VIOLENT EXTREMISM

A HANDBOOK OF RISK ASSESSMENT AND MANAGEMENT

EDITED BY

CAROLINE LOGAN
RANDY BORUM
PAUL GILL

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and management*

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⌂UCLPRESS

This book is dedicated to the victims of terrorism in whose memory we dutifully serve.

This book is also dedicated to practitioners working in the field of violent extremism who persistently and thoughtfully toil on the front lines of harm prevention and mitigation, since they are the impetus for the book.

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List of abbreviations

3Ds model	Drivers, destabilizers and disinhibitors
5Ps model	Problem, predisposing, precipitating, perpetuating and protective factors
AAPL	American Association of Psychiatry and Law
ABA	American Bar Association
Am.Psych.	American Psychiatric Association
APA	American Psychological Association
ASIS	American Society for Industrial Security
ATAP	Association of Threat Assessment Professionals
B-SAFER	*Brief Spousal Assault Form for the Evaluation of Risk*
BTAC	Behavioral Threat Assessment Center (US)
CITF	Criminal Investigative Task Force (US)
CMT	Case management team (VFTAC)
CPN-PREV	Canadian Practitioners Network for the Prevention of Radicalization and Extremist Violence
CREST	Centre for Research and Evidence on Security Threats (UK based)
CT	Counter terrorism
CTAP-25	*Communications Threat Assessment Protocol-25*
CVE	Countering violent extremism
CVR	Countering violent radicalization
DH	Department of Health (England and Wales)
DMH	Department of Mental Health (US)
DNI	Directors of National Intelligence (US)
DoD	Department of Defense (US)
EARL-20B	*Early Assessment Risk List for Boys*
EARL-21G	*Early Assessment Risk List for Girls*
ECSP	Exceptional Case Study Project (US)
EDT	European Database of Terrorist Offenders
ERG 22+	*Extremism Risk Guidance*
ESL	Electromagnetic Systems Laboratory Incorporated (US)

FBI	Federal Bureau of Investigation (US)
FRG	Fixated Research Group
FRP	Fixated Research Project
FRQSC	Fonds de recherche du Québec (Canada)
FTAC	Fixated Threat Assessment Centre
FVEY	Five Eyes, a collaboration of national-level investigative and security services in Australia, Canada, New Zealand, the United Kingdom and the United States
GP	General (medical) practitioner
GRIEVANCE	*Gauging the Risk of Incidents of Extremist Violence Against Non-Combatant Entities* (European Union)
HCR-20 V3	*Historical, Clinical, and Risk Management-20 Version 3*
HIPAA	Health Insurance Portability and Accountability Act (US)
HMPPS	His Majesty's Prison and Probation Service (England and Wales)
HMS	Harvard Medical School (US)
IACP/LE	International Association of Chiefs of Police/Law Enforcement
IRA	Irish Republican Army
ISB	Intelligence Science Board (US)
ISIS	Islamic State of Iraq and Syria
JACA	Justification-Alternatives-Consequences-Ability
LAGFV	Lone actor grievance-fuelled violence
LGBTQ+	Lesbian, gay, bisexual, transexual, queer, plus
MAPPA	Multi-Agency Public Protection Arrangements (England and Wales)
MGH	Massachusetts General Hospital (US)
MLG	*Multi-Level Guidelines*
NASSP	National Association of Secondary School Principals (US)
NASW	National Association of Social Workers (US)
NDIS	National Disability Insurance Scheme (Australia)
NHS	National Health Service (UK)
NOMS	National Offender Management Service (England and Wales, now replaced by HMPPS)
NSW	New South Wales (Australia)
ODNI	Office of the Director of National Intelligence (US)
OECD	Organisation for Economic Co-operation and Development
OPD	Offender Personality Disorder (OPD) Pathway (England and Wales)
PHI	Protected Health Information (US)

PIV	*Path to Intended Violence*
POI	Person of interest
PROVA	Preventing Violent Radicalization (Italy)
PVR	Preventing violent radicalization
QFTAC	Queensland Fixated Threat Assessment Centre (Australia)
RADAR-iTE	*Rule-based Analysis of potentially Destructive offenders for the assessment of the Acute Risk - Islamist Terrorism*
RAN	Radicalisation Awareness Network
RATED	*Risk Assessment Tools Evaluation Directory*
RMA	Risk Management Authority (Scotland)
RMWG	Risk Management Working Group
RNR	Risk–Need–Responsivity model
RSVP	*Risk for Sexual Violence Protocol*
RTI	Research Triangle Institute
SARA	*Spousal Assault Risk Assessment*
SAVRY	*Structured Assessment of Violence Risk in Youth*
SERE	Survival, Evasion, Resistance and Escape (US)
SHRM	Society for Human Resource Management
SLATT	State and Local Anti-Terrorism Training (US)
SPJ	Structured professional judgement
SRG	*Structured Risk Guidance*
SSE	System Service Enhancements (Australia)
STAC	Stalking Threat Assessment Centre (UK)
START	*Short-Term Assessment of Risk and Treatability*
SVR-20	*Sexual Violence Risk-20*
TAM	Threat assessment and management
TRAP-18	*Terrorist Radicalization Assessment Protocol*
UJ	Unstructured judgement
UNESCO	United Nations Educational, Scientific and Cultural Organization
VE	Violent extremism
VERA-2	*Violent Extremism Risk Assessment Version 2*
VERA-2R	*Violent Extremism Risk Assessment Version 2 Revised*
VFTAC	Victorian Fixated Threat Assessment Centre (Australia)
VR	Violent radicalization
VRAG-R	*Violence Risk Appraisal Guide-Revised*
VRAM	Violence risk assessment and management
VR/TAM	Violence risk/threat assessment and management

List of contributors

Caroline Logan, DPhil, is a Lead Consultant Forensic Clinical Psychologist in Greater Manchester Mental Health NHS Foundation Trust and Honorary Senior Lecturer at the University of Manchester in England. She has worked as a researcher and as a clinician in forensic mental health and criminal justice services in the UK for over 25 years. In addition, she holds consultancy roles with several national health and criminal justice agencies that look after and manage large numbers of at-risk clients, examining risk assessment and management practice and procedures and proposing and evaluating change. She has ongoing research interests in risk, violent extremism, personality disorder and forensic clinical interviewing.

Randy Borum, PsyD, is a Professor, Director of the School of Information (iSchool), and Director of Intelligence and National Security Studies at the University of South Florida. As a board-certified forensic psychologist, he supported three Directors of National Intelligence (DNI) on the Intelligence Science Board (ISB). He has taught courses on terrorism, intelligence analysis and criminal psychology and is author/co-author of more than 175 professional publications. In addition to having served as a sworn police officer for municipal departments in Maryland and Florida, he has been an instructor since 1999 with the Bureau of Justice Assistance's State and Local Anti-Terrorism Training (SLATT) Programs for Investigations and Intelligence and has worked as a Senior Consultant to the US Secret Service.

Paul Gill is Professor of Security and Crime Science at University College London. His interests focus on the behavioural underpinnings of violent extremism. He has over 100 publications on terrorist behaviour, including one solo-authored book and two co-edited books. He currently leads a five-year €1.5 million European Starter Grant project entitled *Gauging the Risk of Incidents of Extremist Violence Against Non-Combatant Entities* (GRIEVANCE), which seeks to develop the empirical basis for measuring the risk of radicalization and terrorist violence across several units of analysis.

Sébastien Brouillette-Alarie, PhD, is an associate professor at the École de criminologie of the Université de Montréal and the scientific coordinator of the Canadian Practitioners Network for the Prevention of Radicalization and Extremist Violence (CPN-PREV), which is located at the Université du Québec à Montréal. His areas of expertise are risk assessment, prevention of violent radicalization, prevention of sexual violence and psychometry. In the last five years, he has conducted systematic reviews on online radicalization, prevention and intervention programmes in the field of violent radicalization, trajectories in and out of violent radicalization, and risk assessment tools for violent radicalization.

Frank R. Farnham, PhD, is a Consultant in Forensic Psychiatry at the North London Forensic Service and Honorary Associate Professor of Security and Crime Science at the Jill Dando Institute of Security and Crime Science, University College London. He is a founder member of the Fixated Research Group, a consultant at the Fixated Threat Assessment Centre (FTAC) and consultant at the Stalking Threat Assessment Centre (STAC), which are based in the UK. He has published widely on stalking, threat assessment, threats to public figures and grievance-fuelled violence.

Robert A. Fein is a forensic and national security psychologist who has worked for nearly 40 years to understand and help prevent targeted violence. In his 20 years working with the US Secret Service, he co-led two major operational studies of targeted violence: one on assassination, the other on school attacks. He has served as a member of the US Director of National Intelligence's Intelligence Science Board and Advanced Technology Board, and now serves on the Intelligence Community Studies Board. He is a consultant to the FBI's Behavioral Analysis Unit 1 and to the FBI's Behavioral Assessment Program. He received the American Academy of Forensic Psychology's Award for Distinguished Career Contributions to Forensic Psychology in 2003, and the Association for Threat Assessment Professionals' Distinguished Achievement Award in 2014.

Stephen D. Hart is Professor of Clinical and Forensic Psychology in the Department of Psychology and Associate Member in the School of Criminology at Simon Fraser University in Vancouver, Canada; a Director and Threat Assessment Specialist at Protect International Risk and Safety Services Inc.; and a consultant at the Regionalt kompetansesenter for sikkerhets, fengsels- og rettspsykiatri in Bergen, Norway. His research and practice focus on violence risk and psychopathic personality disorder.

Ghayda Hassan is a clinical psychologist and professor of clinical psychology at the Université du Québec à Montréal, Canada. She is also

director of the Canadian Practitioner Network for the Prevention of Radicalization and Extremist Violence (CPN-PREV), a United Nations Educational, Scientific and Cultural Organization (UNESCO) co-chair in Prevention of Radicalization and Extremist Violence, and chair of the Independent Advisory Committee of the Global Internet Forum for Countering Terrorism. Additionally, she is a researcher and senior clinical consultant with the SHERPA University Institute team on Research and Action on Radicalization and Social Suffering, a member of the Royal Canadian Mounted Police management advisory board, the Independent Advisory Board of the Global Internet Forum to Counter Terrorism, and the expert advisory group on revised legislative and regulatory frameworks for harmful content online.

Sarah Ousman is a doctoral candidate in psychology at the Université du Québec à Montréal and a Fonds de recherche du Québec (FRQSC) scholarship holder. Her thesis focuses on violence risk assessment related to radicalization and extremism. Sarah is interested in clinical intervention in the context of radicalization, transcultural psychology and in working with women refugees. She is the Mapping Coordinator at the Canadian Practitioner Network for the Prevention of Radicalization and Extremist Violence (CPN-PREV).

Michele T. Pathé, PhD, is Adjunct Professor of Forensic Psychiatry at Swinburne University, Melbourne, Australia. She was a founder member of the Fixated Research Group, which culminated in the establishment of the world's first Fixated Threat Assessment Centre (FTAC) in the UK. She was instrumental in developing similar joint police-mental health operations in Australia. She is widely published in the fields of stalking, public figure fixation and lone actor grievance-fuelled violence, including lone actor terrorism. She co-authored the risk assessment tool, the *Stalking Risk Profile*, and threat assessment tools used in FTAC settings.

Bettina Rottweiler is a post-doctoral research fellow at University College London. Her interests focus on (a) developing the scientific evidence base for risk and protective factors for violent extremist attitudes and intentions via large scale general population surveys, (b) understanding the link between misogyny and violent extremism and (c) the functional roles of conspiracy mentalities in the emergence of radicalization. She currently leads a one-year Centre for Research and Evidence on Security Threats (CREST) project entitled *Conspiracy Theories and Extremism*, which is undertaking a series of surveys within the UK.

Ronald Schouten, MD, JD, is the Director of the Forensic Psychiatry Fellowship at Saint Elizabeth's Hospital in Washington, DC and an Associate Professor of Psychiatry at Harvard Medical School (HMS). He previously directed the Massachusetts General Hospital (MGH) Law and Psychiatry Service and MGH-HMS Forensic Psychiatry Fellowship Program. He is the past president of the New England Chapter of the Association of Threat Assessment Professionals (ATAP) and currently chairs ATAP's Governmental Affairs Committee. He has served as a subject matter expert on multiple threat-related working groups in the US, including the Amerithrax Expert Behavioral Analysis Panel. He is the behavioural health consultant to the threat assessment teams of multiple Fortune 100 companies and is a Certified Threat Manager.

Lee M. Vargen, MA, is a doctoral student in clinical-forensic psychology at Simon Fraser University in Vancouver, Canada. His clinical training has included placements in correctional institutions, hospitals and outpatient clinics where he has trained in violence risk assessment and psychological treatment. His research focuses on the assessment and management of violence risk, specifically for sexual and extremist violence.

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We would like to thank the individual members of the Risk Management Working Group and their respective employers for their encouragement and support for the work presented here. We would also like to acknowledge our law enforcement partners who have helped us to understand violent extremism and extremists, think more clearly about extremism-related challenges, ask better questions and stay relevant.

Introduction

Randy Borum, Caroline Logan and Paul Gill

Consider, if you will, the following scenarios.

A law enforcement investigator is following up on a lead from a concerned citizen. In recent months, a young man who lives with his parents just three houses away has become more strident and 'aggressive' in his open disdain for a particular ethnic minority group. Although the complainant says 'he has always been a bit of a strange one', the escalation in his tone and some recent statements she regards as 'threatening' have prompted her current concern. She says that recent mass shootings in the news 'got me thinking'. She had mentioned her concerns to the young man's mother, who said 'he's just been getting that stuff from the internet. They've been firing him up', and insisted that 'it's not a big deal' and 'probably just a phase'. The initial report attested that there were multiple firearms in the house but acknowledged that 'everybody out here owns guns'.

A psychologist in a regional psychiatric hospital is pondering the case of a patient who was involuntarily committed due to concerns that 'as a result of a mental disorder, he posed a potential threat to himself or others'. Local police apprehended the patient near the home of a well-known political representative. When questioned, he spoke openly and at length about how the politician's entire political party was involved in a large child sex-trafficking scheme and that they are 'murdering kids every day', declaring that 'somebody needs to stand up for those kids'. The man did not have any weapons on his person, but an assault-style rifle and a semi-automatic pistol were found in his vehicle, nearby. When police asked why he was in the area, he said he was 'keeping an eye on 'em and making sure they can't get to any more kids'. The patient's record reflects a history of prior contact with law enforcement and the mental health system. The patient says that his actions are just 'patriotic'. In his view, he does not need to be in a hospital, nor does he need treatment. The 72-hour

mark is approaching when the clinician must decide whether to release the individual or petition for further involuntary treatment.

A probation officer working in a team that monitors people released from prison following their conviction for terrorism-related offences is concerned about a young man on their case list. The young man is in his late teens and was originally prosecuted because one of his internet-enabled devices contained a large amount of proscribed material relating to a terrorist organization in another country. Subsequent investigations showed that he had downloaded these materials and shared them with a group of like-minded young men on an encrypted smartphone app. Given his age and the fact that he had no prior convictions, he was given only a short sentence. But while in prison he associated with young men with more extreme views than his own, and he is now regarded with concern. He is to be released from prison in the coming week, but intelligence has just been received that suggests he plans to link up with associates of his prison peers who are on a police watchlist for suspected terrorist attack planning.

Sadly, scenarios like these are not uncommon. But what should the law enforcement investigator, the psychologist and the probation officer do? Does the investigator's case require a response? If so, what kinds of responses should they consider, and how might they choose from the options available? What additional information will be needed to guide this process? When additional information becomes available, how should the investigator decide when to respond and what a good outcome could be? Similarly, how will the psychologist decide whether to recommend their patient's release? What kinds of outcomes might they be concerned about? How do they balance the individual's liberty interests against the potential threat to public safety and justify that decision? If the patient will be released, are there ways to mitigate the psychologist's concerns about the patient's potential for future harm? And how might the probation officer develop what they know about the young person soon to be released from prison – what sort of information would be helpful to understand the risks he may pose to others? What could be motivating him to engage with such potentially harmful people and ideologies? What does the young person gain from such associations, the material they share, and the plans they may be making? How should the probation team respond to the concerns in this case in defensible and proportionate ways?

The rationale for this book

These scenarios and follow-up questions – and many more like them – demonstrate the challenges that prompted this volume. At the outset, the editors – who are practitioners, researchers and teachers, policymakers and service directors – were concerned about the wide range of challenges faced by their colleagues. Guidance is already available for practitioners, researchers and policymakers to consult: for example, there are excellent research findings on violent extremism and its various manifestations; useful tools for practitioners to use to structure threat and risk assessment activity; myriad intervention programmes for people engaged with various violent extremist ideologies; and essential discussions about law and ethics in this area of practice. However, the editors were concerned that existing guidance lacked range, coordination and coherence. Therefore, the rationale for this book was to construct a resource for practitioners in the violent extremism field; one where they can connect information about what violent extremism is to what they can do about it, and how. This book directly links research to practice.

The finished volume consists of 10 substantial chapters, which follow this Introduction. Each chapter can be read in isolation by a reader intent on refreshing or deepening their existing knowledge about a particular area of the terrorism-prevention task. However, each chapter has been prepared with the others in mind and, taken together, the resulting volume tells a story about preventing violent extremism. Therefore, readers are encouraged to see this book as a single unified text rather than a collection of loosely connected parts.

Who is this book for?

This book is intended for four groups of people. Its primary target is practitioners working in the violent extremism field, by which we mean law enforcement and security professionals, mental health and social care practitioners and behavioural scientists, prison and probation personnel, non-governmental organizations in the extremism field and legal services. All these professionals and agencies apply their skills and processes to help people and communities in need of them – and this book is intended to be, first and foremost, a practice guide. Therefore, an additional primary target is researchers in the field who generate the knowledge on which practice is based, and who evaluate the services trying to deliver it.

The book is also for students – of the practitioner professions and of the essential subjects of law and criminal justice, mental health, and criminology and psychology.

The secondary target for this book is the subset of practitioners in the list above who are more focused on risk assessment and management than threat assessment and management. The two tasks overlap, of course, and several chapters in this book directly address their similarities and differences (for example, Chapters 3, 5 and 9). But this book is particularly attuned to the work of practitioners who want to develop their understanding of the person – or it could be several people together – who is the focus of their concern, in the expectation that there will be some form of a working relationship between them that may be intense and enduring.

Additionally, this book is expected to interest the people it is about, and their legal representatives: that is, people who have engaged with extremist ideologies and violence and the legal teams who support and prosecute them. They are as entitled as anyone to know the basis upon which their actions are evaluated and their liberties subsequently denied or restored.

Finally, this book may also be of interest to those who are the motivating force behind why harm prevention efforts exist: the general public, who may glean insight into what the state of research and practice is currently in the field, and the challenges associated with both endeavours. This book is also for those who have suffered because of terrorist attacks – demonstrating a drive to improve and learn from past instances is the very least we can do for them.

What does this book say about violent extremism risk assessment and management?

Chapter 10 in this volume synthesizes the many points made by its contributors. However, the high-level points made in the following pages are as follows. First, research is essential to inform appropriately focused and proportionate practice. However, research needs practitioners to turn knowledge gained into actions that matter in the real world. There is a symbiotic relationship – or there should be – between research and practice in the violent extremism field, and it goes both ways. And there is a role for people – everyone, but scholar-practitioners in particular – to translate from one to the other. Practitioners and services whose work is not grounded in evidence, and researchers whose work is interesting but impractical, should consider moving on to other areas. The violent

extremism field needs team players, collaborators and partnerships that value and embrace an ethos of evidence-based practice.

A second high-level point made throughout the following pages is that the field needs more, in several senses. It needs more research that has practical applications for the many practitioners working within it. It needs more practice guidance: risk assessment and management guidance – or 'decision support aids', as Hart and Vargen refer to them in Chapter 5. It needs more multiagency and multidisciplinary interventions, and more research examining their impact. And the field needs all this to cohere in its application and attention to legal and ethical frameworks, in the various jurisdictions in which these are applied and delivered.

A final high-level point made by this book is that it is about real people. It is about people who are in trouble in their lives and who make bad decisions for a host of reasons, which may make sense to them at the time but have potentially disastrous consequences for everyone. It is about practitioners working in complex environments subject to time and financial pressures, political and public scrutiny, and to their own high-stakes decision-making. Risk assessment and management are imperfect undertakings. Even though many more horrific events are prevented than happen, bad things will always occur; there exists no prospect of predicting every harmful event before it takes place or identifying every harmful person before they act. To believe such predictions are possible for every outcome is a fantasy straight out of action movies and science fiction. However, there *is* the realistic prospect of evidence-based practice that is transparent and accountable. The appetite of others for harm-prevention activity that is not 100 per cent successful still needs work, and services need to work harder to manage expectations in the communities beyond their direct influence.

Throughout this book, the term violent extremism is used to refer to the actions of people motivated at least in part by a violent extremist ideology. These ideologies may relate to how the country should be run, or they may be to do with how people should lead their lives. But in all cases, an essential element is that the person believes violence is justified, and perhaps that it is necessary, to bring about the changes they wish to affect. The term terrorism overlaps substantially with the term violent extremism, and the two are largely used interchangeably throughout this book. The terms differ in how states define them legally and which agencies assume responsibility for the management of the risk they imply. This book is intended to provide support for the activities of all agencies and jurisdictions in which violent ideologies are a matter of concern, regardless of the specific terminology used to refer to them.

Concluding comment

All three editors of this book have had the privilege, over the years, of working with and learning from an exceptional multidisciplinary, international group of practitioners and academics. All contributors have had expertise in and/or responsibilities for risk assessment and management in relation to violent extremism, and all are associated with national-level investigative and security services in their home countries: Australia and New Zealand, Canada, the United Kingdom and the United States (collectively, an intelligence alliance known as the Five Eyes, or FVEY). Our professional collective – informally called the Risk Management Working Group (RMWG) – is an exemplar of international collaboration, with multiple countries working together to advance solutions for a shared set of challenges. The concept for this handbook grew out of our work together. It reflects the current state of the art and practice in assessing and managing risk for extremist violence. By necessity, it presents a snapshot; the field is relatively young and is continually moving forward, and we hope that this book will contribute to its development.

1

Assessing violent extremism: reflections on the historical context

Robert A. Fein

I am honoured to have been asked to write this chapter for a badly needed book about the assessment of violent extremism. The chapter is a personal overview of violence risk assessment and threat assessment in the United States over the last almost 50 years, intended to provide an historical context for the work to follow in this volume. During those 50 years, we have moved from an emphasis on response to prevention. During this time, expectations have grown significantly for law enforcement and mental health professionals to prevent certain kinds of violence including, most recently, extremist violence. In response, over the past 50 years, and especially in the last two decades, researchers and practitioners have made significant progress on improving our knowledge and capacity to conduct thoughtful, evidence-based violence risk assessments and threat assessments.

Trying to learn about violence risk assessment

In September 1976, as a newly trained psychologist, I started work at Bridgewater State Hospital, the Massachusetts Department of Correction's forensic facility. I was assigned to one of the two maximum security units. I was responsible for evaluating men sent to Bridgewater from jails, houses of correction and prisons for mental health assessment, and for examining men sent from Department of Mental Health (DMH) facilities because they were too violent to be managed in DMH hospitals. Each evaluation required information, observation and analysis concerning the person's 'dangerousness', for use by the Court and by the sending facility.

As was the case in many jurisdictions around this time, reforms to mental health law in the United States in the early 1970s mandated that persons with mental illness could not be hospitalized involuntarily for more than a brief period without judicial determinations of dangerousness. Courts relied on mental health professionals for these determinations. However, there were few established professional standards and little knowledge about how to assess an individual's violence risk. My Bridgewater colleagues and I did the best we could to try to understand an individual's history, paying attention to their past violent behaviour, the factors that might have precipitated that violence, and the conditions and contexts that appeared to make their risk of violence more or less likely.

In our work at Bridgewater, we attempted to be systematic, but our evaluations were not based on science, of necessity, since there was no science of violence risk assessment at that time. Rather than relying on 'gut feeling' or clinical impressions, we tried to offer facts, analysis and reasoned opinions gained from clinical, forensic and law enforcement documents, patient interviews and staff behavioural observations about each person evaluated. We rarely offered dichotomous 'dangerous or not dangerous' opinions or predictions. Instead, we provided conditional statements about the likelihood of serious harm (the Massachusetts statute's standard). However, our efforts to offer fact-based analyses were not appreciated by some of the judges before whom my colleagues and I appeared. (By contrast, a psychiatrist not on our team who asked patients to draw a hand and concluded that patients who drew a large hand were categorically 'dangerous' was applauded by several judges in Massachusetts. 'He doesn't beat around the bush. He just tells us what the Court needs to know', famously remarked one judge.)

My experience during this time suggested that much interpersonal violence was, in fact, potentially preventable. What I learned about violence risk assessment was informed by listening to and learning from perhaps a thousand offenders with mental disorders and by the need to testify hundreds of times before Courts. None of the men I evaluated and treated appeared to have been 'born violent'. Instead, for so many offenders, years of abuse and neglect, little contact with or nurturance from trustworthy adults as children, few problem-solving skills, multiple instances of humiliation and often too easy access to weapons led, at times of acute stress in their lives, to their striking out violently. Violence, I grew to learn, stemmed from an interaction of individual, situational and setting/contextual factors.

The shift from response to prevention

Over the years, as the authors of the other chapters in this book detail, the scientific, scholarly and operational fields of violence risk assessment and threat assessment were born and painstakingly nurtured. The science and systematic thinking that led to these developments were stimulated by a range of concerns about violence in the late twentieth century and by the growing demands and expectations of many, that more effort be made by mental health and law enforcement professionals to predict and prevent violence. Rather than wait for an attack to happen and then identify and arrest the perpetrator, law enforcement professionals were pressed to prevent violent attacks from happening in the first place. Rather than solely assess and treat persons who sought their help, mental health professionals – the Courts and state legislators argued – were responsible for preventing attacks by their patients.

An example of this argument in practice was the Tarasoff case (*Tarasoff v. Regents of the University of California* 1976), which was decided by the California Supreme Court in 1976. It held that mental health professionals have a duty to protect potential victims and society from harm by their patients. This decision, which was later enacted into law in many US states, directly stimulated research into assessment of violence risk.

Similarly, a number of attacks on celebrities in the 1980s, coupled with increasing concern about domestic violence homicides, pressured law enforcement professionals to find ways to prevent fatal assaults. Two major attacks brought the problem of stalking into public consciousness: the attack in Los Angeles on actress Theresa Saldana by Scottish drifter Arthur Jackson in 1982 and the stalking murder of actress Rebecca Schaeffer by Robert Bardo in 1989. While both attackers were apprehended shortly after each incident, public discussion swirled around whether law enforcement professionals should focus more on preventing such attacks and other possibly homicidal interpersonal assaults. By the mid-1990s, all 50 US states and the Federal government had passed anti-stalking laws enshrining preventative action in statute, an occurrence that has also stimulated research and practice developments (Tjaden 2009).

In the early 1990s, a series of attacks on abortion providers and clinics by persons opposed to abortion galvanized public attention. In 1993, Dr David Gunn was murdered by Michael Griffin as Dr Gunn left an abortion clinic in Pensacola, Florida. A year later, Paul Hill, an anti-abortion extremist, killed a clinic physician and his security guard outside another

abortion clinic in Pensacola. And later, in 1994, John Salvi launched an attack on an abortion clinic in Brookline, Massachusetts, killing two staff members. Again, questions were raised about whether law enforcement professionals should act proactively to prevent such attacks, rather than responding after they have occurred (Cohen and Connon 2015).

The US Secret Service Exceptional Case Study Project

In 1991, US Secret Service Director John Simpson asked Special Agent Bryan Vossekuil and me to conduct an operational study of assassination. The Secret Service had long-standing responsibilities to protect the president and other national leaders. Much Secret Service protective work was focused on prevention. (Note that Federal law gives the Federal Bureau of Investigation (FBI), and not the Secret Service, jurisdiction for investigating assassination attacks *after* they have occurred.) Director Simpson was concerned about several cases in the late 1980s in which, unbeknownst to the Secret Service, individuals had stalked protectees with the apparent intent to attack. Director Simpson hoped that an operational review of the behaviour of assassins and near-assassins might help the Secret Service improve its ability to understand, discover and investigate potential attackers before they came close to attacking.

For six years, Special Agent Vossekuil and I, with help from other Secret Service staff and contractors, conducted the Exceptional Case Study Project (ECSP). The study examined investigative, judicial, clinical, educational and public records, to chart 'pre-attack' behaviours of all 83 persons in the United States from 1950 to the late 1990s who were known to have targeted a prominent public official or figure and then attacked or attempted to attack them. In each case, we asked questions about how subjects moved from the idea of an attack to acting on that idea; their apparent motives for attacking their chosen targets; how their targets were selected; their attack planning; their communications; and the symptoms of any present mental disorders (Fein and Vossekuil 1999).

From the ECSP came several novel ideas, which have contributed to our understanding and management of risk in subsequent years (Fein and Vossekuil 1999; 2000; Fein et al. 1995), including:

- the notion of targeted violence
- threat assessment for situations in which there is an identified or identifiable attacker and an identified or potentially identifiable target

- pathways to violence, that is, targeted violence as the end result of an understandable, and often discernible, process of thinking and behaviour
- 'identify, assess and manage' as a continuous process towards prevention
- 'ideation to action'
- 'pre-attack behaviours'
- the distinction between making a threat and posing a threat
- guidance for law enforcement professionals about how to conduct threat assessment investigations.

Findings from the ECSP led to reform of the Secret Service's investigative and training procedures for protective intelligence investigations. It also informed guidance for other law enforcement professionals with responsibilities for preventing targeted violent attacks (Fein and Vossekuil 2000).

Workplace violence

The 1980s and 1990s saw a flurry of 'workplace violence' attacks. In several cases, aggrieved and/or fired employees brought weapons to their workplace and attacked managers and fellow employees. Attacks by postal workers received particular attention and headlines, leading to Congressional investigations, and to the phrase 'going postal'. Major workplace attacks occurred at private businesses as well. For example, in 1984, Richard Farley, an employee of Electromagnetic Systems Laboratory (ESL) Incorporated in Sunnyvale, California, stalked a fellow employee, Laura Black. Rebuffed by Ms Black and ultimately fired by the company, Farley returned to ESL, shot and killed seven people and wounded four others.

Juvenile offenders

In the mid-1990s, although the US homicide rate was declining, a media scare warned of an emerging new breed of juvenile 'super-predators' – a coming wave of cold-blooded, remorseless young killers. While the so-called 'super-predator theory' turned out to be completely spurious, it ignited a profound and pervasive fear of juvenile violence and crime that led to harsher treatment of youth throughout the criminal justice system (Zimring 2013). These concerns contributed to pressures for better violence risk assessments of juvenile offenders and more nuanced thinking about risk and threat.

Violence by persons with mental illness

In the 1990s, concern about violence by persons with mental illnesses who had been discharged into the community led the MacArthur Foundation to fund a sophisticated, multi-year study about the nature and extent of violence conducted by people with mental disorders. This study produced guidelines for violence risk assessment, a new risk assessment tool and suggested that, in most cases, persons with mental illness were no more likely to act violently than others in their shared communities (Monahan et al. 2001; 2005; Steadman et al. 1998).

School shootings

The 1990s witnessed a series of shootings in schools, where young persons (usually male) brought weapons to school and attacked fellow students, teachers and staff. These attacks prompted widespread national attention and worry, as symbolized by references to the 'Columbine' shooting (referring to the serious shooting and attempted bombing at Columbine High School, Colorado, when 12 students and a teacher were murdered). While law enforcement professionals apprehended young attackers after each shooting, concerned citizens increasingly called on law enforcement to prevent these attacks rather than simply reacting to them (Vossekuil et al. 2002).

As we headed into the twenty-first century, there was societal pressure around the globe to improve violence risk assessment and to develop the nascent field of threat assessment. But despite concerns about domestic anti-government militia groups, attacks on abortion providers and the massive attack in April 1995 on a Federal building in Oklahoma City (perpetrated by Timothy McVeigh and his co-conspirators), there was little focus in the United States on violent extremism and assessing the risk of extremist violence. But the attacks of 11 September 2001 ('9/11') changed that.

Attention to violent extremism after 9/11

In January 2002, the first cohort of what became a group of almost 800 men was airlifted to a new detention facility operated by the US Department of Defense (DoD) at Guantanamo Bay, Cuba. I was asked to

join the DoD Criminal Investigative Task Force (CITF), a group established by Presidential Executive Order to investigate persons held at Guantanamo, with the expectation that they would be brought to trial by newly established military tribunals. However, it soon became clear that very few men at Guantanamo would in fact be tried in a military tribunal, so CITF was tasked to assess the likelihood that a detainee would engage in or resume hostile activities against the United States or its allies (Chesney 2011). Based often on these assessments (and others made by government organizations), determinations were made about which detainees would remain at Guantanamo, and which would be relocated or released to other countries.

A small team of CITF law enforcement, military and psychology professionals was asked to examine what was known about individual detainees and make recommendations about their risks of terrorist violence. As far as we were aware, this was the first occasion in which such a concerted effort was made in the field of terrorism risk assessment. A review of social science literature quickly established that there was little to no science in this area. A review of literature on violence risk assessment – for example, studies of persons eligible for parole from prison or discharge from psychiatric hospitals, or persons convicted of sex offences – likewise provided little guidance in relation to our task.

The CITF developed several principles for assessing a detainee's risk of future radicalized violence, which have stood the test of time:

1. Assessments should be dynamic, that is, based on the best information currently available, while understanding that risk may shift over time and across contexts.
2. Assessments should use, to the extent possible, information which has been corroborated.
3. Risk of violence flows from the assessment of a detainee's commitment to a radical cause or collective (such as Al-Qaeda), their capacity to plan and mount a violent attack, the means potentially available to them and their past intent and behaviour.
4. Assessments should be the product of a multidisciplinary team, with input and analysis provided from multiple professional perspectives.

In the several years after the 9/11 attacks, there was little agreement in the US government regarding violence risk assessments of persons (mainly men) detained as part of the Global War on Terror. For persons detained by the DoD (mainly at Guantanamo), multiple agencies and commands completed 'terrorist' violence risk assessments. Because

discharge or release of a detainee was seen as a politically fraught event, bureaucratic systems, often cumbersome, were developed for inmate review. A possibly cynical, but likely accurate, assessment is that no commander nor agency wanted to have a signature on a release decision for a detainee who might later return to the 'battlefield' and engage in hostilities against the United States or its allies. Then as now, terrorism risk assessment was fraught with diverse challenges that are generally not seen in other areas of harm prevention.

As an example, I recall participating in an interagency meeting concerning a detainee from a Middle Eastern country who had lost both of his legs in battle. A psychologist from a DoD organization argued that the detainee posed a risk of extremist violence and should be detained because if released he might be unable to satisfy his wife's sexual needs and would then somehow return to the battlefield. Knowing something about conditions on the 'battlefield', this analysis seemed to me nonsensical and was, I came to believe, the product of the organization's concern about concurring with recommendations for the detainee's release.

A changed primary mission for the FBI

In the United States after 9/11, there was an intense focus on preventing further terrorist attacks. Policymakers debated creating a new security organization, similar to the British Security Service (MI5). This organization would be responsible for investigating and intervening with persons within the United States who were seen as being at risk of mounting a terrorist attack. Ultimately, it was decided to transform the FBI, from an organization primarily responsible for investigating Federal crimes such as racketeering and bank robbery to one with primary responsibilities for gathering intelligence information and preventing terror attacks by groups or individuals within the United States (Walker 2004).

Transforming the FBI took years and had significant implications for the fields of violence risk assessment, threat assessment, and violent extremism risk assessment specifically. With virtually no scientific data about how best to prevent terrorist attacks, ideas like the 'pathway to violence', 'identify, assess, manage', 'ideation to action', 'pre-attack behaviours', 'mobilization to violence' and 'mitigating risks of violence' gained currency. A series of collaborations between security organizations and officials in the United States and the UK expanded both the data available for these assessments and the range of methodologies used. However, since security organizations kept close hold on their intelligence

and their assessment schemes, many scholars and practitioners of violence risk assessment did not have access to much government information and thinking, despite a general acceptance that more research was needed to improve the assessment of risk for violent extremism.

As years went by after the 9/11 attacks, walls between researchers and government practitioners became more permeable. Government officials, including practitioners tasked with studying terrorist attacks, recognized that to be maximally successful, better knowledge was needed. Scholars in countries like the United States, UK, Canada and Australia, including some of the contributors to this volume, were sought out by practitioners in government organizations responsible for preventing violent extremism and other kinds of targeted violent attacks. Intelligence, defence and law enforcement authorities began to fund research on violent extremism.

The second decade after 9/11

The second decade of the twenty-first century saw continued focus on group-sponsored international terrorism. Increasingly worrisome were individuals and small groups inspired by terrorist organizations (such as the Islamic State of Iraq and Syria, or ISIS) based outside of the UK and the United States. The growth of social media and the development of encrypted applications (or 'apps', such as Telegram) permitted terrorist groups to recruit persons and to convince them (and then aid them) to attempt terrorist attacks without the need for 'in-person' contact. Additionally, within the United States, anti-government ideologies and rhetoric led to more diverse forms of radicalization, including violent extremism, by some on the political far left and far right.

Meanwhile, especially in the United States, attention and concern remained about school and university attacks, such as those at Virginia Tech in 2007 and at Sandy Hook Elementary School, in Connecticut, in 2012. Facilitated by relatively easy weapons access in the United States, in recent years mass casualty attacks by individuals at houses of worship, movie theatres, shopping centres, nightclubs, grocery stores, schools, 4th July parades and other public venues have led to great public concern. This puts pressure on law enforcement organizations to identify, assess and manage persons who might pose risks of targeted violence. These pressures have often extended to mental health and social service professionals because many citizens and politicians assume that anyone perpetrating a violent mass attack must be mentally ill or mentally disordered, and

therefore should have been assessed, treated and rendered harmless by mental health professionals and systems before their attacks. The pressure to develop more robust systems for assessing and managing the risk and threat of targeted violence at this time was accelerating.

Development of FBI threat assessment capabilities

The FBI's Behavioral Threat Assessment Center (BTAC) was established in 2010 in the Behavioral Analysis Unit in Quantico, Virginia. BTAC was charged with assessing cases of potential targeted violence and terrorist violence. BTAC staff brought together operational and research expertise. BTAC professionals built bridges with UK colleagues with similar responsibilities. Over time, the case experience and sophistication of BTAC Special Agents and analysts have grown significantly. In recent years, the FBI has established a nationwide programme with Threat Management Coordinators in each field office to support local threat assessment and management efforts, including for cases of violent extremism.

Present-day concerns and final reflections

In the last five to ten years, there appears to have been significant growth of domestic political extremism in the United States, as exemplified by the attack on Congress on 6 January 2021. And the growth of concerns in the United States is mirrored elsewhere in the world. Norms against using violent rhetoric have slowly dissipated, raising the risk that some inflamed citizens may lose the boundaries between violent words and violent deeds. Concerns about the risk of mass violence attacks, continuing violent extremism recruitment activities by foreign-based terrorism groups, and domestic violent extremism highlight the continued importance of thoughtful research, accurate data analysis, evidence-based assessment and management, clear thinking and useful practical guidance about understanding violent extremism. In the chapters which follow, a range of experienced and well-qualified authors demonstrate the significant strides that have been made to improve our knowledge and understanding in these critical areas since the early days of my career. The authors' ideas are needed and will be well received by scholars and practitioners internationally.

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2

Violent extremism: theories of cause and development across the extremist spectrum and their relevance to risk assessment and management

Paul Gill and Bettina Rottweiler

Introduction

Theories matter, even for practice. They explicitly organize assumptions, delineate concepts, classify indicators, articulate propositions and demarcate relevant causal mechanisms (Linder and Sexton 2011). Theories help us make sense of difficult social phenomena. Understanding extremism and its violent manifestation (for example, violent extremism)[1] – whose geneses are typically the product of a complex culmination of push and pull factors across multiple levels of influence (Horgan 2005) – requires theories of cause and development. In risk assessment and management practice, theories combined with empirical evidence anchor formulations, which in turn guide preventative action (see Chapter 6, this volume). Theories also help explain how different levels of analysis (for example, the individual extremist, the extremist group, the extremist setting, the socio-political context) all differentially contribute to violent extremism from case to case. This, in turn, necessitates the multimodal intervention strategies that now exist (and that are elaborated upon in Chapters 7 and 8).

In the study of violent extremism, empirical evidence historically lagged far behind theory building for a variety of practical reasons. This chapter synthesizes the dominant theoretical standpoints in our current understanding of violent extremism and explains their relevance to risk assessment and management in this area. We begin with a brief discussion of different formal theories originally developed elsewhere in other literatures

and latterly applied to violent extremism. Then, we elaborate upon the main conceptual models that aim to outline trajectories or pathways to violent extremism and which can inform its understanding and prevention.

It should be noted here that the theoretical innovations presented in the coming pages occurred while Jihadi extremism appeared to be the dominant threat in Western countries, in the decade and a half or so that followed the coordinated terrorist attacks of 11 September 2001 ('9/11') on the Twin Towers of the World Trade Center in New York and the Pentagon. Consequently, it may feel at times that the works synthesized throughout this chapter omit the extreme-right and other terrorist threats. This is purely a reflection of the predominant research culture at the time of their publication, where data was far sparser, restricted and unduly focused on terrorist *events* and not the perpetrators themselves. Today's field is much more data driven; unfortunately, it could be argued, this has come at the expense of theoretical developments being applied to new and emergent threats.

Our goal here is not to pit these theoretical standpoints against one another. A master theory of violent extremism that can explain the emergence of radical beliefs and attitudes, coupled with the onset of violent intentions and behaviours across multiple settings, units of analysis, geographies and temporal periods, appears overambitious and likely impenetrable for everyday risk assessment and management practice. This is not a new thought and evokes Laqueur (2003, 22), who posited:

> … many terrorisms exist, and their character has changed over time and from country to country. The endeavor to find a 'general theory' of terrorism, one overall explanation of its roots, is a futile and misguided enterprise … Terrorism has changed over time and so have the terrorists, their motives, and the causes of terrorism.

Indeed, the best available empirical evidence that has emerged since Laqueur's statement demonstrates that there are multiple pathways into extremism and terrorist engagement (Clemmow et al. 2022; Corner et al. 2019), that similar people with similar starting points can produce different harmful and unharmful outcomes (Clemmow et al. 2020; Gill et al. 2021), that many factors correlate with violent extremist outcomes (Wolfowicz et al. 2020) and that additional factors can have moderating and mediating impacts upon the relationship between a risk factor and violent extremist outcomes (Rottweiler and Gill 2022; Rottweiler et al. 2022).

The last decade of research, therefore, has demonstrated the complexity of violent extremism's emergence, escalation and persistence.

Theories and conceptual models often, by their very nature, simplify such processes or focus narrowly on a small element of the full puzzle. Our goal is not to judge their validity but to pinpoint the circumstances in which some formal theories or conceptual models may be more or less useful on different types of cases, in different contexts and at different points of intervention.

Dominant theoretical paradigms

This section summarizes theories of violent extremism that other reviews have identified as leading schools of thought or fruitful avenues for future research (for example, Borum 2011a; 2011b; Dalgaard-Nielsen 2010; Gøtzsche-Astrup 2018). Many of these theories utilize different levels of analysis. While these accounts do not claim to establish full causal models for explaining why individuals radicalize, they nonetheless posit causal evidence for extremism.

One of the earlier prominent theories was heavily inspired by the French school of sociology. It emphasizes the macro-level cultural and socioeconomic context in which Jihadism manifests among seemingly well-integrated Muslims. Kepel (2004), Khosrokhavar (2005) and Roy (2004) argue that individuals' extremism process is fuelled by a lost sense of identity, which prompts a search for belonging, meaning and community. These challenges, it is argued, are particularly prevalent among second-generation Muslim immigrants who face various forms of discrimination and perceived disadvantage. Such sentiments may precipitate a dual sense of non-belonging, whereby individuals feel unconnected to their host countries and, at the same time, have lost their roots or may have never had a strong identity with their countries of origin. This school of thought suggests that the concept of 'the ummah', a supra-national global Muslim community, seems to offer what they are searching for. It provides feelings of community, identity and solidarity, and acts as an alternative to perceived hostile and secular Western societies. This identity can be strengthened further within small groups who in some circumstances collectively legitimize the use of violence in order to fight for a just cause and, thus, call for a violent Jihad. In the most extreme cases, the combination of strong individual and group level feelings of ostracism and injustice, as well as strong group identities, may lead to violent extremism (Kepel 2004; 2005; Khosrokhavar 2005; Roy 2004).

