

Organizational Approaches to Incel Deradicalization: A Systematic Review

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Abstract

The involuntary celibate (incel) movement represents a growing domestic extremist threat characterized by misogynistic ideology and decentralized online radicalization. Despite numerous deradicalization programs addressing Islamist and far-right extremism, specialized frameworks targeting incel ideology remain largely absent. This systematic review employed the PICO framework to examine existing literature on incel intervention strategies, identifying organizational approaches and clinical responses. After screening 2,139 studies across 11 databases, only four studies met inclusion criteria, representing exploratory efforts and clinical observations rather than established program evaluations. Three critical themes emerged: barriers to intervention (including fragmented service coordination, unclear policies, and institutional limitations); changes in clinical approaches (requiring specialized engagement, digital literacy, and ideological expertise); and professional requirements (emphasizing interdisciplinary training and nuanced risk assessment). The scarcity of literature reflects not merely an understudied domain, but a fundamental absence of formalized deradicalization programs specifically designed for incel extremism, leaving practitioners without evidence-based frameworks. Findings emphasize the need for multi-level interventions addressing both ideological and psychological factors through upstream prevention, specialized clinical training, psychosocial support, and community engagement. Effective responses require distinguishing between individuals holding incel beliefs and those who have undergone radicalization, necessitating tailored approaches across the Social Ecological Model's micro (individual), meso (organizational), and macro (policy) levels. This research provides a foundation for developing evidence-based programs that address the unique challenges of online radicalization while accounting for the spectrum of incel identity and engagement.

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Introduction

Terrorism is not a new phenomenon. It has evolved across history and adapted to political, social, and technological shifts. In response, counterterrorism has historically framed terrorist actors as distant enemies, reinforcing a division between "us" and "them" (the terrorist 'other').

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This framing simplifies complex socio-political contexts, portraying terrorism as an external menace that requires an offensive, often reactionary, response. By emphasizing threats as foreign, counterterrorism discourse often overlooks domestic radicalization, stigmatizes certain communities, and prioritizes defensive security measures over proactive engagement and upstream prevention efforts. This approach may lead to reactive policies that fail to address root causes of extremism (Baker Beall, 2013). The rise of domestic extremist movements challenges this perception, bringing counter terrorism efforts closer to home (Enders et al., 2011). Among these domestic movements, the involuntary celibate (incel) ideology has garnered increasing attention due to its intersection with misogynistic violence and broader extremist ideologies (Hoffman et al., 2020). Unlike other terrorist networks, incel extremism is often decentralized, operating primarily through online networks and platforms where members reinforce grievances against society and further radicalize each other (Abbas & McNeil-Wilson, 2025).

As the incel movement continues to evolve, questions regarding the nature of the incel identity and its role in extremist violence emerge. For example, are incels an ideological group? Is there a spectrum of engagement that complicates deradicalization efforts? How does self-identification as an incel influence an individual's pathway to radicalization? To what extent do members shape their own identities to align with incel ideology? Where do individuals draw the line between ideology and action? Discussions on platforms like r/incelexit illustrate the tensions between disengagement and ideological reinforcement, highlighting the challenges of defining incel identity and tailoring deradicalization efforts (Gheorghe & Clement, 2025). Additionally, incel ideology's psychological underpinnings, which include a contradictory mix of idolization and resentment, play a critical role in shaping their extremist tendencies (O'Malley et al., 2020). Incel radicalization is not an isolated phenomenon, rather, it intersects with broader far-right extremism. The ideological pipeline connecting misogyny to white supremacist movements emphasizes the need to view incel violence within the larger framework of extremist radicalization (Gheorghe, 2024). Indeed, prior reports illustrate how incel beliefs align with, and feed into, broader extremist networks, requiring a comprehensive approach to countering incel extremism (Center on Extremism, 2018).

While numerous deradicalization programs exist to address Islamist and far-right extremism, few are designed specifically to disengage individuals from the incel ideology. Programs such as Prevent in the UK have made strides in engaging individuals at risk of

radicalization but significant gaps exist in addressing misogynistic extremism (Buran et al., 2025). Addressing misogyny is important as misogynistic attitudes are a risk factor for and predictor of future violent extremism and represents a concrete pathway to violence (Rottweiler et al., 2024). Organizational interventions that target misogynistic attitudes and incel radicalization therefore function as direct mechanisms of violence risk reduction, disrupting the attitudinal and behavioral precursors most proximate to targeted and mass violence. Understanding the effectiveness of existing models and adapting them to incel deradicalization is key to developing individualized, targeted, and upstream interventions (Costa et al., 2021).

This paper examines the structures, mechanisms, and challenges in incel deradicalization, with a focus on organizational approaches, specific rehabilitation strategies, and intervention methodologies. It seeks to understand the key features of success, including social reintegration, while also addressing the unique difficulties posed by online radicalization, the glorification of violence, and the decentralized nature of the incel identity. Additionally, this study explores the different levels of radicalization within the incel community and assesses the need for different approaches for individuals at varying degrees of ideological commitment. Finally, this paper considers the broader policy implications of incel deradicalization, identifying structural and institutional barriers that may hinder program development and implementation. This research provides recommendations for the future of incel deradicalization, emphasizing the need for interdisciplinary collaboration, upstream intervention strategies, and evidence-based programming. Addressing incel extremism requires an understanding of its ideological roots, the mechanisms of deradicalization, and the strategies that contribute to deradicalization, disengagement and positive reintegration into society.

Incel Ideology and Its Deradicalization Challenges

The term “incel” refers to men who feel unable to engage in romantic or sexual relationships (Hoffman et al., 2020). While many who identify with this label participate in online communities centered around shared frustration, not all advocate for violence (Costello & Buss, 2023). However, a subset of incels embrace violent misogyny and have committed indiscriminate mass attacks as a means of retaliating against perceived societal injustices. This ideological spectrum complicates efforts to address the incel movement with upstream

preventative approaches due to extreme differences between some members' passive, online grievances and others' real-world promotion of, and engagement with, acts of violence. For deradicalization practitioners, this heterogeneity presents a challenge, as intervention strategies must be calibrated to an individual's position on this extremist spectrum. Approaches effective for socially isolated individuals seeking connections may be inadequate for those who have embraced violence as justifiable.

