski, E., & Pickup, D. (2022). Systematic review on the outcomes of primary and secondary prevention programs in the field of violent radicalization. *Journal for Deradicalization*, 30, 117–168. <https://orcid.org/0000-0002-7620-8786>
- Charkawi, W., Dunn, K., et Bliuc, A.-M. (2024). Evaluations of countering violent extremism programs: Linking success to content, approach, setting, and participants. *International Journal of Law, Crime and Justice*, 77. <https://doi.org/10.1016/j.ijlcj.2024.100674>
- Cherney, A., De Rooy, K., & Eggins, E. (2021). Mandatory participation in programs to counter violent extremism: A review of evidence for and against. *Journal for Deradicalization*, 2021(27), 1-33.
- Dubois, L. D., & Alem, F. (2017). Mentoring and domestic radicalization. *National Mentoring Resource Center Research Review*. Université de l'Illinois. <https://nationalmentoringresourcecenter.org/index.php/component/k2/item/380-mentoring-and-domestic-radicalization.html>
- Feddes, A. R., & Gallucci, M. (2015). A literature review on methodology used in evaluating effects of preventive and de-radicalisation interventions. *Journal for Deradicalization*, (5), 1–27.
- Fustier, P. (2008). La relation d'aide et la question du don. *Nouvelle Revue de Psychosociologie*, 6(2), 27–39. <https://doi.org/10.3917/nrp.006.0027>
- Gill, P., Clemmow, C., Hetzel, F., Rottweiler, B., Salman, N., Van Der Vegt, I., Marchment, Z., Schumann, S., Zolghadriha, S., Schulten, N., Taylor, H., & Corner, E. (2021). Systematic review of mental health problems and violent extremism. *The Journal of Forensic Psychiatry & Psychology*, 32(1), 51–78. <https://doi.org/10.1080/14789949.2020.1820067>
- Gioia, D. A., Corley, K. G., & Hamilton, A. L. (2013). Seeking qualitative rigor in inductive research: Notes on the Gioia methodology. *Organizational Research Methods*, 16(1), 15–31. <https://doi.org/10.1177/1094428112452>

- 
- Goffman, E. (1974). *Frame analysis; an essay on the organization of experience*. Harvard University Press.
- Horgan, J., & Braddock, K. (2010). Rehabilitating the Terrorists?: Challenges in Assessing the Effectiveness of De-radicalization Programs. *Terrorism and Political Violence*, 22(2), 267–291. <https://doi.org/10.1080/09546551003594748>
- Kessels, E., & Veldhuis, T. (2013). The need for more & structural data analysis in detention and rehabilitation of extremist offenders. *The International Centre for Counter-Terrorism – The Hague*, 4(1). <http://dx.doi.org/10.19165/2013.1.01>
- Koehler, D., & Fiebig, V. (2019). Knowing what to do: Academic and practitioner understanding of how to counter violent radicalization. *Perspectives on Terrorism*, 13(3), 44–62. <https://www.jstor.org/stable/26681908>
- LaDonna, K. A., Artino, A. R., Jr., & Balmer, D. F. (2021). Beyond the guise of saturation: Rigor and qualitative interview data. *Journal of Graduate Medical Education*, 13(5), 607–611. <https://doi.org/10.4300/JGME-D-21-00752.1>
- Malterud, K., Siersma, V. D., & Guassora, A. D. (2016). Sample size in qualitative interview studies: Guided by information power. *Qualitative Health Research*, 26(13), 1753–1760. <https://doi.org/10.1177/1049732315617444>
- Mauss, M., & Weber, F. (2023). *Essai sur le don : forme et raison de l'échange dans les sociétés archaïques* (3<sup>e</sup> éd.). PUF.
- Mellier, D. (2006). Précarité psychique et dispositifs d'intervention clinique. *Pratiques Psychologiques*, 12(2), 145–155. <https://doi.org/10.1016/j.prps.2006.01.008>
- Misiak, B., Samochowiec, J., Bhui, K., Schouler-Ocak, M., Demunter, H., Kuey, L., Raballo, A., Gorwood, P., Frydecka, D., & Dom, G. (2019). A systematic review on the relationship between mental health, radicalization and mass violence. *European Psychiatry*, 56(1), 51–59. <https://doi.org/10.1016/j.eurpsy.2018.11.005>
- Morrison, J. F., Silke, A., Maiberg, H., Slay, C., & Stewart, R. (2021). A systematic review of post-2017 research on disengagement and deradicalisation. CREST Centre for Research and Evidence on Security Threats. <https://crestresearch.ac.uk/download/3797/21-033-02.pdf>
- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, 52(2), 250–260. <https://doi.org/10.1037/0022-0167.52.2.250>
- Nehlsen, I., Biene, J., Coester, M., Greuel, F., Milbradt, B., & Armbrorst, A. (2021). Evident and effective? The challenges, potentials and limitations of evaluation research on preventing violent extremism. *International Journal of Conflict and Violence*, 14. <https://doi.org/10.4119/ijcv-3801>
-

Paillé, P., & Mucchielli, A. (2021). *L'analyse qualitative en sciences humaines et sociales* (5<sup>e</sup> éd.). Armand Colin.

Hilary Pilkington, & Ajmal Hussain. (2022). Why wouldn't you consult us? Reflections on preventing radicalisation among actors in radical(ising) milieus. *Journal for Deradicalization*, Spring, (30), 1–44.

Polkinghorne, D. E. (2005). Language and meaning: Data collection in qualitative research. *Journal of Counseling Psychology*, 52(2), 137.

Rousseau, C., Frounfelker, R., Ngov, C., & Crocker, A. (2023). Clinical services addressing violent extremism: The Quebec model. *International Journal of Forensic Mental Health*, 22(3), 222–232. <https://doi.org/10.1080/14999013.2022.2147254>

Radicalisation Awareness Network. (2016). Approaches to countering radicalisation and dealing with violent extremist and terrorist offenders in prisons and probation. Université de Cambridge. <https://api.repository.cam.ac.uk/server/api/core/bitstreams/b76c2420-8020-4217-a4c1-3ffe9a8a95de/content>

Silke, A., Morrison, J., Maiberg, H., Slay, C., & Stewart, R. (2021). The Phoenix Model of Disengagement and Deradicalisation from Terrorism and Violent Extremism. *Monatsschrift Für Kriminologie Und Strafrechtsreform*, 104(3), 310–320. <https://doi.org/10.1515/mks-2021-0128>

Smith, J. A. (2004). Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology*, 1(1), 39–54. <https://doi.org/10.1191/1478088704qp004oa>

Spalek, B., & Davies, L. (2012). Mentoring in relation to violent extremism: A study of role, purpose, and outcomes. *Studies in Conflict & Terrorism*, 35(5), 354–368.

Roussillon, R. (2005). Les situations extrêmes et la clinique de la survivance psychique. In *La santé mentale en actes* (p. 221). <https://doi.org/10.3917/eres.laval.2005.01.0221>

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