Although solely focused on Jihadism and the European context, we can still witness echoes of this theory elsewhere. For example, Atran's (2016) work also promotes this idea of individual and group identities

fusing. This work was heavily influenced by social psychology (see for example, Swann et al. 2009). However, rather than coalescing around a search for meaning and shared collective strains, Atran emphasizes the importance of moral beliefs and 'sacred values' facing threat from outgroups. These beliefs and values are said to instigate an unconditional commitment, and a willingness to sacrifice and engage in extreme behaviours on behalf of a group. One of the attractions of Atran's theory is that it is ideologically agnostic and recognizes that what constitutes a 'sacred value' may be very different in an Irish Republican tradition compared to an extreme right-wing context. Indeed, experimental evidence from many different settings demonstrates that when sacred values are experimentally primed, there is an increased support for political violence (Atran 2016; Ginges and Atran 2011; Sheikh et al. 2016).

Webber and Kruglanksi's (2018) '3N' theory has elements of both the French school of sociology and Atran's (2016) theory. It depicts extremism as resulting from individual needs, the narratives that justify violence and the networks the individual finds him/herself in. The individual need to feel valued and significant takes primacy within this theory. Perceived humiliation prevents this need from being realized and elicits the motivation to restore significance (for a full elaboration of Significance Quest theory, see Kruglanski et al. 2022). Consequently, ideologies that attribute blame to the perceived enemy that is the source of the humiliation take hold. The 3N theory hypothesizes that such ideologies create us-versus-them thinking, dehumanize the enemy and render violence morally acceptable. Group processes and networks may evoke strong group dynamics, which enable individual and group identities to fuse and thereby distort acceptable norms. These network mechanisms facilitate engagement and strong identification with like-minded individuals, which reinforces support for political violence.

A substantial amount of empirical evidence exists for the 3N theory. Several interviews with former extremists (for example, Speckhard et al. 2017) and observational studies with various imprisoned Jihadi populations (for example, Jasko et al. 2017) provide empirical support for the relationship between loss of significance and endorsement of extremist ideologies. Experimental (Schumpe et al. 2020) and cross-sectional survey studies (Bélanger et al. 2019; Jasko et al. 2017; Jasko et al. 2019; Jasko et al. 2020) have provided further empirical validation for the theory.

Other theories derived from social movement studies, social psychology and/or social network analyses more firmly emphasize interpersonal connections and group interactions to explain how they

become exposed to, and eventually internalize, radical ideologies (Dalgaard-Nielson 2010; Wiktorowicz 2004). These theories suggest that radicalizing ideas are transmitted primarily by social networks and through social bonds. As such, the process of extremism is thought to be caused by small-group dynamics where bonding, peer think and peer pressure lead to an indoctrination that gradually intensifies and changes the individuals' world view (Neumann and Rogers 2007; Sageman 2004; Wiktorowicz 2004). The group, in this sense, is often seen to be more important than the underlying grievances, motivations and risk factors. The allure of such theories appears to have diminished in the past few years as the volume of lone-actor events has increased.

Dalgaard-Nielson (2010) concludes that all these different concepts that attempt to explain the development of violent extremism, while addressing salient elements of the process, cannot provide a full theory of extremism. Furthermore, they fail to tackle the 'problem of specificity' (Sageman 2004) as they are unable to deliver a plausible explanation for why the vast majority of individuals who experience these particular conditions or grievances (for example, social alienation and discrimination, membership of a social network containing radicalized individuals, traumatic life experiences) *do not* become radicalized. Dalgaard-Nielson (2010) argues that rather than viewing these different approaches as competing explanations, they should be treated as complementary explanations for extremism, each focusing on a different level of analysis.

In reviewing these schools of thought and other psychological theories of violent extremism, Gøtzsche-Astrup (2018) identified a number of common mechanisms that are included across the different models and assessed their empirical support. The review revealed strong empirical support for certain normal psychological mechanisms (rather than psychopathological ones) and for motivational processes (rather than instrumental calculations of risk and reward). Robust evidence was also found for several shared key social factors such as adverse life experiences, a shift in social identity towards a single social group, and small group dynamics that drive extreme behaviours. Also in Gøtzsche-Astrup's (2018) highest tier of empirical support were a range of influential individual-level factors such as fundamental uncertainty or loss of significance, heightened dispositional anxiety, aggression and impulsivity, as well as sacred values, particularly in later stages of extremism.

In the next section, we elaborate upon the predominant theoretical models of violent extremism, many of which capture different elements of these three schools of thought and the key elements of which are summarised in Table 2.1.

Theoretical and conceptual models

Extremism and terrorist engagement should be viewed as a process. Over the last two decades, numerous conceptual models have proposed causal factors and mechanisms for violent extremism. More specifically, they have attempted to explain *why* and *how* some individuals get to that point in their lives when they endorse a violent extremist ideology or go on to act violently on behalf of said ideology. In the pages that follow, we outline some of the best-known theoretical models that have implications for assessing and managing the risks posed by individuals influenced by violent extremist ideologies. Note that there are two common types of conceptual models: phase models and factor models. Phase models describe a systematic process – sometimes sequential – that people commonly follow on a path to extremism. Among the most popular phase models are those where violent extremism is explained as an often-chronological pathway with various phases along the way. These depict multiple types of 'risk' related to violent extremism (Moghaddam 2005; Silber and Bhatt 2007; Wiktorowicz 2004). However, not all pathway models are sequential in nature but, rather, include recurrent phases through which individuals might proceed (Sageman 2004; Taarnby 2005).

Factor models, on the other hand, focus more on the specific characteristics of the person, the situation or context, and the interaction between them and/or the mechanisms by which those attributes or characteristics lead to extremism. They often include various indicators situated at different levels of analysis (for example, individual, group, community) (McCauley and Moskalenko 2008; Precht 2007; Taylor and Horgan 2006), or a 'root cause model' distinguishing between causal factors at the state, community and individual levels (Veldhuis and Staun 2009).

Over the coming sections, we explore each of these approaches. Again, the point here is not to recommend certain models over others, but rather to present different ways of theorizing violent extremism. Many constituent parts of these models are implicitly referred to again in Chapter 3 of this volume on the evidence base for various risk and protective factors for violent extremism.

Phase models

This section highlights several models that attempt to examine violent extremism as a trajectory or pathway, whereby individuals proceed through a sequence of phases or stages, from the onset of the extremism

Table 2.1 Theoretical models of violent extremism. Source: adapted from Clemmow 2020.

Author	Theory or evidence	Stages, phases or root cause	Phase/Outcome	Type of model
Borum (2003)	Researcher analysis of multiple violent extremist groups	1. Grievances – social & economic deprivation 2. Injustice – inequality & resentment 3. Target attribution – blame 4. Distancing/devaluation – stereotyping & demonising the enemy	Violent radicalization	Linear, progressive
Bouhana (2019)	S⁵ – Drawn from Situational Action Theory	Systems Social Ecology Settings Susceptibility Selection	Risk analysis model relevant to all phases	Non-linear, emergent
McCauley & Moskalenko (2008)	Socio-psychological theory	Individual, group & mass level mechanisms 1. Personal victimization 2. Political grievance 3. Joining a radical group (slippery slope) 4. Joining a radical group (power of love) 5. Extremity shift in like-minded groups 6. Extreme cohesion under isolation and threat 7. Competition for the same base of support 8. Competition with state power – condensation 9. Within-group competition – fissioning 10. Jujitsu politics 11. Hate 12. Martyrdom	Violent radicalization	Non-linear, emergent

Author	Theory or evidence	Stages, phases or root cause	Phase/Outcome	Type of model
Moghaddam (2005)	Psychological theory (material conditions & overcoming perceived injustices)	1. Psychological interpretation of material conditions 2. Perceived options to fight unfair treatment 3. Displacement of aggression 4. Moral engagement 5. Solidification of categorical thinking	Violent radicalization (terrorism)	Linear, progressive
Precht (2007)	Existing research & publicly accessible information from security services	1. Pre-radicalization 2. Conversion & identification 3. Conviction & indoctrination 4. Action	Violent radicalization	Non-linear, emergent
Sageman (2004)	Researcher defined, social movement theory (small group dynamics)	1. Moral outrage 2. Frame used to interpret the world 3. Resonance with personal experience 4. Mobilization	Violent radicalization	Non-linear, emergent
Silber & Bhatt (2007)	Drawn from existing models & evidenced with 5 case studies	1. Pre-radicalization 2. Self-identification 3. Indoctrination 4. Jihadization	Violent radicalization	Linear
Taylor & Horgan (2006)	Conceptual model	Problematic cognitions, setting events (distal & proximal), disaffection/political involvement, cognitive & social factors, access to facilitating community, personal contact, community of practice, ideological exposure, pre-existing skills/interest	Terrorist involvement	Conceptual model, emergent

Author	Theory or evidence	Stages, phases or root cause	Phase/Outcome	Type of model
Veldhuis & Staun (2009)	Literature review	Types of causes Macro level · Political · Economic · Cultural Micro level · Social (social identification, social interaction, group processes, relative deprivation) · Individual (psychological characteristics, personal experiences) Types of catalysts Macro level · Trigger events Micro level · Social (recruitment, trigger events) · Individual (recruitment, trigger events)	Violent radicalization	Root cause model, emergent
Wiktorowicz (2004)	Interviews with Al-Muhajiroun & social movement theory	1. Cognitive opening 2. Religious seeking 3. Frame alignment 4. Socialization	Radicalization	Linear, progressive

process until some eventually engage in violent acts of terrorism. The first is the four-stage model developed by Silber and Bhatt (2007) to explain Jihadi-Salafi extremism. These researchers examined in-depth studies of violent Islamist extremism, identifying four distinct phases of the extremism process: *pre-radicalization*, *self-identification, indoctrination* and *Jihadization*. While the model is sequential, Silber and Bhatt (2007) acknowledge that extremism pathways do not always follow a perfectly linear progression.

The first stage, the *pre-radicalization*, describes the individual's life prior to their exposure to and internalization of Jihadist ideology. The second stage, *self-identification,* characterizes the early exploration of the ideology, the person's gravitation away from their previous identity, and the start of their association with others who hold Jihadi beliefs, which leads to the internalization of this new ideology. Similar to the touchpoint identified by Wiktorowicz (2004, and see below), the individual experiences a 'cognitive opening', often precipitated by a crisis that acts as a catalyst for 'religious seeking'. Religious seeking alters individuals' previously held beliefs and subsequently renders them susceptible to adopting new worldviews. The third phase, *indoctrination*, is the part of the process where individuals progressively intensify their beliefs and fully adopt the Jihadi ideology. Within this stage, the radical group and 'spiritual sanctioners' play a crucial role in facilitating powerful small group dynamics. Such group dynamics cause mutually reinforcing and intensifying extremist views leading to the conviction that violent Jihad is a necessary means to a sanctified end. During the last stage, *Jihadization*, individuals internalize the idea that it is their personal duty to violently defend fellow Muslims, which includes operational planning of the violent Jihad (Silber and Bhatt 2007). Importantly for the purposes of this book, this model demonstrates that certain risk factors come to the fore at different stages of an individual's extremism journey. Although specifically applied to the Jihadi case, there are still clear lessons to be drawn for other threat groups.

Wiktorowicz (2004) developed his extremism model by studying the transnational Islamic movement, Al-Muhajiroun, which was based in the UK. He identifies four key socialization processes that facilitate joining a radical group. Those processes are based upon concepts from social movement theory and emphasize the vital role of the group within the extremism and mobilization processes. The first process described is a *cognitive opening*, whereby a crisis in someone's life can shake their previously held beliefs and can render them more susceptible to adopting alternative views. Crises can vary from losing a job (economic), to

discrimination or social alienation (social), to political discrimination or torture (political). Triggering a cognitive opening is also a strategy actively employed by radicalizers to gain new recruits (Wiktorowicz 2004). *Religious seeking* may constitute a natural consequence when coping with a crisis, given the individual's identity is tied to their religion. Yet, this process is not a universal one in the model.

Furthermore, Wiktorowicz (2004) highlights that radical groups often offer religious (mis)guidance to individuals seeking religious truth. This third process is described as *frame alignment*, whereby seekers examine whether narratives offered by a movement align with their individual beliefs and needs. Individuals' backgrounds and experiences influence their perception of whether the frame aligns or not. If frame alignment is achieved, then the fourth process kicks off. Here, the individual undergoes a deeper process of *socialization*, in which the seeker internalizes the radical ideology and ultimately joins the radical group (Wiktorowicz 2004). One important aspect of this model for risk assessment lies in how it depicts the individual as someone rendered vulnerable to extremism due to crises and life problems. Extremism, for such individuals, is their attempt to solve those problems.

Moghaddam (2005) draws upon social psychological concepts such as relative deprivation and social identity theory, using the metaphor of a narrowing staircase to describe how the extremism process can lead to a terrorist act. The staircase consists of six different floors, each characterized by specific psychological mechanisms. Whether individuals ascend to higher floors depends on their individual perception of 'open doors' on that particular level, (for example, the belief they can alter their current situation). As people climb higher, they are left with fewer and fewer choices, until the only choice they perceive themselves to have is to engage in terrorism. This process can be described as a decision tree approach (Moghaddam 2005).

The ground floor addresses the *psychological interpretation of material conditions*, and most individuals occupy this floor. On this floor, an individual's perception of his or her own situation, regarding fairness and just treatment within society, matters most. A vast number of individuals experience perceived deprivation, expressed as feelings of injustice and frustration on this level. Whether one ascends to the next level, *perceived options to fight unfair treatment*, depends on individual perceptions of fairness and whether the person believes they can change their current situation.

If perceived individual mobility (Taylor and Moghaddam 1994) and their perceptions of procedural justice (Tyler 1994) on the first level are

absent, individuals move up to the second floor. This floor refers to the *displacement of aggression*, whereby the person seeks opportunities to physically displace their aggression and, subsequently, begins to internalize radical ideologies. Those who climb higher reach the third floor, labelled as *moral engagement*. On this floor, individuals actively engage with the extremist ideology and eventually join terrorist organizations or collectives to fight for the perceived just cause. Once having joined a terrorist organization, the radicalized person climbs to the fourth floor, referred to as the *solidification of categorical thinking and the perceived legitimacy of the terrorist organization*. This floor is characterized by full indoctrination into the Jihadist ideology, expressed through categorical 'us-versus-them' thinking and demonizing the enemy to the point where individuals feel it is morally justified to use violence as a means to 'defend' the ingroup. The fifth and last floor, *the terrorist act and sidestepping inhibitory mechanisms*, addresses psychological requirements to actually commit a terrorist act, including social categorization and establishing psychological distance (Moghaddam 2005).

The staircase model has a number of takeaway points. First, the decision to progress further is just that – a decision. The decision might be made quickly, without much forethought, without reflection on it being an offence, through carelessness or bad (mis)information – but it is still a decision (Hart and Logan 2011; see also Chapter 6). Second, the model shows that violence is just one potential outcome and non-violent and/or non-law violating options may also be viable paths. Third, the sequential steps also help us theorize about how different interventions might be more suitable at different points in the process (floors on the staircase). Fourth, the model was designed at a time when the typical threat emanated from terrorist groups with some form of command-and-control structure, therefore some of the later parts of the staircase may apply differentially to lone actors.

Borum (2003) proposed a four-stage conceptual model for the emergence of a terrorist mindset. The model outlines several social psychological mechanisms, which may transform grievances and perceptions of injustice into outgroup hatred and dehumanization of the enemy, rendering violence morally acceptable and, thus, providing justification and removing psychological barriers for the use of violence. At the onset, individuals identify some sort of grievance or undesirable condition in which they find themselves. This initial phase is labelled as *it's not right*. The second phase of the model is exemplified by *it's not fair*, whereby grievances become framed as an injustice that differentially affects individuals or groups. Because injustices are not aleatory, these

perceptions lead to blame attributions – *it's your fault*. At this stage, individuals identify persons or entities they believe to be responsible for the grievances and related injustice (for example, a government or agency, a figurehead, or proxies thereof). Finally, on the fourth stage *you're evil*, these ostensibly blameworthy (outgroup) persons and entities are portrayed as 'bad'. Ingroup identification is particularly strong during this phase, enforcing powerful group dynamics, such as groupthink, and establishing categorical 'us-versus-them' thinking, which may ultimately lead individuals to dehumanize those deemed responsible for the injustice. These processes can facilitate the legitimization of violence to defend the ingroup. This model helps demonstrate the incremental escalation from grievances to perceived injustice, to hostile outgroup attributions, and how those attributions and perceptions can ultimately render violence more psychologically acceptable to the individual.

Similar to Borum (2003), Precht's (2007) report outlines a four-phase model, which identifies specific phases, important characteristics and catalysts of extremism processes. The model delineates four different and often overlapping stages: *pre-radicalization, conversion and identification with radical Islam, indoctrination and increased group bonding* and *actual acts of terrorism or planned plots*. Precht acknowledges that no single factor in isolation is likely to be causal and no common profile of a home-grown terrorist exists. Importantly for risk assessment, Precht suggests that a combination of factors, specific to individuals, must exist to explain the emergence of their violent extremism. Precht further depicts three categories of motivational factors that influence extremism processes, namely background factors (for example, identity crisis, perceived injustice, personal trauma), trigger factors (for example, charismatic spiritual figures, Western foreign policies) and opportunity factors (for example, exposure to radicalizing settings).

The *pre-radicalization* stage outlines general background factors that render some individuals more susceptible to violent extremism. These factors include grievances, such as experiences of discrimination and injustice. However, vast numbers of individuals share these factors without resorting to violence and thus, they cannot be causal. During the second phase, *conversion and identification with radical Islam,* a period of religious conversion or intensification takes place. An individual's transformation process at this stage is largely influenced by identity seeking, catalysed by feelings of frustration and trigger events. As individuals enter the third phase, *indoctrination and increased group bonding,* they separate from former identities and internalize a radical Islamist worldview. Powerful small-group dynamics, such as intense ingroup identification, group

bonding and subsequent groupthink, intensify extremist beliefs. Further, preparatory acts, such as overseas travel and training camps, can accelerate an individual's commitment to a violent extremist cause. Lastly, the fourth stage, *actual acts of terrorism or planned plots*, describes the action phase. This phase is predominantly characterized by attack planning and preparatory behaviours. Group mechanisms intensify and recruits extensively consume extremist propaganda to strengthen commitment.

Factor and mechanism-based models

Factor and mechanism-based models differ from the phase models reviewed above in that they do not suggest that violent extremism necessarily follows any specified stages or sequences. These models present several factors and mechanisms, which can be present simultaneously and that often affect or reinforce each other.

Sageman has developed one of the most prominent extremism models (2004). The extremism process he describes consists of four 'prongs' or recurrent, non-sequential phases: *moral outrage*, *war against Islam*, *resonance with personal experiences* and *mobilization through networks*. Taken together, Sageman (2014) suggests that within the extremism process the mechanisms of these phases are causal. The phase of *moral outrage* depicts a reaction triggered by the humiliation and suffering of Muslims all over the world due to Western inventions and atrocities. These interpretations are transmitted via images, videos and Mujahedeen's personal experiences. According to Sageman (2004), a sense of moral outrage alone is not enough to mobilize someone to join the violent jihad. Individuals have to strongly identify with the ummah, the concept of Muslim community, to feel personally affected, and to believe that the West is engaged in a global, apocalyptic *war against Islam*. *Resonance with personal experience* is the third prong in the model. Exposure to Jihadist interpretations need to resonate with individuals' own personal grievances, which they experience in their daily lives, including young Muslims' perceived discrimination, social exclusion or alienation in Western societies. The final component prompting radicalized individuals to engage in acts of terrorism, is the *mobilization by networks*. Sageman makes a strong argument for a social network approach, or his so-called 'bunch of guys' concept, whereby individuals move towards action less because of an abstract ideology and more because of their kinship and friendships within the group. The global Jihad is seen as a collective process, jointly undertaken by members of the radical group (Sageman 2004).

Taylor and Horgan's (2006) conceptual model describes a range of factors theorized to be associated with psychological processes affecting terrorist involvement. While they describe their model as a mechanisms-based model, they do not explain *how* these mechanisms and interactions bring about the theorized change. They outline three key elements, situated at different levels, which may affect behavioural choices: personal factors, the social, political and/or organizational context, as well as setting events.

First, personal factors refer to the psychological and environmental conditions that individuals experience. Emotional states, peer pressure and adverse experiences constitute important influences on this level. Second, the social, political and/or organizational context addresses individuals' social circumstances and, more specifically, refers to political and organizational expressions of ideologies. Finally, setting events relate to individuals' personal backgrounds, such as their religious, cultural or familial history. These factors capture past contextual influences, such as various socialization processes that contribute to behavioural decision-making and, as such, might offer information about motivational factors.

Taylor and Horgan (2006) outline involvement in terrorism as a process that evolves as these factors interact with each other. The relative magnitude of these factors will vary between individuals and within individual trajectories towards terrorist involvement. During the initial stages of this dynamic process, setting events and personal involvement are most detrimental. What distinguishes those who engage in terrorism from those who do not are specific and complex interactions of individuals' personal contexts, setting events and their social, political and/or organizational contexts.

McCauley and Moskalenko (2008) propose an alternative factor and mechanism-based model. They highlight 12 mechanisms of political extremism, which operate at three levels: the individual, the group and the mass levels. Mechanisms are associated with different pathways to violence. They are not intended collectively to apply to a single case. Some may be more suitable to group-based offending, others to lone-actor attacks. McCauley and Moskalenko (2008) argue that no single theory can explain the complex nature of extremism, and that individuals' trajectories to terrorism will involve several mechanisms and diverse pathways.

The first mechanism, *individual radicalization by personal victimization*, refers to the importance of personal grievances in the extremism process, whereby the authors refer to cases of suicide bombings and the motive for self-sacrifice as a revenge for the loss of loved ones. The second mechanism on the individual level addresses *individual*

radicalization by political grievance, which explains how individuals engage in radical action and violence in response to political trends or events. *Individual radicalization by joining a radical group – the slippery slope* explains how joining a terrorist group is a slow and gradual process, starting with smaller tasks, leading to increased responsibility and associated risk, before becoming involved in more important operations.

Group radicalization under isolation and threat is based at the group level of extremism and describes the powerful cohesion that develops in small combatant cells or groups demanding strong cohesion and compliance, which in turn generates ingroup/outgroup biases and 'us-versus-them' thinking. Based on examples from the Irish Republican Army (IRA) and Palestinian suicide terrorism, the mechanism *group radicalization in competition for the same base of support* describes how competition for a wider base of sympathizers can drive more radical actions in support of the cause.

Group radicalization in competition with state power – condensation draws heavily on social movement theory. The 'dynamic of condensation' refers to a cycle of reactions and counter reactions between a radical group and the state, whereby the state often applies indiscriminate violence to quash the resistance or uprising. Such actions either lead to deterrence or evoke increased commitment and escalation of actions to retaliate against the state. *Group radicalization in within-group competition – fissioning* describes ingroup competition for status as a pathway to extremism. Intragroup conflict often leads to the splitting or fissioning of a terrorist group. Due to external threats, this mechanism involves extreme pressures for compliance from within the group (McCauley and Moskalenko 2008).

Mass radicalization in conflict with an outgroup – Jujitsu politics is a mechanism situated at the mass level and explains extremism in larger groups on the basis of outgroup threats, which cause greater group cohesion and ingroup identification, patriotism or nationalism. Patterns in response to outgroup threats are perceived to be very similar to the dynamics seen in small groups. The pathway of *mass radicalization in conflict with an outgroup – hate* refers to the dehumanization of the outgroup. Prolonged violence can cause extremely negative perceptions of the enemy, whereby they are no longer seen as human, and which can facilitate indiscriminate violence. The last proposed mechanism is *mass radicalization in conflict with an outgroup – martyrdom.* This concept describes why martyrs sacrifice their lives for the higher cause and how martyrdom goes along with the concepts of heroism and trustworthiness; ostensibly no individual would give up their life purely out of personal interest (McCauley and Moskalenko 2008).

Root cause model

In response to the perceived weaknesses of phase models, Veldhuis and Staun (2009) propose a root cause model of extremism, analysing the causes instead of the courses and placing more emphasis on the individual and the specific social environmental context in which they are situated. Thus, the focus is shifted from *which* factors to *when* and *how* these factors contribute to extremism processes. The authors argue that models explaining extremism too often rely on case studies to explain extremism retrospectively and hence the hypotheses about causation made in these models are difficult to prove. In fact, people who experience the same phases do not necessarily become radicalized or violent, therefore no cause-and-effect relationships are evident. Further, Veldhuis and Staun criticize the fact that phase models have led to stigmatization and discrimination against minority groups as they solely analyse cases of extremists who have successfully engaged in violence. Instead, their model describes in detail the different causes of extremism, situated at different levels of analysis (Veldhuis and Staun 2009). They differentiate between factors at the macro level and factors at the micro level, which are further divided into individual and social factors, and they analyse how those factors are interrelated. Also, they make distinctions between types of causes that initiate and trigger extremism and types of catalysts that are thought to accelerate such processes.

Factors at the macro level are seen as preconditions that frame the environment in which extremism takes place. The root cause model argues that demographic changes, political, economic and cultural alterations, as well as labour market situations have the potential to lead to alienation, poor societal integration and a state of anomie and thus, are potential macro-level causes for extremism. Such conditions foster a climate conducive to extremism and they explain how severe frustration and perceived discrimination among young European Muslims can emerge (Veldhuis and Staun 2009).

To explain why only a tiny minority of individuals undergo extremism processes while most others do not, Veldhuis and Staun look to social and individual factors at the micro level. Key social causes of extremism are identity crises among young immigrant Muslims, social networks that facilitate recruitment into extremist groups and relative deprivation. Individual factors refer to individual characteristics, personal experiences and beliefs. Relatedly, authoritarian personality types, perceived discrimination and alienation, cognitive dissonance and feelings of humiliation have all been identified as vital individual causes at the micro level (Veldhuis and Staun 2009).

Systemic models

Bouhana's (2019) S[5] framework is an example of a systemic model. It is grounded in situational action theory and overcomes some of the limitations inherent to previous conceptual models. The S[5] framework is a multilevel model focusing on the emergence of extremist risk. While most previous conceptual models of extremism have focused on individual-level susceptibility factors, Bouhana (2019) stresses the need to incorporate environmental drivers of extremism (see also Schmid 2011). Hence, to explain extremist risk, one has to consider different levels of explanation beyond the individual, to include the wider socio-political context, community dynamics and the individual level. Bouhana's main concern is how to organize and integrate the drivers that actually matter into one coherent framework. Instead of including all possible drivers of extremism, '… S[5] sets out how five key categories of determinants interact with each other to generate or suppress the risk of extremist propensity development and extremist action' (Bouhana 2019, 10).

The integrative S[5] approach situates drivers of extremism at different levels of analysis; <u>s</u>election, <u>s</u>ettings, <u>s</u>ocial ecology, <u>s</u>usceptibility and <u>s</u>ystems are all concerned with context and therefore constitute exogenous drivers fundamental to the explanation of extremist behaviour. S[5] is ultimately rooted in a functional account of moral actions. Due to definitional issues relating to extremism and different perceptions as to what constitutes extremism in one context compared to another, this model attempts to explain why some individuals come to see committing acts of unlawful extremism as morally acceptable and choose to carry them out. Therefore, Bouhana's definition is not bound to any driving ideology but rather pertains to any unlawful extremist behaviour.

One of the main concerns guiding the development of the S[5] framework, is whether all individuals are equally susceptible and exposed to radicalizing influences or if some are more 'at risk' than others. Hence, S[5] intends to guide the 'formulation of inferences about what kinds of people in what kinds of contexts at what times should be considered "at risk"' (Bouhana 2019, 11). Therefore, the interplay of various factors at different levels of explanation is required to explain extremist risk, which is directly related to the 'problem of specificity', meaning that the majority of individuals who possess these risk factors do not adhere to extremist ideologies and even fewer will engage in extremist violence. In order to address the 'problem of specificity' we need to understand *which* individual drivers matter in *what* contexts and additionally, one must understand *how* these contexts emerge. While criminology tries to

understand the development of criminal propensities by looking at interactions between individual and exogenous drivers, Bouhana's (2019) framework emphasizes the need to examine interactions between the individual and the context in order to explain why some people radicalize while others, similarly situated, do not. In the following, we address each of the five domains in the S^5 model in turn.

Susceptibility

At the individual level of analysis, susceptibility to moral change constitutes the main factor of consideration. Differential susceptibility – the fact that some people are more susceptible to influences in their environment – is a key concept in criminology, and Bouhana (2019) argues that similar mechanisms may be involved in individual susceptibility to extremism. In particular, low self-control, legal cynicism and various neuropsychological characteristics, such as cognitive inflexibility, attentional problems and other poorly developed executive functions, may be linked to extremist attitudes and behaviour (see for example, Clemmow et al. 2020).

Selection

Bouhana (2019, 14) states '… to be truly vulnerable to something, one needs to be at risk of coming into contact with it'. Therefore, it is not enough to look at individual susceptibility characteristics in order to explain why some individuals are more vulnerable to extremism. One has also to take into account individuals' differential opportunities for exposure to extremism-enabling environments. The risk of exposure is a fundamental determinant explaining vulnerability to extremism, whereby selection is the mechanism linking the individual and environmental levels of explanation. The most common factors related to social selection are residence and socio-economic status, which make it more or less likely that certain kinds of individuals will be exposed to certain environments and will take part in certain place-based activities (Wikström and Bouhana 2016). Self-selection is based upon individuals' preferences and explains why certain people are more likely to be exposed to certain settings.

Settings

Settings, which enable the adoption of an extremism-supportive morality, allow for various socializing affordances. Some settings alleviate certain grievances, such as feelings of insignificance, a lack of identity, control or belonging as well as perceived injustice and alienation. Some settings also offer a clear set of rules and norms, which allows for cognitive ease and,

by further framing categorical and action-oriented narratives, can expose individuals to extremism-supportive moral norms. Within these settings, attachments to other like-minded people can be formed, which may intensify extremist moral beliefs and susceptibility to groupthink, whereby alternative views and morals are dismissed.

Social ecology

Extremist settings are not equally distributed, but instead tend to concentrate within space and time. Online, these settings may be linked to particular platforms, forums or websites, while offline they are concentrated within certain cities, communities and neighbourhoods, rendering some places as 'hotspots' of extremism. The fact that extremist settings cluster suggests that there are mechanisms present in certain environments, which enable (or fail to suppress) the emergence of those settings. Those processes may be related to certain changes, such as technological innovations and changes in social segregation. Other changes might be related to increased social disorganization and group injustices, which undermine trust and informal social control within communities and can lead to the propagation of extremist narratives and exposure to radicalizing agents.

System

Finally, the systemic level of analysis focuses on key mechanisms that encourage the emergence of extremism-supportive moral ecologies. Bouhana (2019) states that processes resulting in the emergence of unfavourable norms, such as the normalization and mainstreaming of extremist values, norms and behaviours, are especially crucial for the emergence of systems where extremism flourishes. Governance is another determinant, which can significantly influence the emergence of extremism-supportive moral contexts. Effective governance of the online space concerning the spread of extremist narratives is a vital factor in determining whether extremism-supportive moral ecologies can take hold within societies. Residential as well as symbolic segregation within society, which may trigger feelings of deprivation or fuel polarization between social groups, are thought to contribute to extremism-supportive ecologies. Ultimately, Bouhana (2019) argues that a multilevel analysis within a systemic perspective is necessary to understand extremism and prevent it from emerging within our societies.

Conclusions

This chapter has reviewed the progress of conceptual frameworks for understanding violent extremism trajectories towards increasingly holistic systemic models on the emergence of extremist risk. Overall, the majority of models show similarities and share common factors concerning the psychological mechanisms that underlie pathways to violent extremism. Most accounts show that individual grievances and vulnerabilities interact with social-environmental factors, inducing a 'cognitive opening' and, thus, increasing individuals' susceptibility to moral change as well as exposure to extremist settings.

Overly simplistic and reductionist explanations describing ostensibly causal pathways are speculative and potentially problematic. Many models have limited internal validity. They fail to demonstrate or specify causal relationships between their component factors. They lack comparison and control groups, focusing solely on radicalized individuals who have engaged in extremist or terrorist violence. Without those comparisons, researchers cannot reliably determine which factors distinguish those who become violent extremists or engage in terrorism from those who do not. Scientifically, it is not possible to draw reliable causal connections from the kind of case-study research designs that most models employ. Experimental or longitudinal research designs are required to investigate and establish causality.

The context-specific nature of most models also makes it difficult to generalize findings and to establish external validity (that is, how closely the study subjects resemble the population of interest). A descriptive narrative of a supposedly 'typical' transformative process based on a specific extremist group, a particular incident or a few individual cases makes it difficult to generalize the findings. Scientifically, narrative and descriptive data cannot be used to measure validity, which makes it difficult to empirically test, replicate and potentially validate these models. The analyses that do exist are often based on a small number of individuals who became radicalized in a specific context through specific mechanisms. The exact same pathways or factors may not be present within other trajectories to violent extremism. In addition, the studies too often rely on secondary sources that carry increased potential for biases and errors, which are sometimes outside the researchers' awareness and control. As a result, most of these retrospective models offer at best a detailed biographical description of radicalized individuals.

Finally, most existing conceptual models fail to account for all the individuals who will never radicalize, as well as those who may have radicalized (that is, cognitive extremism) but will never engage in extremist violence (that is, behavioural extremism). This is in line with a point previously made, which is that by focusing exclusively on radicalized individuals, no comparison is possible between non-violent and violent extremists or between radicalized and non-radicalized individuals. Another limitation in the current theoretical landscape is the specific focus on Jihadist extremism in the vast majority of models, neglecting other types of ideological extremism, which may or may not share underlying psychological mechanisms. Taken together, these limitations have slowed the emergence of a dominant well-validated theory of violent extremism. Existing models, however, can still offer practitioners some useful, systematic frameworks for making sense of violent extremism and thinking about its associated risks. They can offer exactly the kind of heuristic support that theories should provide by helping risk assessors to organize assumptions, delineate concepts, categorize factors and indicators, and articulate propositions about how those factors – particularly ones supported by empirical evidence, as reviewed in Chapter 3 – might operate to increase or decrease risk in a given case.

Note

1. For the purposes of this chapter, we refer to extremism as constituting extreme beliefs and attitudes, whereas violent extremism constitutes extreme intentions and behaviours to act violently as a result of these beliefs and attitudes (as well as other risk factors).

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3

Mapping the terrain: the current state of risk and threat assessment practice in the violent extremism field

Randy Borum

In the early twenty-first century, the scope of global security concerns broadened from an almost exclusive focus on threats among competing nation-states to also include security threats from non-state actors generally and violent extremists specifically. A range of efforts emerged or escalated in most major countries, all designed to counter violent extremism and prevent terrorism.[1] Many – if not most – of those countries, however, had relatively little recent experience understanding, assessing, countering and managing risks related to violent extremism at scale.

As is often the case when crisis drives large-scale change, numerous policies and initiatives proliferated without any prior exploration of whether they worked or what their effects might be. That is understandable. During and after a crisis, there is often a need to act – to do something. But 20 years later and with the benefit of experience with and – in rare cases – evaluation of those initiatives, governments and practitioners are hopefully better positioned to work toward evidence-based (Straus et al. 2011) or at least evidence-informed practice (Woodbury and Kuhnke 2014). This chapter aims to 'map the current terrain' of risk assessments for violent extremism and to offer some recommendations for improving risk assessment practice. The next chapter of this book reviews some specific sets of structured professional judgement risk assessment guidance or tools and addresses the issue of risk communication.

The goal of this chapter is not necessarily to break new ground but to summarize and synthesize the existing scientific research and recent

professional literature that is most directly relevant to risk assessment practice in the context of violent extremism. This volume is a handbook. It is written mainly for practitioners. It is not primarily a venue for academics and researchers to provide detailed critiques of the state of the research and make extensive recommendations for how those problems should be addressed in future studies. That ongoing discussion is valuable and necessary to move the field forward, but it is not our main focus here.

Violent extremism (VE) is a fairly new and still developing area of focus in risk assessment (Logan 2021). The science and practice of VE-related risk assessment continues to develop. Some of the guidance available to practitioners to support their assessments is empirically based; some is conceptual. There are fundamental issues that are potentially important for practitioners to consider: What is risk? What VE-related outcome is being assessed? What data should be considered in a VE-related risk assessment? How should VE-related risk be assessed? And how should VE-related decisions or conclusions be made? Many of those issues have been discussed in much greater detail elsewhere (Borum 2015; Monahan 2012; Roberts and Horgan 2008; Sarma 2017). To minimize unnecessary redundancy, throughout this chapter, we will try to briefly summarize the main points without getting bogged down in the details, note the limitations in the available evidence, and direct interested readers to additional resources where they might dig deeper if they wish.

Although the field continues to mature, there are some current points of consensus among experts about the nature of violent extremism and the practice of VE-related risk assessment. Guidelines for practice can evolve over time, of course, but there is so much diversity among relevant practitioners (for example, investigators, psychologists, intelligence analysts), practice contexts (for example, pre-incident investigations, post-conviction release decisions), and – though to a lesser extent – assessment tools that perhaps more consistency and rigour could be brought to the process by working from some shared assumptions, conclusions or points of reference. Operating within those broad parameters, diversity in perspectives throughout the risk assessment and management process is most welcome.

As a starting point, we offer a set of consensus points and assumptions on terrorism risk assessment developed in 2017 by a multidisciplinary, international group of practitioners and academics, all with expertise in risk assessment and violent extremism and all associated with national-level investigative and security services in their home countries: Australia, Canada, New Zealand, the United Kingdom and the United States (known as the Five Eyes, or FVEY). This professional

collective – informally called the Risk Management Working Group (RMWG) – worked together collaboratively and met for several years prior to the 2017 meeting and has continued meeting since. Many individual participants have changed as assignments have rotated or careers have progressed, but the key agencies have all maintained their continuous involvement. The points shown in Table 3.1 represent the consensus/agreement among members of the RMWG about (a) the nature of engagement with violent extremism; (b) the purpose of risk assessment; (c) the ways a risk assessment process should improve the inquiry; and (d) the foundations for an effective risk assessment process.

While the themes and guidance in that statement have been reinforced in further publications and practice over the past several years, the unique value of the agreement achieved within the RMWG is that it represents an interdisciplinary statement of consensus among psychological/psychiatric practitioners and investigative/security personnel with VE-related expertise from five partnering countries, which arguably carries more weight as a 'source of authority' than any one person's ideas of 'principles' underpinning practice. These consensus statement points will guide much of the discussion in this chapter.

Table 3.1 Consensus points and assumptions on terrorism risk assessment.

Nature of engagement with violent extremism:
• Radicalization (or engagement with violent extremism or VE) is multi-determined; it is driven and sustained by multiple causes, rather than a single cause. Causal factors often include broad grievances that 'push' an individual toward a radical ideology and narrower, more specific 'pull' factors that attract them.
• Ideologies (and group support for them) develop within the human ecology of nested contexts and systems, including family, economic, social and political structures.
• Different pathways can lead to radicalization (sometimes called the principle of equifinality); conversely, different persons on a shared pathway or trajectory may have different outcomes (sometimes called the principle of multifinality).
• Violent radicalization and engagement in terrorism are best viewed as a dynamic psychosocial process involving at least three phases: (1) becoming involved, (2) being involved – synonymous with engaging in unambiguous terrorist activity – and (3) disengaging (which may or may not result in subsequent de-radicalization).

• Engagement with VE comprises a variety of potential roles and functions, which individuals very often migrate both between and within, sometimes holding multiple roles simultaneously.
Risk assessment purpose:
• A risk assessment approach for VE-related behaviour should help assessors more clearly identify, define and analyse factors that may be relevant to understanding and assessing threats and ultimately to preventing a VE-related attack.
Risk assessment process should improve the inquiry itself by enhancing:
• Systematic data gathering and analysis
• Transparency
• Reliability (bias mitigation)
• Risk management planning
Risk assessment approach should:
• Specify the outcomes of concern in the case under consideration and frame the risk and management conceptualizations around them;
• Consider and assess both risk factors (factors or conditions that might increase likelihood of the specified outcome) and protective factors (factors or conditions that might decrease likelihood of the specified outcome);
• Incorporate both nomothetic (empirically derived, group-related) and idiographic (historically and rationally derived, specific to the individual) risk and protective factors;
• Not assume that the number of risk factors, by itself, necessarily indicates level of risk;
• Consider that involvement in VE can occur through diverse pathways and with diverse outcomes;
• Consider that people can be involved in VE in different ways – and pose different risks – at different times;
• Include a formulation-based understanding of risk that explains (or offers hypotheses about) the assessor's concerns and how relevant risk and protective factors may operate in relation to those concerns;
• Accommodate a 'triage' and/or screening process for investigative leads and assessments;

- Acknowledge that actuarial estimates may characterize a reference group, but not necessarily apply to any given individual within that group. Individuals do not possess an inherent 'probability' for VE-related behaviour.

Source: 2017 Risk Management Working Group (RMWG).

Evidence-based risk assessment for violent extremism

The concept and terminology of evidence-based practice seem to have their origins in the field of medicine (Sackett 2000; Woodbury and Kuhnke 2014). The central tenet is that professional practice should be informed and guided by the best available research evidence, which is integrated with professional expertise and judgement as well as thoughtful consideration of the situation and context in which practices are applied (Youngstrom et al. 2015). Ideally, that means that evidence should guide policies and practices across the continuum of activities to combat violent extremism, from primary and secondary prevention through tertiary prevention (Williams 2020). In Chapter 7, Hassan et al. also discuss these tiered public health prevention concepts as they apply to violent extremism. The continuum of prevention has at least four distinguishable reference points.

Radicalization.[2] The first is a set of policies and community-based activities designed to deter recruitment, radicalization, and mobilization into violent extremism. These initiatives are commonly regarded as countering violent extremism (CVE) (Heydemann 2014; Nasser-Eddine et al. 2011; Neumann 2017; Selim 2016). They are designed principally to address root causes and drivers of violent extremism by engaging communities and civil society and through strategic messaging and counter-messaging. These activities align with what public health professionals would regard as 'primary prevention' – efforts to prevent or deter people from ever developing a 'problem' or an adverse condition; in this case, becoming involved or engaged with violent extremism or violent extremists (Harris-Hogan et al. 2016; National Academies of Sciences, Engineering, and Medicine 2017; Weine et al. 2017).

Disruption. The second refers to activities designed to interrupt the 'mobilization' process during which extremists engage in planning and preparation for violence. Typically, these efforts are led by military, security or law enforcement elements, using a range of threat assessment and management strategies (for example, interviews, legal orders,

arrests, prosecution, deportation) to thwart potential attacks before they occur (Bjørgo 2013; 2016; Dahl 2011; Mandala and Freilich 2018; Silber and Frey 2013; Silva 2021). From a public health perspective, this is somewhat like 'secondary' prevention – efforts aimed at early detection and intervention (National Academies of Sciences, Engineering, and Medicine 2017; Weine et al. 2017).

Disengagement. The third touchpoint comprises activities designed to modify the behaviour of those who have engaged in violent extremism and to deter and prevent them from engaging in or providing material support for any further acts of violence (Williams 2020). In public health parlance, this is akin to 'tertiary prevention' – efforts to reduce the number, frequency, severity and/or impact of a hazard or adverse condition (for example, extremist or ideologically motivated violence) (National Academies of Sciences, Engineering, and Medicine 2017; Weine et al. 2017). These programmes are sometimes referred to broadly as 'de-radicalization', but that term can suggest that the primary goal is changing a person's beliefs. In reality, the primary goal is typically to change behaviour; to prevent violence. Indeed, that is the more common outcome. Some of those engaged in violent extremism will walk away or disengage from the roles, activities and mobilization structures that facilitate violence but may still maintain their 'radical' or 'extremist' beliefs (Horgan 2009; Horgan et al. 2017).

Release. The fourth point on the prevention continuum is the post-detention or post-disengagement period when the potential for future acts must still be managed. After violent extremists are detained, secured or incarcerated – often with the goal of disengagement or reducing their potential for violent recidivism – there is typically a point at which officials must decide whether, and if so when, it is safe to release an individual back into the community or to a less restrictive setting (Hart 2020; Vidino and Clifford 2019). Because past behaviour is a robust predictor of future behaviour, these are weighty decisions.

Risk is a unifying theme in most critical decisions across the continuum of prevention. At the most basic level, risk 'reflects the potential for undesirable consequences' (Aven and Thekdi 2021, 9). In security contexts, three specific conceptual points about risk are common:

1. Undesirable consequences are typically referred to as 'adverse outcomes' and would include outcome behaviours like planning, attempting or engaging in a violent extremist attack.
2. The general calculus of risk typically involves three components: assets (potential targets), threats (agents or conditions that may

cause harm or adverse outcomes) and vulnerabilities (potential gaps or weak points in protective measures or security posture) (Amundrud et al. 2017).