Incel ideology is steeped in a misogynistic worldview that maintains rigid social hierarchies based on gender identity and expression and physical appearance. Williams and colleagues (2021) note that incels' specific male supremacist ideology frames their grievances in terms of a perceived societal betrayal by women and a feminist society, which favors "alpha males" over incels. This hierarchy fosters a narrative that vilifies women and reinforces feelings of incel victimization (O'Malley & Helm, 2022). Furthermore, incels frame mass violence as a strategic tool, driven by the belief that feminism threatens their male identity. Some members within the broader incel community perceive this indiscriminate violence as a justifiable response and use it to attract attention, seek revenge, assert their masculine identity, and force extreme political change (O'Donnell & Shor, 2022). These rigid hierarchical beliefs may create obstacles for deradicalization efforts. Unlike political or religious extremism, where ideology can be debated and challenged through counter-narratives, incel beliefs are intertwined with perceived lived experience and physical characteristics deemed immutable (Boldt et al., 2025).

The psychological dynamics within incel communities also play a crucial role in shaping and reinforcing incel ideology. Mental health issues are prevalent within the incel community, with members linking feelings of loneliness and despair to radicalized beliefs (Moskalenko et al., 2022). Research suggests that emotional distress and entitlement contribute to incel ideology by exacerbating grievances against women and society (Speckhard et al., 2021). Incels often distance themselves from traditional masculine societal standards while paradoxically maintaining adherence to beliefs that celebrate hypermasculinity (Glance et al., 2021). This interplay of conflicting identities and societal expectations underscores the complexities of incel ideology, where incels often feel simultaneously victimized and empowered.

Incel ideology is not an isolated phenomenon; rather, it is part of a broader societal issue that intertwines with far-right extremism, lionizing violent figures like Marc Lépine (DeCook & Kelly, 2021). Incels view such figures as martyrs for their cause and integrate the incel

worldview into the larger “gender war” narrative that fits within far-right perspectives on masculinity and social decay (Halpin et al., 2024). This alignment highlights how incels position themselves within a larger framework of male supremacy that parallels the narrative of far-right extremism. Further, this perspective highlights a common dependence on hypermasculine narratives, which portrays women as adversaries who obstruct male success and fulfillment.

Understanding the complexities of incel ideology is crucial for developing effective intervention and deradicalization strategies. Importantly, and as mentioned above, the incel community and its ideology are not monoliths. The majority of incels in a recent survey study reported mental health difficulties, and incel ideology only showed a weak association with radicalization (Moskalenko et al., 2022a). However, recent research developing a radicalization scale to measure radicalization found that 17% of incels surveyed scored above the midpoint, demonstrating high levels of radicalization (Moskalenko et al., 2022b). As such, incel ideology encompasses both socially isolated individuals seeking companionship, as well as those who embrace and justify violence. For this radical subset, incels’ perceived victimization and rigid views of male supremacy form an ideological foundation that can escalate into violence (Rottweiler et al., 2021).

Additionally, its overlap with broader far-right movements demonstrates the need for a multifaceted, upstream approach to countering its spread. Given these dynamics, deradicalization efforts must address both the ideological and psychological factors that contribute to incel identity formation. This requires a combination of psychological support and targeted intervention strategies that disrupt the distal risk factors and pathways that lead to radicalization. By examining the mechanisms of deradicalization, it is possible to develop programs that effectively counter incel extremism, while acknowledging the broader social structures that fuel the movement’s growth.

Mechanisms in Deradicalization and Disengagement

To counter incel extremism, it is essential to differentiate between deradicalization and disengagement, as these processes shape distinct intervention approaches. Deradicalization entails a fundamental ideological shift, whereby individuals abandon extremist beliefs that

justify violence, while disengagement refers to the suspension of violent actions or group participation without necessarily renouncing the ideology itself (Horgan, 2009). Psychosocial support, by contrast, refers to therapeutic and social interventions that address the underlying mental health needs, social isolation, and identity vulnerabilities that contribute to radicalization, but that do not directly target ideological content (Jugl et al., 2020). While psychosocial support is a necessary component of effective intervention, it is neither sufficient for disengagement nor equivalent to deradicalization. These three processes are complementary but distinct. Psychosocial support addresses the social conditions that sustain radicalization, disengagement interrupts participation and behavior, and deradicalization targets ideology itself. Conflating them risks overstating the impact of any single intervention and obscures actual outcomes. Operationally, disengagement is observable through behavioral indicators such as ceasing incel forum participation and re-engaging with prosocial networks. Research on r/IncelExit illustrates this in practice, documenting individuals who have behaviorally distanced themselves from online incel communities while retaining residual misogynistic beliefs (Gheorghe & Clement, 2025). Deradicalization, by contrast, requires attitudinal change, including reduced endorsement of misogynistic beliefs and identity reconstruction outside of incel frameworks (Gheorghe & Clement, 2025). In addition, communities such as r/IncelExit may therefore offer a provisional basis for developing evaluation indicators before formal programs exist. Importantly, these processes are not simultaneous. Effective intervention typically prioritizes behavioral stabilization and disengagement as proximate goals, with full ideological deradicalization understood as a longer-term and often more gradual process (Barrelle, 2014). Programming that demands ideological change before addressing behavioral risk may undermine engagement and produce neither. This distinction is particularly relevant in addressing radicalization as not all individuals who disengage from extremist communities undergo meaningful ideological change, putting them at risk of re-engagement (Altier et al., 2019).

One key mechanism of an individual's deradicalization is through the combination of push and pull factors. Push factors are negative internal group influences that drive individuals away from extremist ideology and pull factors are positive external influences that attract individuals toward pro-social engagement (Altier et al., 2014). A negative experience within the extremist organization (e.g., exposure to violence, disillusionment with the group's goals)

can act as a push factor and shift an individual towards disengagement (Altier et al., 2014). These dynamic shifts are influenced by the degree of satisfaction from involvement in the extremist organization, the sunk costs incurred, and the perceived availability of meaningful alternatives (Horgan et al., 2017). Weak social bonds to institutions, such as family and employment, undermine an individual's social control, thereby increasing their vulnerabilities to further radicalization while decreasing their likelihood of disengagement (Cherney et al., 2021).