3. While likelihood and uncertainty are key elements of risk, most definitions involve more than a mere probability that an adverse event will occur; rather they consider other elements such as the nature of the target and character, severity, frequency, imminence and consequences of potential harm (Roeser et al. 2012).

Risk assessments may focus on persons, places, objects or events. Each type of assessment has its own defining characteristics, considerations and processes. This chapter will focus on risk assessments of persons for involvement in violent extremism. In this context, risk assessment will be viewed broadly as the systematic consideration of risk and protective factors (both static and dynamic, and both nomothetic and idiographic) within an individual and their situation and context, to assess the nature and likelihood of potential involvement in violent extremism over a specified period of time (Borum 2015; Heilbrun 1997). Risk assessments are commonly conducted by clinical, forensic, law enforcement and/or correctional service professionals and their primary purpose is to inform and guide case management efforts and interventions to prevent or mitigate the risk of VE-related behaviour and its adverse consequences.

To clarify the definitional scope up front, the practice of risk assessment is somewhat different from the practice of 'threat assessment', at least as that term is generally used in security contexts. Although threat assessment is also a systematic process, it focuses on facts derived from multiple sources about an individual's thinking and behavioural patterns to determine whether and to what extent that individual is moving toward a targeted attack (Fein and Vossekuil 1995; 1998; Vossekuil et al. 2015).

Threat assessments are commonly conducted or led by law enforcement and security professionals, including investigators and analysts, and their primary purpose is to inform and guide threat management planning (and activities) designed to disrupt the subject's forward motion toward a targeted attack. The two types of assessment – risk and threat – also differ in their scope, evidentiary emphasis, outcomes of interest, ultimate questions and communicated judgements. Those differences have been addressed elsewhere in greater detail (for example, Borum et al. 2022; Cooke and Logan 2021; also Chapter 5 of this volume). Our present focus is on risk assessments in the context of countering terrorism and violent extremism.

Prior observations and analyses about the risk assessment process for violent extremism have consistently pointed to three foundational issues or challenges that the field and individual evaluators need to address when thinking about risk assessment protocols for violent extremism (Borum 2015; Monahan 2012; Robert and Horgan 2008; Sarma 2017): specifying the risk outcome to be assessed; identifying what data should be considered; and determining how the risk appraisal should be made. The current status of each issue will be addressed in the sections below.

Specifying the risk outcome to be assessed

A critical factor in any risk assessment or risk assessment approach is specifying the adverse outcome(s) of interest. Different kinds of outcomes, including different types of violent or antisocial behaviour, often have different risk and protective factors, correlates and causal or explanatory pathways. Because risk assessment includes a behavioural forecast of how likely an individual may be to engage in certain types of action in the future, then identifying the action(s) of concern is a necessary first step.

In risk assessments for violent extremism, specifying the adverse outcome(s) of concern can be especially challenging. Different 'types' of violent extremism exist, and people can be 'involved' with violent extremism in different ways, in a range of different roles, and on different trajectories. Risk assessments are snapshots of a constantly moving target.

Different types of violent extremism

Terrorism is not a singular phenomenon (Allan et al. 2005). There have arguably been different 'waves' of terrorism over time (Rapoport 2004). Terrorism operates across many different ideologies, in support of different causes (Holbrook and Horgan 2019), and in different areas of the world (Bahgat and Medina 2013) in both domestic and global contexts (Pain 2014). As a result, dozens of different 'typologies' of terrorism have been proposed (Schmid and Jongman 1988). How distinct these 'types' of terrorism are remains, ultimately, an empirical question, but those potential differences all suggest that specifying the outcome(s) of concern in risk assessments for violent extremism will be critical.

The contrast of group-based terrorism with lone-offender terrorism is one 'type' of distinction where important differences have already been found. For example, while prevalence rates for most mental disorders

among group-based terrorists are not substantially different from general population rates, numerous studies of lone offenders who engage in terrorism or mass targeted violence have found serious mental health problems and disorders in between one-third and a half of the cases examined (Capellan and Anisin 2018; COT 2007; Fein and Vossekuil 1999; Gill et al. 2017; Gill et al. 2014; Gill et al. 2019; Gruenewald et al. 2013; Kenyon et al. 2021; Liem et al. 2018; Meloy et al. 2019; Trimbur et al. 2021; Zeman et al. 2018).

Even within the category of 'lone offender' there may be variations and differences to consider. Assassins and public figure attackers, so-called 'school shooters', ideologically driven mass shooters, non-ideologically driven mass shooters and terrorist/extremist solo attackers have often been lumped together in statistical compilations or sometimes disaggregated and compared in various studies (Clemmow et al. 2020; McBride et al. 2022; McCauley et al. 2013). While there may be some similarities, particularly in their planning and preparation behaviours, understanding some of the distinctions may be just as critical. The role of ideology is one example. With many solo attacks, personal motives and grievances mix with ideological ones (Borum et al. 2012; Ellis et al. 2016; Gill et al. 2017). So, even where the attacker intended to cause fear, intimidation and terror, the question of whether the act was committed primarily or solely 'to further a political, social or religious cause' or to influence the policy or conduct of a government – the element that defines terrorism in many legal and policy definitions – is, at least, ambiguous (Hunter et al. 2021).

Different phases of involvement in violent extremism

Involvement in violent extremism tends to be a dynamic psychosocial process involving at least three phases: (1) becoming involved, (2) being involved – synonymous with engaging in unambiguous terrorist activity – and (3) disengaging (which may or may not result in subsequent de-radicalization) (Horgan 2005). Because it is a dynamic process, however, the 'push' (grievance-based) and perhaps especially 'pull' (incentive-based) factors affecting an individual's engagement are not necessarily steady or constant across those different phases of involvement (Cherney et al. 2021). That means, for example, that the main motivations that initially draw a person in may be different from the motivations that sustain their continued involvement or that ultimately lead them to disengage (Altier et al. 2020). Even the nature of involvement can change over time. Individuals (especially with group-based involvement) often migrate between and within roles or functions and may hold multiple

roles simultaneously (Horgan 2005; 2008; Taylor and Horgan 2006). Those changes can all complicate how an evaluator thinks about specifying an outcome in any given case.

Different ways to be involved (roles) in violent extremism

People can be 'involved in terrorism' in a variety of ways, and those ways can change over time. Terrorism is most obviously associated with 'direct action' or attacks but being involved in terrorism potentially involves a much broader spectrum of activity (Altier et al. 2020; Horgan 2008; Horgan and Taylor 2011). In group-based contexts, those may translate into particular roles or functions. The nature of that full range of activity, however, has not been systematically investigated or categorized (Altier et al. 2020). The pathways, risk and protective factors, however, may not be the same for different roles and functions. Fully understanding the spectrum of involvement in terrorism or violent extremism will ultimately require further empirical investigation, but for heuristic purposes, the range of activities might be grouped into four basic, non-exclusive categories (Borum 2015):

1. **Direct action**, involving direct participation in terrorist attacks against human targets
2. **Operational support**, which may involve planning and on-site support for attacks or preparing weapons, lethal substances, and explosives for use in attacks against human targets
3. **Organizational support**, involving activities such as spotting, recruitment, fundraising, information dissemination and media strategy
4. **Logistical support**, comprising both enabling activities such as providing money, food, or lodging, as well as less direct or more distal forms of operational support such as acquiring or providing false documentation or identification, communications equipment or transportation.

With regard to defining the outcome, the most useful question might not be 'which one to choose' but rather 'which one(s) seems most (and least) likely' based on the individual's history, trajectory of involvement, vulnerabilities, capabilities, risk and protective factors and the current context.

Identifying what data should be considered

Traditional models of risk assessment suggest that 'risk factors' should comprise the primary 'data' for the appraisal. More recently, some risk assessment protocols have incorporated 'protective' factors as well. In the process of attending to many specific factors, however, it is easy for a more holistic or functional understanding of the person to get lost. With risk assessments for violent extremism, that loss of perspective could be a grave mistake.

There is no question that discerning risk and protective factors based on the best available scientific evidence is a critical component of evidence-based practice. But people – and their risk for involvement in violent extremism – are more than the simple sum of their risk and protective factors. Risk assessments are not simply a technical exercise in counting identified factors. As convenient as it might be in theory to have a 'checklist' to reliably identify violent extremist actors, that methodology is not only overly simplistic but is also completely inconsistent with the current state of the science, with professional standards of practice, and with the practical realities of assessing and managing VE risk. With risk assessments generally and VE risk assessments specifically, understanding (or at least having a working hypothesis about) how those factors fit together to affect an individual's propensities, intentions and behaviours is the very foundation for an effective risk appraisal – especially for one that aims to inform risk management/intervention plans.

Background on risk factors

'Risk factor' terminology comes primarily from epidemiology, which studies the incidence, patterns, and determinants of diseases and health-related problems (Rothman et al. 2008). Risk factors historically have been viewed simply as variables that are associated with (though not necessarily causes of) the increased likelihood or probability of a given negative outcome or hazard. They are empirically derived from group-level data and are, therefore, commonly regarded as *nomothetic* (based on generalized knowledge) rather than *idiographic* (based on case-specific knowledge) elements (Beck 1953; Hermans 1988; Lamiell 2003; Robinson 2011).

There are at least two significant conceptual issues to consider in applying risk factors to risk assessments for violent extremism. The first issue is the 'potency' of those factors in predicting VE risk specifically. Later in this section, we will review the current state of the scientific

evidence on risk and protective factors and highlight factors that have a statistically significant association with various forms of radical intentions and behaviours, along with the strengths of those associations. The empirical foundation of support for VE-related risk and protective factors has come a long way in a fairly short period of time, but we should continue to guard against overconfidence.

Kraemer and colleagues (1997) note that 'merely demonstrating statistical significance, however, is not enough' to classify a particular agent or exposure as a risk factor. The factor must demonstrate sufficient 'potency' to discriminate between those with a higher and lower probability of the adverse outcome. They define 'potency' as the 'maximal discrepancy achievable using that risk factor to dichotomize the population into high- and low-risk groups' (p. 338). Demonstrating potency typically requires large sample sizes and heterogeneity in the risk factor and the outcome. In other words, if nearly everyone in a sample has (or does not have) a particular risk factor or if nearly everyone has (or has not) experienced radical intentions or behaviours, then it will be difficult to reliably differentiate low- and high-risk groups and establish the factor's potency. So, the presence of the risk factor must be reasonably *specific* to violent extremist involvement, which is a rather tall order. Accordingly, risk assessors should make prudent inferences about the meaning of risk factors in individual cases.

The second conceptual issue is the extent to which risk factors derived from group data will apply to a specific individual. The assumption that risk factors operate the same way within or across individual cases as they do in groups and samples is implicit in many risk assessment schemes. The validity of this assumption, however, remains an ongoing polemic in the fields of behavioural and social science (Allport 1962; Barlow and Nock 2009; Robinson 2011; Scurich et al. 2012). Ultimately, data based on group analyses (nomothetic) and on an individual assessment (idiographic) will need to be combined to get a complete picture (DeMatteo et al. 2010; Webster and Cox 1997). It seems unlikely that people carry true, innate probabilities at the individual level.

Sixty years ago, Allport offered the following example:

Suppose we take John, a lad of 12 years, and suppose his family background is poor, his father was a criminal, his mother rejected him, his neighborhood is marginal. Suppose that 70 per cent of the boys having a similar background become criminals. Does this mean that John himself has a 70 per cent chance of delinquency? Not at all. John is a unique being, with a genetic inheritance all his own;

his life-experience is his own. His unique world contains influences unknown to the statistician – perhaps an affectionate relation with a certain teacher, or a wise word once spoken by a neighbor. Such factors may be decisive and may offset all average probabilities. There is no 70 per cent chance about John. He either will or will not become delinquent. Only a complete understanding of his personality, of his present and future circumstances, will give us a basis for sure prediction. (Allport 1962, 411–12)

Risk assessors should collect information on empirically supported risk and protective factors, but those factors alone are not dispositive of any given outcome. Evaluators should consider the relevance of those factors; how each may or may not be linked to violent extremism in any given case (Hart et al. 2017). Risk and protective factors provide data, not answers.

Background on protective factors

Researchers and practitioners in the field of violence risk assessment, at least recently, seem to agree that protective factors should be an integral part of risk-related decisions (de Ruiter and Nicholls 2011; de Vries Robbé and Willis 2017; de Vries et al. 2012; Dickens and O'Shea 2018; Klepfisz et al. 2017; O'Shea and Dickens 2016; Rennie and Dolan 2010; Rogers 2000; Ryba 2008). The term 'protective factors', however, has been used in different ways in psychological science and risk assessment research and practice. This has created some inconsistency, if not confusion, about how protective factors might best be integrated into risk assessments (Cording and Christofferson 2017; Fortune and Ward 2017). Cording and Christofferson (2017) have summarized the definitional challenge as follows:

As a demonstration of this current confusion, the various definitions used in the extant literature to describe protective factors include: the absence of risk factors (Zeng et al. 2015); factors that promote desistance among individuals who have already offended (de Vries Robbé et al. 2015); variables that predict a low probability of offending (Loeber and Farrington 2012); and, factors that interact with risk factors to reduce their negative impact on outcomes (Farrington et al. 2016). These definitions each have vastly different implications in terms of the identification and measurement of protective factors; it is therefore clear that a standardised conceptualisation of what is meant by 'protective factors' is required before our understanding of how these can be measured and

incorporated into risk assessment can advance. (Cording and
Christofferson 2017, 49)

At the broadest level, in the context of violence risk assessments,
protective factors are either individual or contextual characteristics
associated with a lower likelihood of violence (or involvement in violent
extremism). They might operate directly to reduce risk or indirectly by
buffering the effect of risk factors. There are fundamental differences,
however, in the professional and scientific literature about the definitional
boundaries of what constitutes a protective factor and assumptions about
how, for whom, and under what circumstances those factors operate.
These differences pose a challenge to research but also to practice.

Some researchers, for example, regard protective factors as solely
being 'mirror images' of risk factors (meaning that they represent different
ends of the same characteristic or construct), and – given that premise –
question the usefulness of assessing them separately, while others regard
them as being conceptually distinct from risk factors (Cording and
Christofferson 2017). Eisenberg and colleagues (2022) report finding
unipolar and bipolar protective factors. In that framework, the bipolar
factors mirror the risk factors; they just represent the positive end of the
continuum. The unipolar factors are those that, when present, can buffer
the negative effects of risk factors, but alone their absence does not affect
risk. Specifically, they suggest that treatment responsivity factors (for
example, insight, cognitive capacity, motivation for treatment) might fall
into that unipolar category.

One of the more consistently recognized distinctions in the study of
protective factors is whether they are 'promotive' or 'protective'
(Farrington et al. 2016; Lösel and Farrington 2012; Sameroff et al. 1998).
Applied to the context of violent extremism, *promotive factors* (sometimes
simply regarded as 'strengths') such as attachments to prosocial
institutions are those that are empirically associated with lower risk,
whether or not other risk factors are present (Loeber et al. 2008). They
act more directly to reduce a person's likelihood of involvement with
violent extremism. *Protective factors* (sometimes regarded as 'interactive
factors'), such as resilience on the other hand, lower risk by buffering or
mitigating the effect of one or more risk factors. These factors exert their
effects through interactions with risk factors, so they act more indirectly
to reduce a person's likelihood of involvement with violent extremism
(Cording and Christofferson 2017; Serin et al. 2016).

After more than 25 years of systematic research and scholarship, it
is not clear whether the field is close to reaching consensus on defining

protective factors. A similar definitional dilemma, of course, has vexed research on 'terrorism' throughout its history. Perhaps the best approach for practitioners is to be mindful in their own assessments and explicit in their communications about the definitions and underlying assumptions they are using.

Psychological issues in VE-related risk assessment

The role of individual-level psychological problems and psychological factors in terrorist behaviour has been studied and re-studied for more than 60 years (Borum in press). In the early days of those explorations, because terrorism is such extreme behaviour, some speculated that it could be the product of a mental disorder or disease. To investigate that hypothesis, initial studies explored rates of mental disorders among terrorist samples and found them comparable to rates in the general population (Borum 2004; Victoroff 2005). Those early studies, however, lacked scientific rigour and did not provide a scientific basis for any firm conclusions. Nevertheless, because of the 'negative findings', some researchers and practitioners – perhaps prematurely – concluded that mental health problems must be all but absent among terrorists and irrelevant to understanding violent extremism (Corner et al. 2016; Gill and Corner 2017).

A second wave of studies improved their research methodologies. Some of those more recent studies reported higher rates of mental health problems than the first-generation inquiries, but the rates across those studies have varied significantly (Gill et al. 2021; Misiak et al. 2019; Trimbur et al. 2021). A different pattern emerged, however, for lone offenders. As noted above, among the lone actor terrorists, mental health problems were regularly found in a third or more cases. Clearly, it was not true that mental disorders were not – or could not be – present among terrorists.

A second line of inquiry examined the potential roles of specific psychological constructs, factors and characteristics – seeking perhaps a common pattern – in understanding violent extremism. Psychopathy, a syndrome characterized by longstanding and problematic patterns of antisocial behaviour and callous unemotionality, was a primary suspect (Martens 2004). Scientific evidence consistently highlights psychopathy as one of the most robust and consistent predictors and correlates of antisocial behaviour generally, but there has been very little empirical evidence linking it specifically to terrorism (Corner and Gill 2022; Hare et al. 2022).

When mental disorders and clinical syndromes failed to offer a neatly packaged proposition for understanding the cause of terrorism, some researchers turned their attention to personality factors. The working hypothesis was that there must be a set of characteristics that could reliably distinguish terrorists from non-terrorists; perhaps those characteristics might even comprise a 'terrorist personality' or psychological profile of the violent extremist. But studies consistently failed to find a constellation of personality variables that characterized all (or even most) terrorists or substantially explained terrorist behaviour. Monahan (2012) concluded as follows:

> The search for personality traits that distinguish terrorists from non-terrorists with any degree of reliability has a long and frustrating history. In recent years, and after a great many failures, that search has been 'more or less abandoned' (Smelser 2007, 94, quoted in Monahan 2012, 178)

The failure to find clear psychological markers for terrorism is probably not because there are no differences between terrorists and non-terrorists in their patterns of thought, emotion and behaviour but because there are such vast differences among terrorists. Terrorism and terrorists are diverse (Alexander and Klein 2005). Beyond the narrow scope of 'personality traits', empirical research and scholarly analysis have also examined a broad range of psychological features, characteristics, attributes, styles and processes characterizing a person's patterns of thought (the content of thoughts like attitudes, but also the form of cognitive processes or 'style' of thinking), mood (affect and emotions) and behaviour (Borum 2014; Gollwitzer 2022). Some broader psychological factors (not disorders or illnesses) may be overrepresented among extremists and present promising lines of inquiry for future research.

Ferguson and McAuley (2021) have observed that 'research on how and why people become involved in violent extremism has moved away from answers based on psychopathology or personality profiles' (p. 6) to the roles of social and collective identity. Although it is clear that multiple causes drive involvement in violent extremism and that it is an outcome with multiple possible pathways, the concept of identity (Schwartz et al. 2009) – in particular, the concept of 'identity fusion' (Swann and Buhrmeister 2015) – can provide an organizing framework for understanding how people come to adopt extremist ideas and how those ideas guide their behaviour.

Research on risk and protective factors

With the caveats about risk and protective factors in mind, several recent research reviews – each with a slightly different focus – provide an excellent snapshot of the current state of the scientific evidence on risk and protective factors in violent extremism (Corner et al. 2021; Lösel et al. 2020; Marsden and Lee 2022; Rottweiler 2021; Vergani et al. 2018; Wolfowicz et al. 2021). The largest of these is a systematic review and meta-analysis of 127 quantitative studies, from 206 samples representing 20 countries from the Organisation for Economic Co-operation and Development (OECD) and covering the effects of more than 100 different factors measured at the individual level on three outcome domains: radical attitudes, radical intentions and radical behaviours (Wolfowicz et al. 2021; see also Wolfowicz et al. 2020). Although the Wolfowicz et al. (2021) meta-analysis investigated three outcome domains – radical attitudes, radical intentions and radical behaviours – the summary here will address only findings pertinent to radical behaviours. This volume generally, and this chapter specifically, focus on risk assessments for extremist violence. From that perspective, radical behaviours represent the primary outcome domain of interest.

The authors of the meta-analysis report their results as 'effect sizes' (r), which measure the magnitude or strength of the relationship between, in this case, the risk factor and the measure of radical intentions or radical behaviours. They array the effect sizes in four tiers, ranging from very small ($r = .00–.10$) for the weakest statistically significant relationship to small ($r = .10–.30$), to moderate ($r = .30–.50$), to large ($r > .50$) for the strongest statistically significant relationship.

The 'outcome of radical behaviours included studies assessing involvement in violent radical behaviours, including illegal and violent sub-terroristic behaviours motivated by a radical ideology, and behaviours that can be classified as terrorism' (Wolfowicz et al. 2021, 37).

Radical attitudes were among the strongest predictors of both radical intentions and radical behaviours. Most people who hold radical attitudes, of course, do not engage in extremist violence, but most people who engage in extremist violence also hold radical attitudes (Bartlett and Miller 2012).

Focusing specifically on the outcome of radical *behaviour*, significant effect sizes were found for perceived (small effect for personal injustice) and actual (small effect for experiencing violence) experiences of victimization and for psychosocial struggles such as recent job loss

(moderate effect), unemployment (small effect), poor integration (small effect) and mental health problems (small effect). The authors also discerned that several key factors in a person's social environment that can support and sustain radical beliefs were also associated with radical behaviour, including radical family (small effect), deviant/radical peers (moderate effect) and online contact with extremists (moderate effect).

The meta-analysis revealed significant effects and empirical support for an array of psychological factors that are often associated with risk for general violence as well, such as thrill-seeking/risk-taking (small effect), anger problems (small effect) and poor self-control (small effect). Similarly, criminal history (moderate effect) and previous incarcerations (large effect) had quite robust links to radical behaviour. Most socio-demographic variables were not significant, except for gender (male) and past military service, both of which had a moderate effect size. Importantly, in addition to revealing empirical support for risk factors, protective effects were found for school bonding (small effect), believing in the legitimacy of existing laws (small effect) and abiding by those laws (small effect). Table 3.2 illustrates the empirically validated risk and protective factors for radical behaviours.

Table 3.2 Empirically validated risk and protective factors for radical behaviours.

Risk factor	Effect size
Gender (Male)	Moderate
Psychosocial Risk Factors	
Perceived and actual experiences of victimization	Small
Recent job loss	Moderate
Unemployment	Small
Poor integration	Small
Mental health problems	Small
Radical family	Small
Deviant/radical peers	Moderate
Online contact with extremists	Moderate
Criminal history	Moderate
Prior incarcerations	Large
Past military service	Moderate

Psychological Risk Factors	
Radical attitudes	Large
Thrill-seeking/risk taking	Small
Anger problems	Small
Poor self-control	Small
Protective factor	**Effect size**
School bonding	Small
Believing in the legitimacy of existing laws	Small
Abiding by existing laws	Small

Effect sizes reported in four tiers: Very Small (r = .00–.10); Small (r = .10–.30); Moderate (r = .30–.50); and Large (r > .50)

Source: Wolfowicz et al. 2020; 2021.

The authors also looked for potential differences in how the factors might operate across diverse geographic regions and for different ideological groupings. There were a few important differences; however, overall, there was considerable consistency. The authors conclude:

> Taken collectively, the results indicate that many risk factors may have universal relationships with radicalization outcomes in democratic countries and across ideologies, and be equally applicable across certain demographics. However, for those factors for which significant heterogeneity was found across such factors, these differences need to be taken into consideration when such factors are used in applied contexts, such as risk assessment. (Wolfowicz et al. 2021, 71)

Marsden and Lee (2022; see also Copeland and Marsden 2020) developed a research review focusing on protective factors for radicalization and violent extremism. Empirical research on protective factors generally, and with VE specifically, is much less common than empirical research focusing on one or more risk factors, so the review did not turn up quite as many studies or variables. The review draws on 51 papers with 81 findings, resulting in 53 identified protective factors relevant to violent extremism. As other risk/protective factor reviews have done, the authors distinguished between the effects of three different kinds of outcome

variables: violent extremist attitudes, intentions and behaviours. Many of the studies focused on radical attitudes. The outcomes of radical intention and radical behaviour were studied much less frequently. Unlike the Wolfowicz et al. (2021) review, this one does not contain a meta-analysis, so their reporting does not include information on the strength (like effect sizes) or direction of the identified empirical relationships but does provide information on the number of studies identified for each protective factor.

Focusing specifically on the outcome of radical *behaviour*, the researchers found empirical evidence supporting the protective effects of a few sociodemographic variables like educational attainment, employment and marriage. The psychological factors of self-control and mental health were also protective. Having non-violent peers was a significant social/behavioural protective factor, as were engaging in legitimate political protest and religious study. Finally, two significant factors reflecting civic attachments were also identified: trust in government and acceptance of police legitimacy.

Applying research on risk and protective factors in VE-related risk assessment

In the social and behavioural sciences, to identify robust predictors or at least a robust association between variables, researchers typically look for substantial and meaningful effect sizes or between-group differences, especially in large samples, controlling for the effects of other factors, and delivered consistently – if not replicated – across multiple studies. The reviews described above highlight some solid findings, as well as some interesting and potentially promising factors for further investigation, but they certainly do not point to a singular constellation or 'profile' of terrorist traits and characteristics.

The reviews and meta-analyses consistently show that extremist attitudes are studied more commonly than extremist intentions and more often than actual extremist behaviours. This makes sense, given how incredibly difficult it is to study extremist behaviours. We also see that these different outcomes often have different correlates and predictors. Some are common to all three. Others are shared among two outcomes. But overall, findings from one cannot be assumed to generalize to the others. We also see that large effect sizes (high potency factors) for all extremist outcomes – but especially for extremist behaviour – are relatively rare. While there is now a much larger body of empirical

evidence on risk and protective factors for violent extremism than existed even 10–20 years ago, that evidence does not always provide answers that translate easily into risk assessment practice.

Several non-trivial challenges exist in applying nomothetic, evidence-based risk factors (especially psychological ones) to individual VE-related cases:

1. Many factors are not directly causal, instead, they are causes of causes.
2. Many factors have no established 'mechanism' of action to explain violent extremism.
3. Many factors can be both causes and consequences of involvement in violent extremism.
4. Causal mechanisms for any given factor may operate in different ways for different people and in different contexts.
5. Many risk factors operate through interactions with other risk factors, sometimes in ways that are unique to the case.
6. Many risk factors' explanatory power overlaps with that of other risk factors (that is, shared variance) and so they may not provide incrementally useful information about risk.
7. Many factors are associated with extremist attitudes, but have unknown links with actual extremist behaviour.

This last point is especially salient for VE-related risk assessment. Most individual risk assessments are concerned primarily with potential violent extremist behaviour, not extremist ideas. Understanding how extremist ideas develop is less complicated than understanding terrorist behaviour itself. Many people hold what are regarded as extremist beliefs, but only a very small proportion choose terrorist action (Atran 2010; Borum 2011). The difference between radicals who engage in violent extremist action and those who do not, is not just a function of the relative intensity of their beliefs or commitment to their ideology (Schuurman and Taylor 2018). Some of those with the strongest radical beliefs and ideological commitments do not ever commit acts of extremist violence, while some of those with more moderate levels of commitment do.

Predicting/explaining extremist ideas – who is at risk for developing radical beliefs, sometimes called 'cognitive radicalization' (Neumann 2003) – and predicting/explaining violent extremist action (engaging in terrorism or terrorist-related acts) may even be two different processes. It is possible, for example, that individual differences in proneness to extremist ideas may be more a function of vulnerabilities, but differences in proneness to

extremist action may be driven more by propensities. Adding to the complexity, those two processes may be generally different, but they may also be different between different people or even within the same person. This gap between understanding violent extremist beliefs/ideas and violent extremist actions has been one of the most vexing problems for the study of violent extremism and for attempts to better integrate evidence-based VE-related risk and protective factors into practice (Abay et al. 2020; Khalil 2014; Knight et al. 2017). It is possible to look to theories of behaviour and crime to explore the gap between beliefs and action. But, ultimately, the diversity among terrorists and across different types and forms of terrorism probably means that researchers are not likely to ever find a clear, universally applicable answer.

Determining how the risk appraisal should be made

Evolution of violence risk assessment approaches

A number of existing journal articles, reports and book chapters (including Chapter 5 in this volume) describe in detail the range of different approaches to violence risk assessment and the ways in which practice has evolved over the past 30 years (see de Ruiter and Hildebrand 2022; Hart et al. 2017; Hart and Logan 2011; Heilbrun et al. 2020; Logan and Lloyd 2019; Monahan 2012; Monahan and Skeem 2014; Murray and Thompson 2010). These approaches range from the unstructured, where the evaluator has complete discretion over the assessment data, the assessment process and the ultimate risk judgement, to the mechanistic, where the ultimate risk appraisal is drawn from a statistical formula without any human judgement or evaluator discretion. Neither endpoint on the continuum fits especially well with risk assessments for violent extremism (de Ruiter and Hildebrand 2022; Monahan and Skeem 2014; Sarma 2017). But there is middle ground in structured professional judgement (SPJ) that holds great promise for an evidence-based approach.

For many years, violence risk assessments were largely unstructured clinical evaluations of a person's level of 'dangerousness'. Evaluators would routinely interview the examinee, asking about their history and past behaviour, and sometimes look through official records or speak with family members. The protocol for what to ask and assess and the ultimate decision or appraisal of risk was ostensibly based on the evaluator's training and experience. First-generation risk assessment research findings, however, showed that those assessments and their consequent

impressionistic predictions were often inaccurate and, from a risk management perspective, pragmatically unhelpful (Borum 1996; Monahan 1981; Mossman 1994; Otto 1992).

As an alternative, some researchers suggested a shift to the other end of the continuum, arguing that evaluators should abandon clinical judgement and replace it entirely with mathematical or statistical formulas for risk appraisals (Dawes 2005; Quinsey et al. 1998). Those statistical risk decision rules are often called actuarial tools or formulas. In violence risk assessment, they combine a specified set of objective factors to estimate the probability or likelihood of a specified type of violence in a particular population, over a specific period. Actuarial formulas are often used in insurance, engineering, business and sometimes in government for risk-related decision-making.

A lengthy and still ongoing polemic debate emerged in the field of risk assessment between proponents of human/clinical judgement and advocates for actuarial formulas about the relative merits of each approach. The arguments include scientific differences about the relative accuracy of the two approaches; epistemic differences about applying group data to individual cases; ethical differences about which approach best aligns with prevailing professional standards for decisions where an individual's liberty interests may be at stake; and legal and policy differences about procedural justice, relevance, and evidentiary admissibility (Barabas et al. 2018; Berlin et al. 2003; Buchanan 2008; Campbell 2003; Douglas et al. 1999; Falzer 2013; Monahan 2006; Sjöstedt and Grann 2002; Slobogin 2020; Tolman and Rotzein 2007; Webster et al. 2002; Yang et al. 2010).

The completely unstructured, discretionary approaches are generally criticized as being overly broad and unsystematic, while the actuarial non-discretionary approaches are criticized as being overly narrow and rigid. When selecting an approach, the accuracy of behavioural forecasts is an important consideration, but so is the utility of those assessments for informing risk management. An important shift began to emerge in the ethos of violence risk assessments from a primary focus on violence prediction to a primary focus on prevention and risk management (Heilbrun 1997). In a risk management model, a person's risk or potential for violence was not seen as a static dispositional trait of 'dangerousness' but as a contextual, fluid and ongoing construct (National Research Council 1989). With a focus on risk management, dynamic (changeable) risk factors and protective factors gained increasing importance (Douglas and Skeem 2015; Klepfisz et al. 2016; 2017; Serin et al. 2016; Van der Put et al. 2011).

To better connect risk factors with risk management, Bonta and Andrews (Andrews et al. 1990; Andrews et al. 2006; Bonta and Andrews 2007) developed a Risk–Need–Responsivity (RNR) model as a conceptual foundation for criminal offending/violence risk management. The RNR model – which originated in a criminal justice context – suggests aligning risk management strategies with an offender's risk level (risk), the factors that most contribute to their risk (needs), and the factors most likely to facilitate a positive outcome (responsivity). More specifically, they describe the three component principles in the following way: '*risk principle* – match the level of service to the offender's risk to re-offend; *need principle* – assess characteristics/stressors that directly affect an individual's likelihood to commit a crime and target them in treatment (criminogenic needs); and *responsivity principle* – maximize the offender's ability to benefit from intervention by tailoring behavioural treatment to the offender's learning style, motivation, abilities and strengths' (Bonta and Andrews 2007, 1).

The RNR model provides a clear platform for integrating the functions of risk assessment and risk management (Ogloff and Davis 2004). It also clarifies and amplifies *what should be assessed* – an individual's criminogenic needs; that is, factors associated in the empirical research literature and individual case analysis with criminal offending. So, the RNR model harmonizes with an evidence-based approach.

In the mid-1990s, to balance the polarized arguments between unstructured and mechanistic risk assessment approaches within an evidence-based ethos, a model of SPJ emerged as a possible solution. Chapter 5 of this book provides a comprehensive analysis of the SPJ approach and how it operates in VE-related cases relative to unstructured and actuarial approaches. Very briefly, using an SPJ approach, assessors refer to and rate a specified list of evidence-based risk and possibly also protective factors pertinent to a specified type of violence, in a specified target population. Those factors are typically embedded within an SPJ tool. Each factor is typically rated nominally as 'present' or 'absent', or ordinally as 'low', 'moderate' or 'high', but not numerically, to generate a 'score'. Sometimes the relevance of each factor (to the case) is also part of the coding process. To increase consistency and inter-rater reliability, the SPJ tool describes each factor and its 'level', to the extent possible, in objective, measurable terms. The ultimate conclusion or decision about risk, however, is not based on a formula or tally of risk factors but on the assessor's professional judgement. Those are the broad contours of the SPJ model.

Although we often refer to SPJ broadly, as Lloyd (2019) notes:

> … there is a continuum of SPJ approaches from the fully operationalised that require scenario planning and formulation, to leaner approaches that support an appraisal of the pattern of risk (and protective) factors in the individual case to inform a summary risk rating of high, medium, or low. It is generally understood that the more complete approach is the preserve of professionals such as psychologists, behavioural scientists or probation officers, and that the leaner approach is more suited to those with operational expertise and experience. These two approaches have been characterised in the literature as SPJ full-fat and SPJ lite. (Lloyd 2019, 7; see also Logan and Lloyd 2019)

The basic approach – 'SPJ lite' – always covers Step 1[3] (gathering necessary information), Step 2 (determining the presence of risk/protective factors) and Step 7 (developing conclusory opinions). This leaner version sometimes includes Step 3 (determining the relevance of risk/protective factors) and Step 6 (developing risk management strategies) as well. The enhanced approach – 'full-fat SPJ' – is a more elaborate and intensive process, fully covering all seven SPJ steps. Most notably, it comprehensively includes guidance for Step 4 (developing a case/risk formulation) and Step 5 (creating risk scenarios). Table 3.3 illustrates the SPJ steps in full.

Table 3.3 Steps in the Structured Professional Judgement (SPJ) assessment process.

SPJ Step	Assessment task
Step 1	Gathering necessary information
Step 2	Determining the presence of risk/protective factors
Step 3	Determining the relevance of risk/protective factors
Step 4	Developing a case/risk formulation
Step 5	Creating risk scenarios
Step 6	Developing risk management strategies
Step 7	Developing conclusory opinions

Source: HCR-20 V3 User Guide (Douglas et al. 2013).

Some sets of SPJ guidance or tools provide explicit markers on the coding/rating sheet for assessors to note a factor's relevance, 'how to' descriptions for developing risk formulations and scenarios, and sometimes associated worksheets to facilitate the process. The *Risk for Sexual Violence Protocol*

(RSVP) was the first guidance to delineate the whole of the SPJ process ('full-fat') in 2003 (Hart et al. 2003). That comprehensive process can be used with a range of SPJ tools, but providing specific guidance for relevance ratings, risk formulation and scenario development within the manual or users' materials may help to standardize how those steps are performed. Among the guidance for assessing VE-related risk, the *Multi-Level Guidelines* (MLG) (Cook et al. 2016, described in the next section) offer comprehensive or 'full-fat' guidance. According to Hart and Vargen (Chapter 5 of this volume), the *Violent Extremism Risk Assessment Version 2 Revised* (VERA-2R) now includes steps from the *Historical, Clinical, and Risk Management-20 Version 3* (HCR-20 V3) for risk formulation and development of scenario-based management plans, although the English version of the VERA-2R manual does not include sufficient structure or guidance with respect to these steps to allay concerns that it is only SPJ-lite.

The SPJ model generally creates an assessment approach that is:

- *Systematic*: items cover the primary domains of known risk and protective factors.
- *Reliable*: factors are all operationally defined to increase consistency between different evaluators.
- *Empirically grounded*: factors are based on the best available research, theoretical foundations, and practice guidelines.
- *Focused*: factors are selected based on their associations with a specified scope of violence in a particular target population.
- *Transparent*: assessor's consideration of relevant factors is recorded, specific, and explicit.
- *Risk management-oriented*: factors (risk and protective) correspond to 'criminogenic needs' and inform the identification and selection of useful targets for risk management interventions.
- *Flexible*: the approach allows consideration of idiographic or case-specific factors as well as those derived from research.
- *Practical*: the tool can be used by an appropriate range of professionals and does not require much additional time beyond what is needed to collect information in a competent assessment.

Beyond these process advantages, numerous research studies support the accuracy of the SPJ approach as well. Those studies have found that SPJ assessments of violence risk are generally more accurate than those based on unstructured clinical judgements (Guy 2008; Guy et al. 2012; Hart et al. 2017; Hilterman et al. 2014) and perform as well as or better than some actuarial predictions (Guy et al. 2012; Heilbrun et al. 2020; Kropp et al.

1995; Singh et al. 2011). The SPJ approach to violence risk assessment is backed by research and is directly applicable to risk management. It has become a 'best practice' if not the standard of practice for violence risk assessment and is the approach recommended for assessing the risk of extremist violence as well (Cooke and Logan 2021; Logan and Lloyd 2018; Monahan 2012; Pressman 2016; Salman and Gill 2020; Sarma 2017; Van der Heide et al. 2019). As previously noted, Chapter 5 provides more detail on SPJ and its applicability to VE-related risk assessments.

Conclusion

This chapter has reviewed the current state of the science and practice ('the terrain') for VE-related risk assessments to lay the foundation for an evidence-based approach. We began by exploring the concept of risk as it related to violent extremism and where risk-related issues might be relevant along the spectrum of prevention from radicalization, to disruption, to disengagement, to release. As part of that foundation, we provided an interdisciplinary consensus statement on VE-related risk assessment, from psychological/psychiatric practitioners and investigative/security personnel with VE-related expertise from five partnering countries. Then we addressed three overarching questions or issues affecting the practice of VE-related risk assessment. First, we addressed the need to specify the outcome of interest. There are different types of violent extremism, different phases of involvement and a range of possible roles, any of which may affect a subject's risk. Second, we discussed the question of what kinds of data should be considered in a VE-related risk assessment. We discussed conceptual issues pertaining to risk and protective factors and practical issues about applying those factors in assessments. We then summarized the pertinent research on those factors. Third, we addressed a range of different unstructured and structured approaches for risk assessment and decision-making, discussed how the approaches had evolved over time, and noted that SPJ, which draws on the strengths and mitigates the weaknesses of both, has emerged as 'best practice' model and is the recommended approach for VE-related risk assessments. Throughout the chapter, we have focused on practice-related issues and have not attempted to provide detailed critiques of research in the field or to outline a comprehensive agenda for addressing those problems in future studies. As we advocate for an evidence-based approach, we also understand that research and practice are – and should be – closely linked. Although we have focused here on those connections, we strongly support efforts to

improve research methods in the field of violent extremism and to advance the foundation of evidence for VE-related risk assessment practice.

Notes

1. Some governments make clear distinctions – at least from a policy perspective – between 'countering violent extremism' (CVE) and 'counterterrorism' (CT). Those distinctions typically portray CVE efforts as comprising 'community engagement and counselling to prevent radicalization to violence' and CT as 'collecting evidence and making arrests before an event has occurred' (GAO 2017, 7).
2. We acknowledge that 'radicalization' is an imprecise and sometimes problematic term (Neumann 2003) but is used here to refer to the processes by which people come to adopt beliefs that not only justify violence but compel it and how they progress – or not – from violent extremist ideas to violent extremist action. Within that scope, radicalization has both 'cognitive' and 'behavioural' dimensions, but it is important to distinguish between them, as the processes associated with each may be quite different.
3. The 'steps' referenced here are those outlined in the HCR-20 V3 User Guide (Douglas et al. 2013).

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4

Risk communication and risk assessment guidance for violent extremism involvement

Randy Borum

Risk communication for violent extremism

The structured professional judgement (SPJ)-guided assessment process culminates with the assessor applying professional judgement to develop and communicate conclusory opinions, concerns, descriptions, explanations and management recommendations about the subject's risk for involvement with violent extremism (VE). This process is broadly referred to as 'risk communication'. It is an essential bridge connecting risk assessment to risk decision-making (often in judicial, correctional or institutional contexts) and management. Risk communication can be broadly viewed as 'any private or public communication that informs individuals about the existence, nature, form, severity, or acceptability of risks' (Plough and Krimsky 1987, 6).

The nature and purpose(s) of the assessment should drive decisions about what to include in a risk communication and how best to present it (Monahan et al. 2002). Those specific requirements may vary based on where and when the referral occurs along the counterterrorism spectrum referred to in Chapter 3, who is conducting the assessment and the way the assessment results are likely to be used. An assessment by an investigator, designed primarily to inform a case priority decision, for example, will have different requirements than an assessment conducted by a clinical or forensic psychologist, at the request of a treatment team, for the primary purpose of informing a strategy for developing a therapeutic alliance and a risk management plan.

While we recommend using an SPJ approach for VE-related risk assessments, as we noted in Chapter 3, SPJ can take several different forms. We will repeat here part of a quote from Monica Lloyd, in which she concisely describes the continuum of SPJ as ranging from

> … the fully operationalised that require scenario planning and formulation, to leaner approaches that support an appraisal of the pattern of risk (and protective) factors in the individual case to inform a summary risk rating of high, medium, or low. It is generally understood that the more complete approach is the preserve of professionals such as psychologists, behavioural scientists or probation officers, and that the leaner approach is more suited to those with operational expertise and experience. These two approaches have been characterised in the literature as SPJ full-fat and SPJ lite. (Lloyd 2019, 7; see also Logan and Lloyd 2019)

The essential message here is that SPJ can be implemented and work in different ways, and that the nature, form and specifics of risk communication will vary for different types of assessments and constituencies. With that qualification in mind, recent best practice guidelines for violence risk communication in SPJ assessments generally (Storey et al. 2015) suggest risk assessors should address at least four areas or topics. The first is risk factors; specifying what risk factors have been identified in the case under consideration. The second is the relevance of those factors; specifying which of the identified factors have functional relevance (and to what extent and what that relevance might be) or importance in the instant case. The third is a textured description of the risk itself including the nature, severity, frequency, imminence and likelihood of violence concerns in the instant case. The fourth is recommendations for managing or mitigating the risk or reducing harm: essentially, risk management recommendations.

With regard to the nature of the risk communication, Heilbrun and colleagues (Heilbrun, Dvoskin et al. 1999; Heilbrun et al. 1997; 2004) have pointed to at least two different forms: *prediction-oriented* (focused on the forecast or estimate of likelihood) and *management-oriented* (focused on the reduction or mitigation of risk). The two forms are not necessarily mutually exclusive. Communicating pertinent risk information may be more a matter of emphasis than a dichotomy.

Conveying useful information about risk

Although some forms of VE-related risk triage and case prioritization assessments may have limited scope, the primary objectives of VE-related risk assessment in general are managing risk and preventing violence. Those objectives require an understanding of risk that may include, but goes beyond, examining a list of risk factors and forming an estimate of likelihood. Assessors should be able to specify their multi-faceted case-specific concerns (for example, type of VE involvement, severity, potential targets, timeframe and likelihood) and explain – or at least make explanatory hypotheses about – why those concerns exist and how they believe pertinent risk and protective factors might operate in the future. This is precisely the reason that understanding theories and conceptual models of violence extremism (covered in Chapter 2) and scenario development and risk formulations (covered in Chapter 6) are so important, and so powerful, in communicating about risk.

When considering risk communication, people often think immediately about probabilistic risk estimates – a descriptive, categorical or quantified (sometimes numerical) approximation of the likelihood of an adverse outcome such as extremist violence. Indeed, most research in violence risk communication focuses on how people convey and understand probabilistic information about the potential for violence (Helmus and Babchishin 2017; Hilton et al. 2005; 2008; 2015; Monahan et al. 2002; Slovic et al. 2000). Probability, however, represents only one component – and often not the most informative one – of communication about VE-related risk.

It is not uncommon (and sometimes explicitly requested) for risk estimates in some form to be noted in risk assessment reports (Storey et al. 2015; Viljoen et al. 2010[1]), but there are also objections (Scurich 2018). Moreover, risk assessors and consumers of risk-related information differ in their stylistic preferences about how (and perhaps even whether) to convey a 'risk estimate' (Heilbrun et al. 2000; Monahan and Silver 2003). A survey of practising clinicians (psychologists and psychiatrists) in the late 1990s found that the overwhelming majority opposed using numerical probability figures to communicate risk (a more prediction-oriented statement), arguing primarily that 'the state of the research literature doesn't justify using specific numbers' (Heilbrun, Philipson et al. 1999, 399).

One common approach to communicating risk estimates, particularly in SPJ assessments, is to use categorical 'risk levels', sometimes called a summary risk rating or summary risk judgement. This

approach is used in some way across most SPJ tools for violence risk assessment, including the HCR-20 V3, the *Spousal Assault Risk Assessment* (SARA), the *Sexual Violence Risk-20* (SVR-20), the *Early Assessment Risk List (EARL-V3),* the *Structured Assessment of Violence Risk in Youth* (SAVRY) and in other structured tools like the *Short-Term Assessment of Risk and Treatability* (START).

A typical hierarchy of summary risk ratings might look like this:[2]

- **Low risk**: A low risk rating customarily conveys that the assessor believes extremist violence is unlikely and they are not concerned about the subject's potential for future violent extremist behaviour. Those cases typically require no intervention and no need for monitoring/supervision or regular re-assessment.
- **Moderate risk**: A moderate risk rating conveys an elevated potential for, and concern about, future extremist violence. Some risk mitigation strategies are warranted. Those cases should be monitored for potential changes and periodically re-assessed.
- **High risk**: A high risk rating reflects a high index of concern about the subject's potential for extremist violence. Timely risk management interventions are imperative, and these cases should receive the highest priority for services and resources to mitigate risk. High risk cases should be closely monitored and regularly re-assessed.

Categorical risk estimates or ratings have at least three levels or the decision reverts back to the dichotomous way of thinking of people as either not dangerous or dangerous (Monahan and Steadman 1996).

Within an SPJ approach, risk levels typically convey something more about risk than a probabilistic estimate of likelihood. When SPJ tools ask for summary ratings of 'risk', they are referring to risk as a full-spectrum, dynamic, multifaceted construct that includes severity, frequency, imminence, duration and likelihood (Evans and Salekin 2016). And when one looks at the risk level descriptors above and in various forms of SPJ guidance, they are oriented to case management and prioritization and not to bands of probability. Risk levels are not just prediction-oriented forms of communication. They can communicate information about (a) the degree of concern about future violent extremist involvement, (b) the intensity of resources or services needed to manage those concerns, and (c) the closeness with which the individual and their situation should be monitored and re-assessed.

Using a full-spectrum definition of risk, the nature and degree of an assessor's *concerns* may distinguish risk levels more aptly than a pure metric of probability. Most research studies found good consistency between raters in assigning a summary risk rating, and that those ratings are significantly related to violent outcomes. But those ratings and risk levels are not tied to specific ranges of probability. There are good reasons for risk levels to focus more on concern than probability. Risk assessors often differ from one another in the probability numbers they implicitly associate with specific risk levels and, importantly, consumers of risk-related information (for example, judges) often assign different probabilistic equivalents to risk levels than assessors do (Evans and Salekin 2016; Hilton et al. 2008; Kwartner et al. 2006; Scurich 2018).

If risk management strategies and resources are to align with an offender's risk level, consistent with the risk principle in the Risk–Needs–Responsivity model, then having a system for case prioritization is essential, particularly with a high-volume load of leads and inquiries (Monahan and Steadman 1996). At the front-end of the process, this type of prioritization is the fundamental function of triage in medical and other assessment contexts. Cases are screened and typically sorted into three to five ordinal, categorial, sometimes colour-coded priority levels like *emergency* (category 1), *priority* (category 2) or *non-urgent* (category 3), or with terms and levels like *emergency*, *urgent*, *semi-urgent* (sometimes labelled 'less urgent') or *non-urgent* (Vagg 2016; Yancey and O'Rourke 2021; World Health Organization 2005). Broadly speaking, these are 'risk levels', but they are driven by prevention and response and not prediction. Risk levels should, arguably, function similarly in VE-related risk assessments; not purely as an estimate of probability or likelihood, but as a more holistic marker of case priority and the assessor's concerns.

Beyond risk levels

While risk levels are a common form of risk communication, there are other communication approaches as well. One study surveyed experts in violence risk assessment, asking them to rate the value of six different forms of risk communication (Heilbrun et al. 2000). The form that the experts valued most highly was 'risk management-oriented', which describes the risk factors most relevant to the case and recommends specific strategies to reduce or mitigate risk.[3] The researchers concluded by saying:

> It is noteworthy that the most preferred form of risk communication was consistent with the weather analogy described by Monahan

and Steadman (1996). They noted that National Weather Service categorical messages for severe weather events provide more than risk level; in addition to the descriptive statement of risk, there is a prescriptive statement regarding the need for further information, and another prescriptive indication of risk-management strategy. (Heilbrun et al. 2000, 145)

What does useful management-oriented risk communication look like? As we noted previously, risk levels can convey management-oriented information by signalling the immediacy and intensity of resources needed and the degree of monitoring that might be required. But categorical levels by themselves do not address the four basic 'best practice' points in SPJ risk communication: identification of risk factors, relevance of risk factors, description of risk concerns, and risk management or mitigation strategies. Those four points are a fine foundation, and they may be sufficient in some cases for some purposes. But there is a conceptual gap between describing relevant risk factors and describing risk concerns and recommendations. When the risk assessment will inform a comprehensive risk management strategy or even a treatment plan, it is necessary to connect the data to the conclusions; that is, to explain how the pertinent risk and protective factors might operate in the case and consequently, why the risk assessor is concerned. Without something that explicitly links them together, the overall communication of risk management information may be sub-optimal at best and misunderstood or unhelpful at worst. A risk formulation helps to make that connection.

In our view, risk formulation is the heart of risk communication. Just as determinations of relevance link the presence of risk factors to an understanding of risk in any given case, a risk formulation can produce a working understanding that connects the range of relevant risk and protective factors with risk management planning. Scenario development can add some concrete, hypothetical examples of that risk formulation in action. The conceptual foundations for narrative risk formulation and scenario development complete with illustrative examples are covered extensively in Chapter 6 of this volume.

A risk formulation provides a coherent story about *how* and *why* the risk and protective factors relevant in a given case may operate to affect the subject's potential for extremist violence. The 'why' component is not just about the subject's personal and ideological motives or reasons for VE-related behaviour. It is about why and how risk (including component factors and processes) operates for this person. Integrating individual, situational and social/contextual data points, the formulation provides a

working hypothesis about the dynamics that appear to drive and/or mitigate the violent extremist behaviour of concern in the case. The formulation process can also provide an excellent opportunity for professionals from different disciplines to contribute to risk assessment and management. For example, an investigative agency might use what Logan and Lloyd (2019) call an 'SPJ-lite' approach to make a case priority decision (perhaps even using risk levels), and then, for a high priority case, work collaboratively with psychologists, psychiatrists or other behavioural scientists to create a full risk formulation and develop risk scenarios based on a 'full-fat SPJ' assessment.

Whether communicating a risk level or a formulation, risk assessors should bear in mind that risk is dynamic and may shift over time and across situations. Consequently, risk assessment is an ongoing, iterative process in which conclusory opinions do not conclude the assessor's engagement but serve as a starting point for risk management/mitigation planning. There are numerous ways to communicate about risk. Assessors should consider using multiple approaches and select the form, character and depth that best meets the assessment's intended requirements; that is, the purpose(s) for which it will be used. Most importantly, whatever the approach, when communicating risk, the conclusory opinions and the reasons for them should be defensible, explicit and transparent.

Risk assessment guidance and practice tools for violent extremism

In Chapter 3, we established that the SPJ approach has become a 'best practice' if not the standard of practice for violence risk assessment and is the approach recommended for assessing risk of extremist violence. In this section, we explore some specific SPJ guidance or practice tools that are often used in VE-related risk assessments. A quick note on terminology – some professionals regard texts that operationalize the SPJ approach as forms of professional guidance rather than tools or instruments and use the term 'guidance' accordingly (for example, Logan and Lloyd 2018; see also Chapter 5 in this volume). In other places, operationalizations of SPJ may be referred to as 'frameworks' or 'models' (Copeland and Marsden 2020;[4] Lloyd 2019[5]). Most commonly, they seem to be regarded as decision aids or practice 'tools' (Copeland and Marsden 2020; Ozer and Bertelsen 2018; Risk Management Authority 2021; Research Triangle Institute [RTI] International 2018; Salman and Gill 2020; Scarcella et al. 2016; Van der Heide 2019), so we will primarily use the term 'tool' here.

While any of these naming conventions can be used appropriately, it is important to distinguish these tools from traditional norm-referenced 'tests' with 'scores' and 'cut-off points', which they are not.

A number of reviews exist for risk assessment tools in violent extremism. In the past five years alone, several articles and technical reports from different countries around the globe have summarized or detailed features of the available guidance, often with very useful charts and tables that make it easy to compare features and characteristics across the tools (Copeland and Marsden 2020; Logan and Lloyd 2018; Lloyd 2019; Ozer and Bertelsen 2018; Risk Management Authority 2021; RTI International 2018; Scarcella et al. 2016; Van der Heide 2019).

The task of developing guidance and practice tools for assessing risks of violent extremism is still very much in its infancy. Several tools have been developed, some of which are widely used throughout the world, despite a lack of systematic investigation or rigorous empirical validation studies (Herzog-Evans 2018; Hart et al. 2017). Practice has leapt ahead of science. In fairness, the need for such tools has been urgent, and rigorous, prospective, empirical validation studies of violent extremism risk are nearly impossible to do. We will probably never have the same robust evidence for SPJ tools focused on extremist violence as we do for tools aimed at other forms of violence. As Monahan (2012) has astutely noted, 'it is difficult to avoid the conclusion that in no real-world national security context can an instrument to assess the risk of terrorism be prospectively validated in the same manner that risk assessment instruments for common violence are prospectively validated' (p. 193).

Reliability and validity of VE-related risk assessment tools

Because of these practical limitations, the validity (whether a tool measures what is purports to measure) of most VE-related SPJ tools rests on *face validity* – whether the tool appears to measure what it is intended to measure – and *content validity* – whether the tool's items/content represent the critical aspects of what it is intended to measure. Nearly all existing tools draw their items from the scientific and professional literature on violent extremism (for example, Wolfowicz et al. 2021) and from the case work and experiences of VE-related practitioners (for example, mental health, intelligence, law enforcement and security professionals). Wolfowicz and colleagues reviewed the content of existing VE-related tools and found that the factors represented in the instruments aligned fairly well with the risk factors they analysed in their review, but

they note that 'the magnitude of their effects vary considerably, indicating that they should be assigned relative weights' (p. 72).

At least one preliminary study has explored concurrent validity among three different risk assessment tools (the *Violent Extremism Risk Assessment Version 2* [VERA-2], *Historical, Clinical, and Risk Management-20 Version 3* [HCR-20 V3] and the *Multi-Level Guidelines* [MLG]) using a set of five open-source cases (Hart et al. 2017). Another (Herzog-Evans 2018) qualitatively compared two VE-related risk assessment tools (the *Violent Extremism Risk Assessment Version 2 Revised* [VERA-2R] and the *Extremism Risk Guidance* [ERG 22+]) to assess their relative suitability for use in a French context. Beyond that, most of the modest inquiries to date have focused on a single instrument.

While validity studies of VE-related risk assessment tools are rare, as part of their tools' development, a number of the authors have assessed their instruments' inter-rater reliability (the degree of agreement between two independent raters using the same case materials). Good inter-rater reliability is a critical foundation for any effective SPJ tool. Consistency in coding each individual item and the ultimate risk appraisal/judgement are both relevant. At this point, more of the tools have examined the reliability of the items than the judgements. There is some variability in rates of agreement across instruments and between items within a given instrument but, generally speaking, inter-rater reliability metrics have shown good to excellent rates of concordance.

To keep up with the research on these practice tools, an excellent resource is the *Risk Assessment Tools Evaluation Directory* (RATED), currently in its 4th edition, which is maintained by Scotland's Risk Management Authority or RMA (Risk Management Authority 2019).

In the section that follows, we will briefly describe four of the better-known and commonly used tools or sets of risk assessment guidance for violent extremism (Salman and Gill 2020). There are other tools out there and more will probably follow. Among the other existing tools, some are proprietary, operationally sensitive or programme/context specific. So, we will focus here on those that are more widely known (and perhaps more widely used) and generally accessible (Salman and Gill 2020).[6] Because the state of empirical evidence for these tools is so nascent, a detailed 'point in time' analysis here for each could quickly become outdated.

Extremism Risk Guidance (ERG 22+)
The ERG 22+ (Lloyd and Dean 2015; National Offender Management Service 2011) is an SPJ tool designed to assist chartered and registered

psychologists or experienced probation officers within His Majesty's Prison and Probation Service (HMPPS) in assessing the risks and needs of persons convicted of extremist offences, including but not limited to violent extremism. It is also used in certain cases where credible concerns exist about a person's potential for committing extremist offences. Although the ERG 22+ development was based primarily on the professional literature and casework focused on al-Qaeda inspired extremism, the authors recommend the tool for use across different ideologies and forms of violent extremism. The guidelines are used with both male and female offenders, and with adults and youth, while 'further research and refinement is underway' (Lloyd 2019, 18) to ensure its applicability across age and gender.

ERG 22+ items are rated as *present*, *partially present* or *not present*. The tool contains 22 standard items structured around three domains: Engagement, Intent and Capability (see Table 4.1), but it also accommodates case-specific factors as well.

Table 4.1 ERG 22+ domains and factors.

Engagement
1. Need to redress injustice
2. Need to defend against threats
3. Identity, meaning and belonging
4. Need for status
5. Excitement, comradeship and adventure
6. Need to dominate others
7. Susceptibility to indoctrination
8. Political, moral motivation
9. Opportunistic involvement
10. Family and/or friends support extremism
11. Transitional periods
12. Group influence and control
13. Mental health issues
Intent
14. Over-identification with group, cause or ideology
15. Us and them thinking

16. Dehumanisation of the enemy
17. Attitudes that justify offending
18. Harmful means to an end
19. Harmful end objectives
Capability
20. Personal knowledge, skills, competencies
21. Access to networks, funding, equipment
22. Criminal history

Consistent with the SPJ approach, ERG 22+ items are not numerically scored or summed; assessors are expected to apply factors whose presence is indicated from the assessment to develop a formulation and/or to project possible outcome scenarios; and the final risk appraisal is based on professional judgement, not on a mechanical/statistical formula.

Multi-Level Guidelines (MLG) Version 2
The MLG is an SPJ tool designed to assist professionals (for example, mental health, intelligence, law enforcement and security professionals) in assessing and communicating about the risk that an individual who is aligned with or a member of a group might pose for group-based violence (Cook et al. 2013; Cook and Vargen 2023). The MLG may also be used with lone actors who identify with a group, even if they are not formally a group member. Group-based violence is defined broadly to include not only terrorism but also violent offences connected to gangs, organized crime and cults. The MLG can be used across different ideologies and forms of violent extremism with both male and female subjects, aged 14 or older.

The MLG recommends that assessments be conducted by a team that includes at least one person with subject matter expertise in the group under consideration. MLG items are rated for presence (*yes*, *partial* or *no*) and relevance (*low*, *medium* or *high*). The tool contains 16 items structured around four domains: Individual, Individual-Group, Group and Group-Societal (see Table 4.2), but it also accommodates case-specific factors as well. No protective factor items are included in the MLG's standardized assessment, but evaluators are encouraged to consider case-specific protective or risk-mitigating factors in their formulations.

Table 4.2 MLG Version 2 domains and factors.

Individual
I1. Conduct problems
I2. Attitude problems
I3. Social adjustment problems
I4. Mental health problems
Individual-Group
IG1. Strong group-based identity
IG2. Violent role or status in group
IG3. Strong commitment to group
IG4. Negative attitudes toward people outside the group
Group
G1. History of violence
G2. Violent norms or goals
G3. Strong cohesion
G4. Strong leadership/power structure
Group-Societal
GS1. Large in size/scope
GS2. Socially isolated/isolative
GS3. Operating in an unstable context/environment
GS4. Threatened by or in conflict with other groups

Consistent with the SPJ approach, MLG items are not numerically scored or summed; assessors are expected to apply factors from the assessment to develop a formulation and/or to project possible outcome scenarios. The final risk appraisal is based on professional judgement and not on a mechanical/statistical formula.

Terrorist Radicalization Assessment Protocol-18 (TRAP-18)
The TRAP-18 (Meloy 2017)[7] is described as an SPJ instrument intended to guide professional (for example, mental health, intelligence, law enforcement and security professionals) assessments of 'subjects who may be at risk for lone actor terrorism, regardless of ideology or beliefs' (Meloy 2017, 7); however, it is focused primarily on acts of lone actor terrorism. The TRAP-18 manual describes terrorism as intended and

purposeful 'acts of targeted violence', usually driven by religious or political ideology, with a specific 'audience' in mind (p. 4). The tool is intended for adult (age 18+) subjects. Applicability to both males and females is not addressed directly, but preliminary evidence suggests the tool may be effective across different ideologies and forms of violent extremism. The TRAP-18 is used by counterterrorism professionals in North America and Europe, and numerous professionals have completed the 6–7-hour training programme.

The TRAP-18 items (see Table 4.3) are grouped into eight dynamic, proximal warning behaviours and 10 distal (including some static) characteristics. Each item is rated as *absent*, *present* or *unknown*, then the relevance of each item is considered for the specific case under consideration. Additional case-specific factors can also be considered. No protective factors are explicitly included, although the instrument's record form asks assessors to consider what protective factors, if any, might exist in the present case. The tool is designed primarily to support decisions about case and risk management priority; for example, whether the case at a given stage should be actively managed or simply monitored.

While the TRAP-18 is still relatively new, there are more published studies (though with most involving the tool's author) supporting its reliability and validity than there are for most other tools designed specifically to assess VE-related risk. Additional technical details about the reliability and validity of the TRAP-18 can be found in the RMA's RATED database (https://www.rma.scot/research/rated/).

Table 4.3 TRAP-18 domains and factors.

Proximal warning behaviours associated with proximal risk for targeted violence
Pathway
Fixation
Identification
Novel aggression
Energy burst
Leakage
Last resort
Directly communicated threat

Distal characteristics of lone actor terrorists
Personal grievance and moral outrage
Framed by an ideology
Failure to affiliate with an extremist or other group
Dependence on the virtual community
Thwarting of occupational goals
Changes in thinking and emotion
Failure of sexually intimate pair bonding
Mental disorder
Creativity and innovation
Criminal violence

Consistent with the SPJ approach, items are not numerically scored or summed; assessors are expected to apply factors from the assessment to develop a case formulation and to project possible outcome scenarios (Meloy 2017, 9). The final risk appraisal is based on professional judgement and not on a mechanical/statistical formula.

Violent Extremism Risk Assessment, version 2 revised (VERA-2R)
The VERA-2R (Pressman et al. 2016) is described as an SPJ tool designed to guide professional (for example, mental health, intelligence, law enforcement and security professionals) assessments and management plans regarding an individual's risk for violent extremism. The tool is intended for use across different ideologies and forms of violent extremism and the authors suggest it is applicable for both males and females and for adults and youth.

VERA-2R items are rated as *low, moderate* or *high* (protective factors are reverse-coded) and are structured around five primary and three supplemental domains (see Table 4.4).

Table 4.4 VERA-2R domains and factors.

Beliefs, attitudes and ideology
BA1 Commitment to ideology that justifies violence
BA2 Perceived grievances and/or injustice
BA3 Dehumanization of designated targets associated with injustice
BA4 Rejection of democratic society and values
BA5 Expressed emotions in response to perceived injustice
BA6 Hostility to national identity
BA7 Lack of empathy and understanding for those outside one's own group
Social context and intention
SCI1 Seeker, user or developer of violent extremist materials
SCI2 Target for attack identified (person, group, location)
SCI3 Personal contact with violent extremists (informal or social context)
SCI4 Expressed intention to commit acts of violent extremism
SCI5 Expressed willingness and/or preparation to die for a cause or belief
SCI6 Planning, preparation of acts of violent extremism
SCI7 Susceptibility to influence, control or indoctrination
History, action and capacity
HAC1 Early exposure to violence-promoting, militant ideology
HAC2 Network of family and friends involved in violent extremism
HAC3 Violent criminal history
HAC4 Strategic, paramilitary and/or explosives training
HAC5 Training in extremist ideology in own country or abroad
HAC6 Organizational skills and access to funding and sources of help
Commitment and motivation
CM1 Motivated by perceived religious obligation and/or glorification
CM2 Motivated by criminal opportunism
CM3 Motivated by camaraderie, group belonging
CM4 Motivated by moral obligation, moral superiority
CM5 Motivated by excitement and adventure
CM6 Forced participation in violent extremism

CM7 Motivated by acquisition of status
CM8 Motivated by a search for meaning and significance in life
Protective and risk-mitigating indicators
P1 Reinterpretation of the ideology
P2 Rejection of violence as a means to achieve goals
P3 Change in concept of the enemy
P4 Participant in programmes against violent extremism
P5 Support from the community for non-violence
P6 Support from family members, other important persons for non-violence
Additional VERA-2R indicators
Criminal history
CH1 Client of the juvenile justice system/convicted for non-violent offence(s)
CH2 Non-compliance with conditions or supervision
Personal history
PH1 Violence in family
PH2 Problematic upbringing and/or placed in juvenile care
PH3 Problems with school and work
Mental disorder
MD1 Personality disorder
MD2 Depressive disorder and/or suicide attempts
MD3 Psychotic and schizophrenic disorder
MD4 Autism spectrum disorder
MD5 Post-traumatic stress disorder
MD6 Substance use disorder

Consistent with the SPJ approach, items are not numerically scored or summed. In the opinion of Hart and Vargen (Chapter 5 of this volume), while the VERA-2R now recommends risk formulation and the development of scenario-based management plans as suggested in the HCR-20 V3, the English version of the VERA-2R manual is not detailed in its coverage of these steps such that it is closer to an SPJ-lite framework. The final risk appraisal is based on professional judgement and not on a mechanical/statistical formula.

The VERA-2R is used in Europe, North America, Australia and South-East Asia, and has been translated into multiple languages. The authors report that more than 2,000 professionals have received official training with the instrument. As with most SPJ tools for VE-related risk, empirical evidence for the VERA-2R's reliability and validity are currently quite limited. However, some VERA-2R items are included in the European Database of Terrorist Offenders (EDT),[8] so validation of some items should be possible once the EDT is sufficiently populated.

An integrated view of VE-related risk assessment guidance

Looking across these four sets of guidance or tools, there is quite a bit of common ground. That similarity is especially noteworthy because each was developed for a slightly different purpose. The ERG 22+ was developed for assessing people who have been convicted of an extremist offence, often in custodial correctional settings (for example, prison). The MLG focuses on people who are 'currently a member of or affiliated with a group' (Lloyd 2019, 21) and was developed to assess their risk for group-based violence, while the TRAP-18 targets pre-crime assessments of 'subjects who may be at risk for lone actor terrorism' (Meloy 2017, 7). The VERA-2R is intended for use with 'all types of violent extremists, terrorists and violent offenders motivated by religious, political or social ideologies, pre-crime or post-crime and in any judicial setting' (Lloyd 2019, 40).

Which factors are most consistently represented across the different tools? A history of violence, attitudes that support or justify violence and mental disorder or mental health issues are the only three items appearing across all four tools. Because prior violent behaviour is such a robust risk factor for future violence, it might be surprising if a VE-related risk assessment tool did not include it. Most tools address the 'violence' item similarly, although within the MLG it is subsumed under a broader factor for 'conduct problems'. For violence-enhancing attitudes, two of the tools addressed it distinctly, while the others subsumed it under broader categories of beliefs and ideologies (but specifically mentioned the connection to violence). In a large meta-analysis of risk factors for violent extremism, radical attitudes were among the strongest predictors of both radical intentions and radical behaviours (Wolfowicz et al. 2021), so their inclusion is well-justified. There was a bit more variability in how and how broadly the mental disorder items were conceptualized. In the VERA-2R, for example, it is not a core risk factor, but part of a supplemental section labelled as 'Additional VERA-2R indicators'. And while mental disorder only appears as a single item on each of the other three tools, the

VERA-2R has six separate items, each corresponding to a different diagnostic category.

Six additional factors appear in three of the tools reviewed: non-violent offending; violent ideology; identity related issues; grievance and/or perceived injustice; school/work-related problems; and having family and/or close associates who support violent extremism. Outgroup hostility might also be considered a seventh factor represented on three sets of guidance. The ERG 22+ and MLG address it distinctly, but the VERA-2R also contains at least two items that, by inference, could reflect outgroup hostility: items BA3 *Dehumanization of designated targets associated with injustice* and BA4 *Rejection of democratic society and values*.

A range of other factors appeared on two of the tools. Some were related to social and motivational dynamics – such as a search for personal meaning/significance, need for belonging, and group influence – that have often been linked to increased susceptibility or vulnerability to radicalization. A couple of others reflected core factors commonly addressed in threat assessments (as distinguished from risk assessments), such as indicators of attack planning and preparation, communicated intent and VE-related capabilities (for example, training, skill and access to means), reflecting the cross-over nature of some VE-related risk assessment tools and guidance. Additionally, two of the three psychological factors identified by Wolfowicz et al. (2021) as being common to both general and VE-related violence risk appear on two of the tools: thrill-seeking/risk taking appears in the ERG 22+ and VERA-2R, and moral emotions/anger problems appears in the TRAP-18 and VERA-2R. Interestingly, none of the guidance seems to directly include items on poor self-control.

Overall, numerous studies provide theoretical and/or empirical evidence to support the factors most consistently represented in the guidance or tools. That consistency supports their content validity and suggests that the tools are generally tracking with the current research evidence, though some may also include items that do not have (or not yet at least) a strong foundation of research-based empirical support (Wolfowicz et al. 2021). As VE-related risk assessment guidance continues to evolve, it might be useful to determine whether those other items add incrementally to (or perhaps diminish) the contribution of the evidence-based factors. In other words, to assess whether the tools perform as well or better when they include only the factors with the strongest research support.

Regarding protective factors, the ERG 22+, MLG and TRAP-18 guidance all suggest that assessors consider possible promotive and

protective factors in their assessments, but do not list any specific factors that should be included. In Chapter 3, we discussed the range of ways that 'protective' effects have been framed in the scientific and professional literature. For example, we noted that protective factors are sometimes viewed as 'mirror images' of risk factors and, at other times, are viewed as being conceptually distinct from risk factors (Cording and Christofferson 2017). The VERA-2R lists six potential protective or mitigating factors; some are distinct (for example, *Participant in programmes against violent extremism*), but most are mirror images of risk factors (for example, *Rejection of violence as a means to achieve goals*). Only one of the six seems to align directly with evidence-based protective factors against violent extremism. The *VERA-2R* item P6 *Support from family members, other important persons for non-violence* corresponds to 'having non-violent peers', a factor that Marsden and Lee's (2022) review identified as a research-supported VE protective factor. Other evidence-based protective factors were not directly addressed in any of the four sets of guidance. Those factors include school bonding, trust in government, belief in the legitimacy of existing laws and police, law abidance, self-control and positive mental health (Marsden and Lee 2022; Wolfowicz et al. 2021).

There seems to be considerable room for improvement in how protective factors are addressed in VE-related risk assessment guidance. Until those improvements are actualized, assessors should consider in their case analyses (a) whether any evidence-based protective factors are present; (b) whether the 'mirror image' of any identified risk factors might be protective or mitigating in the instant case; and (c) whether any factors or conditions are discernible that might mitigate the effects of any identified, relevant risk factors.

Finally, while each of the tools has a slightly different focus, there are some potential population differences that remain unaddressed. Existing guidance for VE-related risk tends to offer itself as being suitable for use with males and females across all extremist ideologies, across countries and cultures, often at all stages of system involvement and sometimes even with youth. Given the scarcity of research on VE-related tools, these are largely untested assumptions (as the authors themselves often acknowledge). In the field of violence risk assessment more generally, it has been necessary to adapt SPJ guidance for children and adolescents and sometimes for girls and women (Borum and Grisso 2006; de Vogel and de Vries Robbé 2013; de Vogel et al. 2018; Garcia-Mansilla et al. 2009; Odgers et al. 2005; van der Merwe and Dawes 2007). Moreover, questions have been raised about how well guidance generalizes across diverse cultures (Cook and Hart 2017; Hart 2016;

Shepherd and Anthony 2018). It would be surprising if at least some of those differences across age, gender and culture did not hold for VE-related risk assessments as well.

Conclusion

The preceding chapter (Chapter 3) focused on the scientific and professional foundation underpinning VE-related risk assessment practice. It also presented SPJ as a best practice model for those assessments and described the contours of the SPJ process. This chapter follows that thread, addressing two related issues in more detail: risk communication and the use of SPJ guidance in VE-related risk assessments.

Communicating information about risk – including the nature of the behaviours of concern, their severity and imminence, as well as the individual, social and contextual factors that may drive them – is important because it connects risk assessment to risk decision-making and management. Different kinds of VE-related risk assessments conducted by different practitioners for different purposes will have different requirements. As a result, the type of information conveyed and the character and form of the communication will vary (Schopp 1996). Just as there are a range of ways to apply and operationalize SPJ, there are multiple ways to communicate about VE-related concerns in a given case. Indeed, multiple forms of risk communication are often helpful to decision-makers. Risk communication is not only – and is often not primarily – about conveying a quantitative estimate of probability or a 'risk level' in either absolute or relative terms. It is about conveying useful information that is defensible, explicit and transparent to support decision-makers and those with responsibilities for managing risk to understand the individual and their potential for involvement in violent extremism.

Risk assessment guidance and practice tools can support risk communication and risk-related decision-making by facilitating a more systematic, reliable, evidence-based assessment process. Guidance and tools for VE-related risk assessments are still relatively new and most do not yet have a robust foundation of research supporting their reliability or validity. Some are proprietary. Others are operationally sensitive and not shared publicly or openly sourced. Explorations of reliability or consistency between different assessors are more common than validity studies, primarily because 'real world' studies of risks for extremist violence are – ethically and practically – very difficult to do. Because the need for VE-related guidance has been urgent, training and practice have

outpaced science. Many tools have been substantially revised over the past few years, often multiple times, which makes getting a clear, evidence-based snapshot even more difficult. More revisions and more tools and guidance – particularly adaptations or supplements focused on youth, women, diverse cultures and, perhaps, specific themes of ideology – are likely to emerge until the field of practice stabilizes and a few of them become more dominant. Even when that happens, some institutions or agencies will likely continue to use their own 'in-house' versions of risk assessment guidance. When the only alternative is to use unstructured assessments, SPJ tools that are appropriately grounded in the best available research may be the best option for approximating evidence-based risk assessments for extremist violence.

Notes

1. In the Viljoen et al. (2010) study, of the nearly 200 clinicians surveyed, 88 per cent reported using categorical risk estimates for juvenile risk assessments and 73 per cent reported using them for adult risk assessments.
2. In addition to the basic three levels of low, moderate and high, some tools also include additional intermediate or spanning categories such as 'low-moderate' and 'moderate-high'.
3. 'The specific language used in the study for this form of risk communication was: "Mr J's risk of committing a violent act toward others is dependent on (identified risk factors); to reduce risk (specify interventions to address each factor)"' (Heilbrun et al. 2000, 143).
4. Copeland and Marsden (2020) use the terms 'frameworks' and 'tools' in their report.
5. Lloyd's (2019) Directory refers primarily to 'frameworks' in the headings/structure of its entries. Each framework's authors, however, developed the content for their entry, and those authors – including for the ERG – seem primarily to refer to them as SPJ 'tools'.
6. In a survey of 37 professional threat assessors, only four tools were used or encountered by more than one participant: the TRAP-18 (62 per cent), the VERA (62 per cent), the ERG 22+ (27 per cent) and the MLG (16 per cent).
7. The TRAP-18 can be ordered from https://gifrinc.com/trap-18-manual/. Additional information on the TRAP-18 is available at http://drreidmeloy.com/training/trap-18/.
8. The European Database of Terrorist Offenders (EDT) is a collaborative effort among several EU countries to collect developmental, individual, biographical, psychosocial and contextual information from the judicial records of convicted or deceased terrorist offenders. See Alberda et al. 2021.

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5

Violence risk/threat assessment and management of extremist violence: the structured professional judgement approach

Stephen D. Hart and Lee M. Vargen[1]

As the previous chapters in this handbook have made clear, violent extremism takes many different forms, has multiple causes and is a focus of concern for professionals from a wide range of backgrounds, who work in diverse settings. Regardless, effective prevention requires a systematic and evidence-based process for identifying people who might commit extremist violence, understanding what kinds of acts they may commit, and why, and developing plans to guide and coordinate prevention efforts. This general process is known in some fields as *violence risk assessment and management* and in others as *threat assessment and management*, processes that we refer to collectively herein as *violence risk/threat assessment and management* or VR/TAM.

In this chapter, we discuss decision support aids – practice tools – for VR/TAM of extremist violence. Several very useful discussions and reviews on the topic have appeared in recent years (for example, Cooke and Logan 2021; Hart et al. 2017; Logan and Lloyd 2019; Logan and Sellers 2021; Sarma 2017). To avoid simply reiterating the key points raised in these articles, we instead focus on evaluating current approaches in the light of foundational concepts in VR/TAM, inspired by and updating an excellent paper published some 15 years ago by Roberts and Horgan (2008). We begin by reviewing foundational concepts in VR/TAM. Next, we summarize the three major approaches to VR/TAM. Third, we discuss the development of decision support aids for VR/TAM of extremist violence based on the three approaches and evaluate them in regard to

the foundational concepts. Fourth, concluding that the structured professional judgement (SPJ) approach is most useful at the present time, we offer recommendations for the development and implementation of SPJ decision support aids for VR/TAM of extremist violence.

We want to clarify our language use at the outset. We recognize some people view *violence risk assessment and management* (VRAM) and *threat assessment and management* (TAM) as distinct, arguing that the latter involves operational decisions about a risk for targeted violence by people who have no history of violence – decisions that are made rapidly, based on limited information, and to guide immediate action. In our view, the same general process underlies both VRAM and TAM; any differences are primarily a matter of degree and a reflection of the professional training of evaluators or the context in which they work (for example, Meloy et al. 2021). For instance, in emergency psychiatry clinics, evaluations of violence risk often: (1) involve people who have never committed violence but have acted in ways that give rise to concern they may do so toward specific people in the future; (2) take minutes or hours rather than days, weeks or months; (3) are based on very limited information, sometimes just a few sentences provided by police or family members, a quick review of whatever hospital records may exist or a brief interview; and (4) form the basis for decisions about immediate management, including such things as involuntary treatment or hospitalization. Though conducted by mental health professionals and referred to as VRAM, evaluations of this sort seem operational in nature and difficult to distinguish from what others might refer to as TAM. Similarly, in national security or law enforcement agencies, evaluations often: (1) involve people who have already committed violence and are being released from prison or returning to live in the community; (2) take days, weeks, or months; (3) are based on extensive case history information; and (4) form the basis for intermediate and long-term management, including such things as monitoring or referral to community-based rehabilitation or treatment programmes. Though made by public safety professionals and referred to as TAM, evaluations of this sort seem difficult to distinguish from what others might refer to as VRAM. For this reason, we will focus our comments in this chapter on the general process underlying VR/TAM.

Foundational concepts

Hazard of concern: extremist violence

Risk assessment and management requires specification of the hazard of concern. We need to clarify: a risk of what? We need a principled definition of extremist violence that is as clear and specific as possible. Two points are critical here. First, extremist violence is a crime, and furthermore a violent crime. For this reason, the definition of extremist violence should be guided by previous definitions of crime and violence (for example, Douglas et al. 2013; Felson 2009; Krug et al. 2002; Mees 1990). Second, extremist violence may be conceptualized as a form of violence that is ideological in nature, that is, motivated at least in part by ideology.[2] An ideology is a relatively stable and coherent system of ideas (thoughts, perceptions, beliefs) and ideals (values, attitudes, preferences) about aspects of the social world, including its political and religious dimensions (Hart 2019; Kropp et al. 2020). A personal ideology is idiosyncratic or unique to an individual, whereas a group ideology is shared with others. Extremist violence – which is more-or-less synonymous with most definitions of terrorist violence – is associated with an ideology that encourages, incites or obliges the use of violence to further or support the social, political, religious or other goals. Hart (2019) identified three other types of ideological violence: violence by criminal organizations, associated with an ideology that encourages, incites or obliges the use of violence to support and protect the illegal, profit-oriented operations of a group; hate crime, associated with an ideology that encourages, incites or obliges the use of violence to express animus toward and cause fear in people who are perceived to have certain personal characteristics considered offensive by the group; and honour-based violence, associated with an ideology that encourages, incites or obliges the use of violence in response to perceived injustice, dishonour, shame or other offence to the group due to the actions of others.

We therefore define extremist violence as *an act, attempt or threat of bodily harm (physical or psychological) that is intentional, unauthorized and motivated at least in part by a personal or group ideology that encourages, incites or obliges the use of violence to further or support social goals.*

Risk

In plain English, risk (as a noun) is synonymous with terms such as threat, peril, danger and hazard, and refers most generally to an adverse outcome that is neither certain nor uncertain – 'a state of affairs in which an undesirable event may or may not occur' (Hansson 2018; see also Aven and Renn 2009; Boholm 2018). Risk is a multifaceted, contextual and dynamic concept that reflects the nature of a hazard, the seriousness of its consequences, the likelihood that it will occur, its imminence and its frequency or duration. Outside of controlled systems, risk arises in circumstances that may be incompletely determined, unique and evolving. Thus, uncertainty lies at the core of the concept of risk. For example, the International Standards Organization (2018, 1) defines risk as the 'effect of uncertainty on objectives' (see also the American Society for Industrial Security [ASIS] International and the Risk and Insurance Management Society 2015; Society for Risk Analysis 2018). This may be why risk is most often discussed non-quantitatively, including in the scientific literature and why, even when discussed quantitatively, risk is almost always characterized in fuzzy, relativistic terms (for example, *high* versus *low*, *increased* versus *decreased*) rather than precise, numerical terms (Boholm 2018).[3]

Definitions of risk emphasizing uncertainty are also common with respect to violence (for example, ASIS International and Society for Human Resource Management 2011; Hart 2001). The risk may be perceived as dependent on the influence of a host of individual, group or social factors, acting alone or interacting. Violence risk, like all risk, does not exist as a feature of the physical world, one that can be measured objectively, but rather is a perception of an ensemble of possible futures (Dix 1980; Janus and Meehl 1997; Scott 1977).

We therefore define risk as a *situation in which an adverse outcome is uncertain.*

Assessment

Segal and Coolidge (2000) defined assessment as 'the gathering and integration of data in order to make a[n] … evaluation, decision, or recommendation' (p. 264). Assessment is more than the consideration of generic or stereotypical factors; it must consider the totality of circumstances. What information is gathered and how it is gathered are determined by what is being assessed and the decisions to be made, and more specifically by the case itself.

With respect to risk more generally, the decisions to be made include management and so the information gathered should include that relevant to different management options. It involves 'the identification, analysis, and evaluation of uncertainties to objectives and outcomes', a 'comparison between the desired/undesired outcomes and expected rewards/losses of organizational objectives' and an analysis of 'whether the uncertainty is within acceptable boundaries and within the organization's capacity to manage risk' (ASIS International and the Risk and Insurance Management Society 2015, xvi). With respect to violence, ASIS International and the Society for Human Resource Management defined violence risk assessment as 'the investigative and analytical process followed by a professional qualified by education, training, or experience to determine the nature and level of risk of violence presented by a person and the steps that could be taken to respond to, manage, and mitigate the risk' (2011, 3).

We therefore define assessment as *the process of gathering information for use in decision-making*.

Management

There is consensus that management should be based on forecasts, that is, anticipations about what outcomes are likely assuming various courses of action, in addition to consideration of organizational goals, ethics, values, policies, capacities, limitations and so forth (for example, Cole 2004; Mason et al. 1986; Taylor 2004). Management of a particular situation or case is sometimes referred to as operational planning.

With respect to risk, management has been defined by the International Standards Organization (2018) as 'coordinated activities to direct and control an organization with regard to risk' (p. 1). Similarly, the Society for Risk Analysis (2018) defined it as '[a]ctivities to handle risk such as prevention, mitigation, adaptation or sharing' (p. 8). When managing violence risk, the ultimate goal is violence prevention (Hart and Douglas 2019). In any given case, it is necessary to consider not only the violence risks posed by the person but also potentially feasible and effective ways to mitigate those risks. The plans for managing the person's violence risk, like any good operational plan, should be strategic, tactical and logistical. Strategic means the plans specify the objectives that must be attained to achieve the ultimate goal. Tactical means that plans specify tactics, that is, the activities that should be undertaken in the field to achieve or execute strategic objectives. Logistical means the plans should specify logistics, that is, the steps that should be taken to support the implementation of tactics.

We therefore define management as *the process of planning, administering, arranging, or controlling resources (people, finances, information, technology, etc.) to achieve objectives*.

Integration and implications

Based on the foregoing, we are now able to put forward a general definition of extremist violence risk assessment and management as *the process of synthesizing and analysing information to understand the potential that someone will perpetrate extremist violence in the future, and to determine what can or should be done to prevent this from happening*.

Approaches to VR/TAM: an introduction

Historically, there have been three major approaches to VR/TAM: the unstructured judgement (UJ) approach, the non-discretionary approach and the SPJ approach. Below, we present a summary of each. We refer readers interested in more extensive treatments to Guy et al. (2015) and Hart et al. (2016).

The unstructured judgement (UJ) approach

The hallmark of the UJ approach is the absence of fixed and explicit rules for making decisions regarding violence risk, such that decisions are made in an intuitive or impressionistic manner (Hart 2001). The assumption underlying UJ is that the complexity of violence risk assessment and management is best dealt with by relying on the discretion of an evaluator who is guided by experience and insight.

Although UJ, by definition, does not rely on formal procedures, several UJ decision support aids have been proposed in the form of methods, models or heuristics for conducting VR/TAM, each of which emphasizes the practical importance of a different type of information. For instance, anamnestic violence risk assessment emphasizes the importance of a detailed analysis of past violence (for example, Heilbrun et al. 2021; Otto 2000); behavioural threat assessment emphasizes the importance of identifying warning signs for violence in the form of specific observable behaviours (for example, Bulling and Scalora 2013; Calhoun and Weston 2003); the *Path to Intended Violence* (PIV) emphasizes the importance of understanding a person's movement from grievance to attack (for example, Calhoun and Weston 2015; 2021); and

Justification-Alternatives-Consequences-Ability (JACA) emphasizes four aspects of a (potential) perpetrator's thought processes (De Becker 1997).

The non-discretionary approach

The hallmark of the non-discretionary approach is the use of explicit, *a priori* rules to minimize reliance on the judgement of evaluators (Hart 2001). The rules specify exactly which information shall be considered and how it shall be combined. The assumption underlying the non-discretionary approach is that the complexity of violence risk assessment and management is best dealt with by simplifying and automating the process to reduce or eliminate reliance on the limited cognitive abilities and resources of human evaluators. The identification of information and the development of rules in the form of combinatoric algorithms is often guided by statistical profiles (so-called empirical-actuarial measures) or logic (so-called rational-actuarial measures). There may also be rules for transforming the outcome of the combinatoric algorithm into a probabilistic prediction or quantitative statement regarding the likelihood of future violence, once again based on statistical profiles. The statistical profiles, also known as experience tables, are empirical findings from one or more reference groups concerning the observed frequency of violence among people who resemble the person in some important respects. The non-discretionary approach is therefore inductive, not deductive, in nature: one does not calculate a person's risk for violence, but rather infers it through analogical reasoning.