Pull factors represent positive aspects of society that may draw individuals away from extremist organizations and disrupt their radicalization (Altier et al., 2014). Strong social bonds, such as familial commitments, employment, and community engagement, may draw individuals away from extremist activities. For instance, shifting priorities associated with aging (e.g., family responsibilities) often leads individuals to seek stability, fostering adherence to mainstream societal values (Cherney et al., 2021). Individuals can experience moral discomfort with their past affiliations while seeking meaning and fulfillment outside of extremism. Additionally, the pursuit of personal relationships, family life, and employment frequently facilitates disengagement from militant ideologies (Bertram, 2015). Amnesty programs and rehabilitative support from societal institutions may enhance the appeal of disengagement, as access to these resources incentivizes individuals to sever ties with extremist groups and reintegrate into society, aligning their identities with socially accepted norms and values (Horgan et al., 2017).

Experiences of exclusion and discrimination can function as both push and pull factors. While they may initially drive individuals toward radical ideologies, they can also highlight the necessity of alternatives that encourage reintegration into society (Reiter et al., 2021). This duality illustrates the complex interplay between negative societal experiences and the positive incentives provided by conventional lifestyles. Importantly, push and pull factors are dynamic, evolving in response to an individual's life circumstances and broader social contexts. This suggests the need for nuanced, adaptable approaches in deradicalization efforts. These factors are pivotal for developing effective intervention strategies that harness both the negative internal push away from the extremist organization and the positive external push towards constructive societal engagement. This fluidity in push and pull factors is complemented by Role Exit Theory (RET) and Shield of Resilience Theory (SRT). Indeed, RET focuses on

detachment from extremist identities and transitioning into new, socially integrated roles, while SRT explains a process of identity reconstruction, which emphasizes protective factors and sustained disengagement through personal, social, and structural support systems (Stephens & Sieckelinck, 2020).

Theoretical Underpinnings of Disengagement and Deradicalization

RET provides a framework for understanding the process of deradicalization and disengagement from extremist identities, emphasizing psychological and social transitions individuals experience when leaving deeply embedded roles. Abandoning a previous identity is not merely about rejecting ideology but also about reshaping one's self-concept and social connections (Ebaugh, 1988). RET helps explain how individuals transition from being committed extremists to adopting disengaged or deradicalized identities. The theory's stages - doubt, search for alternatives, action, and creation of a new identity - can be correlated with the disengagement and deradicalization processes observed among former extremists.

The initial phase of role exit, *doubt*, constitutes a turning point in the process of disengagement from extremist ideologies. Individuals often experience feelings of disillusionment with their extremist beliefs, prompting them to question their involvement in terrorist activities. Doubt may be triggered by personal experiences, failures of extremist groups, or exposure to alternative perspectives (Canter et al., 2012). This disillusionment is critical in motivating individuals to seek alternatives to extremist ideologies (Reiter et al., 2021). Educational programs focused on deradicalization often emphasize cognitive reframing, enabling individuals to develop critical thinking skills and explore counter-narratives that challenge their former beliefs (Mufti et al., 2022). As individuals move into the *search for alternatives phase*, they seek social connections outside their extremist networks, which relates to the social networks concept in RET. Supportive community and social structures are vital, as they provide positive reinforcement during the transition away from extremist groups (Raets, 2024). The *action* phase is characterized by individuals taking initiative to sever ties with extremist groups. While disengagement (e.g., action) often involves ceasing participation in violent activities, research highlights that achieving full ideological deradicalization is generally more complex (Raets, 2024). Finally, RET posits that successful disengagement leads

to the reformation of an individual's identity, anchoring them in a nonviolent reality separate from their extremist past. This identity reconstruction is essential to sustaining disengagement and reducing the risk of relapse into extremism (Veldhuis, 2012).

SRT complements RET by addressing factors that may help individuals maintain their disengagement and prevent relapse into extremist ideologies. SRT emphasizes the importance of psychological resilience, social reintegration, and structural support in fostering long-term distancing from extremist networks. This framework suggests that protective factors (e.g., social cohesion, supportive environments, etc.) shield individuals from radicalization and may hinder deradicalization when absent or countered by societal opposition (Doosje et al., 2016). Resilience, in this context, reflects how personal relationships, cultural ties, and social networks reduce susceptibility to extremist ideologies by fostering inclusion. However, when these supports are weakened through stigmatization, individuals may become further entrenched in their radical beliefs. This "shield of resilience" then complicates deradicalization efforts, as failing to incorporate existing social networks may alienate individuals rather than reintegrate them (Doosje et al., 2016). Without engagement in resilience-based frameworks, deradicalization programs risk being superficial or coercive while overlooking the need for identity reconstruction within a supportive community. Recognizing this balance is essential for developing upstream prevention approaches for intervention in incel ideology, as well as community-driven solutions which ensure long-term disengagement from extremism.

Understanding the dynamics between identity construction, resilience, and disengagement highlights the complexity of deradicalization efforts. Effective interventions must not only address ideological shifts, but also integrate social support structures that reinforce disengagement, deradicalization, and prevent relapse back into extremist ideology. This highlights the critical role of organizations dedicated to these efforts, which implement tailored programming designed to facilitate ideological transformation, social reintegration, and long-term stability for individuals exiting extremist movements.

Program Structures and Approaches

Structured deradicalization programs operate across government, community, and clinical settings, with each contributing distinct mechanisms which, when well-coordinated, offers the

most comprehensive response to extremist ideology. Deradicalization is not achieved through any single model but through the strategic layering of interventions across systems, with government frameworks providing structural scaffolding, community-based approaches supplying legitimacy and cultural relevance, and clinical interventions delivering the individualized attention that ideological disengagement ultimately requires. Williams (2021) situates these systems within a public health prevention framework, distinguishing between primary interventions targeting broad populations before radicalization takes hold, secondary interventions directed at individuals displaying early warning signs, and tertiary interventions focused on rehabilitation and reintegration for those already deeply involved in violent extremism.