The non-discretionary approach to VR/TAM relies on specialized evaluative devices, known as actuarial risk assessment instruments. Actuarial risk assessment instruments are developed specifically to categorize people according to risk level or estimate the probability or absolute likelihood of some outcome. Scores of such instruments have been developed for VR/TAM of various forms of violence in the past 30 years. Examples include the *Violence Risk Appraisal Guide-Revised* (Harris et al. 2015), which is intended to assess risk for recidivistic general violence, and the Static-99R (Helmus et al. 2012), which is intended to assess risk for recidivistic sexual violence.[4]

The structured professional judgement (SPJ) approach

The hallmark of the SPJ approach is the use of practice guidelines to systematize the exercise of professional discretion by evaluators (Hart 2001). The assumption underlying the SPJ approach is that the complexity

of violence risk assessment and management is best dealt with by relying on *rational* or *principled authority*. Development of SPJ guidelines is based in part on a systematic review of the existing scientific research, standards of practice, ethical codes and relevant law. But SPJ guidelines are intended to support and build on, rather than to replace or minimize reliance on, the evaluator's education, training, experience and intuition with respect to risk assessment and management.

In their initial form (for example, Kropp et al. 1994; 1995; Webster et al. 1995; 1997), SPJ guidelines provided recommendations concerning such things as what information to gather and how to gather it; which risk factors should be considered at a minimum, as well as how to identify risk factors that may be idiosyncratic or case-specific; and how to communicate opinions about violence risk. By about 2003, SPJ guidelines evolved in terms of complexity and practical utility to include additional recommendations concerning how to determine the presence and relevance of risk factors; how to develop a formulation or case conceptualization of violence risk (that is, an individualized causal theory that attempts to integrate relevant risk factors to explain how or why the person decided to commit violence in the past or may do so in the future); and how to develop plans for managing or mitigating violence risk based on the identification of plausible scenarios of future violence (Hart et al. 2016).

Guidelines are, most generally, 'pronouncements, statements, or declarations that suggest or recommend specific professional behaviour, endeavor, or conduct' (American Psychological Association 2002, 1052). For this reason, SPJ guidelines may be considered research products (Addis 2002); evidence-based, empirically guided or empirically supported guidelines (Sackett et al. 1996); and best practice guidelines, consensus guidelines or clinical practice parameters (Hart 2009; Hart et al. 2016). In correctional settings, SPJ guidelines may be considered management-focused or fourth-generation risk assessment instruments (Bonta and Andrews 2017). In forensic mental health, they may be referred to as forensic assessment instruments or forensically relevant assessment instruments (Grisso et al. 2006; Heilbrun 2001; Heilbrun et al. 2002). Some of the most used SPJ guidelines, according to surveys by Neal and Grisso (2014) and Singh et al. (2014), include: for general violence, the original and revised *Historical, Clinical, and Risk Management-20* (HCR-20) (Douglas et al. 2013) and the *Short-Term Assessment of Risk and Treatability* (START) (Webster et al. 2009); and for sexual violence, the original and revised *Sexual Violence Risk-20* (SVR-20) (Boer et al. 1997; 2017) and the original and revised *Risk for Sexual Violence Protocol* (RSVP) (Hart et al. 2003; 2022). For intimate partner

violence, the most used SPJ guidelines include the *Spousal Assault Risk Assessment* (SARA) and its revisions (Kropp and Hart 2015; Kropp et al. 1994; 1995).

Evaluation of approaches for VR/TAM of extremist violence

We now turn to an evaluation of the three approaches described above with respect to the assessment and management of risk for extremist violence. Our evaluation is limited by the fact that the evidence base of directly relevant empirical research is meagre. This is hardly surprising, as the contemporary literature on VR/TAM of extremist violence can be traced back to the mid-1990s and did not expand rapidly until after the 11 September 2001 ('9/11') terrorist attacks by al-Qaeda against the United States, and the subsequent US-initiated counterterrorism campaign, the Global War on Terrorism (GWOT) – commonly known as the war on terror. The focus then was on Islamist extremist violence, but since then has expanded to include extremist violence associated with other ideologies, such as nationalist and other right-wing ideologies. The changing landscape of extremism has hindered research and development; there has simply not been enough time to identify, evaluate and follow up large samples of people who are at risk for committing – or have already committed – extremist violence. Indeed, the nature of extremist violence and the social response to it may prevent us from conducting the sort of studies used to develop VR/TAM decision support aids for other forms of violence, at least for the present and perhaps always (for example, Gill 2015; Monahan 2012).

In the absence of directly relevant empirical research, our evaluation of the approaches focuses first on the evidence base supporting their utility with respect to VR/TAM of other forms of violence. Next, we turn to their appropriateness or 'goodness of fit' for VR/TAM of extremist violence. Appropriateness is judged with respect to six properties that decision support aids should have, based on our discussion of extremist violence and foundational concepts of VR/TAM discussed in the first section of this chapter:

1. *Broad applicability*. Decision support aids should be appropriate for the evaluation of risk for extremist violence by a broad spectrum of people and ideologies; in many decision-making settings or contexts; and for use by evaluators with varied education, training

and experience. This obviates the need to develop an excessive number of highly specialized tools.

2. *Explicit definition of hazard*. Decision support aids should use an explicit definition of extremist violence. This will help professionals to focus on the outcome of interest and avoid conflating risk for extremist violence with risk for other forms of violence. The fact that extremist violence is a specific form of violence and general criminality means that decision support aids developed to assist risk for it will naturally have some overlap with aids developed to assist risk for other forms of violence. A clear definition of hazards in decisions support aids should help professionals to analyse the relevance of overlapping factors specifically with respect to risk for extremist violence. An important corollary here is that decision support aids for extremist violence will necessarily be of limited use when evaluating risk for other forms of violence – something that is critical to keep in mind, as someone at risk for extremist violence may also be at risk for other forms of violence. Assessment and management of risk for multiple forms of violence may require multiple decision support aids.

3. *Broad conceptualization of risk*. Decision support aids should conceptualize risk in broad, complex terms. Defining risk narrowly in terms such as the relative or absolute likelihood that someone will commit extremist violence (for example, 'this person's risk for extremist violence falls in the top 25 per cent in comparison to offenders convicted of similar offences' or 'the probability this person will commit extremist violence over the next 5 years is 10 per cent') is insufficient to guide an effective response. Professionals involved in management need to understand not only an evaluator's judgements about the degree of certainty or concern that the person being evaluated will be involved in extremist violence at the end of some arbitrary time period, but also judgements about what kinds of violence the person might commit (for example, which acts, with which intentions, against which people), what role the person might play (for example, organizational support, logistical support, operational support, direct action – Borum 2015), what the consequences might be, where and when violence might occur and for how long or how many times it might occur.

4. *Multilevel analytical framework for identifying factors*. VR/TAM should always consider the presence of individual-level factors related to such things as the person's past conduct, as well as problems with psychological and social functioning. But most

contemporary theories of violence highlight the importance of an ecological or nested ecological framework (for example, Krug et al. 2002) in which individual-level factors are considered in the context of higher-level factors reflecting familial, group and societal functioning. This is particularly important for extremist violence, as it often takes the form of group-based or collective violence, that is, violence 'perpetrated by people whose decisions and behaviour are influenced by one or more social groups to which they belong, with which they are affiliated, or with which they identify, and … often directed at people who do not belong to, are not affiliated with, or do not identify with the same groups' (Hart 2019, 173).

5. *Analytical framework for understanding relevance of factors.* Decision support aids should provide a structure for understanding which factors may play important causal roles with respect to the person's (potential) extremist violence. Although various theories highlight the importance of different causal factors, most of them explicitly recognize the diversity of extremist violence and the existence of multiple pathways to extremist violence. It is therefore important to explain how the identified factors support opinions about the risk posed by the person. This is a crucial part of guiding, explaining, justifying and defending opinions regarding the risks posed by a person and the management of those risks.

6. *Framework for developing management plans*. Decision support aids should provide a structure for developing plans for managing the person's risk for extremist violence that are likely to be feasible and effective. Such plans must be devised in ways that effectively target those factors believed to be causally relevant to a person's potential violence, as well as those factors that may act to facilitate violence. The strategies outlined for achieving these goals must be bound by the limits of what is possible in any given setting, whether those limits are related to scarce resources or legal restrictions (for example, human rights protections).

Finally, we illustrate the use of each approach to risk assessment by discussing a specific decision support aid developed using that approach. The discussion includes a summary of the intended purpose, format and administration procedure of the decision support aids, as well as their limitations. Of course, all aids have limitations, and this has been recognized by the developers of the aids we review below. Our discussion of limitations should not be interpreted as suggesting that any aid is unhelpful or should not be used for its intended purpose.

The unstructured judgement (UJ) approach

Other forms of violence

The literature on VR/TAM more generally highlights flexibility and idiographic focus as its primary strengths (Guy et al. 2015; Hart et al. 2016). The flexibility enhances its ease of use by diverse professionals and across a wide range of problems and settings – evaluators need simply rely on their training and experience to do their work. The idiographic allows for assessments that have no *a priori* restrictions on the range of factors that can be considered. This is probably why the UJ approach is still so commonly used. According to a survey conducted by Singh et al. (2014), VR/TAM professionals from around the world reported that UJ was the only approach they used in almost half of all the violence risk assessments they conducted.

The same literature, however, also suggests the UJ approach has important limitations, which have been discussed at length for more than 50 years (see reviews by Faust and Ziskin 1988; Gottfredson and Gottfredson 1988; Meehl 1954/1996; Monahan 1981/1995). One chief limitation identified is a lack of transparency (clear explanation and justification of findings and opinions), which makes it difficult to train professionals to practise VR/TAM efficiently and effectively or to evaluate the quality of decisions about violence risk, as it is not clear how professionals should or do use intuition or experience to make those decisions. The other chief limitation is a lack of empirical research supporting its reliability (consistency, reproducibility) and predictive validity (accuracy). In particular, few studies have directly compared the reliability or predictive validity of UJ to structured approaches, and most of these studies had serious methodological problems (for example, Viljoen et al. 2021). The absence of empirical support makes it difficult to justify use of the UJ approach.[5] The seriousness of these limitations has led to a consensus that any structure is better than no structure at all and the UJ approach should not be relied on solely or primarily for VR/TAM when there exist viable alternatives. This may be especially true when VR/TAM is used in legal settings, where principles of natural justice or procedural fairness require that decisions restricting people's rights and freedoms should be both reasoned (that is, the underlying rationale should be clearly articulated) and reasonable (that is, the decisions themselves should follow logically from the rationale).

Appropriateness for extremist violence

The UJ approach has broad – indeed, unlimited – applicability. But the lack of systematization that characterizes the UJ approach means there is no way to ensure that any decision support aids based on it use an explicit definition of extremist violence, a broad conceptualization of risk or a multilevel evaluation analytical framework for understanding the causal relevance of factors. Also, there is no way to ensure that the decision support aids provide analytic frameworks for identifying factors or understanding their relevance. The lack of structure is particularly problematic considering the great diversity of training and experience among professionals in the field of extremist violence. The result is great inconsistency in how professionals conduct and even conceptualize their work.

Example

As noted previously, UJ decision support aids typically take the form of methods, models or heuristics. Specifically with respect to extremist violence risk assessment and management, several decision support aids have been discussed in the literature. Examples include the *Path to Terrorist Violence* (Olson 2005), the *Path to Intended and Terroristic Violence* (Faccini and Allely 2016), and the *Developmental Pathways to Demonstrative Targeted Attacks* model (Böckler et al. 2018). We will focus on the original *Path to Intended Violence* (PIV), as it is widely used and formed the basis for development of several other decisions support aids.

The PIV is a heuristic device, a simplified descriptive model that describes the progression of people from experiencing the desire to harm another to planning an attack to carrying out the attack. It was developed in the light of research (for example, the Exceptional Case Study Project; Fein et al. 1997) and practice with people who approached or attempted to approach public figures such as politicians and celebrities to commit lethal or life-threatening harm against them compared to those who threatened violence but did not approach them. The PIV comprises six steps of progression toward violence, and the evaluator's goal is to determine how far the person has progressed (that is, which step the person is on) and then take steps to prevent or disrupt continued progression. The steps are as follows (see Calhoun and Weston 2015, 259):

1. Feeling a grievance stemming from a perception of begin harmed or treated unjustly
2. Developing ideation that violence is the only way to resolve the grievance

3. Researching and planning an attack
4. Making preparations according to the dictates of the plan and the opportunities available
5. Breaching the target's security (however primitive or sophisticated that may be)
6. Attack

With respect to limitations of the PIV, the first is not that it has limited applicability, but rather that its applicability has no limitations at all. It assumes there is a single pathway to all violence, including extremist violence, that resembles the same pathway identified as underlying public figure attacks in the United States prior to the mid-1990s. Second, the PIV does not provide a definition of extremist violence. Third, the PIV does not provide a definition of risk or help professionals to understand risk in a comprehensive way, which would include consideration of the nature, severity, imminence and likelihood of a person's possible future violence. It also does not actually consider a person's *potential* for violence; this potential is assumed and applied uniformly to all people being assessed. Instead, the PIV categorizes people in terms of how far they have progressed toward violence. This can lead to an erroneous assumption that anyone who is perceived to be on one of the steps will naturally or inevitably progress to violence (that is, confirmatory bias), and that such a progression always follows a fixed, linear trajectory. The development of the PIV did not consider whether or how often people either regress rather than progress or diverge onto another pathway altogether (for example, a path to trolling, harassment, stalking or threatening rather than physical attack). Fourth, the PIV assumes violence is an act committed by an individual acting alone, caused by individual-level factors. This assumption may be more reasonable for public figure attacks than it is for extremist violence. Fifth, the PIV does not focus on or provide a framework for understanding *why* someone might engage in extremist violence, outside the assumption that it is driven by grievance. Its focus is solely on the identification of warning signs that suggest the presence of risk, but not on the mechanisms that are responsible for or increase that risk. Sixth, it does not use or provide a framework for understanding how to manage a person's risk for extremist violence. These last two limitations decrease the practical utility of the PIV.

The non-discretionary approach

Other forms of violence

The general literature on non-discretionary violence risk assessment highlights its fixed and explicit structure as its primary strength (Guy et al. 2015; Hart et al. 2016). This may simplify training of and administration by evaluators and improve the transparency and objectivity in interpretation. When relevant experience pools exist, it can also result in estimates of recidivism based on statistical profiles. This makes the non-discretionary approach particularly attractive to agencies tasked with conducting a high volume of evaluations by evaluators who may have limited training or experience. Research suggests that decisions about risk made using empirical-actuarial or rational-actuarial tools typically have inter-rater reliability that may be characterized as high to very high in absolute terms and, in relative terms, superior to that of decisions based on UJ; as well as overall predictive validity that may be characterized as moderate in absolute terms and, in relative terms, superior to that of decisions based on UJ (but cf. Viljoen et al. 2021). More detailed analyses of the predictive validity of decisions made using non-discretionary approaches suggest that although they can successfully discriminate between known groups (that is, people who did or will commit violence versus those who did or will not), they fare much less well in terms of calibration (that is, ability to make specific predictions of the likelihood of future violence); also, their predictive accuracy tends to vary within groups (across age, gender, race or culture, etc.) and across populations, settings and time.

Limitations of the non-discretionary approach include the following (for example, Gottfredson and Gottfredson 1988; Gottfredson and Moriarty 2006; Guy et al. 2015; Hart et al. 2016). First, its reliance on fixed and restricted sets of risk factors means that it may be judged incomplete or inadequate for clinical and legal decision-making due to its arbitrariness. By definition it prejudges which factors are relevant in all cases. Second, the content and combinatoric algorithms of non-discretionary decision support aids are optimized for use with specific settings, populations and outcomes. This means the decision support aids cannot be adapted to and are therefore suboptimal for use with, different settings, populations and outcomes, as they make two strong assumptions. One is that the risk factors included in them are individually necessary and jointly sufficient to make a good decision. A test that includes invalid factors or excludes valid factors is a fundamentally mis-specified statistical model or representation of reality. The other is that their combinatoric algorithms are stationary

and ergodic – that is, the importance of and interaction among risk factors included in the tests are unvarying. This is especially true for decision support aids that estimate the probability or absolute likelihood of future violence. Unfortunately, these two assumptions are clearly untenable. Even those who develop or use decision aids using non-discretionary approach acknowledge they are not comprehensive in content and that the risk factors and combinatoric algorithms require revalidation or recalibration across settings, populations, and time.

Appropriateness for extremist violence

The general limitations of the non-discretionary approach are a particular problem for extremist violence risk assessment. This is because, as noted previously, there is an absence of a solid research base that would form the basis for an empirical-actuarial tool. We do not have large experience pools to develop statistical profiles. The alternative is to develop a rational-actuarial tool. This can be – and has been – done sensibly, but anyone who undertakes the task faces problems that are intractable at present. Perhaps the most important problem is the lack of strong theory concerning the aetiology of extremist violence, although we would suggest that this may be the consequence of active disagreement concerning the definition of extremist violence (for example, versus lone actors who commit mass casualty attacks, such as school shooters) as well as its ever-changing nature. We are still at a stage in our understanding of extremist violence that virtually every new extremist group, movement or violent incident challenges some of our fundamental assumptions about the phenomenon. The result is highly structured tools that may provide a survey of certain aspects of risk that may be a good fit for some types of extremist violence in some settings at some point in history but are not comprehensive and may be a poor fit for other types of extremist violence in other settings and at other times.

A related limitation of non-discretionary decision support aids as applied to violent extremism stems from the very nature of extremist violence itself. Although a primary (potential) strength of non-discretionary decision support aids is their reliance on statistic profiles for descriptive and predictive purposes, this strength is undermined by low base rates in the case of extremist violence (Gill 2015; Monahan 2012). There will always be far more people exhibiting risk factors for extremist violence than ever go on to engage in it. Thus, the most reasonable and effective way forward may be to shift our focus away from statistical profiles and toward the identification of those about whom there is cause for elevated concern so that management resources can be most prudently directed.

For the reasons discussed above, relatively few people have attempted to develop non-discretionary decision support aids. Perhaps the best example is the *Rule-based Analysis of potentially Destructive offenders for the assessment of the Acute Risk - Islamist Terrorism* (RADAR-iTE), now in its second version (Sadowski et al. 2021).

According to Sadowski et al. (2021), the 'RADAR-iTE prioritizes individuals of the Islamist spectrum and known to the police in terms of the risk to commit politically motivated serious violence in Germany' (p. 224). Its development was based on a systematic literature review of research on 'risk and protective factors of terrorist and other highly expressive types of violence' (p. 226). This review identified a set of 1,000 risk and protective factors from 250 publications selected for detailed analysis. This set was eventually reduced to a total of 32 factors, after combining cognate factors, selecting those rated by police as high in terms of practical relevance, and eliminating those difficult for police to code (for example, mental health problems). Behavioural indicators for each of the 32 factors were generated, yielding 120 specific items. This item pool was evaluated in various ways, including in terms of its ability to distinguish between 20 cases identified as high risk by expert rating versus 40 cases identified as moderate risk, with the RADAR-iTE coded blindly by trained police officers from case history information (p. 227). The evaluations resulted in the elimination of a further 47 items. In its final form, then, the first version of the RADAR-iTE contained 73 items. But development continued, informed by experience using the tool in the field, an updated literature review, further expert review, and additional empirical research. This resulted in the RADAR-iTE version 2.0, with 59 items and a modified administration procedure. The presence and timing of indicators is coded from case history information, including a detailed behavioural chronology constructed by the evaluators. The presence of items is coded +1 or -1, depending on whether they reflect risk versus protective factors. Item scores are summed to yield total scores, and a cut-off score is applied to categorize cases as moderate versus high risk. The presence of certain items identified as 'Red Flags' – either individually or in certain combinations – is used to override classification of moderate risk based on total scores, reclassifying them instead as high risk. People identified as high risk are considered high priority for follow up, including a comprehensive individual case analysis.

With respect to limitations, first, the RADAR-iTE has very narrow applicability. It is intended only to assess risk for extremist violence

committed by radical Islamists in Germany. This clearly decreases its potential use in that country (for example, for assessing risk of violence by right-wing or nationalist extremists) as well as in other countries. Second, it uses a very narrow definition of extremist violence, focusing specifically on direct involvement (that is, operational action) in acts involving serious physical harm committed by radical Islamists in post-9/11 Germany. It does not consider indirect involvement such as organizational support (for example, recruiting or radicalizing new members), logistical support (for example, acquiring or developing the means to increase a group's capacity to commit violence, such as buying weapons, making bombs or training operational actors), or operational support (for example, planning an attack, transporting operational actors to or from the site of an attack). Third, the RADAR-iTE does not focus on or provide a definition of understanding risk in broad terms (for example, nature, severity, imminence or likelihood of future violence). Instead, it classifies people in terms of two categories: high or moderate risk. The fact that there is not an option for low risk may increase the potential for confirmatory bias. Fourth, the RADAR-iTE focuses on specific behavioural indicators that can be easily coded by police based on case history information. In this respect, it sacrifices comprehensive, multilevel assessment for ease of use. Also, the indicators may change over time as the phenomena of radical Islamism and radical Islamist violence in Germany evolve. Fifth and sixth, the RADAR-iTE does not focus on or provide a framework for understanding why someone might engage in extremist violence, or how to manage a person's risk for extremist violence.

The SPJ approach

Other forms of violence

The general literature on violence risk assessment highlights the practical utility of the SPJ approach as its primary strength (Guy et al. 2015; Hart et al. 2016). Like the UJ approach, the SPJ approach is flexible and idiographic in focus. Like the non-discretionary approach, the SPJ approach is transparent and has a clear structure. But, unlike both the UJ and non-discretionary approaches, the SPJ approach is also comprehensive, evidence-based in the broad sense of the word (that is, grounded in a systematic literature review rather than intuition or the results of one or more individual datasets), and management-oriented. Research suggests that decisions about violence risk made using SPJ guidelines typically have inter-rater reliability that may be characterized

as high in absolute terms and, in relative terms, superior to that of decisions based on UJ; as well as overall predictive validity that may be characterized as moderate in absolute terms, and superior to that of decisions based on UJ (but, once again, cf. Viljoen et al. 2021).

Limitations of the SPJ approach include the need for evaluators – either individually or, if working as part of a team, collectively – to have at least a basic level of education, training and experience with respect to the type of violence that is the focus of the guidelines being used, and with respect to assessment more generally. Developing formulations of violence risk and developing scenario-based management plans may be difficult for novices. Also, synthesis and analysis of comprehensive, individualized case information requires time; it is not a 'quick and dirty' process (see Chapter 4, this volume). Finally, there has been only limited research to date on the use of SPJ guidelines to develop reliable formulations of violence risk and effective case management plans (see Chapters 6 and 7). Collectively, these limitations may be characterized as implementation challenges. Any agency or system interested in adopting SPJ guidelines for routine use must be prepared to invest effort into training and supporting evaluators.[6] Thankfully, research on this topic is growing rapidly.

Appropriateness for extremist violence

There appears to be some consensus that the balance between flexibility and structure in the SPJ approach makes it well-suited for extremist violence risk assessment (for example, Cooke and Logan 2021; Monahan 2012; Roberts and Horgan 2008). Empirical research that follows up samples of people at risk for extremist violence is limited, but the general evidence base concerning terrorism and extremist violence is very large – more than adequate to support the development of SPJ guidelines. Reliance on the general evidence base, as opposed to a specific study or set of empirical studies, helps to ensure SPJ guidelines have broad applicability and facilitates their use by evaluators with diverse backgrounds. Such reliance also means that SPJ tools can, and have, been developed to meet the current pressing need for structured decision support aids without waiting for the development of experience tables to support non-discretionary approaches, and without forcing professionals to rely on UJ (Cook and Vargen 2023; Monahan 2012). Also, the focus of the SPJ approach on an individualized and contextualized understanding of violence risk means it can more readily incorporate risk factors from multiple levels and consider risk for extremist violence in broad terms (for example, the different roles people might play in extremist violence).

Example

The development of SPJ guidelines for extremist violence risk assessment started in earnest in the early 2000s. This resulted in the publication of two sets of guidelines in 2009. The first was the *Structured Risk Guidance* (SRG) for terrorism risk assessment, which was subsequently revised and renamed the *Extremism Risk Guidance* (ERG 22+) in about 2010 (Lloyd and Dean 2015). The second was the *Violent Extremism Risk Assessment* (VERA), which has been updated, revised, and renamed the VERA-2 (Pressman and Flockton 2012) and VERA-2R (Pressman et al. 2018). We focus below on the VERA-2R, as the ERG 22+ is restricted to use within His Majesty's Prison and Probation Service in England and Wales.

According to the original English version of the VERA-2R manual (Pressman et al. 2018), the guidelines are intended for use primarily in criminal justice contexts with people – male or female, youth or adult – who have been charged with or convicted of offences related to extremist violence to guide decisions about risk management in institutional or community settings. It may also be used in national security, military intelligence or civil contexts for similar purposes. It can be used by diverse professionals. Like most SPJ guidelines, it is appropriate for repeated assessment (to monitor potential changes over time in risk) and for assessment by evaluators working in teams. Evaluators start by identifying and reviewing relevant sources of information used in the assessment. Next, they identify the presence of a range of factors. There are 28 risk factors in 4 domains: *Belief, attitudes, and ideology*; *Social context and intention*; *History, action, and capacity*; and *Commitment and motivation*. There are also six factors in a domain of *Protective and risk-mitigating factors* and three sets of risk factors in a sixth domain of *Additional indicators*. Finally, evaluators develop a summary or conclusory opinion about risk for extremist violence.

The limitations of the VERA and VERA-2 were very similar (for example, Hart et al. 2017). First, they had limited applicability in the sense that they were intended for use by psychologists to assess risk in people convicted of offences related to extremist violence. Second, the VERA and VERA-2 did not provide specific definitions of extremist violence. The VERA focused more narrowly on evaluation of radical Islamists, and the VERA-2 expanded its focus to include all types of extremists. But both focused on direct involvement (that is, operational action) in acts involving serious physical harm, rather than indirect involvement such as organisation support, logistical support or operational support. Third, the VERA and VERA-2 did not provide a

definition of and were not focused on understanding risk in broad terms (for example, nature, severity, imminence, likelihood), instead classifying people based on risk level (that is, low, moderate or high risk). Fourth, the VERA and VERA-2 focused more on individual-level and individual-in-group factors than on higher level (for example, group or group-in-society) factors. Fifth and sixth, the VERA and VERA-2 did not provide a clear theoretical framework for understanding why someone might engage in extremist violence or how to manage a person's risk for extremist violence, something Logan and Lloyd (2019) characterized as an 'SPJ-lite' structure (p. 147).

Several limitations of the VERA-2R are apparent. First, the expanded use of the VERA-2R has led to several different versions of the manual. This, combined with the fact the access to all these versions is restricted, complicates evaluation of the guidelines. Second, although the VERA-2R retains a relatively broad definition of extremist violence that includes more than violence by radical Islamists, it still focuses primarily on direct involvement in extremist violence. Third, at least in the original English version of the guidelines, there is no broad or explicit definition of risk; risk is categorized in simple terms according to risk level. Fourth, although the set of basic factors has been expanded to incorporate several from HCR-20 V3 (Douglas et al. 2013), the ERG 22+, and the MLG (Cook et al. 2013; Hart et al. 2017) – a set of the guidelines to assess risk for group-based violence – there is still limited coverage of factors reflecting dynamics from the group and group-in-society levels. Fifth and sixth, at least in the original English version of the manual, the VERA-2R does not require evaluators to develop formulations of violence risk or scenario-based management plans and does not provide any structure or guidance for doing so; hence, it is still SPJ-lite (Logan and Lloyd 2019).[7]

Mixed approaches

Some decision support aids reflect a mixture or hybridization of distinct approaches. This is potentially problematic, as those approaches have fundamentally contradictory assumptions about what risk is and how best to assess it. To illustrate this, we discuss an example: the *Terrorist Radicalization Assessment Protocol* (TRAP-18) (Meloy 2017).

Example
According to Meloy (2018), the TRAP-18 is a 'rationally derived theoretical model comprising eight proximal warning behaviours and 10 distal characteristics' intended 'for threat assessment of the individual

terrorist' (p. 483). The TRAP-18 is coded based on available case information. Decisions about risk are based on the presence of the 18 items: if only a 'cluster' of distal warning signs is present, then 'the case needs active monitoring'; but if at least one proximal warning behaviour is present, then 'the clinical case needs active management' (p. 489). Research on the TRAP-18, most of which is based on historical cases, indicates that the TRAP-18 items can be coded with adequate inter-rater reliability and the items are often present in the backgrounds of known terrorists or those known to have committed acts of mass casualty violence (Meloy 2018).

With respect to limitations, first, the TRAP-18 is over-narrow in terms of applicability. It is intended for use with individual people (lone actors), rather than people operating in groups. Second, the TRAP-18 manual provides a definition of terrorism (that is, extremist violence) as 'acts of targeted violence' that are usually driven by religious or political ideology and have a specific 'audience' in mind (Meloy 2017, 4); but, curiously, this definition is apparently not used to determine who should be assessed or what the assessment should focus on, and it is unclear exactly how radicalization fits within this definition or why it is included in the name of the TRAP-18. In past research, for example, the TRAP-18 has been used to study school shooters, school threateners and intimate partner homicide perpetrators (see Meloy 2018), none of whom would appear to fit within its definition of terrorism or who would necessarily be considered 'extremists' or 'radicalized'. Third, the TRAP-18 uses a very narrow definition of risk. Those being evaluated are categorized as in need of monitoring, active case management, or neither. There is no attempt to identify what specific acts of violence those being evaluated might be at risk for committing or the role they might play in that violence. Fourth, the TRAP-18 focuses on individual-level factors; it does not consider the potential influence of higher-level factors, such as groups to which the person may belong, or the person's motivation or capacity to engage in violence. Fifth and sixth, it does not provide a framework for analysing the relevance of factors with respect to past or potential future extremist violence or a framework for developing management plans.

Meloy (2018) has characterized the TRAP-18 as a 'structured professional judgement instrument' (for example, p. 483). But it is not, for several reasons. First, the purpose of the TRAP-18 is to prioritize cases for management, rather than to develop individualized management plans to prevent violence. The latter has always been the ultimate objective of the SPJ approach. Second, the structure and content of the TRAP-18 were not based on a specific theory or a systematic review of the

literature on extremist violence, but rather reflect ideas gleaned from the PIV and Meloy's personal experiences when evaluating and studying people who had committed diverse forms of violence. Third, decisions about violence risk in the TRAP-18 are based on combinatoric algorithms, a characteristic that is the hallmark of the non-discretionary approach and fundamentally inconsistent with the SPJ approach. And fourth, it does not present guidance for the development formulations of violence risk or scenario-based management plans, which have been part of the SPJ approach for 20 years. For these reasons, the TRAP-18 is more properly considered as a mixture of UJ and non-discretionary (rational-actuarial) approaches than a set of SPJ guidelines.

Recommendations

Our first conclusion is consistent with that of previous reviews: given the present state of research on extremist violence, the SPJ approach is best suited to the development of relevant decision support aids. Indeed, two such aids have already been developed for this purpose, the ERG 22+ and the VERA-2R, although access to both is restricted and they do not include the full range of features that characterize the contemporary SPJ approach, and thus may be considered 'SPJ-lite' rather than 'full-fat' (Logan and Lloyd 2019, 149).

Our second conclusion is that decision support aids based on the UJ and non-discretionary approaches have important limitations. Although not sufficient to rule out altogether the use of such aids, these limitations are serious enough to make sole or primary reliance on UJ or non-discretionary aids potentially problematic from practical and legal perspectives. (This is precisely why the RADAR-iTE is used as part of a two-step evaluation, with the second step comprising a comprehensive evaluation – unfortunately, one based on the UJ rather than the SPJ approach.)

Considering these conclusions, we offer the following recommendations for the development and implementation of decision support aids for extremist violence risk assessment based on the SPJ approach.

Focus development efforts on 'full-fat', open availability SPJ guidelines

There remains a need for extremist violence risk assessment guidelines that represent the contemporary SPJ format used for VR/TAM of other forms of violence, such as the HCR-20 V3 and MLG. The contemporary

structure embodies the advances in SPJ risk assessment from the past 20 years, including formulation of violence risk based on an Action Theory or other preferred theoretical frameworks, identification of plausible scenarios of future violence, and development of risk management plans based on the plausible scenarios identified (Hart and Douglas 2019; Hart et al. 2016).

Ideally, the new guidelines would be made readily accessible to evaluators from diverse backgrounds (law enforcement, national security, health care, etc.), as well as to legal professionals, policy makers, and even lay people. There should not be any concerns about guidelines 'falling into the wrong hands'; after all, they are based on a literature that is itself accessible to the public. Knowledge of current evidence concerning the major risk factors for extremist violence really cannot help someone avoid detection or 'fake good'; how can people who are the focus of extremist violence risk assessment change their entire history of social and psychological adjustment? SPJ guidelines such as the HCR-20 V3 have been published in readily available format and discussed at length in the scientific literature for decades without any evidence of such problems.

Focus on implementation rather than revision or development

In our experiences, the root cause of problems or dissatisfactions with VR/TAM is not the guidelines used by evaluators, but rather the implementation of those guidelines within an agency (for example, Haque 2016; Levin et al. 2016; Viljoen and Vincent 2020). Good implementation requires multiple steps: a team should be constituted to develop and execute an implementation plan, in consultation with the original developers of the guidelines; evaluators should be involved to make sure the implementation benefits them and minimizes their resistance to change; a comprehensive training programme should be developed to enhance awareness or attitudes regarding the need for change, provide essential information and develop essential skills; relevant policies and procedures should be developed or revised; the practice of evaluators should be supported by consultation with peers or experts, booster training and advanced training; and evaluations of the process and outcome of implementation should be scheduled.

This may sound like a lot of work, but it is much easier to do a better job of implementing existing guidelines than it is to revise them or develop new ones. Revision of guidelines requires careful analysis and planning, as well as considerable time and effort. Evaluators from the home agency and affiliated agencies should be consulted to identify

features they think should be retained or enhanced versus those they think should be redesigned or dropped altogether. The literature review used to develop the original guidelines should be updated. The home agency should consult, collaborate and cooperate with the original developers of the guidelines as well as with experts from other agencies (or even from other fields). Drafts should be reviewed by stakeholders and pilot tested in the field by evaluators prior to finalizing revisions. From beginning to end, the revision process may require up to two or three years to complete. Poorly planned, 'quick and dirty' revisions are as likely to result in clumsy fixes to old problems or even the introduction of new problems. Developing guidelines *de novo* is even more time-consuming, requiring a systematic literature review and likely multiple drafts and pilot tests; the development process may require five years or more to complete.

Use multiple guidelines

We fully support the use of multiple guidelines, each with its own strengths and limitations. This avoids over-reliance on one set of guidelines to be everything to everyone. But when multiple guidelines are used, evaluators must decide whether to present their findings separately (that is, side-by-side) or to integrate them into a single set of conclusory or summary judgements about risk.

It is easy for evaluators to present findings separately, but sometimes confusing for stakeholders who consume risk assessment reports to reconcile those findings and make decisions based on them. This is especially true when the findings based on different guidelines diverge (or appear to diverge) and when the stakeholders do not have a high level of familiarity with those guidelines. For example, Storey et al. (2013), in a review of cases from Canadian courts that involved expert evidence by VR/TAM professionals, found judges often complained when the findings of multiple decision support aids were presented separately without opinions from evaluators concerning which findings they preferred and why.

Thankfully, it is relatively easy to use multiple SPJ guidelines to analyse a single case (Hart et al. 2017). Once an evaluator has synthesized case information, it takes little additional time or effort to analyse the information two different ways – for example, using the ERG 22+ and the VERA-2R. But things are much more complicated when it comes to integration of findings from multiple UJ or non-discretionary decision support aids. No one has developed a method for doing so that is theoretically sound or empirically valid (for example, Seto 2005; Vrieze

and Grove 2010). Furthermore, it is virtually impossible to integrate the findings of aids *across* different approaches to yield a single decision about violence risk. For example, proponents of the non-discretionary approach have cautioned against, and sometimes argued strongly against, diluting or contaminating what they view as the 'scientific' findings of actuarial tools with evaluator judgement. Indeed, the figure most strongly identified with the popularization of actuarial decision-making, Paul Meehl, argued that integrating non-discretionary and discretionary approaches was of questionable logic – or, as he put it, 'stupid' (Meehl 2006, 435).

Supplement guidelines for extremist violence risk assessment with guidelines that assess individual- and higher-level risk factors for violence

We have highlighted that extremist violence risk assessment should consider factors from multiple levels, not just the individual level factors. This is true for all forms of violence, but particularly so with respect to extremist violence, which in the vast majority of (but not all) cases is a form of group-based violence.[8] It is difficult for any single set of guidelines to have comprehensive coverage of factors from all the different levels. For that reason, evaluators should consider supplementing existing guidelines such as the ERG 22+ and VERA-2R with the others such as the HCR-20 V3 for detailed assessment of individual-level risk factors and the MLG for detailed assessment of individual-in-group, group, and group-in-society level risk factors (Hart et al. 2017). This is simply a matter of due diligence – evaluators should take reasonable steps to ensure that they are not neglecting potentially important factors. As noted above, it should be a relatively small matter for evaluators to integrate the findings of multiple guidelines into a single set of opinions.

Consider overlapping risks

We have focused in this chapter on assessing risk for extremist violence. But, as discussed, extremist violence is a specific form of violence, which is itself a specific form of criminality. Few risk factors for extremist violence are highly specific; most are also associated with risk for other forms of violent or nonviolent criminality. Similarly, the evidence base suggests that a substantial proportion of people who have committed extremist violence have also committed other forms of violent or nonviolent criminality (for example, Desmarais et al. 2017). Thus, evaluators who conduct extremist violence risk assessments should also

consider other risks. Once again, this is a matter of due diligence on the part of evaluators. The person being evaluated may be judged to be a risk for extremist violence, other forms of violent or nonviolent criminality, both, or neither. For example, in a recent evaluation conducted by one of this chapter's authors, the person referred for VR/TAM had a history of both individual and group-based violence prior to engaging in extremist violence. The individual violence involved assault of strangers, including assault with a weapon and assault causing serious bodily harm, in the context of conflict or dispute (for example, road rage). The group-based violence involved assault, including assault with a weapon and assault causing serious bodily harm, committed as the member of a street gang in order to enforce drug debts. The person appeared to be a risk for future individual and group-based violence, including but not limited to extremist violence; indeed, the likelihood of non-extremist violence (individual and group-based) was judged to be even higher than the likelihood of extremist violence.

If evaluators supplement guidelines for extremist violence risk assessment with other guidelines, such as the HCR-20 V3 or the MLG, then it may be that all they need do is explicitly consider scenarios for non-extremist violence. In some cases, however, the person may appear to be a risk for specific forms of violence, such as intimate partner violence, child abuse and neglect or sexual violence, which may call for the use of specialized guidelines rather than the HCR-20 V3.

Notes

1. The opinions expressed herein are those of the authors and should not be considered an official policy statement of any agencies for which they have consulted or by which they have been employed.
2. We say 'motivated in part' because most forms of human action, including violence, can have multiple and diverse motivations. There is no good reason we can think of to expect this would not be true for extremist violence.
3. Perhaps human beings simply find it difficult or even oxymoronic to communicate about uncertainty with certainty, or about imprecision with precision?
4. To the extent that TAM is distinct from VRAM, actuarial risk assessment instruments such as the VRAG-R and Static-99R have little utility for TAM, as they are intended for use with people who have a known history of violence or sexual violence and do not guide evaluators to consider the likely targets of violence.
5. But absence of proof is not proof of absence. Based on research from other fields comparing human judgement to statistical models (for example, Zellner et al. 2021), we suspect higher-quality research will demonstrate the UJ approach has predictive accuracy that, at least in some situations, is equal, superior, or adds incremental validity to structured approaches.
6. Of course, the same is true for UJ and non-discretionary decision support aids, but the requirements for successful implementation of SPJ guidelines are perhaps more clear or readily identifiable.

7. An open-source description of the Dutch version of the VERA-2R (see https://www.vera-2r.nl) describes an administration procedure that is modelled directly on that of HCR-20 V3 (Douglas et al. 2013). The HCR-20 V3 is a set of SPJ guidelines that is the world's most widely used (according to a survey by Singh et al. 2014), and also best-validated, decision support aid for general violence risk assessment. Unfortunately, it is not clear whether the Dutch version provides sufficient structure with respect to formulation of violence risk or scenario-based management plans to be considered 'full-fat' rather than 'SPJ-lite' (Logan and Lloyd 2019, 149).

8. Extremist violence committed by lone actors is often influenced by ideologies and social, political or religious dynamics operating at a group level. Even when lone actors do not self-identify as adherents of a given ideology, they may be influenced by others who do adhere to a risk-relevant belief system.

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6

From behaviours to people: formulation-based risk management in violent extremism

Caroline Logan

Introduction

People who have the potential to act harmfully towards others in ways that are motivated by a violent extremist ideology cannot be understood from a checked list of disarticulated behaviours or personal characteristics (Borum 2015). As this book demonstrates, the task of risk assessment and management is about more than acknowledging concern and describing its component parts. Attitudes and experiences, beliefs and intentions, capabilities and opportunities, facilitators and barriers to action, all interact with one another in an ever-evolving way to create, sustain, exacerbate and moderate a potential for harmful outcomes that is unique to the person and to the time and the situation they are in (for example, Monahan 2012; 2015). The challenge of assessing and managing risk in the field of violent extremism begins with identifying, evaluating and *understanding* the possible relevance of those ever-shifting variables – the range of risk and protective factors that have meaning in the individual case – and to do so in reliable and valid ways. The task then becomes one of hypothesizing about their interactions and their possible trajectories in terms of the potential for harm and its eventual avoidance (Borum 2015; Sarma 2017). Subsequently, and based on the hypotheses formulated, the requirement of evaluators is then one of devising and implementing strategies for diverting the person towards more benign or limited outcomes, to protect and maintain the safety of all involved. An approach to risk assessment in violent extremism that fails to consider the ways in

which relevant risk and protective factors interact with one another within the person, and in the context in which they are evident, will fail to capture anything meaningful of the outcome to be prevented or the person of concern (Borum 2015). Further, an assessment built on such poor conceptual and evidential foundations will provide an insubstantial basis for a risk management plan that is both effective in preventing, or at least minimizing, harm and proportionate in the measures it takes to do so.

This is best practice in risk assessment and management. This approach is called structured professional judgement (SPJ; for example, Douglas 2019; Eaves et al. 2019; Hart et al. 2016; Hart et al. 2022; Logan and Johnstone in press). SPJ is the recommended approach in the violent extremism field as elsewhere (see Chapters 4 and 5; see also Borum 2015; Cooke and Logan 2021; Hart et al. 2017; Lloyd and Dean 2015; Logan and Lloyd 2019; Monahan 2015; Sarma 2017). At the heart of this approach to risk assessment and management is formulation (Hart and Logan 2011). Formulation is the process of drawing together an understanding of the risk and protective factors relevant to the individual case into one or more linked hypotheses that might explain the nature of the possible harm the person may cause and its rationale (Logan 2017); that is, a formulation is an answer in narrative form to the overarching *risk of what and why?* question in each case. As such, it is an essential foundation to what should follow by way of action to generate alternative and safer outcomes; that is, risk management. The assessment of risk and protective factors without reference to how those that are most relevant may interact with one another and with the person's circumstances has the potential to result in risk management plans that are a clumsy and ineffective response – to individual factors rather than their aggregate, to factors that seem particularly salient or to which responses are readily available or convenient.

What does a formulation look like? What are its essential features? How does it work, and why? What knowledge and skills are required to prepare a formulation, and what does it take to acquire those skills? How long does it take to prepare a formulation? And in services concerned about the risks posed by many people, how can the formulation task be replicated reliably at scale and still inform managed risk? This chapter will attempt to answer each of these questions and, in so doing, make a case for the relevance of formulation to risk assessment and management in the violent extremism field.

This chapter begins with an explanation of what formulation is, where it comes from and what it is intended to provide beyond a simple description of the person or summary of an evaluator's concerns.

A fictional case is introduced, and an initial formulation proposed to illustrate the general features of the practice and the ways in which it can add value to understanding and managing people of concern. While all practitioners – in law enforcement, corrections and security services, as well as behavioural scientists and mental health specialists – can benefit from the understanding and guidance offered by a formulation in their management of an individual case, some may feel they lack ability or confidence in preparing one. Therefore, the chapter will consider the knowledge, skills and training required to produce risk formulations of differing depths – or levels – which can withstand professional and legal scrutiny. Subsequently, the preparation of risk formulations will be examined, and their quality assurance and evaluation discussed. The role of formulation in high-volume risk assessment and management will then be considered, and the chapter will conclude with recommendations for practice and development in this area.

What is formulation?