Government-led programming helps to establish structural conditions. Government-sponsored deradicalization programs are characterized by methodologies that have been tailored to specific cultural contexts and incorporate a wide range of interventions, including psychological support, ideological reeducation, and community reintegration strategies (LaFree & Freilich, 2019). These programs emphasize the importance of situational prevention and community-level interventions which integrate partner agencies such as non-governmental organizations and other civil society actors for a holistic approach (LaFree & Freilich, 2019). Many European nations have adopted various frameworks, often focusing on upstream (e.g., early) intervention strategies and monitoring of at-risk individuals (Koehler, 2016). Saudi Arabia and Denmark illustrate how structural context shapes program design: the former relies heavily on government-mandated religious reeducation, while the latter prioritizes social integration, differences that reflect distinct theories of what drives radicalization in each context (LaFree & Freilich, 2019). Government programs should prioritize community engagement and local empowerment to increase the legitimacy and acceptance of deradicalization efforts (Mitchell, 2017). Although government-led approaches are generally considered structurally stronger than community-based alternatives due to their dedicated resources and formal accountability mechanisms, their efficacy can still be limited by inconsistent implementation, as seen in Indonesia (Ulyana & Riyansyah, 2021), and by stigmatization of participants, with evidence from Germany suggesting that discrimination impedes reintegration (Lautz et al., 2024). These limitations point to a tension between state security and rehabilitative goals that deradicalization programs pursue. This emphasizes the need for government efforts to

accompany rehabilitation programs with public awareness campaigns aimed at reducing stigma associated with deradicalization. Collaborative partnerships play a crucial role in overcoming reintegration stigmas by incorporating educational and social engagement initiatives. These efforts establish foundational frameworks for countering radical ideologies and enable early intervention by addressing underlying causes and vulnerabilities before individuals become involved in extremist activities (Saminov, 2025).

Where government programs help establish structural conditions, community-based approaches address a different concern: legitimacy. There has been a growing interest in community-based deradicalization models. They emphasize grassroots involvement by incorporating local knowledge and establishing community trust. One of the foundational aspects of this movement is the emphasis on social cohesion (Mufti et al., 2022). Community institutions play a vital role in countering radicalization by creating a supportive environment for those vulnerable to extremist ideologies. By implementing programs in correctional facilities and community centers, local governance can enhance public awareness of legal norms while working to rehabilitate individuals who have engaged in extremist ideologies (Mufti et al., 2022). Community workers and local policy can play a key role in interrupting radicalization pathways (Weisburd, 2022). Research suggests that such social interventions substantially influence community attitudes and are a key component of broader deradicalization efforts (Clubb et al., 2019). The Human Security Approach, for example, advocates for preventing violence through grassroots initiatives that strengthen social ties within communities. This approach involves addressing extremist ideologies and systemic factors that may lead to exclusion and isolation from mainstream society (van Broekhoven, 2018). These case studies show that radicalization is a social phenomenon, and that communities are therefore necessary partners in reversing and preventing it. Some governments have collaborated with organizations ranging from religious universities to community groups to promote deradicalization through educational programs (Misbah & Munfarida, 2023). The “pentahelix” model, as described by Subagyo (2021), suggests a multidisciplinary approach which involves academia, business, community, government, and media in addressing terrorism and supporting deradicalization, a cumulation of the principle that no single sector or setting holds the social capital required to address radicalization comprehensively. Despite these benefits, community-based deradicalization programs face significant challenges. Many

communities, particularly those that are marginalized, may resist engagement efforts, fearing state surveillance or criminalization (Widya, 2020). This resistance is not irrational; rather, it reflects a well-founded concern that deradicalization frameworks can function as surveillance infrastructures in which community workers become de facto intelligence gatherers (Zempi & Tripli, 2022). This skepticism about official interventions complicates the establishment of trust, which is vital for community-based approaches to succeed.

At the tertiary level, case management and therapeutic services addresses what neither government structures nor community programs can fully deliver: individualized, sustained intervention and accountability for those already deeply embedded in extremist ideology. Lewis and colleagues (2024) define case management as a structured, multi-stage process comprising identification, client assessment, case planning, service delivery, monitoring and evaluation, and transition or exit. This accommodates the individually tailored interventions that the literature consistently identifies as essential. As Khalil and colleagues (2023) emphasize through their ABC Model, effective deradicalization must address the specific attitudinal, behavioral, and relational configurations that sustain an individual's involvement in extremism, since disengagement can proceed through multiple pathways, including changes to social networks, identity, ideology, material needs, or psychological wellbeing. Critically, these pathways do not necessarily converge. An individual may disengage behaviorally while retaining ideological commitments, or vice versa, which means that uniform programming is insufficient by design. Implementation research reveals that multi-agency collaboration and staff expertise, while key facilitators of effective case management, frequently come into tension with the risk-oriented framework prevalent in national security contexts, which can undermine the trust-based relationships that these tertiary-level interventions depend upon (Lewis et al., 2024).

The clinical workforce sits at the intersection of these levels, translating structural frameworks and community knowledge into therapeutic practice. The mental health workforce has become essential in deradicalization efforts, particularly through focusing on community engagement, social reintegration, and support for at-risk individuals. Therapeutic support plays a key role in preventing radicalization, reducing violence, and supporting successful reintegration into society from extremist ideologies (Finch & McKendrick, 2019). Fields such as social work, have traditionally focused on the values of empowerment, social justice, and

community well-being, which uniquely positions social workers to support and address radicalization. Social workers, and other mental health providers, employ soft interventions (e.g., building trust) to address underlying grievances and vulnerabilities that may lead to radicalization (Mattsson, 2021). Clinical interventions often culminate in social support mechanisms that promote reintegration and discourage ideological relapse among former extremists (Finch et al., 2019). Khalil and colleagues (2023) reinforce this emphasis, arguing that interventions must be delivered by qualified providers and individually structured around assessed needs across the five outcome domains of networks, identity, ideology, needs, and wellbeing, rather than applying an uniform intervention. However, the integration of clinical practitioners into formal counter-terrorism infrastructure introduces ethical tensions that cannot be dismissed as implementation problems. The Counter Terrorism and Security Act in the UK places statutory duties on social workers to operate within the PREVENT agenda, leading to concerns about whether this framework compromises their core principles of care and support (Shall, 2023). When therapeutic relationships are instrumentalized for security purposes, the foundational conditions for effective clinical work (e.g., confidentiality, trust, client-centered goals) are placed under direct institutional pressure (McKendrick & Finch, 2017). These complications necessitate ongoing dialogue about best practices and ethical considerations in deradicalization.