A formulation is an explanation; it is a statement communicating a practitioner's understanding of a problem that has been presented to them by another person – such as by a client, or by a colleague about a third person (for example, Ingram 2006; Johnstone and Dallos 2013; Sturmey 2009; Tarrier 2006). A formulation is more than a summary of key or salient facts about the presenting problem. It tries to connect what we know about the matter into an explanation of its underlying mechanism; that is, how the problem came about and how it is sustained. Further, it connects those pieces of information in statements that are hypotheses about the presenting problem rather than statements of fact; thus, a formulation is one or more hypotheses accounting for the origins and evolution of the problem as it is experienced (Kuyken et al. 2009). However, a formulation is more than just a statement of understanding: it is an explanation of the problem for the purpose of guiding action that facilitates positive change (Logan 2017). Thus, the action guided by a formulation is inherently hypothesis-testing in nature. Consequently, a narrative about the experience of a problem may be described as a formulation if it both attempts to explain the nature of the problem *and* describes how the problem as formulated may be addressed to diminish, if not remove completely, whatever it is that defines the situation as troublesome. For our purposes here, the problem on which we are focusing is the risk of *an act, attempt, or threat of bodily (that is, physical,*

or psychological) harm that is intentional, unauthorized and motivated at least in part by a personal or group ideology that encourages, incites or obliges the use of violence to further or support social goals (see Hart and Vargen's 'Foundational concepts', Chapter 5 in this volume).

Formulation is a task often used by clinicians – by all varieties of psychologists, psychotherapists and counsellors, and also by nurses, psychiatrists, social workers and occupational therapists, among others (for example, Eells 2022; Persons 2012; Tarrier et al. 1998). It is often seen as a specialist undertaking, an activity engaged in by people with expert knowledge about the nature of the problems to be understood and in a position to try to address those problems. Thus, formulations have traditionally been prepared by expert practitioners for their complex patients, either to encapsulate their own work and guide interventions or for other expert practitioners to inform peer reviews, supervision or clinical care coordination. However, increasingly, formulations are being prepared by expert practitioners (for example, psychologists, nurses) for other practitioners who have expertise in different areas (for example, law enforcement and corrections personnel) but who have the potential to benefit from a statement of understanding about a person with problems with whom they are also working (for example, Knauer et al. 2017; Radcliffe et al. 2018; Ramsden et al. 2014). And, increasingly, formulations are being prepared either wholly or in collaboration with others by expert practitioners of other kinds (for example, probation, prison and police officers, security personnel). While these practitioners may not have a tradition of such practice, basic formulations offer them valuable guidance on understanding the person who is the focus of attention, on risk management and on communicating with interested parties (for example, Minoudis et al. 2013; Shaw et al. 2017).

The justifications for preparing formulations with broader appeal – that is, more utilitarian as opposed to highly specialist clinical formulations – are to facilitate consultation rather than therapy, to inform the work of diverse groups of practitioners who are often employed by multiple agencies and to coordinate what needs to be done to prevent problem (re)occurrence. Formulations that are accessible to more practitioners and relevant to the work they do will have more impact. In addition, the explanatory nature of formulations means they have a function in keeping the person concerned – rather than, more narrowly, their problematic past behaviour or future potential – at the centre of considerations. Formulations are an invitation to consider the bigger picture, and not just a small part of it, however convenient it might be to look only at what we know or care about.

Formulations exist in two broad forms. A *case* formulation is typically developed by a trained clinician and used in clinical contexts to communicate their professional understanding of a person with problems. It will capture the entirety of the person's developmental history as well as the evolution of those problems over time and in the historical, social and personal context within which they evolved (for example, Eells 2022). Case formulations are typically developed in the context of psychological therapy as a statement representing the therapist and patient's mutually agreed understanding of the problem or problems that are to be the subject of the supportive interventions to follow. Case formulations take time, extensive information, and a close working relationship between therapist and patient to develop and to become the basis of interventions intended to alter factors accounted for within the explanation (such as the development of a major depressive disorder and its mitigation through the guided application of skills in mood management and self-care). Case formulations can be brief (a page or several in length) but are more likely to be long (a dozen pages or more), and they may have a graphic element to aid their visualization (for example, Ryle and Kerr 2020).

The alternative to a case formulation is a *problem* formulation. A problem formulation has a narrower focus – the emphasis here is on explaining a specific problem a person has, rather than the whole person who has one or more problems. Consequently, problem formulations are usually quicker to prepare. They are intended to guide targeted action to alter the occurrence of the problem rather than interventions that are deeper and more existential in nature and address the very essence of the person to whom the problem occurs, the latter more the function of case formulations.

An example of a problem formulation is a *risk* formulation – the particular focus of this chapter. A risk formulation is an explanation about a person's harm potential, derived from the collection of risk and protective factors identified as most relevant in this case. Thus, a risk formulation is its author's hypotheses about how those factors have combined in the past to generate the potential for harm in the future and the circumstances in which that potential may be realized (Logan 2017). The purpose of a risk formulation is to guide risk management interventions suggested by those hypotheses, with the intention of preventing or limiting the potential for such acts of harm to occur. Like case formulations, risk formulations can be brief or lengthy. However, since risk formulations have a particular role in communicating hypotheses about a person's harm potential – to prevent it from being

realized – brief is better; more people will read and therefore benefit from the contents of a formulation that is succinct and to the point. Long formulations, or formulations buried in lengthy documents full of biographical detail and jargon, are likely to be overlooked or ignored. The accessibility of risk formulations will be discussed later in this chapter.

An illustrative example

Here is an illustrative example of a risk formulation, preceded by some information about its subject.

This risk formulation relates to Bob, who was a soldier in the British Army – a job he loved. He was medically discharged after losing part of his left leg during active service in Afghanistan, after stepping on a pressure plate that triggered an improvised explosive device. He has been unemployed for the 10 years since his discharge. He does not work and has financial problems. He has been treated for clinical depression, post-traumatic stress disorder and alcohol misuse several times since his discharge, brought on by his experiences in the Army, as well as the subsequent loss to cancer of both his parents and the end of a long-term relationship. He has many physical health problems relating to his injuries but also now to his largely sedentary lifestyle and lack of self-care, in addition to his chronic alcohol misuse. Bob is angry and increasingly resentful of people who have more than him or what he sees as privileged access to things to which he feels entitled, such as more opportunities, a better house, more money in state benefits or even a decent job.

In the last two or so years, Bob's resentment has become increasingly focused on migrants and refugees, as well as the politicians who support their settlement in his town, giving them homes, jobs and access to services he thinks should be available to him and people like him. He spends hours each day on websites for people who think like him. These websites misrepresent migrants and refugees as unfit people who carry disease and victimize vulnerable others, such as women and children, through sexual assault and intimidation. Some of these extremist websites are linked to proscribed groups who promote personal values and social structures that clearly require the use of suppression and violence towards others in order to be realized. Some of these extremist websites urge people to do their bit to resist the takeover of their local (white) communities and to defend against the erosion of traditional (Christian) values by these undeserving people, including using criminality, threats and violence. Other websites attack politicians, charities, journalists and celebrities who work to support migrants and refugees and to publicize

and champion their needs and rights. These websites encourage the intimidation of those individuals and organizations online and in person. Bob joins one of those proscribed organizations.

Bob is energized by these sites and the people he is in contact with through them, especially the more extreme violence-advocating ones. He feels they understand what it is like for him, and that they care about him. With the encouragement of people he has met through these websites and their associated chat groups, Bob creates hateful material that he posts on social media, using hundreds of different profiles created using methods to somewhat conceal his identity. He incites others to violence against migrants and refugees, and against politicians and public figures. He trolls dozens of people (posting online inflammatory or insulting comments to deliberately upset the recipient). He denigrates them and their families, with threats that include humiliation, rape and torture, because he wants to diminish them and to discourage people from promising resources in his community to those who, in his view, do not belong there. Bob is particularly aggrieved by his local councillor, believing that she has betrayed local people like him whom she *should* be devoted to, given that he and people like him pay her wages. Also, she is popular, young and lovely, with a wholesome partner and pretty children, and a lovely house in a nice part of town. He resents her very much indeed. When she voted for 50 refugee families to be re-homed in his neighbourhood, Bob took to following her as she went about her professional duties in their town, as well as trolling her and her partner, also in local government, online. In the last few weeks, he has been searching online for knives, the likes of which he learned to use in the Army. He has also been watching recordings, prepared by a range of different extremist groups to teach people who may be attack planning, in which knives are used in attacks. Bob is thinking about stabbing the councillor, both to teach her a lesson and to make a stand for people like him in his community.

Therefore, Bob has several obvious risk factors. He has a worldview in which some people are less deserving than others, and he holds certain people – like the councillor – responsible for denigrating what he believes in. His persuasive online contacts have encouraged him to agree that aggression and violence are the only ways to bring about change in his town, and that he has a key part to play in addressing this perceived injustice; as a former soldier, he has the knowledge and skills to make the changes required to restore and indeed create a better world order, starting with the councillor. Bob is unemployed; therefore, he has a lot of time to think about these matters and to research them online. He also has mental

health problems, which mean he has few personal resources with which to challenge the views of others, or to reflect in a measured way on what he is doing. Bob has no or very few real-world friends or activities to distract him; his contact with others appears to be mainly online and with people who have even more extreme views than his, who encourage him to believe more and more negative things about his life and who nurture rather than challenge or address the sources of his resentment.

Information about Bob and his threats and his harm potential has largely been drawn from the evidence collected by the councillor and her team. A technically proficient and tenacious member of her team has traced the various online profiles sending them many threats, and has been able to link them back to Bob. This information was enriched when it was handed over to police, who plan to arrest, question and possibly indict Bob. Given that Bob is likely to be released on bail after indictment, pending further enquiries and information gathering, the police want to understand the risks he may pose to the councillor and others while his case is being processed by the Courts. So, what sense might be made of this collection of risk and protective factors in terms of risk management? That is, what might a risk formulation for Bob look like? A suggested version is in the box opposite.

What does risk formulation add to the risk assessment and management process?

Personal needs – such as for safety or comfort, mastery or status, care or retribution – are addressed by the choices we make (Takemura 2021), and this is as true about the decision to use violence as opposed to any other needs- or problem-solving strategy (Hart and Logan 2011). Harmful behaviour of any kind is a conscious choice – one person *decides* to hurt another person physically or psychologically for reasons that are acceptable to the perpetrator and make sense to them at the time (Daffern et al. 2007; Douglas et al. 2013). In response to a perceived need, a person decides that a harmful act is an acceptable, necessary and proportionate response to that need in order to resolve or meet it. They decide that a violent act will achieve what is required – it is the *right* response for the situation – and that the negative consequences of using violence are ones they can live with. Finally, the person determines *how* they may enact that harmful response to meet the need they have identified. The function of a risk assessment is to try to understand those needs and the ways in which the risk and protective factors in play in the context at the time

Suggested risk formulation for Bob

This is a formulation of the risks Bob may present to others if he is released back into the community following his arrest in relation to threatening behaviour towards the councillor and her family. We are most concerned about the risk of actual violence towards her, although his presence in the community may be such that she no longer feels able to do her job due to fears for her own physical safety and that of her family. Bob may also be at risk of inciting others online to threaten or engage in violent acts towards the councillor. And he may pose a risk of violence to those whom he would identify as undeserving migrants or refugees in his locality. This formulation has been prepared to assist those required to interact with Bob following his arrest. It is intended to help them better understand Bob so that their interactions with him may be fruitful in terms of further information gathering and harm prevention.

From what we know now, we believe Bob is at risk of being harmful in these ways because he sees the councillor as responsible for unjustly limiting his opportunities – and those of people like him – in his own community. He believes she does this by her support for the resettlement of people whom he views as less deserving than himself, thus enabling their access to local resources to which he feels he has a better and stronger claim. Bob is also angry with the councillor for reporting him to the police, thus threatening him, a patriot, with a criminal record; in his eyes, his anger towards her now feels even more justified than it did before. Therefore, we think Bob would like both to punish her and to make her withdraw her proposal to relocate refugees in his town – as well as to discourage refugees and migrants from going there at all by making the place seem unwelcoming. However, Bob has difficult personal circumstances. We believe that blaming other people may be easier for him than trying to address the many frustrations in his own life. His limited personal resources, his lack of purposeful activity and the absence of anyone close to him to challenge his way of thinking and to support him are likely to be important factors in the creation and maintenance of this situation. In addition, Bob's access to the councillor and to people in his community whom he identifies as migrants or refugees may create opportunities for him to act, in person or online, if he feels he has nothing to lose.

Thus, effective risk management will depend on addressing several of these factors, and with urgency given the possibility of his release on bail following his arrest. Consequently, we would like to recommend that, while he awaits further developments in his case, Bob is prohibited from contacting

the councillor by any means, and he is required to submit his internet-enabled devices to the scrutiny of police. We would also like to recommend that Bob is encouraged into contact with mental health services – counselling, ideally from a service attuned to the experiences of traumatized military veterans. In addition, we would support his engagement in an assessment of his employment skills with a view to easing him into suitable and engaging work, either after any term of imprisonment if found guilty or if he is not detained at all. Once Bob's personal circumstances have been even slightly improved, then we recommend that consideration is given to challenging his beliefs about his personal responsibility for resolving the refugee situation via threats of harm towards others.

influence decision-making of this kind. The purpose of risk management is to alter the subsequent decisions for the better.

For example, Bob thinks that he is being overlooked by the council, which exists to look after local people like him. This makes him angry, and his anger is intensified when he sees people he regards as undeserving 'jumping the queue' for local resources, to which he thinks he is more legitimately entitled. The strength of his anger, which is compounded by the other experiences that have generated strong feelings within him and his limited personal resources, leads Bob to decide that an act of harm towards the councillor, the most visible cause of his grievances, would be an acceptable and proportionate response. No other kind of response would be as effective or as satisfying – he thinks – in counteracting the strength of his negative feelings. He is prepared to live with the potential consequences of engaging in such activity if his actions provide some relief for how bad he feels right now.

Bob trolls people because he has the time and means to trace people online and engage with them in this way, and because the act of trolling people is consistent with his range of interests and abilities. As he gets a reaction from those whom he trolls and because he is not ashamed of causing such a reaction – indeed, their outraged responses excite and encourage him – Bob does it again and again, changing his method to create even more of a reaction. His behaviour escalates to monitoring some people in 'real life' rather than solely online because, while trolling gets a reaction, he now gains a sense of achievement from menacing people directly. His recent online searches for knives and for instructional recordings on their use in combat both empower him and remind him of his more effective and accomplished former self. Thus, for Bob, threatening and intimidating behaviour is how he has decided to meet his current needs for relief from the muddle of his anger towards individuals

and his sense of injustice. He could be arrested – and will be – but his arrest will only limit temporarily his opportunity to be threatening and, if anything, will exacerbate his self-righteous indignation and make him yet more angry. If Bob's risks are to be managed to the point of genuine desistance, he should be encouraged and supported to find alternative ways of understanding and addressing his underlying needs. A formulation provides a means by which we might explain that possibility, by linking what we know about Bob in the past and up to the present with possible remediations in the future.

Thus, a formulation ensures that the whole person is at the centre of one's understanding of the risks they pose (Sturmey and McMurran 2011). Risks cannot be detached from the people who pose them, and understanding problematic behaviour means understanding something of the person who may engage in that activity, what meaning violence has for them and, consequently, what options and resources they may need to choose to act in different and less harmful ways (Daffern et al. 2006; Daffern and Howells 2009; Logan 2020). In addition, a formulation can help its reader – such as a police, prison or probation officer, a veteran's counsellor, or an employment support worker – to relate to the person who is its subject, thus facilitating better and more effective engagements (Knauer et al. 2017; Ramsden et al. 2014). Thus, an understanding of Bob and his situation may mean he is treated more like a person with problems rather than as an unpleasant individual whose attitudes and behaviour mean he should be handled like a soiled rag. And being treated like a person with problems may mean he responds better to practitioners' efforts to engage with him, and that his risk is thereby more effectively managed (Shaw et al. 2017).

What motivates people with extremist ideologies to act harmfully towards others? The ultimate purpose of formulation is to address the question *what is this person at risk of doing and why?* More specifically on the part of the question addressing the reason for harm, we might enquire *why has this person chosen to be harmful before, and why and under what circumstances might they choose to do so again?* Several motivational drivers may be identified in the behaviour of people who choose violence over other means of influencing their environment and the people within it (for example, Douglas et al. 2013; Daffern et al. 2006; Hart et al. 2022).

- *Self-defence* is an obvious and common motivational driver – the use of aggression or violence to protect oneself or those to whom we are close, triggered by the perception of threat or the initiation of a violent act by another. For example, a person might grab a kitchen

knife to defend themselves from aggression by a masked individual intent on robbing them of their property. Alternatively, a person may attack a group of people socializing peacefully in a park because he or she is hearing voices that warn of imminent danger from that group. The need to defend oneself does not have to be objectively evident to others to be real to the perpetrator.

- The *control of others* is also a common driver, one often found in the behaviour of perpetrators of intimate partner violence. Such individuals may use aggression and violence to impose their will on the person to whom they are ostensibly close, using acts of dominance to encourage within themselves a feeling of greater safety from the fear that their partner will expose their vulnerabilities. Alternatively, the threat of violence such as through social media announcements, or actual violence by one or more individuals with knives and fake suicide vests, generates feelings of fear and foreboding in many who witness the event, directly or through news reporting. Thus, the threat of harm creates the perceived need for measures to protect the public (for example, searches at public venues and travel hubs), influencing plans and expectations.

- *Creating change* is another important and common motivational driver – the use of aggression or violence to alter the status quo. For example, a person may take one or more individuals hostage to force a governing body to change their policy on a contentious matter or, more simply, to demonstrate their objection to it. Change is a particularly relevant motivational drive in violent extremism.

- Ideologically inspired violence and aggression may also be driven by a need to respond to or redress a *perceived injustice*. Thus, in prisons, offenders who have committed sexual crimes, especially against children, are frequently segregated for their own safety because other prisoners regard their imprisonment as insufficient punishment. Similarly, an elected representative of parliament may be attacked with a knife by a person who feels that their voting record in office in relation to military action in a Muslim country has been prejudicial to people of their faith.

- *Honour* is a related motivational driver – threatening or assaulting another person because they feel they or their family feel dishonoured, disrespected or shamed by that person or their actions. For example, a person whose Muslim daughter forms a romantic attachment to a Hindu man in their local community may feel justified in being threatening or violent towards both the young man and the daughter, either alone or with other family members,

because of the dishonour such a relationship is thought to bring upon them all.

- *Revenge* is another common motivational driver, as when a person feels hurt by the actions of others. For example, a popular city centre bar frequented by members of the LGBTQ+ community is targeted by a person with an improvised explosive device and a strong interest in extreme right-wing ideologies who feels offended by people who live their lives in ways that are different from how he chooses to live his. His attack on the bar and its patrons may be fundamentally punishing or retributive in nature, although it may in addition contain elements of honour as a motivational driver.

- Aggression and violence may serve more personal functions for the individual who chooses to act in such a way. For example, a person may choose to be violent because it enforces a sense of dominance and invulnerability – it makes them feel good, or better, to see others in fear of them. Thus, it would be said that violent conduct of this kind is for the purpose of improving the individual's *self-esteem* – or perhaps their *status* among their peers or competitors, or for the purpose of discharging a heightened state of physical or sexual *arousal* or even just to alleviate *boredom*.

- Linked to this is the use of aggression or violence to gain the acceptance or approval of others, that is, for the purpose of *affiliation*.

- Finally, aggression and violence may also be used for the baser purpose of securing material *gains* such as by using blackmail or extortion to gain money or materials to which the aggressor is not entitled.

Thus, multiple motivational drivers are identifiable. They may overlap to some degree and, consequently, individuals may seem to be motivated by more than one driver. Further, it may be a challenge to identify the most relevant motivational drivers in operation in a person of interest – the person may be unclear exactly what is motivating them, they may struggle to articulate their needs, or it may only be possible to estimate what is driving them from observations of their behaviour. However, as the purpose of formulation is to create hypotheses about the person to ensure comprehensive and proportionate risk management plans, the suggestion of more than one potential motivational driver is acceptable.

While many people may recognize or even identify with motivational drivers such as those suggested above, most people do not act upon them with violence. What pushes one person to violent action while another may be content just to think about it? Unquestionably, an accumulation of multiple destabilizing and disinhibiting factors comes into play in the person who acts

violently (much more so than in the one who does not) – stressful personal circumstances, limited personal resources, encouragement from others to act, access to weapons of whatever kind, a history of having met one's needs previously using violence and so on. Guidance on risk assessment and management in the violent extremism field, such as that discussed in Chapter 4, helps practitioners to ensure that they consider the role of a range of risk and protective factors with potential relevance in preventing this kind of harm. However, a further helpful consideration is the personal responsibility the person at risk assumes for acting in response to the motivational drivers flagged above (Borum 2015). A person's progression towards a violent act is akin to their movement through a funnel, from the wide to the narrow end. At the wide end, risk factors are in play but so are counteracting protective factors. A person's transition to the narrow end of the funnel, where they feel violence is the only choice left for them to make, is a function of the increasing influence of risk factors and the lessening effect of protective factors *in addition to* the individual's acceptance of personal responsibility for acting in response to the dissatisfying situation they see before them. This dynamic transition from passivity to action by assuming personal responsibility or agency is at least as important as determining factors within the person and their context that create and sustain their particular grievance.

A risk formulation communicates the behavioural and motivational premises for risk management interventions. It links assessment findings to risk management recommendations via hypotheses about the motivational driver or drivers relevant to the individual case. While the assessment will contain objective or verifiable facts about the individual – for example, what the person has done in the past, statements about their attitudes and beliefs, their experience of being violent and other factors that evidence tells us are potentially relevant to the kind of harm to be prevented – the formulation process is more speculative, addressing as it should that transition from passivity through to the potential for action. Thus, formulation requires careful description to ensure its production is underpinned by a rational, transparent, testable and accountable procedure, supported both by evidence of the person's circumstances and what we know to be relevant to harm of the kind under consideration.

Organizing assessment findings is an important preliminary step towards understanding the person and the risks they pose. There are several ways to organize information relevant to a formulation (for example, Logan 2017). The most relevant risk and protective factors in the individual case could be organized in terms of the 5Ps model – that is, the *p*roblem or risk to be prevented (the risk of what?), the factors that *p*redispose this person to engage in harmful behaviour or make them

vulnerable to doing so, the linked factors that *p*recipitate or trigger an act of harm, the subset of predisposing factors that *p*erpetuate or maintain the problem in the long term and the factors that *p*rotect or limit the individual from acting in this way. The most relevant information about the case can be shuffled into these five functional categories to generate hypotheses about how they appear to have connected to one another in the past and how they may do so (again) in the future (Weerasekera 1996). The explicit reference to protective factors in this organizational framework is an important strength of this approach.

Alternative organizational frameworks exist. For example, the HCR-20 V3 general violence risk assessment and management guidance suggests using the 3Ds model as an organizing framework for formulations in which *d*rivers, *d*estabilizers and *d*isinhibitors are flagged from the evidence of the most relevant risk and protective factors in the case (Douglas et al. 2013; Hart and Logan 2011). This organizational framework makes explicit the proposal of motivational drivers, which is an important strength of this approach.

A simpler timeline method is a staple in the canon of forensic psychology. This framework enables the plotting of key personal and social events and developments, enabling the detection of patterns of cause and effect and, more formally, sequential functional analysis (for example, Hart, Gresswell et al. 2011).

Whatever the organizational framework chosen (and the choice among them is probably more one of personal preference than anything else) the purpose in organizing risk-relevant information in this way is to expose how factors interact with one another over time and in context – the connections among them – and to support hypothesis formation about motivational drivers. Theoretical models – of general violence or sexual violence, intimate partner violence or fire-setting or, indeed, violent extremism – provide a map, like a geographical route map, of the possible connections. Earlier chapters in this volume account for some of the theoretical models that have been considered to have utility in the violent extremism field.

Therefore, formulation is the essential link between risk assessment and risk management. The activity of formulation requires the organization of information relevant to its purpose to expose the underlying mechanism of the problem to be prevented – thus, by its nature, guiding the interventions to follow to that end. An assessment should be regarded as incomplete without a formulation, just as an intervention plan should be regarded as lacking foundation or coherence

in the absence of an explanatory statement to guide it (Logan and Johnstone 2010).

What knowledge, skills and training are required to prepare risk formulations in the violent extremism field?

As has already been suggested, formulation is a familiar activity for clinicians such as psychologists, nurses and psychiatrists. It is their common practice to go beyond diagnoses and personal circumstances to understand and explain how problematic conditions have emerged and been maintained over lengthy periods of time and to use theoretical models of problems to help explain individual cases (for example, Bruch and Bond 1998; Ingram 2006; Johnstone and Dallos 2013; Persons 2012; Tarrier 2006; Weerasekera 2009). As such, the formulation task has a reputation for being a specialist undertaking, an activity that is the domain of clinicians and outside of the remit – or even the comprehension – of those untrained in the behavioural sciences, such as law enforcement or security personnel. Clinical formulation certainly has its subject matter experts (for example, Eells 2022; Horowitz 2018; Kramer 2019). However, a practitioner of any relevant kind does not have to be an expert per se to want to understand another person or how their personal circumstances may link to their harm potential. Indeed, police, prison, probation and security officers, mental health professionals and social workers seek such possible explanations all the time in relation to the worrisome people with whom they engage. Subject matter knowledge – in relation to the behaviour of concern, such as terrorism, and the people who engage in it, such as violent extremists – is an advantage in preparing a formulation, but everyone's work can benefit from its presence in a case. Multidisciplinary teams or multiagency partnerships that include subject matter experts of several kinds, which have the capacity to consult with a behavioural scientist with relevant training and experience, ensure that the practice of formulation and its helpful influence is within the reach of everyone. That said, risk assessment, formulation and management practice by such teams and individuals working in the violent extremism field should keep in mind several guiding principles (see also Logan 2021).

First, the sole purpose of risk assessment is to inform risk management – and the purpose of risk management is to prevent or mitigate harm. The assessment of risk without any intention of or plan for formulating or managing the concerns raised by the assessment should be resisted at all costs. Risk assessment without risk management is a

recipe for high blood pressure only, and usually that of someone other than the assessor (Farnham, personal communication, 31 July 2016).

Second, the assessment and management of violent extremism risk should be a dynamic and real-time undertaking. Thus, efforts to mitigate risk must inform the understanding evaluators have of its occurrence, which should in turn guide further bespoke risk management in a continuous and recursive process. This process will ensure that risk assessment, formulation and management practice inform the present and the future and do not just account for the past.

Third, the risk of an act of violent extremism stems from the interplay of multiple risk and protective factors in an individual in a particular context. Thus, it is not about focusing on one factor to the exclusion of all others (for example, mental health problems, or an extremist mindset), or risk factors to the exclusion of protective factors. This interaction among relevant risk and protective factors, considered in the aggregate, is what formulation is intended to capture.

Fourth, the risk of an act of violent extremism may be assessed at different points in the evolution of that potential. For example, it may be assessed on its discovery, on its initial investigation, at the point at which a plan of decisive action is prepared and implemented to mitigate risk, at periodic reviews thereafter, or, more likely, at each of these points. And such evaluations will continue until it is assessed that risk has achieved managed status and the case is closed to whichever agency had primacy over its management. At that point, the case may be closed entirely. Alternatively, it may be handed over to a partner agency to monitor and maintain that managed risk status over a more extended period. Thus, each risk evaluation is a complex undertaking, requiring the balancing of multiple forms of evidence, as well as dependencies and contingencies that are relevant in different ways to the agencies involved. Accordingly, a range of guidance in assessing and managing violent extremism risk is required to respond to the demands of different stages and types of evidence in the harm prevention process. And those different sets of guidance must align to ensure continuity of case management across time and agencies. Further, different guidelines may be necessary to support direct versus indirect assessments, in-depth assessments as opposed to long-term case management, understanding the risks posed by individuals versus groups, and so on. Consequently, practitioners in the violent extremism field should have available to them a range of guidance that informs the part of the assessment and management process in which they work and tailored to the evidence and resources they have available to work with. Unfortunately, the field is not there yet – there is only a limited range of guidance from

which practitioners may choose to guide their work in the violent extremism field. This situation needs to change (see Chapter 9).

Fifth, SPJ is the recommended approach to the assessment and management of violent extremism risk (see Chapter 5). SPJ is an *approach* and not a specific set of risk assessment and management guidance (or a 'tool' or 'instrument'). The SPJ approach requires evaluators to gather information about potential risk and protective factors, determine their relevance to future harm potential in the individual case, explain that potential in a formulation and then do something to prevent that risk of harm from being realized or mitigate its effects. Formulation binds the process together and offers a continuity of understanding from one practitioner to the next, from one service to the next over time.

And finally, good practice in risk assessment and management requires practitioners to have an understanding of both the problem to be prevented (for example, violent extremism) *and* the practice of risk assessment and management. Attendance at a training course in the application of a particular set of violent extremism risk assessment and management guidance will not make up for a poor understanding of violent extremism as a topic.

Therefore, to engage in good practice in risk assessment and management in relation to violent extremism, teams, agencies and services require direct access to the following personal and professional resources:

- *Guidance* on understanding and managing the risk of violent extremism that is underpinned by the SPJ approach, ideally, the approach in its most elaborate 'full-fat' form (Logan and Lloyd 2019; also Hart and Vargen, Chapter 5 in this volume). The application of such guidance will ensure that users are directed to seek the kind of information that the evidence says is most relevant to the risk of violent extremism, and that they align their work with their role in the harm prevention process (for example, detection, in-depth assessment, long-term case management).
- *Knowledge* about the nature of the harm to be prevented, in this case, violent extremism, acquired through a combination of education, training, experience, case reviews and supervised practice.
- *Access to practitioners from different disciplines* to enhance their understanding of individual cases, to challenge biased thinking about the behaviours of concern, and to ensure the availability of at least one practitioner familiar with generating, using and updating formulations that will inform risk management.

- *Access to supervision* that will assure high-quality practice and support its development over time.

How are risk formulations prepared, quality assured and evaluated?

Formulations are prepared once the information that will inform them has been organized and in such a way as to expose some of the possible connections in the evidence about the person who is its subject (such as by using the 5Ps model described above). The information so organized is the foundation for what is to follow. And if those most relevant risk and protective factors have been derived using a set of evidence-based structured professional guidance relevant to the context in which the person is being assessed, then what follows is underpinned by that evidence-based structure offering some valuable reassurance about the quality of the process.

Let's return to Bob, who was introduced earlier in this chapter as an illustrative example. From the description of him, we note that a critical relevant risk factor in Bob's case is his adherence to an *ideology*; it is extremely intolerant of people whom Bob perceives as less deserving than himself and people like him, and promotes violence as the only thing that people in positions of power will pay attention to. In addition, Bob has a strong sense of *injustice and personal grievance* – not only is the world unfair, but it is being unfair to him specifically, stoking his personal anger and resentment, and creating the impetus for him to assume some degree of personal responsibility for addressing the problem. Also, Bob has found '*friends' online* who not only accept and encourage him but also promote a violent extremist ideology and his further engagement with it. Bob's personal circumstances are characterized by *poor mental health* (depression), *trauma* (his active service-related injury) and *loss* (of his parents under distressing circumstances, and consequently, his intimate relationship). He *does not work* and is lacking in purposeful activity; he is both *financially insecure* and *socially isolated*. In addition, he *drinks to excess* as a way of numbing his distressed emotions. Finally, Bob is *capable of being violent*; to date, he has exercised that capability by threatening people online and transitioning to threatening behaviour in real life, against identifiable and readily available targets. So how might this information be organized ahead of a formulation? Consider Figure 6.1, which outlines risk and protective factors relevant to Bob's situation.

In Figure 6.1, risk and protective factors – unfortunately, there seem to be very few of the latter – have been organized under the headings associated with the 5Ps framework. Clarity about the first P, the *problem* to be prevented, keeps the assessment and the formulation and, ultimately, the risk management plan focused. In the absence of such focus, the formulation could be imprecise and too general to be helpful. The *predisposing factors* – also known as vulnerability factors – have been identified following reference to a suitable set of guidance on violent extremism risk assessment and management, and each of those listed is, in the professional opinion of the assessor, relevant to Bob's risk of harm as delineated under the first heading – the problem, or *risk of what?* Moving clockwise around the central four squares, starting with predisposing factors, these items become the basis for our examination of likely or potential *precipitating factors* or triggers, which will be drawn mainly from the vulnerability factors and representing their active or acute state. Therefore, in someone like Bob with a history of alcohol problems, intoxication or withdrawal could be a relevant trigger. This category should identify the circumstances that activate risk – they switch risk on, most likely in the short term (in the next hour or so, although it could be much longer depending on the nature of the person or the specific risk).

Therefore, triggers are sought from the list of relevant risk factors and any additional circumstances that may be relevant to the case. We would then move round the figure to *perpetuating factors*, which are a subset of the predisposing factors that are unlikely to change and that the risk management plan will have to work around. Thus, in Bob's case, his situation is such that his combination of problems, and the effects of his accumulated trauma and losses in particular, are beyond him to change unaided. Finally, continuing around the figure clockwise, we arrive at *protective factors*. Bob has threatened violence on many occasions, but although he has threatened violence and escalated to real-world following and intimidation, he has not actually been violent yet. (This is not much of a positive, but it is something.) We can prompt ourselves for some ideas about possible protective factors by asking the question *why has Bob not been violent yet?* What has stopped him? We are unsure but we could speculate that he does not wish to go to prison, that he has something he does not want to lose. It is leverage of sorts.

Organizing information in this format means that we can see both what we know and what we do not yet know, or not for sure. This can facilitate more focused information gathering, perhaps even from Bob himself. However, it is enough to move forward if more rapid preventative action is required. So, where do we go from here? We start writing the formulation. But how?

Figure 6.1 The organization of risk and protective factors most relevant to understanding Bob's risk of harm.

Problem or *'at risk of what?'*	
• Bob is at risk of <u>intimidating the councillor</u> such that she no longer feels able to do her job due to fears for her own physical safety and that of her family. • Bob may be at risk of acting on his <u>threats towards her and her family</u> and physically harming them or encouraging others to do the same, especially as her complaint has led directly to his arrest. • It is also possible that Bob may <u>act harmfully towards those whom he would identify as undeserving migrants or refugees</u> in his town.	
Predisposing Factors or *'vulnerability factors'*	**Precipitating Factors** or *'triggers'*
• Bob has engaged with a violent extremist ideology. • He has a strong sense of injustice and personal grievance. • He has a violent extremist social network. • He has poor mental health and a history of trauma and loss. • He is unemployed and financially insecure. • He is socially isolated. • He drinks to excess. • He is capable of violence.	• Bob's anger and resentment are focused on an identifiable and available target to whom he has ready access – therefore, opportunity is a trigger. • His anger and resentment may have increased because of his recent arrest – therefore, an angry and resentful state of mind may facilitate his mobilization. • Intoxication may disinhibit him – has it done so in the past? • Encouragement to be violent by one of his online 'friends' as a reaction to his arrest – have they done this before? • Having access to the means of being violent is a trigger.
Protective Factors	**Perpetuating Factors** or *'maintenance factors'*
• Bob may not wish to go to prison – therefore, he could be motivated to try interventions to avoid this outcome.	• Bob feels that his life circumstances are intractable; he is unable to move on from the trauma and losses in his life.

Source: Author.

The Offender Personality Disorder (OPD) Pathway and quality standards in formulation

The Offender Personality Disorder (OPD) Pathway is a scheme in England and Wales for the psychologically informed risk management of offenders thought to be at high risk of serious harm because of personality difficulties (Joseph and Benefield 2012; Skett and Lewis 2019). The core of the Pathway is consultation and formulation, guiding prison and probation officers in custody and the community to better understand their clients, thus forming better relationships with them, and more effectively managing their risks (Knauer et al. 2017). As formulation is central to the work of the 150 or so services that make up the pathway, influencing the sentence plans and community-based risk management of approximately 20,000 men and women at any one time, what formulation is and what a good – or good enough – formulation looks like have been subject to much debate and discussion, and increasingly, research (for example, Wheable 2021; Wheable and Davies 2020). In 2014, a set of quality standards in risk formulation were prepared (NOMS/NHSE 2015) based on case formulation quality standards proposed in an earlier publication (Hart, Sturmey et al. 2011), and later updated (HMPPS/NHSE 2020). These standards were intended to differentiate a formulation from a case summary, good formulations from poor ones. This work is described in more detail in Logan (2017). The six OPD quality standards directly relevant to risk formulation are as follows:

1. The formulation states clearly **what** it is seeking to explain (that is, the nature of the risk, such as violent extremism) and **why** such an explanation has been sought (that is, the purpose to which this formulation will be put, what part of the risk management process it is intended to inform).
2. The formulation includes an indication of the range, depth and quality of the **evidence** on which is it based and makes clear whether it is a formulation expressed with confidence or whether it is a preliminary formulation or a formulation that builds on one created earlier or by another team.
3. The formulation accounts for the **developmental history** of the problem and/or the patterns of problematic behaviour as relevant to the reason for *this* formulation.
4. The formulation offers hypotheses for a **psychological explanation** of the problem/risk; that is, (a) the formulation *organizes* information relevant to its purpose (such as information about the most relevant

risk and protective factors, and clusters therein); (b) the formulation provides a *balanced view* about areas of vulnerability and areas of strength; (c) the formulation *connects* pieces of information about the problem/risk in order to create an explanation for it (for example, he is aggressive *because* he thinks people are going to hurt him); (d) the formulation proposes hypotheses about the *development*, *activation* and *maintenance* of problems; (e) the formulation is developed from an *active collaboration* between its main author and at least one other relevant person (for example, the client, the client's probation officer); and (f) the formulation is clearly and coherently *anchored*, explicitly or implicitly, in relevant psychological theory.

5. The formulation creates **hypotheses about action to facilitate change**; that is, (a) it provides a basis for *decisions* about interventions and management and how they should be *prioritized*; (b) the formulation makes explicit reference to *difficulties* that may be encountered and how they should be *overcome*; and (c) it comments on how the client could be both *motivated and enabled* to engage with the actions and interventions proposed.

6. Finally, the formulation is **easily understood and relevant** to those for whom it is intended (for example, other practitioners, legal bodies such as the Courts, the client him or herself); that is, (a) the formulation is expressed in language that is *accessible* to all those for whom it is intended and avoids unnecessary use of jargon; (b) the formulation is *brief* enough to be read easily by the individuals for whom it is intended; (c) the formulation is *meaningful* and *adds* to what is already known about the client; (d) the formulation *avoids* the use of judgemental language; and (e) it provides a coherent explanation of the problem or risk – *the explanation makes sense*.

These standards are useful because they help us differentiate a formulation from other sorts of communications about the client such as an account of the person's past conduct as opposed to their future potential. They also indicate what a formulation should contain at a minimum if it is to be regarded as a formulation, which creates a useful guide to its preparation. Table 6.1 offers a simple format for rating individual formulations on the extent to which they adhere to each of the standards listed above, thus offering an estimate of their overall quality.

Table 6.1 A checklist to support the evaluation of the six standards of risk formulation.

1	2	3	4	5

→

Not at all	Not in most respects	Somewhat	Satisfactory	Very well

STANDARD	Rating
1. The formulation states clearly *what* it is seeking to explain (i.e., a relapse to substance misuse, harm to self or others) and *why* (i.e., what is the purpose of this formulation?).	1 2 3 4 5
2. The formulation identifies its *sources of information* and includes an indication of their adequacy and consistency.	1 2 3 4 5
3. The formulation accounts for *the developmental history* of the relevant risk behaviour.	1 2 3 4 5
4. The formulation provides *a psychological explanation* of the risks presented by its subject.	1 2 3 4 5
5. The formulation creates *hypotheses about action to facilitate change* and therefore guides interventions and their prioritization.	1 2 3 4 5
6. The formulation is *easily understood and relevant* to those for whom it is intended.	1 2 3 4 5

However, a formulation has a specific role in communication – it should tell the reader something useful that they did not know previously or would benefit from knowing now. Therefore, the format of a formulation that adheres to these standards will vary depending on who the recipient is and what they need to gain from it. The OPD Pathway described above addressed this requirement by differentiating formulations in terms of their level of detail, in the expectation that, for example, prison officers may require a less detailed understanding of the person and the risks they pose than might a treating clinician or a decision-making authority such as the Parole Board.

Levels of formulation in practice

The OPD Pathway delineated three levels of formulation. A **level 1 formulation** is intended to be a relatively simple and brief (maybe a paragraph in length) explanation of the key area of concern relevant to a

singular mode of operation. A level 1 formulation will state the risk – it will answer the *risk of what?* question explicitly – and describe to the reader one or maybe two key pieces of understanding about the client relevant to the work they are doing together. In so doing, it will facilitate the reader's appreciation of the person and their understanding of *why* such risks may be present in this case. The primary purpose of level 1 formulations is to advance the understanding of practitioners who do not necessarily have a behavioural science background (for example, law enforcement officers, prison officers, probation officers). However, level 1 formulations can also be used to brief practitioners already familiar with a case about specific aspects of it, such as developing a supervisory relationship with a person who may be hard to relate to or the function of a particular kind of actual or threatened harmful behaviour. Such a formulation may also have inherent value to clients as a platform for shared communication about their risks – as a place to start in terms of their own understanding of their harm potential.

A **level 2 formulation** serves the same explanatory function as level 1 formulations, but it will do so in a more developed way. Notably, a level 2 formulation is likely to say more about the developmental origins of the risks posed by the person who is its subject, and it would be expected that two or three key pieces of understanding would be communicated as suits the needs of what is likely to be a more involved practitioner/reader. This additional detail makes level 2 formulations more interesting to those who will be actively involved with the person and their risk management – because understanding the developmental origins of the person's problems is essential for trying to address their causes. A level 2 formulation, therefore, has a role to play in desistance, resulting in explanatory text that may run to a page or so in length, and therefore may be of interest to those intent on building enduring relationships with clients or observing them over lengthy periods of time (for example, probation or law enforcement officers in supervisory roles). Where possible, the preparation of level 2 formulations *with the client* adds to their authenticity and to the elaboration of areas of dissent, which are an important consideration when the objective is the person's desistance from violence.

A **level 3 formulation** should communicate a sophisticated understanding of the person who is its subject and answer in full and in some detail the *risk of what and why?* question. That said, a level 3 formulation should not exceed two to four pages in length to ensure that it is succinct and read in full by those who need to benefit from it. The author of such a formulation is expected to communicate a nuanced understanding of the person and the risks they pose and why, to propose

several key pieces of understanding about the case and on that basis, offer directions of travel for a risk management plan. Level 3 formulations are typically written by professionals with high levels of professional experience and expertise and are designed to be useful to those who will work most closely with the person (such as a treating clinician) or a professional or agency charged with making important decisions about their detention or welfare (such as the Courts or the Parole Board). Client involvement in the preparation of level 3 formulations is expected because they require a greater level of detail, thus enhancing their value to practitioners who have face-to-face contact with the client. Level 1 and level 2 formulations are more useful for practitioners whose work is less involved and indeed, may be remote.

The delineation of formulations into these three levels allows practitioners who communicate their understanding of clients for the benefit of their colleagues – or indeed, the clients themselves – to do so in ways that will best meet the needs of their intended readers. It is not the case that formulations should be lengthy or feature lots of jargon and technical content. Such formulations, while an informative and accomplished exposition of the expertise of their authors, are unlikely to serve the needs of those who have the most to gain from reading them – clients, the practitioners who work with and manage them daily and the judicial services charged with making important decisions relevant to risk management.

Bob: standards and levels of formulation in practice

At the beginning of this chapter, we suggested a formulation of Bob, to illustrate what a formulation of such a person could look like. In this section of the chapter, we will consider what formulations of Bob could look like at the different levels we have proposed and how they might address each of the standards suggested above. Remember, the information mapped in Figure 6.1 above, derived from an evaluation of his risk, underpins the text suggested.

A level 2 formulation of Bob

The formulation of Bob given earlier in this chapter is a level 2 formulation. It starts with a statement in response to the *risk of what?* question, and it indicates the formulation's intended audience and purpose. There is little detail about the developmental history of the problem because, as a level 2 formulation for supervising police officers, that type and level of detail is not required. The formulation then makes four simple connections

relevant to the areas of concern in this case, which commence from the word 'because' and are numbered accordingly:

> … From what we know now, we believe Bob is at risk of being harmful in these ways *because* (1) he sees the councillor as responsible for unjustly limiting his opportunities – and those of people like him – in his own community. He believes she does this by her support for the resettlement of people whom he views as less deserving than himself, thus enabling their access to local resources to which he feels he has a better and stronger claim. (2) Bob is also angry with the councillor for reporting him to the police, thus threatening him, a patriot, with a criminal record – in his eyes, his anger towards her now feels even more justified than it did before. Therefore, we think Bob would like both to punish her and to make her withdraw her proposal to relocate refugees in his town – as well as to discourage refugees and migrants from going there at all by making the place seem unwelcoming. (3) However, Bob has difficult personal circumstances. We believe that blaming other people may be easier for him than trying to address the many frustrations in his own life. His limited personal resources, his lack of purposeful activity and the absence of anyone close to him to challenge his way of thinking and to support him are likely to be important factors in the creation and maintenance of this situation. (4) In addition, Bob's access to the councillor and to people in his community whom he identifies as migrants or refugees may create opportunities for him to act, in person or online, if he feels he has nothing to lose.

These simple connections between Bob's circumstances and potential outcomes enhance the explanatory nature of the formulation – they elaborate on why and to whom Bob poses a risk. The complete level 2 formulation concludes with directions of travel for risk management, facilitating its utility. In total, the level 2 formulation is a page or so and just short of 600 words in length. As stated at its start, it was created to guide those expected to work with Bob if he is released from custody on bail, awaiting Court proceedings. If the requirement was for a more narrowly focused formulation, such as for supervising police officers monitoring him while he is on bail and intent on maintaining a working relationship with the man, this would be a level 1 formulation. What might such a concise, focused formulation look like?

A level 1 formulation of Bob

The level 1 formulation below is narrower in focus compared to the first (level 2) formulation. However, it is for a more specific purpose and group of users; that is, it is targeted. It can therefore be shorter (just over 350 words) with a more practical focus. (The component parts of the formulation are signposted in brackets – all-caps text in the example below. These signposts would not be included in a finished formulation and are for illustrative purposes only.)

[*RISK OF WHAT?*] This is a formulation of what we anticipate being the challenges supervising police officers will face trying to relate to Bob for the duration of his time on bail on the current charges. Bob is angry about his arrest and is likely to be angry with police officers as well. The purpose of this formulation is to explain his anger to reduce its negative impact on that supervisory relationship.

[*EVIDENCE BASE*] This formulation is based on the records of Bob's initial arrest and the verbal account of the Custody Sergeant in the police station where he was interviewed. It builds on the initial formulation, which was intended to assist law enforcement and other officers to work productively with Bob following his arrest.

[*CONNECTIONS*] Bob is angry because he feels unfairly treated. He feels entitled to services in his local community and is angry that other people are 'jumping the queue'. He has been encouraged to think like this by extreme right-wing groups online who advocate the use of violence and aggression towards migrants and refugees as well as their advocates and because he does not have the personal resources at this time to take a more balanced view of matters. Bob's anger comes from a feeling of powerlessness, which started when he sustained life-altering injuries during active service for the British Army and has been compounded by multiple losses since.

[*RISK MANAGEMENT DIRECTIONS OF TRAVEL*] It will be unpleasant to be on the receiving end of Bob's anger. He is likely to say critical and hurtful things to make officers angry, thus seemingly justifying his anger against them. It might be best if the targets of Bob's anger could avoid responding in ways that will amplify it (such as by raising their own voice to be heard over his shouting) and instead empathize with his situation (for example, the stress caused by waiting for his case to come before the Courts), but, of course, not with his hateful sentiments. Further, it may be helpful to encourage his engagement with services that might improve his

personal circumstances (for example, relating to his financial security and occupation, his physical and mental health and wellbeing). Improving Bob's personal circumstances will be the basis of risk management in the future.

To what extent does this revised, and somewhat more focused formulation meet the six formulation standards listed (in Table 6.1)? The formulation would rate well enough on the first standard – the statement about what this formulation is a formulation of seems clear enough. And, in respect of the second standard on its evidence base, this too is clear. The level 1 formulation indicates that the evidence base includes information from multiple sources *and* builds on the original formulation of Bob (at the beginning of the chapter). This is important – formulations should connect with one another, like pieces of a jigsaw coming together to create a picture of the subject, rather than being stand-alone statements that ignore the others. Formulations should not be in competition with one another as when practitioners disregard or dismiss formulations prepared by colleagues to signal their disagreement with its contents or disdain of the information or methods used to generate it. This is not helpful. It would be better to explain why views about the client appear to be divergent; Bob should be the focus of attention and not the pride of the professionals working with him.

This level 1 formulation of Bob briefly makes three connections: (1) he is angry because he feels he has been treated unfairly; (2) he feels like he does because others have encouraged him to do so and encouraged him to identify specific targets for his ire; and (3) his personal circumstances have made him vulnerable to such ways of thinking. Such explanatory suggestions encourage a view of Bob as a man with problems rather than more narrowly as an alleged criminal, or a man sympathetic to an extreme right-wing ideology, or worse, as a man who is weird or 'nutty'. Regarding the fifth standard, directions of travel for risk management are offered and appear clear. And with respect to the sixth standard, the formulation is plainly written without too much jargon; it should be accessible to the lay person. It is an acceptable level 1 formulation.

An alternative level 2 formulation of Bob
What if the concerns about Bob's behaviour and potential for violence were such that, following his arrest and interview, he was remanded into custody pending trial? Such a situation could allow direct action to be taken with Bob to address the most pressing of the relevant risk factors identified in his case – his mental health problems and alcohol abuse, for example. This would anticipate his eventual release from custody, either as an innocent

man if acquitted after trial or following a custodial sentence if he is found guilty. Alternatively, such action could facilitate a more in-depth evaluation of his difficulties that will be relevant to any post-sentence interventions. Perhaps a behavioural scientist, such as a psychologist, working with the police sees an opportunity in Bob's incarceration to encourage prison health care to try to engage with him to understand and address key and urgent needs that will ultimately support long-term risk management in this case. Therefore, the psychologist may decide that another level 2 formulation could be useful in this scenario to encourage just such engagement. What could a level 2 formulation for this purpose look like? (In the suggested text below, the component parts will again be labelled to illustrate their location within the overall formulation – as before, those labels would not be included in the final report.)

> [*RISK OF WHAT?*] This formulation relates to the challenge of engaging Bob in relevant assessments and interventions for the duration of his time in custody. This formulation has been prepared because Bob is angry at being arrested and very angry indeed at being held on remand. Therefore, he is likely to need some encouragement to consider accepting support for the difficulties that we see to be relevant to the reason for his arrest. Consequently, this formulation addresses the challenge of engaging Bob in any kind of supportive assessment or intervention with a view to better understanding what is required in the long term to divert him from any further harmful activity.
>
> [*EVIDENCE BASE*] This formulation has been derived from the evidence used to charge Bob with terrorist offences. Although lacking in detail about Bob as a person, this evidence nonetheless provides sufficient basis for us to gain a sense of the range and scale of the problems in his life that are the essential context to the criminal acts with which he has been charged. In addition, and perhaps more relevant to this formulation, we have considered some of the descriptions used about Bob by police officers and detectives involved in his arrest and subsequent processing, and in the witness statements collected from those who have known him for some time. Also, this formulation necessarily builds on the previous formulations prepared on Bob; in particular, on the first formulation (see **Suggested risk formulation for Bob**, p. 142), intended to inform those interacting with Bob following his arrest. We anticipate that the early days of his time in custody will offer opportunities to gain further information about Bob's mental state,

his alcohol dependence and possibly also his mindset and specific grievance against the alleged victim of his offences, such as might be observed by prison officers in his remand facility and recorded on his prison records.

[*DEVELOPMENTAL TRAJECTORY*] Bob has been of concern to law enforcement services for at least the last year. He was first brought to their attention because the councillor reported receiving threatening communications on her official social media account from a variety of different accounts, but which all read like they were prepared by the same person. Bob was eventually identified as the author and visited by police. His response on this occasion was angry and defensive, and he tried but failed to be intimidating with the officers (a man and a woman) who spoke with him on this occasion. He was warned to cease and desist from these activities. However, this unambiguous message merely resulted in him making more of an effort to conceal his activities by creating further accounts, escalating the frequency and the level of threat they communicated and increasing his angry online engagement with individuals who share his worldview. From his communications at this time, his interviews as a suspect following his arrest, and statements from relatives, friends and neighbours, we have come to appreciate that Bob has experienced severe and deteriorating personal problems for at least the last 10 years.

Bob joined the Army as soon as he could after school, intending to make this his career. And this plan worked well for several years until he was seriously injured during a tour of duty in Afghanistan, resulting in the amputation of the lower part of his left leg and his medical discharge from the Army. After his return home, it is reported that he drank to excess as a way of numbing his feelings, which resulted in conflict with his parents, in whose home he was living. Then his father took ill with prostate cancer and, appallingly, his mother was diagnosed with late-stage pancreatic cancer while his father's treatment was ongoing. Bob lost both his parents within a year of their diagnoses, just a couple of months apart. Further, his reaction to these losses was so powerful – his guilt and grief were so profound – that the only other relationship that mattered to him, with Sandra, his girlfriend from school, also broke down.

Alone, Bob continued to live in the family home, isolated from the outlying members of his family, feeling unmotivated to work, and spending more and more time online seeking an outlet for his

anger and resentment and seeking the company he struggled to sustain in real life. His isolation from others and the incubation of his grievances, his erratic and self-serving online 'research' and the absence of more moderate voices to challenge his point of view, has resulted in him forming the opinion that people who are immigrants and refugees and those who would support them are responsible for his disadvantaged situation in life; these people drain his community of resources to which he feels he and people like him have a prior and stronger claim. The cessation of unlimited immigration, especially from a place that he associates with conflict, injury and loss – Afghanistan – and the more equitable distribution of resources among more deserving local people, has become his fervent objective. But as his world view has become clearer to him, so too has the belief that change will only occur by applying aggression and violence to those whom he would identify as his transgressors. Further, as a man who was once trained to kill, Bob may feel that he has the skills to apply the force required – because he knows how and is inured to the consequences.

[*CONNECTIONS*] The focus of this formulation is engaging Bob in the very beginning of a discussion about seeing the world in a different way – at the very least, seeing violence as much less a part of the solution to the problems he sees in the world around him than he has done previously. However, Bob is invested in both this worldview and in his role in bringing about change for what he sees as the better – it has become his identity, that of avenging angel. He believes that what he has done is 'the right thing' and that those who would, at best, have him desist and, at worst, punished, are the villains. Therefore, Bob is at significant risk of rejecting any effort to encourage him to change if it is presented to him without regard for how meaningful his offending behaviour and constrained worldview have become for him. Consequently, he is at risk of rejecting interventions of any kind that could lead to positive behaviour change because, given the life he has had, their relevance has not yet been made clear to him.

[*RISK MANAGEMENT POINTERS*] Managing Bob's risk of rejecting supportive interventions will require a motivational approach that understands and accounts for the life Bob has had. Practitioners in a prison setting will need to attend to the role of trauma and loss in his decision-making, and ways that his subsequent social isolation has incubated his grievances and caused them to coalesce in his violent rejection of those who are both

different and who remind him of a place he has come to associate with pain and loss. However, Bob is likely to reject a direct approach on these terms, which he may see as patronizing and invalidating. He is likely to feel embarrassed and humiliated by an overt suggestion that he needs help. Therefore, we recommend an approach that starts with something small and practical, addressing a problem he is prepared to acknowledge (for example, his smoking, which doctors are always complaining about in relation to the health of his amputated lower leg) and builds from there.

That kind of incremental approach may make him more receptive to subsequent engagements with individuals or agencies with the resources to assist in some further area of his life, such as his financial security and employment prospects and, eventually, his mental health and alcohol misuse. Akin to the layers of an onion and working from the skin on the outside to the heart at its centre, interventions that gradually undermine the foundations of his belief that he is systematically disadvantaged relative to others and that specific people are to blame, while carefully building resilience in other areas, will help to weaken his belief in the necessity of violence to generate social change. The quality of the relationships between intervention providers and Bob will be central to that process – real people have the potential to be more impactful than online avatars if they can appreciate the role their face-to-face contact plays in his rehabilitation. However, these relationships will take some time and focused effort to develop – Bob is angry and resentful and likely to be rejecting of kindness and consideration, at least in the short term. Patience and perseverance will be key.

This level 2 formulation is longer than the initial one because there is more information about Bob's life and the developmental trajectory of the problems leading eventually to his arrest. Further, there is more detail than before on risk management. This is because, in all likelihood, while an assessment of the evidence preceded the preparation of the formulation, what was to be presented to the prison was the formulation only – a letter, two or so pages in length, communicating essential information about Bob in an accessible format. Therefore, rather than the details of a risk management plan being set down in a separate part of the report, thus lengthening it, they were incorporated onto the formulation, and only the formulation was to be communicated to colleagues in the prison. When Bob is eligible for release from custody and subject to probably quite strict

post-release supervision, certainly in the short-term, a more detailed and therefore separate risk management plan would be called for.

A level 3 formulation of Bob

As indicated above, a level 3 formulation of someone like Bob would be suitable when he is preparing for psychological interventions or when major transitions are anticipated, such as his release from prison. Whether Bob's behaviour towards the councillor results in conviction under terrorism legislation or for a more general criminal offence (for example, threatening behaviour, harassment), he has been identified as a person with extremist attitudes and beliefs. He is likely to have a long sentence (years) and be subject to quite strict post-release licence conditions (also for years). He might be supervised by a specialist probation officer who is experienced in working with people who have a history of acts motivated by an extremist ideology. This facility offers the opportunity for Bob and the probation officer to form a sustained working relationship and, potentially, a productive therapeutic alliance.

In the UK, someone like Bob, either convicted under terrorism legislation or flagged by the prison system for extremist interests, would be the subject of a specialist risk assessment by a forensic psychologist. The findings of such an assessment would culminate in a risk formulation and a broad risk management plan. That work would in turn inform the work of the specialist probation officer post-release in the discharge of Bob's licence conditions. Such a formulation is likely to be a more evolved piece of work than any of the formulations suggested above and would best be described as a level 3 formulation, intended to inform the probation officer about Bob and the origins of his offending behaviour as well as the conditions in which their working relationship might flourish and be productive towards managed risk. How might a level 3 formulation of Bob start?

[*RISK OF WHAT?*] This formulation relates to Bob's risk of re-engaging in activities that are motivated at least in part by a violent extremist ideology following his release from custody. This formulation attempts to explain how aggression and violence became an attractive option for Bob and why he has come to see the councillor and some individuals within his local community as legitimate targets. The purpose of this formulation is to help you to understand more about Bob and the impact of the work that has been done with him while he has been in prison. We anticipate that a better understanding of this man will help you to relate better to

him and as a result, offer you more opportunities to understand and thereby manage any residual risk he poses …

And so on. This formulation would build significantly on the level 2 formulation in the preceding section in terms of the developmental trajectory and the connections made. As its author will have spent time with Bob and been able to comment directly on his attitudes and beliefs, his mental health and alcohol use, and on the kind of person he is, there is likely to be much more nuance in the present work. However, it should not be a great deal longer than the level 2 formulation above, perhaps only 25–50 per cent longer. The impact on the work will rest with its precision and not in its length.

Incorporating risk formulation into volume risk assessment and management

Agencies with primary responsibility for risk assessment and management (prison and probation services, forensic mental health) as well as those more focused on threat assessment and management (primarily law enforcement and security agencies) are facing increasing demand for their attention and resources. It is unfeasible to provide comprehensive evaluations of risk – and threat – to everyone who is referred or who crosses a certain threshold (Guy et al. 2015). There are simply not the resources available to comprehensively assess everyone, but neither is such a level of evaluation required in every case. How can we differentiate cases, to allocate evaluation and investigative resources according to the level of requirement – and where does formulation fit in? We have three points to make here.

First, risk – and threat – triage is a requirement in services intent on preventing harm. Triage assists with identifying cases suitable for a given agency's resources and differentiating them from cases that are better handled by another agency. For example, a person in prison with convictions for violence against his peers who has a powerful interest in a violent extremist ideology, and a particular grievance against those they would identify as apostates, could be referred for a generic violence risk assessment prepared by a forensic psychologist. This would have the goal of informing the Parole Board about risk management options when he is released on licence. However, it may make more sense to use guidance that will extend from general violence through to violent extremism, to ensure adequate coverage of the range of risk and protective factors of potential relevance. Triage can also help inform the nature of the response required.

For example, if the same person's most pressing need is for psychological interventions to challenge religious intolerance and antisocial attitudes and beliefs, it would be inappropriate to refer them to a psychologist who advises the Parole Board on risk management requirements. Instead, that person should be referred to an intervention provider who specializes in understanding and challenging attitudes and beliefs.

Second, triage can assist with case prioritization – the allocation of (appropriate) resources in order of urgency, where the criteria for determining the urgency of a referral are directly related to the presence of key indicators of the problem (for example, risk). Those indicators will be different for different kinds of risk, and for different agencies – depending on their response capabilities and options. Thus, the same man as above who is referred for a routine evaluation of general and extremist violence risk, for example, should be regarded as a higher priority for action if he is known to have ongoing contact with an Islamist extremist who has convictions for terrorist attack planning, and available prison intelligence suggests a plot to kidnap and torture a prison officer.

The science of risk triage is still quite young (Guy et al. 2015; Rosenfeld et al. 2017; Storey et al. 2014; Watt et al. 2018). And it is only just venturing into the field of violent extremism (Bootsma and Harbers 2021). This is because the characteristics of violence risk triage are also relevant in cases involving extremist violence. In essence, triage involves sorting cases into a small number of prioritization categories (around three to five) based on pre-determined indicators of seriousness and imminence, which are selected based on their direct relevance to the decision-making context (Guy et al. 2015). Indicators in a prison setting where referrals require prioritization could include, for example, *imminent* threat to life, *severity of outcome* were the person at risk to act, *missing information*, such as limited information available, an evolving situation, or information conflicts, a *complex case* requiring coordinated and sequenced multiagency collaboration, and whether the person is a *high-profile prisoner* whose evaluation and management will be subject to significant scrutiny. Secondary considerations could include the availability of *appropriate resources* with which to respond.

In a law enforcement setting, referrals may be prioritized based on some of the same indicators, or warning signs – severity and imminence, for example – but may also take account of additional factors. For example, the *Brief Spousal Assault Form for the Evaluation of Risk* (B-SAFER) (Storey et al. 2014) is a set of guidance for law enforcement teams dedicated to preventing intimate partner violence. It guides users on triaging cases for comprehensive risk assessment and management based on three stages of

consideration. In the first stage, officers first consider evidence of primary warning signs, namely, *actual or attempted violence*, *violent threats or intent* and *violent ideation*. In the next stage, they consider the presence of secondary warning signs, including the subject's crisis status and mental health problems, plus any relevant case-specific considerations. Officers would determine whether any of the primary or secondary warning signs were recent, serious, or escalating. Based on which warning signs are present and their recency, seriousness and escalating nature, referrals are then sorted into one of three categories:

- *Positive* (meaning a comprehensive assessment and management response is indicated)
- *Possible* (meaning that the referral requires more information, a second opinion, a monitoring plan, or agreement for comprehensive assessment but with low priority)
- *Negative* (meaning the request for a comprehensive assessment is declined and the *case is diverted* to routine services).

The identification of indicators or warning signs will depend on the context within which such prioritization decisions are made and the resources available to respond. This principle will apply in cases involving violent extremism risk as well. Agencies with a need to prioritize cases need to define the services they provide and derive their case prioritization indicators accordingly.

Our third point is that while formulation will inevitably feature in comprehensive evaluations of risk and guide the risk management plans that subsequently emerge, it also has a role to play in more rapid or preliminary evaluations such as those in triage. A key purpose of formulation is communication – an answer to the *risk of what and why?* question, which is relevant to any decision to act to mitigate or prevent harmful behaviour. Level 1 formulations, as outlined earlier in this chapter, have the potential to characterize a referral and the organizational response or expectation, which a simple prioritization category cannot do. Formulation – the communication of concern in narrative form – from the start keeps the person at the centre of consideration throughout the process. However, applying formulation in practice depends on the risk and threat assessment and management procedure being clearly defined and organized within the operational setting, thus enabling brief formulations to be focused, and therefore easier to produce at scale.

Concluding comments and recommendations for practice and service developments

This chapter proposed several questions: What does a formulation look like and what are its essential features? How does it work, and why? What skills are required to prepare a formulation, and what does it take to acquire those skills? How long does it take to prepare a formulation, and how can they be replicated at scale? These questions have been addressed in turn and examined in some detail, using Bob to illustrate how and why formulations may be prepared at different levels and for different purposes, and according to some simple standards of practice that offer some assurance about the quality of the work produced. However, as suggested in the preceding section, context is important – the impact of formulation is likely to be enhanced if it has a clear role to play in organized systems of risk assessment and management.

Ongoing work on the role and impact of formulation, such as that in the OPD Pathway in England and Wales, has provided the justification to develop frameworks to judge the quality of formulations, a reason to specify different levels of formulation for a range of recipients and functions, and consequently, a golden opportunity to research the part played by formulation in overall risk management. While this work has still to be commenced in the violent extremism field, what we know now gives us confidence that it has a role to play there as well as elsewhere.

So where to from here? Two points: first, empirical research exploring formulation in the violent extremism field should be encouraged, if not prioritized, so that the role of this important practice is understood, and its impact maximized. Some of what has been described in this chapter may be helpful to that end – or perhaps it will stimulate better ideas to the more innovative scholar practitioner. Second, until a substantial body of work exists, what can practitioners in the violent extremism field do to ensure best practice in formulation? The following principles of good formulation practice are suggested (see Logan 2017):

1.   A formulation – however brief or long – describing one's understanding of risk in the individual case should commence with a clear statement about what it is a formulation of. Formulations without a focus are (somewhat like unlabelled foodstuffs in your freezer) a mystery, and their relevance and impact are diminished accordingly.

2.   Formulations should focus on the answer to the *risk of what and why?* question and not contain information – such as a case summary or detailed risk management plan – which is better located elsewhere. A formulation should be explanatory and not merely descriptive. A formulation should weave together information about the most relevant risk and protective factors and the context in which they operate. An evaluation may well have been informed by the application of SPJ guidance to ensure broad coverage of all that might be important to consider in relation to risks of this kind.

3.   Formulations should be written in language that is circumspect (for example: 'From what we know now, we believe Bob is at risk of being harmful in these ways because he sees the councillor as responsible for limiting his opportunities – and those of people like him – in his own community'). The language of formulation should reflect the nature of the hypotheses they present; hypotheses should not be stated as facts until they are proven to be true (McDonnell 2022). Hypotheses will be informed by reflecting on relevant theories of the harmful behaviour that are their focus.

4.   Formulations should try to account for their subject's future potential and not just explain the past.

5.   Formulations should be as brief as their requirement demands – to ensure they are read. However, it is worth remembering that short explanations can take longer and be harder to write than long meandering ones that lack focus. (One is reminded of Benjamin Franklin's letter of 1750 to a member of the Royal Society in London, describing his ground-breaking experiments involving electricity, in which he apologized for the length of his report: 'I have made this paper too long, for which I must crave pardon *not having now time to make it shorter*' [italics added; Henry and Cave 1754, 82].) Practitioners should check whether their formulations include their 'workings out' – their personal journey towards an understanding of this case – as well as their actual opinion. If so, they should consider deleting the former to ensure their reader goes straight to what matters.

6.   Practitioners should write formulations to suit the needs of those to whom they will be communicated – level 1 formulations for non-psychological practitioners and clients and for rapid communications; level 2 formulations for practitioners who are psychologically more aware, and for clients well engaged with assessments and interventions; and level 3 formulations for specialists and clients towards the end of active treatment. In the

violent extremism field, this means most formulations will be level 1 or 2.

7. Practitioners should ensure that risk management plans are based on the formulation and not – after all the effort taken to produce it – on just one or two salient risk factors (for example, their violent extremist ideology) or facts about the client (for example, their history of mental health problems).

8. After writing a formulation, practitioners should reflect on its quality, by means such as rating it against the quality checklist in Table 6.1, and improve and adjust accordingly.

9. A formulation is a dynamic or 'living' work, to be updated regularly as new information emerges, and used as the basis for subsequent formulations addressing related concerns or new stages in risk management – just as the original formulation of Bob at the beginning of this chapter was the basis (the 'parent', as it were) of the more specifically focused or targeted formulations to follow. Formulations should be prepared with that longevity in mind.

10. To reiterate a point made earlier, an assessment of violent extremism risk should be regarded as incomplete without a formulation, as a risk management plan without foundation or coherence in the absence of an explanatory statement to guide it.

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7

Risk for violent radicalization: do primary, secondary and tertiary prevention programmes effectively address risk and protective factors?

Ghayda Hassan, Sébastien Brouillette-Alarie and Sarah Ousman

Introduction

Over the past two decades, extremist attacks attributed to organizations or lone actors, hate crimes and conspiracy theories calling for violence and social disruption have intensified and spread across many parts of the world, amplifying the fears of local populations and prompting governments to invest significant sums of money in preventing and countering violent radicalization and extremism. The increasing complexity and unpredictability of these events, and the individual and collective risk they pose, have led to the increased involvement of institutions outside the traditional national security sector, including mental health, education and community agencies, as well as the legal and prison systems.

  The distinction between preventing violent radicalization (PVR) and countering violent radicalization (CVR) is not always obvious. Efforts to counter violent extremism can fall under the umbrella of prevention depending on the author and situation, and vice versa. As a result, most authors tend to use both terms interchangeably, or combine them (PVR/CVR). We suggest that the literature might be better served by classifying efforts to fight violent radicalization and extremism in terms of primary, secondary and tertiary prevention. Therefore, in this chapter, the term PVR is used to represent *both* preventing and countering

violent radicalization, as well as all levels of prevention (primary, secondary and tertiary). VR, in turn, is used to represent 'violent radicalization'. Primary prevention programmes are designed for members of the general population not at risk (or not identified as at risk) of violent radicalization. The goal of these programmes is to prevent violent radicalization before it happens, by targeting an entire population (Brantingham and Faust 1976). In the context of PVE, primary prevention programmes encompass initiatives ranging from 'openness towards others' programmes disseminated in schools and universities to counter-narratives displayed on radio or television (Hassan et al. 2021a). Secondary prevention programmes are directed towards populations identified as vulnerable to violent radicalization and extremism. This assumption of vulnerability can be rooted in valid and reliable assessment procedures (although very few are empirically validated; Scarcella et al. 2016) or in information suggesting that such populations are at risk (for example, if they were exposed to extremist discourses). These programmes mostly aim to prevent violent behaviour or attachment to extremist ideologies among individuals identified as vulnerable but not yet violent. Finally, tertiary prevention programmes – or intervention, disengagement or deradicalization programmes – target individuals who already are on a path towards radicalization, have committed acts of political violence or have joined a violent extremist group (Hassan et al. 2021b). The programmes focus on reintegrating the individual into society and making them give up violence. They can also promote ideological changes.

Despite the massive investments in PVR, risk assessment and risk management remain fraught with challenges. Moreover, the evidence on best or at least promising practices in the area has not yet been clearly established (Horgan and Braddock 2010; Koehler 2017; LaFree and Freilich 2019). Of the large body of studies related to prevention, case management and intervention in the fields of VR and extremism, very few are outcome evaluations of PVR programmes (Christmann 2012; Schuurman 2018; Veldhuis and Kessels 2013), and many are not accessible to the public or research community (for example, evaluation reports conducted internally by and for governmental agencies on programmes they have funded).

Without a deeper understanding of their effects on risk and drivers of violent offending or desistance, the rapid deployment of prevention and intervention initiatives poses significant social, scientific and ethical problems. Indeed, in the absence of adequate knowledge about their potential outcomes and impact in effectively addressing risk, the

implementation of prevention and intervention programmes may ultimately be counterproductive, stigmatizing and lead to greater harm than benefits (Romaniuk 2015).

In this chapter, we will focus on risk and protective factors commonly addressed in primary, secondary and tertiary prevention programmes in the PVR field and the link between change in these factors and VR outcomes. The first section of the chapter will be dedicated to synthesizing the literature on the effectiveness of primary, secondary and tertiary prevention programmes in addressing risk and protective factors linked to VR. It will consider how recommendations emerging from the evidence can inform risk management for individuals on a VR trajectory and ensure their security and that of society in general. The second section of the chapter will synthesize the results of Canadian mapping research, which has analysed the intervention practices of organizations working in various sectors of the PVR field. We will highlight challenges faced by on-the-ground practitioners that work with those at risk of VR. Based on the state of empirical evidence and day-to-day practice, the chapter will conclude with some research, practice and policy recommendations.

The evidence on empirically validated risk and protective factors for VR

Several literature reviews on VR have been published over the past decade, but very few have dealt with risk factors or prevention programmes or been systematic in their approach. The vast majority of these reviews – some published by major international consortia – are theoretical and present a more or less exhaustive portrait of the various conceptual, theoretical and/or empirical writings on the possible causes of VR (for example, Borum 2012; Christmann 2012; Dalgaard-Nielsen 2010; Doosje et al. 2016; King and Taylor 2011; McGilloway et al. 2015; Rahimullah et al. 2013; Schmid 2013). However, the knowledge integrated by these reviews is disparate and focuses on various forms of radicalization and extremism among different populations. Other existing reviews are traditional literature reviews or narrative reviews of PVR programmes (for example, Davies 2018; Feddes and Galluci 2015; Holmer et al. 2018; Kudlacek et al. 2017; Radicalisation Awareness Network [RAN] 2019; Samuel 2018; Stephens et al. 2021). Consequently, such reviews are summaries of publications and/or descriptions of research around a common theme and, as such, tend to be selective by necessity, and hence often subjective and susceptible to bias (Jackson 1980).

Importantly, these reviews have contributed to a consensus among researchers and practitioners alike, that VR/extremism is a response to a complex and multidimensional interaction between a host of push-and-pull factors. These cross all levels of an individual's ecosystem, where the trajectory can vary significantly from one individual to another (Bramadat and Dawson 2014; Dalgaard-Nielsen 2010; King and Taylor 2011; Knapton 2014; Molix and Nichols 2012; Schmid 2013). At each level, risk and protective factors interact in shifting a person's trajectory into VR or, conversely, into desistance. Research in this field is increasingly demonstrating the diverse, multivariate and context-specific nature of trajectories in and out of VR (for example, Barrelle 2015; Bouhana and Wikström 2011; Bramadat and Dawson 2014; Corner and Gill 2015; Dalgaard-Nielsen 2010; Gill and Corner 2015; Gill et al. 2017; Hofmann and Dawson 2014; Horgan et al. 2016; Schuurman et al. 2018; Sieckelink and de Winter 2015). On a positive note, however, these studies provide direct and in-depth information on distinctive social breeding grounds such as (a) disrupted family dynamics and histories of abuse and violence; (b) personal, enabling, motivating and precipitating structural factors related to geopolitical, social or economic grievances (Schuurman et al. 2018); and (c) social networking and psychological factors such as a life crisis, search for identity, need for a sense of belonging, personal choices (agency) and a sense of humiliation, mistrust or disappointment in the institutions of society (for example, Barrelle 2015; Bouhana and Wikström 2011; Bramadat and Dawson 2014; Corner and Gill 2015; Gill and Corner 2015; Gill et al. 2017; Hofmann and Dawson 2014; Horgan et al. 2016; Schuurman et al. 2018; Sieckelink and de Winter 2015).

However, as research in the field of VR is evolving very quickly, assumptions that were considered 'true' five to ten years ago are not so clear-cut today. A recent meta-analysis of risk and protective factors of VR (Wolfowicz et al. 2020) included aggregated effect sizes separated by the following outcomes: radical attitudes, intention/willingness to act and VR behaviours (for example, attacks). Results indicated not only that similar risk and protective factors predict both attitudes and behaviours but also that sociodemographic characteristics had far less explanatory power than psychological- and personality traits-related factors commonly found in violence risk assessment. These findings contradict many assumptions held in the field of VR – namely, the inability of risk factors from general violence prevention to apply to VR (Borum 2015). Similarly, the (unsubstantiated) assumption that risk is not cumulative for VR has been challenged by studies that found that risk and protective factors had incremental validity in the prediction of VR-related attacks

towards persons (Jensen and LaFree 2016). Therefore, the lack of commonalities between 'general' offenders and individuals on VR trajectories and among individuals harbouring different types of violent radical ideas is increasingly being challenged. This does not mean, however, that there are no differences between general and radicalized offenders, nor that there are no VR-specific risk factors. It is likely that both general offending and VR-specific factors are necessary to make a complete assessment of one's risk of committing VR behaviours. Even though the incremental validity between these types of factors is yet to be tested in the field, similar results were found in that of sexual violence prevention. For accurate prediction of sexual recidivism, two types of risk factors are deemed necessary: those related to general criminality and those related to sexual criminality/deviance (Brouillette-Alarie et al. 2016; 2019; Doren 2004; Hanson and Bussière 1998). In the coming years, we may find that the same principle applies to VR risk assessment.

Following a scoping of the most recent systematic reviews and meta-analyses on risk and protective factors (Emmelkamp et al. 2020; Lösel et al. 2018; Wolfowicz et al. 2020), we synthesized the current state of evidence on what can be considered empirically validated risk and protective factors of VR (see Table 7.1). For meta-analyses, we only considered risk and protective factors with effect sizes of at least .10 (that is, small effect). We collapsed together similar risk factors and did the same for protective factors. When possible, we placed risk and protective factors from opposite ends of the same theoretical continuum (for example, low versus high educational level, activism versus political disinterest) in the same row.

Characteristics targeted by primary, secondary and tertiary PVR programmes and outcomes associated with improvements in these characteristics

Surprisingly, the fields of (1) PVR risk assessment and management and (2) PVR programme design and evaluation are quite disconnected. Many PVR programmes have not been designed with a thorough understanding of the trajectories and risk factors associated with VR and – most importantly – violent radical offending. This does not mean these programmes have not tackled risk factors or are ineffective in addressing risk. What it does mean is that, to date, there has been little or no aggregation of the available evidence on the effectiveness of primary,

Table 7.1 Empirically validated risk and protective factors for VR.

Risk factors	Protective factors (paired with risk factors when possible)
Unemployment	Employment/Housing
Low educational level	High educational level/School bonding and performance
Parental issues	Good parenting/Good relationship with parents/ Parental involvement/No delinquency among parents
Antisocial personality disorder/Narcissism	Empathy
Low self-control	Self-control
Thrill and risk-seeking	-
Prior delinquency and violence (static)	-
Exposure to violence	-
Antisocial and radicalized peers	Prosocial peers and intimate partner
Activism	Political disinterest
Ingroup identification and superiority/ Strong religious and national identity/ Segregationism/Fundamentalism/ Authoritarianism	Cultural contact and sensitivity/ Outgroup friends/ Integrative complexity/ Low religiosity/
Feelings of being threatened by a group/ Symbolic and realistic threat	[See protective factors mentioned above]
Not trusting authorities, institutions, and democracy/Social disconnectedness	Law abidance/Police and institutional trust/Attachment to society/Civic engagement
Feelings of discrimination, deprivation, and injustice/Anger	[See protective factors mentioned above]
Social isolation	Social contacts and network/ Prosocial skills
Moral neutralization/Denial and minimization	-
Personal strain (for example, loss of parents/ job/intimate partner, traumatic experiences)	-
Self-esteem	Depression
Young (static)	Old (static)
Male (static)	Female (static)

secondary and tertiary PVR programmes in addressing empirically validated risk factors.

To address this knowledge gap, the Canadian Practitioners Network for the Prevention of Radicalization and Extremist Violence (CPN-PREV; https://cpnprev.ca) conducted a systematic review of the literature on the effectiveness of prevention programmes in PVR (Hassan et al. 2021a; 2021b). From a quick overview of the literature, it became clear that the outcomes of primary/secondary and tertiary prevention programmes were very disparate – in part due to highly variable definitions of risk and protective factors, 'root causes', and the lack of widely accepted good practices. Therefore, our team was prompted to treat results on primary and secondary prevention programmes separately from those on tertiary prevention programmes.[1]

For this chapter, we extracted the outcomes of primary, secondary and tertiary PVR programmes inventoried in Hassan et al. (2021a; 2021b). We then identified each characteristic targeted by a programme, whether the programme improved said characteristic and whether improving this characteristic led to a decrease in future VR attitudes or behaviours. This approach proved to be challenging for several reasons. First, not all studies clearly distinguished outcomes by type of participant (for example, 'true' participants of the programme versus staff/stakeholders of the programme). To address this issue, we only retained studies comprising individuals on a VR trajectory (that is, no studies comprising exclusively staff/stakeholders; for example, Christiaens et al. 2018, a train-the-trainers programme). When studies included results about both 'true' participants (individuals for whom the programmes were tailored) and staff/stakeholders (for example, Sheikh et al. 2012), only results concerning 'true' participants were reported. This criterion means that surveillance and monitoring programmes were excluded. If a study did not have direct access to 'true' participants but followed them through clinical/staff reports, the study was retained. We extracted all risk and protective factors that were targeted by such programmes and on which there were indications of improvement, decrease (that is, iatrogenic effect) or no effect. Such indications could be measured quantitatively (for example, pre-/post-measures) or qualitatively (for example, participants reporting in interviews that the programme helped them improve the said characteristic).

Second, certain programmes' objectives included constructs that were not clearly operationalized or had no clear measures. Such constructs were, of course, not considered. For example, in Meringolo et al. (2019), Preventing Violent Radicalization (PROVA) in Italy was described as a civic education

programme but the authors mentioned no measures of that construct. There were, however, other outcomes that were assessed, for example, socialization, self-image and prosocial skills. These were considered the main characteristics targeted by the programme and were therefore included in our analyses.

Thirdly, programme designers and assessors did not always adequately differentiate between characteristics targeted by programmes and the outcomes of programmes. To aggregate data in a meaningful way, we defined outcomes as VR attitudes (including the intention to act) and VR behaviours (concrete acts of radicalized violence) for primary and secondary PVR programmes. Thus, for an effect to be included, the study had to mention an explicit link between the characteristic targeted by the programme and the measured outcome (for example, integrative complexity helping ex-Al-Shabaab members to reject Islamic teachings anchored in violence; Savage et al. 2014). If a programme improved a characteristic but the improvement was not explicitly linked with VR attitudes or behaviours, the effect was labelled 'not measured'. For tertiary PVR programmes, linking targeted characteristics with specific outcomes proved even more tedious as some studies reported no outcome measures and others reported outcomes without linking them to specific targeted characteristics. Among those reporting characteristics and outcomes, links were mostly non-specific, meaning improvements were noted on multiple characteristics and outcomes. However, it was unclear which characteristic was responsible for which outcome. When that was the case, we labelled the link as a 'non-specific effect'. We measured evidence of criminal desistance or 'deradicalization' in tertiary PVR studies through variables such as a decrease in VR attitudes (for example, question involvement with extremist groups, disillusionment), leaving one's extremist group, decrease in the level of risk, absence of criminal recidivism or community reintegration. Even though deradicalization and disengagement efforts are often conflated, deradicalization programmes mainly target the cognitive aspects of violent radicalization and aim to assist the individual in abandoning their radical beliefs. Disengagement programmes, on the other hand, mainly focus on behavioural changes by assisting the individual in desisting from violence, criminality or their radical group, without necessarily addressing ideological components (Hansen and Lid 2020).

Finally, we left out studies that included an evaluation of multiple programmes targeting a plethora of characteristics where outcomes could not be linked to any specific characteristic or programme (for example, Hirschfield et al. 2012). However, studies assessing multiple clearly defined programmes, each with its own objectives and outcomes, were retained (for example, Swedberg and Reisman 2013).

Which characteristics targeted in primary, secondary and tertiary PVR programmes are truly risk-relevant?

Based on the aggregation and synthesis of data shown in Tables 7.1, 7.2 and 7.3, this section determines which characteristics targeted in PVR programmes (a) are safe bets; (b) show promise; (c) warrant caution; and (d) are clearly iatrogenic (that is, working on these characteristics is worse than doing no work at all), with each described in more detail below. This classification relates to the amount and availability of evidence indicating that improving these characteristics will lead to a reduction in VR attitudes and behaviours. Evidence is based on both whether these characteristics are empirically validated risk and protective factors of VR (for example, Wolfowicz et al. 2020) and whether improving them was associated with a reduction of VR attitudes and behaviours in programme evaluation studies (Hassan et al. 2021a; 2021b).

Characteristics that are safe bets

Working on the following characteristics seemed like safe bets if the objective is to reduce future VR attitudes and behaviours.

- **Integrative complexity** was targeted by multiple prevention programmes; improvements were associated with a decrease in VR attitudes, and integrative complexity was opposed to multiple empirically validated risk factors of VR.
- **Vocational training/education** and **employability** programmes were successful in improving the employment opportunities of participants. While that improvement had no effect on VR attitudes in primary and secondary prevention studies (it even had an iatrogenic effect in Mercy Corps 2016), it was sometimes associated with a decrease in VR behaviours. That is consistent with results from Wolfowicz et al. (2020), which show that unemployment has negligible links with VR attitudes and intention to act (effect size < .10) but a larger effect size (.16) with VR behaviours. Even though employability programmes may not contribute to a diminution in VR attitudes, their potential protective effect against violent offending makes them worthwhile. Tertiary prevention programmes that targeted vocational training and education noted progress in the desistance and deradicalization processes of their participants.

Table 7.2 Primary and secondary PVR programmes.

Targeted characteristic	Change on the targeted characteristic	Effect on violent radical attitudes	Effect on violent radical behaviours
Integrative complexity[1]	**Improvement** Boyd-MacMillan (2016) Liht and Savage (2013) Savage et al. (2014)	**Diminution** Liht and Savage (2013) Savage et al. (2014) **Not measured** Boyd-MacMillan (2016)	**Not measured** Boyd-MacMillan (2016) Liht and Savage (2013) Savage et al. (2014)
Vocational training and education/ Employability	**Improvement** Mercy Corps (2015) Mercy Corps (2016) SAFIRE (2013)	**No impact** Mercy Corps (2015) SAFIRE (2013) **Increase (iatrogenic)** Mercy Corps (2016)	**Diminution** Mercy Corps (2016) **No impact** Mercy Corps (2015) **Not measured** SAFIRE (2013)
Civic education and engagement/ Citizenship	**Improvement** Aldrich (2014) Manby (2010a) Mercy Corps (2016) Swedberg and Reisman (2013) Williams et al. (2016)	**Diminution** Mercy Corps (2016) **No impact** Aldrich (2014) Swedberg and Reisman (2013) **Not measured** Manby (2010a) Williams et al. (2016)	**Diminution** Mercy Corps (2016) **Not measured** Aldrich (2014) Manby (2010a) Swedberg and Reisman (2013) Williams et al. (2016)

Knowledge acquisition on religion or VR	**Improvement** Helmus and Klein (2018)[2] Manby (2009a)[3] Manby (2009b)[4] Speckhard et al. (2018)[2]	**Not measured** Helmus and Klein (2018) Manby (2009a) Manby (2009b) Speckhard et al. (2018)	**Not measured** Helmus and Klein (2018) Manby (2009a) Manby (2009b) Speckhard et al. (2018)
Prosocial skills (conflict management, communication skills, teamwork)	**Improvement** Boyd-MacMillan (2016) Liht and Savage (2013) Johns et al. (2014) Manby (2009a) Manby (2009b) Savage et al. (2014) Sheikh et al. (2012) Williams et al. (2016)	**Diminution** Liht and Savage (2013) **Not measured** Boyd-MacMillan (2016) Johns et al. (2014) Manby (2009a) Manby (2009b) Savage et al. (2014) Sheikh et al. (2012) Williams et al. (2016)	**Not measured** Boyd-MacMillan (2016) Johns et al. (2014) Liht and Savage (2013) Manby (2009a) Manby (2009b) Savage et al. (2014) Sheikh et al. (2012) Williams et al. (2016)
Cultural contact and sensitivity	**Improvement** Johns et al. (2014)[5] Manby (2010a) Williams et al. (2016)	**Not measured** Johns et al. (2014) Manby (2010a) Williams et al. (2016)	**Not measured** Johns et al. (2014) Manby (2010a) Williams et al. (2016)
Empathy	**Improvement** Feddes et al. (2015) SAFIRE (2013) **Decrease (iatrogenic)** Madriaza et al. (2018)	**No impact** SAFIRE (2013) **Unclear** Feddes et al. (2015)[6] **Not measured** Madriaza et al. (2018)	**Not measured** Feddes et al. (2015) Madriaza et al. (2018) SAFIRE (2013)

Self-esteem/Self-image/Confidence/Identity			
	Improvement Feddes et al. (2015) Manby (2009a) Manby (2010a) Manby (2010b) Williams et al. (2016) **No impact** SAFIRE (2013) **Unclear** Madriaza et al. (2018)[7]	**No impact** Madriaza et al. (2018) **Unclear** Feddes et al. (2015)[8] **Not measured** Manby (2009a) Manby (2010a) Manby (2010b) Williams et al. (2016)	**Not measured** Feddes et al. (2015) Madriaza et al. (2018) Manby (2009a) Manby (2010a) Manby (2010b) Williams et al. (2016)

Notes to Table 7.2

[1] Recognition and integration of multiple perspectives and possibilities and their interrelated contingencies.

[2] Counternarrative campaign.

[3] Via a theatre production.

[4] Via a film project.

[5] Via team-based sports.

[6] The Diamond programme led to an overall decrease in VR attitudes. However, perspective taking (which authors defined as the ability to anticipate the behaviour and reactions of other people – basically empathy) was associated with an increase in support of ideology-based violence.