Upstream prevention is central to addressing incel radicalization because extremist identity formation is best understood as a developmental and incremental process rather than a sudden shift. Research across psychology, criminology, and prevention science demonstrates that violent extremist ideologies emerge through the gradual reinforcement of grievance narratives, identity consolidation, and moral disengagement over time (Horgan, 2009; McCauley & Moskalenko, 2017). Intervening early in this trajectory allows for greater malleability of beliefs, values, and social attachments, whereas downstream interventions often occur after ideological positions have become more rigid and resistant to change. From a psychological perspective, upstream prevention targets distal risk factors such as social isolation, perceived injustice, gender-related grievances, and unmet needs for belonging and significance that precede ideological entrenchment (Doosje et al., 2016; Kruglanski et al., 2014). In the context of incel ideology, these factors are particularly salient, as feelings of rejection and humiliation often predate explicit adoption of misogynistic or violence-supportive

beliefs (Moskalenko et al., 2022). This developmental logic has direct implications for program design: interventions targeting incel radicalization cannot simply replicate frameworks developed for other extremist contexts. Instead they must be calibrated toward the specific grievance structures and online socialization dynamics through which incel identity is formed and maintained. Williams (2021) notes that evidence-based programs require an explicit theory of change that links intervention components to intended outcomes, and this standard is particularly important when designing upstream interventions for populations whose radicalization pathways are poorly understood. Across all levels of intervention, however, the field is hampered by evaluation deficits that limits the ability to draw confident conclusions about what works in practice. Marsden (2019) argues that without robust and transparent evaluation methods, it is difficult to determine whether observed changes in behavior or ideology are attributable to program participation or to other contextual factors. Koehler and colleagues (2025) reinforce this point, emphasizing that quality assurance in CVE programs must be embedded within a continuous improvement cycle that integrates scientific evidence, standardized intake and risk assessment processes, and structured evaluation mechanisms to ensure interventions remain both effective and adaptable to new and evolving threats. This standard remains inconsistently applied across the field (Lewis et al., 2024), and must be addressed if incel-specific deradicalization efforts are to move beyond ad hoc responses toward systematically evaluated practice. To assess the impact of incel deradicalization from programs and interventions, a systematic approach is necessary.

Methodology

This systematic review uses the Population, Intervention, Comparison and Outcome of Interest (PICO) framework to inform the identification of organizational approaches to incel deradicalization through systematic review. Rather than serving as a rigid structural template, PICO was used to sharpen the focus of the review by guiding the development of precise search queries and clarifying the analytical needs and eligibility requirements for the systematic review (Cumpston et al., 2021; Eriksen & Frandsen, 2018). This review examines existing literature across 11 databases to determine how intervention strategies impact the deradicalization and disengagement of individuals from incel ideologies. The database searches were conducted in

May of 2025. As terrorism studies constitute an interdisciplinary field, a wide range of databases were included, spanning psychology, criminology, as well as broader social sciences to ensure comprehensive coverage of the relevant literature. Databases and results are reported in Table 1.

Table 1 *Databases Searched and Results*

Database	Search Results
APA PsycArticles	0
APA PsycINFO	76
Criminal Justice (ProQuest)	186
Inter-university Consortium for Political and Social Research (ICPSR)	4
National Criminal Justice Reference Service Abstracts Database	0
Sage Journals	112
Social Sciences Citation Index	4
Social Sciences Full Text	1493
Social Science Premium Collection (ProQuest)	20
Taylor & Francis Online	168
Wiley Online Library	76
Total	2139

To be included in the present review, studies must have been published in peer reviewed journal articles or government or non-governmental organizational reports. Further, studies were required to evaluate outcomes of a clearly defined intervention. Finally, studies which did not explicitly mention incel ideology, extreme misogyny, or which were not published in English were excluded. The systematic review utilized the following Boolean search string built based upon the PICO framework identified in Table 2: ("incel*" OR "involuntary celibat*" OR "male supremacist*" OR "misogynist extremist*" OR "gender-based extremism" OR "online radicali*ation") AND ("deradicali*ation" OR "disengagement" OR "countering violent extremism" OR "CVE" OR "prevention" OR "rehabilitation" OR "intervention") AND ("success" OR "failure" OR "effectiveness" OR "recidivism" OR "barrier*" OR "reintegration" OR "risk factor*" OR "protective factor*" OR "program evaluation" OR "outcome*").

Table 2 *PICO Framework*

Population	Intervention	Comparison	Outcomes of Interest
Incels	Deradicalization Programs	No intervention / Alternative interventions	Factors influencing deradicalization, effectiveness, barriers, success, failure, recidivism

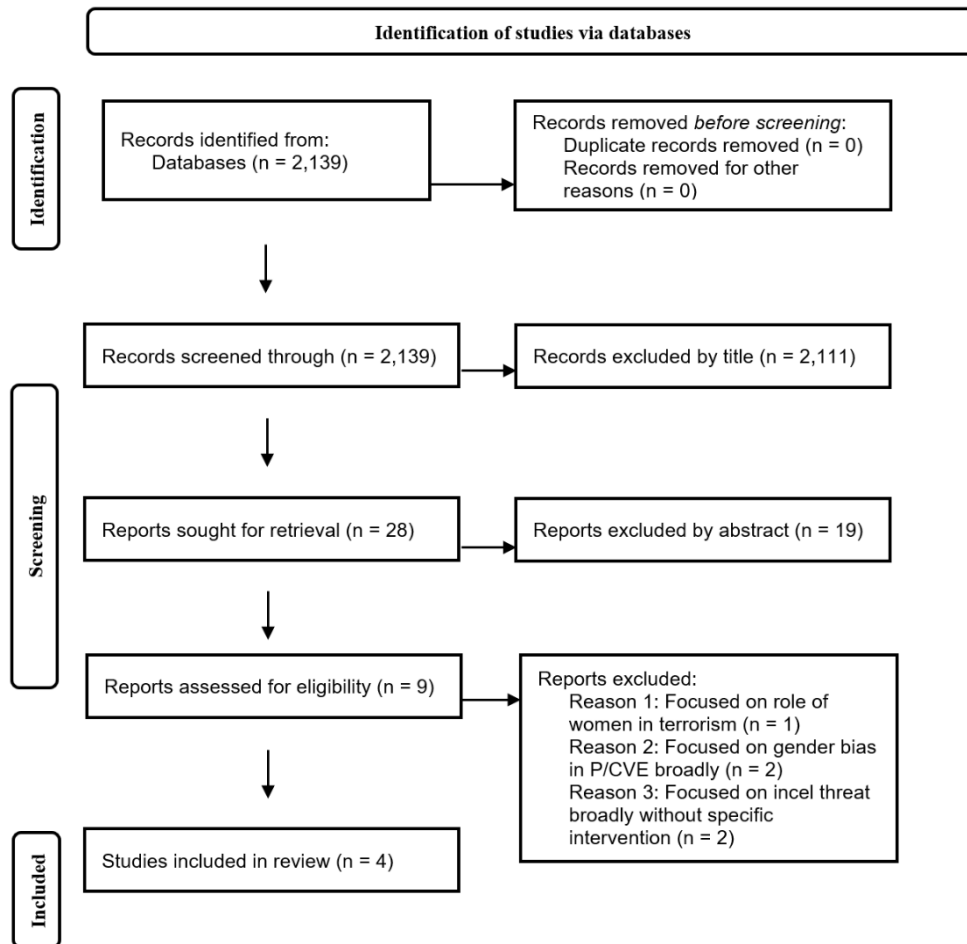
Title and Abstract Screening

The initial search produced 2,139 studies for review, which underwent a two-stage screening process. In the first stage, title screenings were conducted, which resulted in 28 studies meeting the inclusion criteria. Subsequently, a full abstract review was performed on these 28 studies, of which nine studies passed. At each stage, studies were required to meet two criteria: (1) clearly indicate a focus on incel ideology or extreme misogyny and (2) include an intervention focused on preventing or countering violent extremism.

Full Text Screening

Following a full text review of the nine studies, four were found to explicitly focus on interventions related to incel ideology or extreme misogyny. Five studies were removed during the full text screening for the following reasons: one study examined implicit gender bias in preventing and countering terrorism, specifically investigating how women are typically only perceived as the victims rather than the perpetrators of terrorism and are thus excluded from traditional intervention programs. Two studies addressed the notable absence of extreme misogyny, including incel ideology and the broader Manosphere, within prevention and countering terrorism frameworks. These studies were primarily critiques of existing programs rather than studies of current organizations or interventions. The final two studies were excluded because they focused on the threat of incel violence broadly instead of addressing specific intervention or prevention strategies. Figure 1 visualizes the flow diagram for the literature search and screening process.

Figure 1 *Literature Search and Screening Flow Diagram*



Included Studies

Four studies collectively inform the themes that emerged from the thematic analysis. Frounfelker and colleagues (2025) place extreme misogyny within broader structural and societal contexts of misogyny and extremist ideologies and emphasize how clinical presentations of misogyny reflect deeper patterns of discrimination. They studied a Canadian violent extremist clinic located in Quebec, focused on addressing mental health, positive identity development, and cognitive flexibility. Using mixed methods including retrospective chart review and a clinical focus group, the study examined both clinical and sociodemographic characteristics of individuals presenting with male supremacist ideologies.

Broyd and colleagues (2023) examined mental health disorders (e.g., depression) among incels and discussed challenges associated with disengagement as a result. They endorsed

clinical approaches that address self-reported beliefs about victimhood and alienation and supported direct engagement with current and former incels to collaboratively develop treatments while acknowledging the difficulties of accessing such groups. The study employed a narrative literature review methodology.

Upstream prevention and intervention were addressed in two included studies. The first, Dufault and colleagues (2024), identified college students as agents in addressing extreme misogyny through bystander intervention programming, emphasizing the importance of empathy, communal responsibility, and the formation of peer groups. The study used semi-structured interviews with undergraduate students involved in sexual violence prevention. The second, Arbeit and colleagues (2025), emphasized focusing on early warning signs through preemptive (e.g., upstream) measures and argued that inadequate policies often perpetuate frameworks that enable misogyny by focusing on punitive, rather than restorative, approaches. The study conducted a critical needs assessment using semi-structured interviews with college staff.

Analysis

We used thematic synthesis to identify key themes regarding intervention in incel ideology and misogynistic extremism. Thematic synthesis occurs in three steps: (1) coding text, (2) descriptive theme development, and (3) generation of analytic themes (Thomas & Harden, 2008). A line-by-line analysis was performed, and relevant text was extracted and coded inductively. This approach enabled the translation of concepts across studies, allowing for themes to emerge from the data (Thomas & Harden, 2008). Thematic analysis was chosen to allow for greater methodological flexibility in exploring organizational responses to incel ideology. To maintain reflexivity throughout the analysis, an audit trail containing logs of the codes and reflective notes were maintained to minimize the risk of researcher bias (Finlay, 2002; McMahon et al., 2022).

Results

Three themes emerged from this research: Barriers to Intervention, Changes in Clinical Approaches, and Professional Requirements.

Barriers to Intervention

This theme explores macro-level (e.g., policy) obstacles that may act as barriers to intervention in cases involving incel ideology. The barriers exist across three subthemes: service coordination, limitations, and individual vs. institutional boundaries. This theme exposed a fundamental disconnect between the need for intervention and the capacity to provide it at a systematic level. Indeed, despite an identified need from multiple stakeholders (e.g., university staff, primary care providers, etc.), appropriate training and educational frameworks are lacking. These macro-level barriers create systems where intervention may be recognized as important yet poorly implemented due to unclear programmatic policies and conceptual confusion, resulting in gaps in effectively addressing incel deradicalization efforts.

Changes in Clinical Approaches

This theme captures a required shift in clinical practice at the meso level (e.g., programmatic) when addressing incel ideology. This shift exists across two subthemes: specialized clinical engagement and risk assessment and management. This reflects a shift from more traditional therapeutic models towards individualized approaches that integrate a provider's ideological knowledge and understanding of proactive community-based prevention efforts with ongoing risk assessments that promote safety while avoiding the marginalization of vulnerable populations. Overall, meso-level programmatic guidance must shift to ensure ideological expertise, understanding of community-based prevention programming, and the development of assessment frameworks which avoid stigmatization.

Professional Requirements

This theme identifies the highly specialized knowledge and skills required at the micro level (e.g., individual clinicians, staff) for professionals to effectively respond to incel ideology. There are two subthemes: digital literacy and professional training. This theme highlights the necessity of a specialized knowledge and skillset related to navigating online spaces as well as the importance of developing individually tailored interventions. Effective intervention requires a familiarity with digital forums, algorithmic patterns, and digital literacy where incel ideology is debated and spread, and an understanding of the recruitment tactics used to draw an individual into this belief system. Altogether, this theme represents the need for a fundamentally new skill

set for clinicians, one which integrates interdisciplinary training in fields such as extremist studies and digital literacy, while maintaining their own professional judgement about distinguishing mental health needs from ideological strain.

Beyond foundational digital literacy and formal training, clinicians require a set of applied competencies that enable safe, ethical, and effective engagement with individuals expressing incel-related beliefs. Research consistently demonstrates that success in this area depends less on ideological confrontation and more on clinicians' ability to tolerate ambiguity, manage affective intensity, and differentiate between psychological distress and ideological rigidity without collapsing the two (Corner & Gill, 2015; Horgan, 2009). Clinicians must be able to distinguish between both misogynistic beliefs functioning as maladaptive coping mechanisms for loneliness, depression, or social anxiety, and beliefs that reflect moral disengagement, identity fusion, and justification of violence. This requires structured, flexible risk formulation rather than reliance on belief endorsement alone as a proxy for dangerousness (Holbrook & Horgan, 2019; Veldhuis, 2012). Pathologizing ideological content risks alienation, while underestimating risk may compromise safety. Providers should engage in continuous, iterative assessment that considers intent, capability, grievance amplification, and trajectory over time (Cherney et al., 2021). Critically, clinicians must be equipped to distinguish between misogynistic rhetoric and indicators of credible movement toward targeted violence. The presence of misogynistic beliefs, while concerning, does not in itself constitute actionable risk. Indicators warranting escalation to structured threat assessment include explicit targeting of individuals or groups, acquisition of weapons, increasing isolation from moderating voices, and leakage (Collins et al., 2024).

Discussion

Findings suggest that different levels of ideological involvement require nuanced intervention strategies. Importantly, this requires the successful differentiation between two fundamentally different groups within the incel ideology: individuals who hold incel beliefs versus those who have been radicalized. Belief represents cognitive conviction that, while harmful, may not escalate into violence. Radicalization, however, involves extreme interpretations categorized by rigid "us versus them" thinking, justification of extreme measures, severance of ties with

moderates, acceptance of violence as legitimate, and lifestyle changes that reinforce these extremist views (Holbrook & Horgan, 2019). The term radicalization is important as it helps identify individuals who support violence and may engage in planning or preparatory behaviors. This distinction is critical as many individuals who hold extremist beliefs will never commit an act of terror (Schuurman, 2021). Critically, this distinction also has direct implications for violence risk reduction: organizational interventions that successfully move individuals away from radicalized positions produce measurable reductions in proximate risk factors for violence. Programs should therefore articulate explicit theories of change that link interventions to specific measurable outcomes, enabling practitioners to demonstrate both behavioral disengagement and violence risk reduction. The nuance of these stages requires organizational policy shifts which prioritize the creation of specialized clinical teams to work with this population and suggests that traditional, generic services are insufficient for intervening. While disengagement represents a realistic and measurable short-term outcome, particularly given the early state of incel-specific programming, the longer-term goal of intervention remains full ideological deradicalization, and program design should account for both trajectories. The interventions discussed in this review are theoretically promising but not yet empirically validated. This is consistent with Morrison and colleagues (2021), who found that across the broader deradicalization literature, few studies meet rigorous quality benchmarks or employ comparison groups. Future program development must prioritize rigorous evaluation designs.

Individuals aligned with incel ideology often exhibit deep skepticism toward institutions and authority figures, perceiving therapeutic engagement as judgmental or coercive. Research in extremist disengagement emphasizes that therapeutic alliance is one of the strongest predictors of sustained engagement and eventual disengagement (Horgan et al., 2017). Clinicians must adopt a stance that validates emotional experiences without accepting ideological conclusions, drawing from motivational interviewing and trauma-informed care practices, which prioritize curiosity, perspective-taking, and affect regulation over direct belief challenge (Doosje et al., 2016; Stephens & Sieckelink, 2020). Additionally, these approaches support disengagement by helping clients construct alternative narratives that preserve dignity while expanding identity beyond grievance-based roles (Ebaugh, 1988; Webber et al., 2018). This may be accomplished through exploring masculinity scripts, relational expectations, and internalized hierarchies in a way that fosters flexibility rather than shame. Importantly, identity

reconstruction is a gradual process and should be paced to avoid destabilization, particularly for individuals whose extremist ideology functions as a primary source of meaning or belonging.

Engaging individuals who hold misogynistic beliefs raises ethical tensions that organizations and clinicians must navigate explicitly. A gender-sensitive practice framework requires that empathetic engagement with individuals expressing incel-related beliefs never come at the expense of accountability to the harm those beliefs cause, particularly to women and girls. This means practitioners must hold two commitments simultaneously: validating the psychological distress and unmet needs that may underlie incel identity, while maintaining firm boundaries against the normalization of misogynistic, violent, or threatening content (Sparks et al., 2022). Organizations risk losing legitimacy on two fronts, being perceived as too sympathetic to harmful ideologies by the broader public, or as too punitive and coercive by the individuals they are trying to engage. Navigating this tension requires transparent program frameworks that articulate both the rehabilitative goals of intervention and the non-negotiable limits of acceptable behavior, ensuring that empathy is not mistaken for endorsement (Broyd et al., 2022). Additionally, victim perspectives must be integrated into program design and evaluation, ensuring that the safety and experiences of victims are not rendered invisible by an exclusive focus on the perpetrator population. This reflects a broader principle in gender-sensitive practice. That effective deradicalization of misogynistic extremism cannot be achieved without simultaneously addressing the gendered harm it produces (Arbeit et al., 2025; Dufault et al., 2024).

While this paper acknowledges upstream prevention approaches such as counter-narratives and public awareness campaigns, the scope of this review is focused on tertiary prevention, specifically disengagement and deradicalization for individuals already engaged with incel ideology. Programs such as bystander intervention trainings and awareness campaigns may help to address recruitment tactics and ideological content related to incel ideology. Such upstream approaches are intended to combat misogyny within society. By contrast, individually tailored interventions should be reserved for those who have undergone radicalization. This distinction mirrors the difference between general bystander intervention approaches and direct engagement with individuals committed to extremist violence. Our findings, however, reveal barriers which complicate this distinction. Fragmented services,

institutional limitations, and confusion about categorizing incel ideology create critical gaps. To address these challenges, a comprehensive framework that aligns with the Social Ecological Model (SEM) is necessary. The SEM views health as being influenced at three interconnected levels: micro (e.g., individual), meso (e.g., community, familial), and macro (e.g., policy, law) (Kilanowski, 2017). Preventing and addressing the extreme misogyny normalized in incel ideology requires intervention across all three levels.

At the micro level, therapeutic approaches and deradicalization programs should target personal beliefs and behaviors. Our findings suggest that working with this population requires a deep knowledge of the ideology, including an understanding of their specific language and belief system. Use of Koehler's (2025) ideological triangle framework offers clinicians a more nuanced understanding of how incel beliefs are individually structured, enabling more targeted and theoretically grounded decisions about ideological counseling techniques across the disengagement process. For example, professionals must learn to navigate evolving online ecosystems and understand the symbols and in-group references unique to incel ideology, while recognizing the process as ongoing and iterative due to the fast-paced nature of online movements. Beyond digital competencies, there is a crucial need for education that addresses the complexity of incel ideology in direct client interactions, where a central challenge is treating underlying mental health concerns without validating the incel worldview. Professionals must develop proficiency in recognizing early warning signs that distinguish distress from radicalization while considering how gender-related grievances intersect with individual incel identity development within broader radicalization pathways.

At the meso level, interventions should focus on societal reintegration through the strengthening of family relations and creation of peer networks that may act as moderating voices to counter the influence of extremists. Organizationally, efforts to adequately train key stakeholders (e.g., mental health providers, law enforcement personnel) to recognize warning signs and respond appropriately are paramount (Arbeit et al., 2025). Finally, at the macro level, interventions should address structural factors, such as funding public awareness campaigns, prevention programming, and the development of policies which promote sustainable change (Dufault et al., 2024). This multi-level approach recognizes that change requires a coordinated effort across all ecological levels rather than focusing solely on individual-level solutions, thereby addressing the fragmented responsibility and confusion that may impede

deradicalization efforts. Importantly, misogynistic extremism should not be viewed as merely a component or feature of other forms of extremism. Instead, it should be seen as an independent motivator and driver for radicalization, requiring specialized knowledge of targeted intervention strategies designed specifically for this threat.

Conclusion

Critically, the scarcity of literature found in this study may reflect not just an understudied domain, but rather the absence of formalized organizational responses to incel deradicalization in practice. This distinction has profound implications for both research priorities and policy development. The four included studies represent early explorative efforts and clinical observations rather than evaluations of established programs, suggesting the field remains in a pre-paradigmatic state where intervention frameworks have yet to be systematically developed or implemented. This absence represents a critical vulnerability in deradicalization, leaving practitioners without evidence-based frameworks. This systematic review begins to address this gap by synthesizing existing evidence and identifying intervention priorities. However, a broader disconnect between research and practice has been identified in the deradicalization field more generally, where training programs and academic literature have been found to be poorly aligned with one another (Koehler & Fiebig, 2019). This is consistent with broader findings in the deradicalization literature, where despite large volumes of initial research, few studies meet quality benchmarks or employ comparison groups (Morrison et al., 2021). Direct evaluation of organizations delivering incel deradicalization programs, alongside efforts to better align research with practitioner realities, therefore remains a critical area for future work. Future research should prioritize the development of case studies and program reviews to bridge the gap between theory and practice. This would provide practitioners with evidence-informed guidance for working with individuals engaged in incel ideology. Additionally, future research should focus on developing practical tools that enable practitioners and organizations to justify resource allocation and demonstrate measurable risk reduction outcomes, which will be essential for securing sustained investment in incel deradicalization efforts.

This finding must be distinguished from methodological limitations of our review. Our search was restricted to English publications and peer-reviewed sources, potentially excluding

gray literature or international programs. More fundamentally, however, the absence of established deradicalization frameworks tailored to incel ideology reflects the current state of practice rather than a gap in our search strategy. While we suggest such programming would need to be specialized, the specific components and methodologies are not yet developed and our understanding of how to systematically identify and address various vulnerabilities remains limited despite early research aimed at identifying risk factors and pathways which may lead to incel violence (Collins et al., 2024). Finally, the emphasis on early intervention, while theoretically sound, presents practical challenges in terms of identification and engagement of at-risk individuals, especially for children (Knudsen, 2018; Stanley & Guru, 2015). This study reveals that despite growing threats of incel violence, scant research exists on specialized deradicalization programs.

We examined over 2,000 research articles and only four addressed interventions for incel ideology. This highlights a significant gap in counterterrorism efforts. Further, we propose that effective intervention requires a multi-level approach which involves individual and community-level involvement, as well as policy solutions. Effective practice depends on collaboration with community services that allow clinicians to address social isolation. It requires a clinically sophisticated, ethically grounded, and systemically supported workforce capable of navigating identity, risk, and prevention simultaneously. Without investment in these competencies, clinicians may be left ill-equipped to intervene early, increasing reliance on downstream responses that are costly, coercive, and less likely to result in sustained deradicalization. Moving forward requires collaboration between researchers, practitioners, and policymakers to develop evidence-informed interventions and solutions for incel deradicalization.

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