[7] Increase in the stability of self-image but decrease in self-esteem.

[8] The Diamond programme led to an overall decrease in VR attitudes. However, it led to a slight increase in narcissism (inevitably linked with self-esteem), which was strongly associated with support of ideology-based violence.

Table 7.3 Tertiary PVR programmes.

Targeted characteristic	Change on the targeted characteristic	Evidence of desistance/'deradicalization'
Coping	**Improvement** Cherney (2018)	**Not measured** Cherney (2018)
Introspection[1]	**Improvement** Cherney (2018)	**Not measured** Cherney (2018)
Socialization	**Improvement** Cherney (2018) Meringolo et al. (2019)	**Not measured** Cherney (2018) Meringolo et al. (2019)
Religious education and mentoring	**Improvement** Azam and Bareeha Fatima (2017) Barkindo and Bryans (2016) Cherney (2018) van der Heide and Schuurman (2018)	**Non-specific effect** Azam and Bareeha Fatima (2017) Barkindo and Bryans (2016) **Ineffective** van der Heide and Schuurman (2018) **Not measured** Cherney (2018)
Self-image/Significance	**Improvement** Meringolo et al. (2019) Peracha et al. (2016) Webber et al. (2018) **No impact** Madriaza et al. (2018)	**Direct effect** Webber et al. (2018) **Non-specific effect** Peracha et al. (2016) **Not measured** Meringolo et al. (2019)

Prosocial skills/Respect/Empathy[2]	**Improvement** Azam and Bareeha Fatima (2017) Meringolo et al. (2019) Peracha et al. (2016) **Decrease (iatrogenic)** Manby (2009c)	**Non-specific effect** Azam and Bareeha Fatima (2017) Peracha et al. (2016) **Not measured** Manby (2009c) Meringolo et al. (2019)
Cooperation with (correctional) staff	**Improvement** Anindya (2019) Barkindo and Bryans (2016) Kruglanski et al. (2014)	**Direct effect** Kruglanski et al. (2014) **Non-specific effect** Barkindo and Bryans (2016) **Not measured** Anindya (2019)
Trust in institutions and society	**Improvement** Khalil et al. (2019) Webber et al. (2018)	**Direct effect** Webber et al. (2018) **Non-specific effect** Khalil et al. (2019)

Vocational training and education	**Improvement** Azam and Bareeha Fatima (2017) Barkindo and Bryans (2016) Peracha et al. (2016) Schuurman and Bakker (2016) van der Heide and Schuurman (2018)	**Non-specific effect** Azam and Bareeha Fatima (2017) Barkindo and Bryans (2016) Peracha et al. (2016) Schuurman and Bakker (2016) van der Heide and Schuurman (2018)
Integrative complexity	**No impact** Peracha et al. (2016)	-
Housing	**Improvement** van der Heide and Schuurman (2018)	**Non-specific effect** van der Heide and Schuurman (2018)
Cultural sensitivity	**Improvement** Manby (2009c)	**Not measured** Manby (2009c)
Family involvement	**Improvement** Azam and Bareeha Fatima (2017) Bastug and Evlek (2016)	**Non-specific effect** Azam and Bareeha Fatima (2017) Bastug and Evlek (2016)

Notes to Table 7.3

[1] Self-reflection and offence insight (Cherney 2018).

[2] Prosocial skills and empathy were clustered together in tertiary prevention studies.

- **Civic education/engagement** and **citizenship** programmes were successful in improving those characteristics, and improvements were associated with decreases in VR attitudes and behaviours in a Mercy Corps study (2016). In tertiary prevention programmes, direct effects after moderation testing were found between institutional trust and successful social reintegration (Webber et al. 2018). Positive effects were also noted by Khalil et al. (2019). However, in two primary/secondary prevention studies, civic education had no effect on VR attitudes (Aldrich 2014; Swedberg and Reisman 2013). Still, the lack of iatrogenic effects, the positive outcomes noted in multiple studies, and the fact that civic education is an empirically validated protective factor against VR suggest that civic education/engagement and citizenship programme components are worthwhile.

Characteristics that show promise

Multiple categories of characteristics targeted in PVR programmes showed promise in reducing future VR attitudes and behaviours, according to the evidence gathered.

- Programmes targeting **prosocial skills** and contributing (whether explicitly or not) to **reducing social isolation** had inconclusive results concerning VR attitudes and behaviours. Most programmes had no measures of outcomes beyond improvement on the characteristic, although one did note positive effects on VR attitudes (Liht and Savage 2013). Two tertiary PVR programmes reported non-specific positive effects; however, improvements were noted following respect and empathy increases rather than teamwork and socialization training (Azam and Bareeha Fatima 2017; Peracha et al. 2016). Still, improving those characteristics seemed free of iatrogenic effects.
- **Cultural contact** and **sensitivity** programmes were all able to improve openness to other cultures, ethnicities and religions, but none measured if those improvements were correlated to decreases in VR attitudes or behaviours. However, considering that no iatrogenic effects were noted and that cultural contact and sensitivity are known protective factors against other forms of violence to others (for example, xenophobia, racism, hate incidents), programme components targeting these characteristics

seem promising, particularly at the primary and secondary levels of prevention.

- Among tertiary PVR programmes, the following characteristics showed promise: **cooperation with the staff** (in a correctional setting or not), **housing** and **involving one's family** in the therapeutic effort. Even though cooperation with staff is likely too specific to figure in systematic reviews and meta-analyses of risk/protective factors, it led to clear positive direct and indirect effects and is a known protective factor against criminal recidivism in correctional settings (Andrews and Bonta 2010; Hare 2003). Concerning housing and family involvement, these characteristics are empirically validated protective factors against VR and were associated with positive outcomes. However, despite the positive outcomes, too few studies were available on these characteristics to recommend them wholeheartedly as safe bets for programme targets.

Characteristics that warrant caution

Working on the following programme characteristics led to inconclusive outcomes and sometimes warranted caution. They were not, however, clearly iatrogenic.

- Primary and secondary PVR programmes that aimed to develop **knowledge on VR** and **religion** (emphasizing its non-violent radical aspect) – whether via counter-narrative campaigns or art projects – were successful in their effort to improve the characteristic. However, it is currently unknown if such improvements were associated with reductions in VR attitudes or behaviours, as data from counter-narrative campaigns was particularly embryonic. Tertiary prevention programme data was similarly inconclusive; two studies that included knowledge acquisition modules on VR and religion noted positive outcomes, but these outcomes were not necessarily linked with improvement in knowledge acquisition. Worryingly, van der Heide and Schuurman (2018) noted that the religious education and deradicalization modules were the most ineffective of the Dutch Reintegration Programme, especially compared to the more 'concrete' social reintegration and desistance modules.
- **Empathy** training had inconclusive results. In primary/secondary PVR programmes, not all programmes were able to generate improvements in the characteristic, and among those that did,

improvements had no or unclear impacts on VR attitudes. In tertiary PVR programmes, Peracha et al. (2016) noted non-specific positive effects following social empathy training. Even though empathy is a known protective factor, evidence concerning programmes that target this characteristic was not especially promising.

- Programmes targeting **self-esteem**, **self-image**, **confidence** and **identity** also had inconclusive results. Not all programmes were able to generate improvements on these characteristics, and among those who did, there were either no impacts or such impacts were not measured. However, solid positive effects were noted by Webber et al. (2018) in the Sri Lankan Rehabilitation Programme, where restoring participants' **sense of significance** led to numerous positive outcomes that stayed significant in moderation analyses. Considering that excessive self-esteem and narcissism are known risk factors of VR, programmes targeting images of self may want to focus on significance and cultural identity rather than confidence and self-esteem.

Characteristics with clear iatrogenic effects

Encouragingly, none of the targeted characteristics was associated with clear iatrogenic effects.

Finally, it is important to note that other characteristics, such as coping and introspection, did not have enough data to draw any meaningful conclusion. However, this does not mean they are not worthwhile.

Discussion on characteristics targeted in PVR programmes

First, it is paramount to understand that just because a PVR programme characteristic was not found in empirically validated risk and protective factors of VR, it does not mean it is useless to work on that characteristic. Some targeted characteristics of programmes were very specific (for example, sense of significance, cooperation with correctional staff) and thus may not have been found in systematic reviews and meta-analyses of risk/protective factors, which, by their nature, studied commonalities. Conversely, some characteristics were so broad (for example, introspection) that they were also unlikely to be found in such reviews. This, of course, does not mean these characteristics are not useful for

prevention in the field. In the section about on-the-ground challenges, we will also discuss the contrasts between risk factors identified by empirical research and those noted by practitioners working closely with violently radicalized individuals. Researchers in the field could potentially neglect the factors highlighted by practitioners.

Several empirically validated risk and protective factors (Table 7.1) were not found in characteristics targeted by PVR programmes. This could be because most PVR programmes were designed at a time when empirically validated risk and protective factors of VR were unknown. It could also be that programme designers did not consider the empirical literature when designing or implementing their programmes. Even now, the scientific consensus on these factors is evolving quickly as data accumulates – the field's first meta-analyses only came out in 2020.

Recently, researchers in the field of VR have directed their attention to the significant legacy of risk assessment developments achieved in psychology and criminology over the last 50 years, and they are trying to adapt key lessons from violence risk assessment, while taking into account the idiosyncrasies of the VR field (Logan and Lloyd 2019). In their meta-analysis, Wolfowicz et al. (2020) concluded that scholars in the VR field possibly overlooked risk factors from the general criminological literature. Instead, these scholars initially tended to focus on the socio-demographic and religious determinants of VR, thus potentially neglecting multiple relevant social, psychological and personality traits-related factors.

We do not see such a stark picture in the characteristics targeted by PVR programmes. However, there is an overall omission of risk factors commonly found in the criminological literature, such as low self-control, risk-seeking, antisocial peers, personal strain and moral neutralization (Andrews and Bonta 2010; Gendreau et al. 1996). Despite perhaps not being in the 'mind's eye' of scholars and programme designers, these risk factors seem associated with VR behaviours, as shown by meta-analyses (Wolfowicz et al. 2020). Thus, it would be useful to see how future VR programmes could draw inspiration from crime prevention and correctional programmes.

In accordance with Bronfenbrenner's (1986) ecological model and multisystemic therapy (Henggeler et al. 1998), our analysis highlighted that involving the microsystem in preventive or rehabilitative efforts may prove worthwhile. Promising results were found when the families of radicalized individuals were involved, and peer support is among the known risk and protective factors of VR (Wolfowicz et al. 2020). To that end, even though programmes often fostered social contact with prosocial peers, they have overlooked the influence of radicalized peers, especially

in secondary prevention programmes. Meanwhile, some tertiary PVR programmes did mention establishing distance from radicalized peers, but very few collected measures of the endeavour's effectiveness.

Finally, our analysis revealed that PVR programmes overwhelmingly focused on protective factor development and often gave little attention to risk factor reduction. While working on the former may automatically reduce the latter (for example, improving employment automatically mitigates unemployment), it will not always be the case. For example, secondary PVR programmes often worked on improving prosocial contacts but sometimes neglected to create distance from antisocial ones. However, working on risk factors alone without emphasizing protective factors can have adverse effects on motivation and involvement (Ward and Maruna 2007). Therefore, we do not suggest forsaking protective factors; we merely suggest complementing them with efforts to directly reduce risk generators. Future PVR programmes could benefit from working on both risk and protective factors, which could enable improvements in the effectiveness of such programmes.

On-the-ground challenges in risk management: lessons learned from the Canadian context

In 2019, CPN-PREV conducted a Canada-wide mapping that aimed to identify and document existing secondary and tertiary prevention programmes in the VR space and examine levels of collaboration among professionals and sectors in the field (Hassan et al. 2020).

Results of the mapping initiative indicated that PVR multiagency programmes and multidisciplinary teams in Canada were very young (four years at most) and tended to work in silos; in small, local and non-specialized networks, with little or no specific training (Hassan et al. 2020). There were also large areas in the country where resources were non-existent or where frontline practitioners worked without any external support. Therefore, a significant portion of the country has no known resources, which puts pressure on the resources of neighbouring provinces, which must, in some cases, respond to urgent situations involving an acutely elevated risk in addition to handling their own province's caseload (Hassan et al. 2020).

Just over half (54.2 per cent) of the interviewed organizations had a specific mandate to prevent radicalization and violent extremism (Hassan et al. 2020). This indicates that a significant number of organizations did not specialize in PVR and had broader mandates, such as preventing crime

and violence in all its forms. In fact, most of these organizations had to develop programmes that were more specific to VR as they started receiving an increasing number of cases involving this issue. Consequently, the organizations were required to acquire specialized knowledge on the dynamics of radicalization and extremist violence to provide services to the individuals who needed them (Hassan et al. 2020). Canadian organizations did not target a specific type of radicalization (for example, religious, far-right, far-left). Instead, they adopted a broader, holistic approach rather than focusing on, for instance, religious or political radicalization, which could have stigmatizing and marginalizing effects for certain communities and individuals (Hassan et al. 2020). However, it is possible that a lack of specialization in specific types of radicalization may have produced blind spots since risk/protective factors and triggers can differ depending on the radical ideas involved.

Importantly, in terms of risk management in the PVR space, the mapping research has shown that Canadian practitioners' main goal was the reduction of risk for violent offending among their clients, ideally in the long term. Some organizations also hoped to prevent the departure of foreign fighters to join terrorist groups and/or to repatriate those who left and wished to come back (Hassan et al. 2020). These risks were also reduced by focusing on social reintegration while allowing individuals to maintain their identity and diversity of opinions (Hassan et al. 2020). Thus, every interviewed Canadian organization mentioned steering clear of deradicalization approaches and wanting instead to foster values such as coexistence, critical thinking, diversity, social cohesion and, more importantly, non-violence (Hassan et al. 2020). Even though improving general openness towards others could be construed as a form of deradicalization, it is ultimately different from initiatives that define radical ideas as inappropriate and directly aim to replace them with 'appropriate' ideas. Canadian practitioners seemed worried about the latter, not the former.

Comparison of characteristics targeted by Canadian PVR programmes and those identified in CPN-PREV's international systematic review

To establish a parallel between the risk and protective factors targeted by empirically evaluated PVR programmes and those inventoried by CPN-PREV's mapping initiative, we compiled the programme components of Tables 7.2 and 7.3 and indicated whether secondary and tertiary

Canadian PVR programmes targeted these risk and protective factors (see Table 7.4). Canadian programmes have not been named for confidentiality reasons. CPN-PREV's systematic reviews (Hassan et al. 2021a; 2021b) and mapping initiative (Hassan et al. 2020) differ as the systematic reviews targeted, by nature, programmes that were evaluated and for which the evaluation was published in official or grey literature. In contrast, the mapping initiative surveyed Canadian PVR programmes currently active and for which evaluations were not necessarily conducted (more on that below). In fact, CPN-PREV's systematic review team found no published evaluations of Canadian PVR programmes (Hassan et al. 2021a; 2021b).

Table 7.4 indicates that Canadian PVR programmes appeared to target some of the empirically validated risk factors and characteristics also targeted in international PVR initiatives. However, no Canadian programmes targeted civic education and engagement, citizenship, cooperation with (correctional) staff, trust in institutions and society, or integrative complexity. Given that these factors have been shown to be associated with VR attitudes and behaviours or have at the least been defined as promising intervention targets, it would be important for Canadian PVR programmes to consider including them and, if possible, evaluate their effectiveness in reducing VR outcomes. Although several Canadian programmes have begun evaluating their outcomes, publicly available data is not accessible at this point. Of note, some programmes did include characteristics that have yet to be proven effective in reducing VR attitudes and behaviours.

Table 7.4 Secondary and tertiary PVR programmes in Canada.

Targeted characteristics	Found in Canadian programmes? ($n = 26$)
Integrative complexity [safe bet]	No
Civic education and engagement/ Citizenship [safe bets]	No
Vocational training and education/ Employability [safe bets]	Yes ($n = 15$)
Prosocial skills (conflict management, communication skills, teamwork)/Respect/ Empathy [promising]	Yes ($n = 14$)

Cooperation with (correctional) staff [promising]	Not surveyed
Trust in institutions and society [safe bet]	No
Housing [promising]	Yes ($n = 13$)
Cultural contact and sensitivity [promising]	Yes ($n = 15$)
Family involvement [promising]	Yes ($n = 17$)
Coping [unknown]	Yes ($n = 14$)
Empathy [caution]	Yes ($n = 16$)
Introspection [unknown]	Yes ($n = 9$)
Socialization [promising]	Yes ($n = 13$)
Religious education and mentoring/ Knowledge acquisition on religion or VR [caution]	Yes ($n = 16$)
Self-image/Significance/Self-esteem/ Confidence/Identity [caution]	Yes ($n = 14$)

Many of the programmes identified by the systematic reviews presented earlier in this chapter (Hassan et al. 2021a; 2021b) seemed grounded in a threat management paradigm, where individuals at risk or engaged in a VR trajectory need to be reformed and reintegrated into society. In the past five years, the radicalization prevention landscape has witnessed a shift from a threat reduction/management paradigm to a needs-based or risk/vulnerability-based paradigm. This shift is likely due to the introduction of the public health approach to the field of PVR and the increased support of governments for the design and implementation of multisectoral models characterized by the increased involvement of the psychosocial and community sectors. Without minimizing the threat that individuals may pose, Canadian practitioners working in the psychosocial sector also view them on a radicalization trajectory as possible victims of tragic events or life circumstances that may have contributed to pushing them into such violence. As a result, practitioners also focus their interventions on risk factors related to interpersonal, developmental and mental health issues. Most of these factors (summarized in Table 7.5) have been documented in the general literature on violent offending but have generally been under-researched in relation to VR or largely ignored by VR scholars (Wolfowicz et al. 2020).

Table 7.5 Risk and protective factors reported by Canadian practitioners in the psychosocial sector ($n = 14$).

Categories	Targeted factors
Mental health	· Autism spectrum disorders · Psychotic disorders · Substance abuse · Anxiety disorders and symptoms · Depressive disorders and symptoms
Experiences of racism, discrimination, exclusion, rejection, humiliation, intimidation, threats, and injustice	· Due to political tensions and polarizations in Canadian society · By the government (for example, laws) · By specific institutions · At work/school · Random encounters with individuals or groups · By family and friends
Sexuality	· Repressed sexuality · Repressed sexual identity and/or orientation
Abusive environment and/or experiences of abuse	· Domestic abuse · Physical abuse · Psychological abuse · Sexual abuse · Harassment, bullying (all sorts)
Loss, grief, and bereavement	· Death of a family member, spouse/partner, friend · Other losses (for example, divorce, job, etc.)

The empirical and programming neglect of mental health and psychological distress in VR risk management

While an individual's developmental and mental health trajectory is only one of the many factors influencing entry into VR, it has been one of the most neglected factors in PVR risk assessment and prevention programming (Rousseau and Hassan 2019; Wolfowicz et al. 2020). However, on-the-ground experience and growing research indicate that many acts of VR are significantly associated with psychological distress and sometimes with even more severe mental health and psychiatric

disorders (Misiak et al. 2019; Rousseau and Hassan 2019). Practitioners and researchers in Canada, the United States and other countries have reported similarities in the trajectories of active shooters (for example, mass killers in school settings according to US literature) and violent radicalized 'lone' actors claiming to belong to a violent extremist group (Gill et al. 2017; Rousseau and Hassan 2019). In both situations, personal and group grievances played a key role, and a history of diagnosed mental disorders was present in 25–30 per cent of cases (Gill et al. 2017; Silver et al. 2018). In a Federal Bureau of Investigation (FBI) study on behaviours preceding the attacks of active shooters in the United States between 2000 and 2013, the most common mental health diagnoses were mood disorders, followed by anxiety disorders, more severe psychiatric disorders (for example, psychotic disorders), personality disorders and autism spectrum disorders (Silver et al. 2018). Moreover, an analysis of the trajectories of 111 lone actors indicates that, for a third, VR was associated with psychiatric disorders, including schizophrenia, delusional disorders and autism spectrum disorders (Aarten et al. 2018). These findings also highlight the often-overlooked relationship between depression, suicidal ideations and homicidal behaviours (Turecki and Brent 2016). In a longitudinal study conducted in post-secondary (but pre-university) educational institutions in Quebec between 2016 and 2020, self-reported depressive symptoms were significantly related to sympathy for VR among young people (Rousseau et al. 2019a; 2019b).

Empirical and on-the-ground clinical observations call for greater attention to the relationship between psychological distress, despair and the legitimization of violence in the twenty-first century. Without making it a source of stigmatization, we simply cannot overlook the worrisome indicators of mental health issues present prior to events among several documented attackers (Silver et al. 2018). That said, given the prevalence of psychological distress and mental health problems in the general population, presuming a causal link with VR outcomes must be avoided as it could lead to stigmatization (Morgan 2018) and an increase of false positives in individuals with mental health difficulties. In sum, rising evidence shows that it may be important to consider mental health problems as risk factors and integrate them into risk management models and PVR programming.

Recommendations

We offer the recommendations below, based on the results of our systematic reviews on primary, secondary and tertiary PVR programmes, as well as the mapping interviews concerning the Canadian PVR context.

- When designing PVR programmes, ensure they target risk-relevant characteristics (that is, risk and protective factors related to violent radicalization or crime), as evidenced by strong empirical studies, systematic reviews, meta-analyses and/or consensus-based clinical observations from practitioners.
- This does not mean that it is meaningless to design programmes around other intervention targets; simply that additional caution and solid theoretical grounding may be necessary before targeting characteristics backed by less research or practice-related clinical evidence.
- Do not assume that mental health issues (diagnosed or not) are unrelated to violent radical acting out, as both the literature and feedback from practitioners indicate that such problems play an important role in the risk of violent acting out, especially in the case of 'lone actor violence'.
- Prioritize interventions that are highlighted as safe bets or promising interventions in the literature; namely, school education, vocational/employability training, civic/citizenship education, prosocial skills and activities programmes, cultural contact/ sensitivity programmes, social and family reintegration interventions (for example, housing, employment, social support) and psychological counselling/therapy.
- While focusing on evidence-based risk and protective factors, tailor the programme to the context and population you work with. As much as possible, consider responsivity factors such as developmental phase, mental health issues, learning styles of participants, ideology, and so on. Tailoring may also be done by resorting to professional or trained staff credible to participants.
- Integrate principles of effective psychological and criminological interventions, such as the risk, needs, and responsivity principles of Andrews and Bonta (2010), within your programme implementation and delivery. Carefully consider staffing and other needed resources to improve the chances that such principles are applied successfully.

- If possible within your organization's professional mandate, think about integrating members from the microsystem (for example, prosocial and supportive parents) in the intervention as well as re-integration efforts.
- To ensure the effective implementation of programmes, avoid working in silos, share expertise between partner organizations and use multisectoral models of PVR. You can create a small community of practice with monthly solution-focused meetings.
- For programme evaluation, prepare in advance an evaluation protocol that is methodologically strong while being realistic with the funding allowed. Use pre-/post-measures of targeted constructs, as well as of violent radical attitudes and behaviours. We found that too many programmes only assessed for improvement on targeted characteristics while forgetting to verify if these improvements were associated with a decrease in violent radical attitudes and behaviours.
- For programme evaluation, ideally, work with an external evaluation team that includes practitioners from the programme, to improve the validity of the evaluation while reducing potential conflicts of interest.
- Consider conducting both impact and process evaluations using mixed-method designs (for example, collect measures from participants as well as impressions from the staff responsible for programme delivery; use quantitative and qualitative methods and tools).
- Finally, consider applying a public health framework for programme design, delivery and evaluation, as this framework tends to provide approaches that are client-centred, address risk factors situated at all levels of a person's ecosystem, and encourage multi-stakeholder collaborations.

Conclusion

This chapter focused on synthesizing the literature on the effectiveness of primary, secondary and tertiary prevention programmes – more specifically, on whether programme components targeted characteristics that are truly risk-relevant. We contrasted this literature with the on-the-ground clinical work of Canadian practitioners, their realities, experiences and challenges, as documented in a Canada-wide mapping of secondary and tertiary PVR programmes. We also provided some recommendations based on the results of the systematic review we conducted. For a more

detailed set of recommendations, we invite you to consult CPN-PREV's consensus-based guidelines for online, primary and secondary prevention. These guidelines are the result of a three-year Delphi process, culminating in a report that includes recommendations that are evidence-based and the result of the consensus of internationally recruited experts in the field.[2] For additional recommendations on tertiary interventions, we invite you to consult our systematic review report on tertiary interventions in the field of PVR/PVE.[3]

Though synthesizing a highly heterogenous literature proved to be quite the challenge, we were able to extract evidence on a) factors that are trustworthy, b) factors that are promising, and c) factors that merit caution. Furthermore, by juxtaposing the empirical literature on risk factors in PVR programme evaluations with those taken into consideration by on-the-ground Canadian practitioners, we were able to highlight some similarities as well as notable gaps and differences. One such important gap refers to the lack of integration of mental health risk factors and the role of mental health professionals in PVR programming and evaluation. The emerging literature on VR, lone actors, and school shooters suggests that mental health professionals should play a key role in the risk assessment and management of individuals on a violent radical trajectory. The same is true of community and educational actors – provided they are properly trained to recognize and address the manifestations of VR.

A second important challenge stems from the fact that most of the prevention programmes identified in systematic reviews and the Canadian mapping seem to rely on implicit and somewhat vague risk frameworks, logic models and theories of change. In general, interventions were based on a holistic reintegration model focusing on reducing the risk of violent acting out. However, case management models and risk assessment procedures remain unclear for most programmes and lack structure and consistency. Furthermore, most programmes in Canada and elsewhere do not include a system for data collection upon which they can be meaningfully evaluated. As such, it is impossible to establish 'good practices' without first creating spaces for sharing these practices and assessing their outcomes and results.

In sum, the results of this chapter call for an integrated international effort based on a joint initiative between researchers and on-the-ground practitioners to develop best practice guidelines in risk assessment and case management in the field of VR. If possible, such guidelines should go above and beyond recommending the use of specific tools with specific populations or in specific contexts. Instead, the guidelines should inform

on the most promising models for addressing the fluctuations of risk for violence across the radicalization life cycle of an individual or group.

Notes

1. Systematic review reports on outcomes of primary, secondary and tertiary programmes can be consulted at https://cpnprev.ca/research-overview/ (accessed 19 May 2023), and see Hassan et al. 2021a, 2021b for direct links to these reports.
2. https://cpnprev.ca/guideline-committees/ (accessed 19 May 2023).
3. https://cpnprev.ca/research-overview (accessed 19 May 2023).

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8

Multiagency strategies to prevent violent extremism: implementation and evaluation

Michele T. Pathé and Frank R. Farnham

Introduction

There are new challenges for a range of frontline practitioners, including mental health professionals, whose usual remit does not typically involve issues of national security. These challenges arise from the disturbing trend for individuals with multifarious needs to commit acts of violence motivated at least in part by an extremist ideology. While these events are rare, their devastating impact has prompted a re-evaluation of strategies for averting or moderating such outcomes and a critical operational shift from traditional reactive policing responses to evidence-based, preventative approaches incorporating collaborative expertise from multiple agencies.

Contemporary studies have demonstrated high rates of criminogenic risk factors and complex needs among those harbouring violent extremist intentions and engaging in violent extremist behaviours (for example, Wolfowicz et al. 2020). While such factors are more likely to play contributory than causal roles in these attacks, they are components of an often-convoluted formula, some of which can be remedied. Take mental illness as an example. Studies demonstrate substantially higher rates of mental disorder among lone actor terrorists and apolitical mass killers relative to group actor terrorists and the general population (for example, Gill and Clemmow et al. 2021; Gill and Silver et al. 2021; Gillman and Freund 2021; Gruenewald et al. 2013; Sizoo and van Nobelen 2021; Wolfowicz et al. 2020). However, in the past, security and intelligence agencies were inclined to discount the risks posed by individuals with

mental disorders who appeared on their radar (Pathé et al. 2017). These agencies could not fully appreciate the influence of mental illness on the capacity of some individuals to engage in attack behaviours, irrespective of ideological conviction. In more recent times, the significance of mental health problems and associated vulnerabilities, and the potential for health and social solutions to address them, have become both better understood and the inspiration for new and creative approaches to the prevention and mitigation of risk in susceptible individuals. These approaches are the subject of this chapter.

Given the multi-determined nature of violent extremism, no single agency holds the requisite knowledge and skills to prevent it. Thus, there has been an increasing focus on the benefits of multiagency approaches to vulnerable persons whose behaviours have brought them into contact with the criminal justice system. Such approaches include Court diversion and psychiatric liaison schemes (for example, Davidson 2015), police and mental health co-responder teams (for example, Huppert and Griffiths 2015) and, in England and Wales, information-sharing models such as Multi-Agency Public Protection Arrangements (MAPPA) (Parker et al. 2018) and the range of Offender Personality Disorder (OPD) Pathway intervention and consultation services in custody and the community (for example, Campbell and Craissati 2018; Craissati et al. 2021; Joseph and Benefield 2012).

The first fully integrated, police-mental health model for preventing targeted – or planned and purposeful – violence by lone individuals was established in London over 15 years ago. The specific purpose of the Fixated Threat Assessment Centre (FTAC) was the management of pathologically fixated persons engaging in identifiable pre-attack behaviours, including problematic communications and approaches to public figures. The FTAC model and its subsequent adaptations have since been implemented in parts of Europe and in Australia and New Zealand. While the UK's FTAC has maintained its focus on fixated loners targeting predominantly British politicians and members of the Royal Family, the later implementation of FTACs in Australia has enabled the model to incorporate emerging developments in the field of lone actor violence, including lone actor violent extremism.

The focus of this chapter is the establishment, operation and efficacy of a multiagency model for preventing violent extremism in individuals with mental health problems. We will begin by reviewing the key concepts and components of the FTAC paradigm that are relevant to the prevention of a range of types of targeted harm motivated by extreme beliefs. We will then describe the evolution of a model accounting for lone actor

grievance-fuelled violence (LAGFV). Subsequently, we will discuss the rationale for a model that focuses on individuals, not groups, and on LAGFV more broadly. In this model, violent extremism relates to individuals acting alone who either appear ideologically motivated or where highly personal motivations masquerade as extremism. A case study will illustrate the expanded operations of an Australian FTAC. The chapter will conclude with an overview of the UK's multiagency approach to the problem of violent extremism, which often manifests as a form of lone actor targeted violence.

Public figure stalkers and assassins

Studies of individuals who intrude upon and occasionally attack prominent figures have helped shape our response to other forms of targeted violence by lone actors, including violent extremism. In 2003, the Fixated Research Project (FRP) examined the characteristics of pathologically fixated individuals engaging in concerning intrusions upon Royal and political figures (Fixated Research Group [FRG] 2006). Fixation is a psychological concept defined as 'obsessive preoccupation with a person or a cause, pursued to an excessive, extreme or irrational degree' (Mullen et al. 2009, 34). This research sought to establish how the multitude of harmless communications to the British Royal Family could be distinguished from those that represented a more significant risk without resorting to the unfeasible task of risk assessments in every case (Wilson et al. 2021).

Two findings emerged from this body of research – first, fixated behaviours are often driven by mental illness, and second, many fixated persons draw attention to themselves prior to an attack. The significance of mental illness and pre-attack or warning behaviours were later replicated in the study of other forms of targeted violence, including mass murder and lone actor terrorism (for example, Gill, Clemmow et al. 2021; Gill, Silver et al. 2021). These two key findings transformed the approach to threat assessment in this field and provided new opportunities for prevention.

Mental illness

The FRP found that the rate of severe mental illness in those who harassed and threatened Royals was almost 100 times greater than in the general population (James et al. 2008). This was consistent with earlier studies

of problematic contacts and assassinations of public figures (for example, Dietz and Martell 1989; Fein and Vossekuil 1999; Scalora et al. 2002). Further, the FRP challenged the prevailing wisdom that mental illness was a protective factor in planning and executing targeted acts of violence. Specifically, the FRP observed that mentally disordered, fixated individuals with relatively preserved personalities are quite capable of planning and initiating attacks and, in fact, their delusions (that is, fixed, false beliefs that characterize psychotic illness) could *strengthen* their resolve. These observations have had important implications for public figure protection and public safety, promoting proactive interventions (treatment of mental illness and related needs) rather than conventional, reactive criminal justice strategies (Barry-Walsh et al. 2020; James et al. 2010; Pathé et al. 2016).

Most mentally ill fixated individuals in these and subsequent studies had effectively fallen through the mental health care net. Around half were unknown to the mental health system or had disengaged from services, usually due to treatment non-adherence, suboptimal follow-up by an overwhelmed mental health system, and/or itinerant lifestyles (James et al. 2010; Pathé et al. 2016; State of Victoria 2021). For those cases currently registered with the mental health system, the treating clinician was frequently unaware of their patient's ominous behaviours, impacting diagnostic and treatment decisions and compromising management of the assessed risks. The police were seldom privy to relevant mental health information, nor were they equipped to address this issue. Mental health and policing agencies were essentially operating in silos.

Pre-attack (warning) behaviours

The FRP built on the earlier work of Scalora and colleagues (2002), which highlighted the role of warning behaviours as identifiable antecedents to attacks on public figures. These behaviours, which can occur over a protracted period, include disturbing communications, inappropriate approaches to the target, lone protests, hunger strikes and 'leakage' of their violent intentions to other parties (including family members and online communities). While not constituting direct threats to the target, which are uncommon in fixated individuals, warning behaviours are an indication of their obsessive quest and they provide avenues for preventative intervention (Hoffmann et al. 2011; Meloy et al. 2011; Meloy et al. 2012).

The centrality of mental illness to our understanding of fixation and identifying pre-attack behaviours offers new opportunities for more

proactive work in this field and introduces new possibilities for managing violent extremism and lone actor violence more broadly.

A multiagency approach to the threat posed by fixated persons

This body of research concluded that one agency could not address the threat posed by fixated individuals and that a collaborative approach was required, preferably in the form of a joint, multifaceted model combining the skills and resources of both police and mental health practitioners. Police expertise lies in investigation and protection work and mental health professionals can provide a clinical perspective to the behaviours of concern and the ability to liaise with other health professionals (Wilson et al. 2021). It is recognized that the model requires a triage or 'filter' system for identifying cases, to avoid being overwhelmed by innocuous referrals that do not require a specialized service, and to ensure cases that warrant expert intervention are not overlooked. The scope and boundaries of information sharing and its associated regulatory requirements are also key to this model. Other prerequisites include an intelligence database, case management provisions for accepted referrals and a threat assessment measure. A variety of management options are essential, as is a formal system of monitoring and regular case review.

The world's first FTAC came to fruition in the UK in 2006. It is a fully integrated police-mental health intelligence agency jointly staffed by police and mental health clinicians. As detailed below, the FTAC paradigm provided a blueprint for the development of preventative approaches to other forms of lone actor violence – hence the inclusion of a chapter on this subject in this book. Central to the operations of FTAC and its broader remit are interdisciplinary information sharing, joint threat assessment and joint decision-making. Each of these tasks is now considered in turn.

Information sharing

Information sharing and patient confidentiality are potential barriers to multiagency collaboration. Yet it is essential for operational FTACs to have an established, secure framework for gathering, analysing and sharing both law enforcement and health information in cases that reach the requisite level of concern. How has this potential barrier been navigated?

Mental health staff in the UK FTAC are employed by the National Health Service (NHS) and funded by the Department of Health (DH) to

provide a service to mentally ill individuals in England and Wales who have come to attention through their concerning intrusions upon prominent figures. As such, FTAC clinicians have a legitimate reason to access the personal health information of those individuals via their local health care records. This information cannot be shared with FTAC police unless it is in the public interest; that is, where it is reasonably believed that a serious threat to life or community is posed by the person of concern. The majority of cases handled by FTAC meet this threshold. However, the information disclosed by FTAC clinicians to their police colleagues is only that which is directly relevant to risk assessment and management decisions. The more expedient disclosures are often from police *to* clinicians, and frequently it is not FTAC requesting confidential health data but its practitioners supplementing the information held by the individual's local treatment provider to enable their better management of the issues of concern with that person. Necessary restrictions on the exchange of health and police information can be overridden in most jurisdictions where there is a threat to life (James et al. 2010).

Threat assessment

While both risk and threat assessments are an integral part of evaluating and managing individuals with the potential to commit acts of extremist and non-ideological violence, threat assessments are the predominant focus for FTACs. Risk assessments are conducted in situations where there is less time pressure and more comprehensive information; they examine risk in various domains (for example, violence, recurrence, escalation) and provide a detailed formulation and plan for risk mitigation and management. Conversely, threat assessments have a behavioural policing focus. They are undertaken in a dynamic, real-time setting, requiring quick decisions based on limited information. In these circumstances, threat is a more unitary concept focusing on violence, and the assessment is intended to triage cases into levels of concern (*low*, *moderate* and *high*). Concern levels guide the priority and urgency of response, as well as its nature (Wilson et al. 2021).

Risk – or threat – factors are characteristics and behaviours that are significantly correlated with those who have engaged in the harmful behaviour of concern relative to those who have not. FTACs use a compilation of these factors in an evidence-based, structured aide-mémoire, which assists the evaluator to consider all potentially relevant factors in their assessments. The aide-mémoire is called the *Communications Threat Assessment Protocol-25* (CTAP-25; for more

information, see James et al. 2014). It is an evidence-based threat assessment guidance process developed for these settings and services. This guidance is informed by health and police information under an ethical information-sharing framework and helps practitioners keep their focus on the threat posed and its management.

As above, the primary purpose of the threat assessment is to triage cases into concern categories for the purpose of case prioritization. *High* concern cases require an urgent response while *moderate* concern cases are less urgent but are still managed in a timely fashion. *Low* concern cases do not require any further input from the FTAC other than advice to referrers, where indicated, regarding ongoing monitoring and other management options. Threat assessments guide initial management in that factors flagged as relevant on the aide-mémoire form the basis for a formulation and the initial management plan. The aide-mémoire is re-administered whenever there is a significant change of circumstances (such as acute stressors or discharge from hospital), prompting a re-evaluation of concern level and intervention strategies. The availability of guidance such as the CTAP-25 and a case prioritization process such as that described facilitates consistent multiagency cooperation in an otherwise complex and changing environment and is a standard for other services to mirror.

Propagating proactive, multiagency approaches

The FRP highlighted vulnerabilities and gaps in traditional approaches to public figure protection and public health and safety. The early successes of the FTAC prototype prompted other nations to examine the adequacy of their own protection arrangements and the feasibility of adopting similar multiagency prevention strategies. In the United States, a police-psychology threat assessment agency for members of Congress has existed since 1986 (Scalora et al. 2008) and a multidisciplinary threat management team for stalking cases has operated within the Los Angeles Police Department since 1990 (Bixler et al. 2021; Zona et al. 1998). Fixated threat assessment capability has since been established in the Netherlands (Sizoo and Van Nobelen 2021), Denmark (Gillman and Freund 2021), Norway (Bjelland and Bjørgo 2014), Australia and New Zealand (Barry-Walsh et al. 2020; Pathé 2019).

In Australia, a centralized, national FTAC was unworkable given the nation's eight states and territories, each with its own police and health structures, information-sharing protocols and criminal, mental health and privacy laws. However, in the Australian state of Queensland, there

was a well-established history of collaborative police-mental health initiatives and a pre-existing Memorandum of Understanding that specified the parameters of information sharing between the police and health services. Therefore, modelled on the UK prototype, the first Australian FTAC was established in Queensland (QFTAC) in 2013 (Pathé et al. 2015).

The growth of fixated threat assessment arrangements in Australia has been supported by several major reviews, including the 2017 New South Wales (NSW) State Coronial Inquiry into the Sydney Lindt Café siege. This case involved a 50-year-old, Iranian-born gunman who held 18 hostages captive in a chocolate café in Martin Place, Sydney, on 15–16 December 2014. The siege lasted 16 hours, during which the gunman falsely claimed that there were 'devices' planted around Sydney and demanded to speak with the Prime Minister on live radio. The gunman forced hostages to stand at a window and display the flag of a violent Islamist extremist group. Ultimately, he killed one hostage, and a second hostage and the perpetrator were fatally shot when police stormed the building. Although he espoused extremist views, the gunman's mental health problems and criminality were more relevant factors in the motivation for his attack (Scott and Shanahan 2018). With hindsight, it is possible to see ways in which interventions with the perpetrator could potentially have averted the siege; the gunman had engaged in what were obviously warning behaviours for several years, including inappropriate correspondence to various public figures and authorities, as well as hunger strikes and lone protests, and he was already known to police and mental health services. Unfortunately, while many agencies had pieces of information about the eventual perpetrator of the siege, no one agency or system existed that was able to put the pieces together to recognize the warning signs for what they were and to intervene prior to the tragedy. In his findings, the NSW Coroner referred to the FTAC model then operating in the UK and Queensland as a 'successful formal, multidisciplinary approach that could identify high-risk individuals earlier, and engage with them before the risk they pose is actualised' (Commonwealth of Australia 2015, 416).

Thus, between 2016 to 2019, a further six fully integrated FTACs were established throughout Australia and New Zealand. These include a joint police-mental health team in the Australian capital, Canberra, under the command of the Australian Federal Police, for the protection of high office holders such as the Prime Minister (Riddle et al. 2019). Australian fixated threat assessment agencies employ a version of the British FTAC's risk aide-mémoire, adapted to the Australian context.

Initial independent studies have deemed the guidance best current practice for Australian FTAC settings (Swinburne University of Technology 2018). Since this time, the guidance has been modified for the assessment of individuals who pose a threat of extremist violence, which we will describe shortly.

Lone actor attacks

Because there were established processes within law enforcement and security intelligence agencies to respond to group actor terrorists and gangs, and given the discrepancies between group and lone or leaderless attackers, the FTAC model has focused on individuals – lone actors – rather than groups. Since the completion of the FRP, there has been a global upsurge of lethal and near-lethal attacks by disaffected lone actors, often involving or intending to involve multiple victims. Examples include the fatal shooting in June 2016 of 49 patrons at an Orlando nightclub by a 29-year-old male (Ellis et al. 2016); the truck rampage in Nice a month later by a 31-year-old Tunisian national, culminating in 87 deaths (Wilkinson et al. 2016); the October 2017 Las Vegas massacre perpetrated by a 64-year-old sniper, killing 59 people attending a music festival (Lombardo 2018); and, in October 2021, the bow-and-arrow attack in a small town near Oslo by a 37-year-old radicalized man, which killed five people (Neuman 2021). Australia has similarly experienced lone actor attacks, including the aforementioned Lindt Café siege (Scott and Shanahan 2018). In New Zealand, in March 2019, an attack by a right-wing violent extremist on two Christchurch mosques by a 28-year-old lone actor culminated in 51 deaths (Ellis-Petersen et al. 2019) and, in August 2021, eight shoppers were injured at an Auckland supermarket in a knife attack by a 32-year-old supporter of an Islamist extremist group (Watson and Yeung 2021).

The concept of LAGFV encompasses public figure attacks, mass killings in schools, other educational settings and workplaces, in addition to lone actor violent extremism (for example, Capellan 2015; McCauley et al. 2013). While there is no uniform profile for lone actors, commonalities have emerged in research on the subject (for example, Gill et al. 2017; Horgan et al. 2016; Malkki 2016). Lone actors are typically social isolates in the 'real' world (though not necessarily online), and many 'leak' their violent intentions to third parties before they act. They have conspicuously higher rates of mental illness and associated vulnerability relative to group actors (Gill et al. 2014), and the attacks are

underpinned by intense personal grievances and vendettas triggered by some perceived injustice, loss, injury or victimization. Personal grievances can, however, be masked by widely espoused extremist ideas and behaviours that endorse their eccentric views, as evidenced by the perpetrator of the Sydney Lindt Café siege.

Lone actor terrorism

Decentralized lone actor terrorist attacks – that is, those without command-and-control links to a recognized group – have been embraced by terrorist organizations because they are more difficult for law enforcement to track and infiltrate, they are usually cheaper, and require less sophistication and planning than group attacks. Such attacks are also less dependent on the mental stability, reliability and aptitude of the perpetrator (Hamm and Spaaj 2015).

In their lone actor database studies, Corner and Gill (2015) found substantially elevated rates of mental disorder and postulated more problematic personalities among lone actor terrorists; they are almost 14 times more likely to have a mental illness than group-based terrorists. Moreover, a comparison of lone actor and group actor right-wing extremists found significantly elevated rates of mental illness in the lone actor sample (40.4 per cent versus 7.6 per cent; Gruenewald et al. 2013). These figures may be an underestimate given the limited access of researchers to health records. They are, however, comparable to rates of mental illness in fixated persons (for example, James et al. 2007; Pathé et al. 2015) and apolitical mass killers (Gill, Silver et al. 2021). Studies have also found a greater frequency of the psychotic disorders schizophrenia and delusional disorder, and an overrepresentation of autism spectrum disorders among lone actor terrorists (Corner et al. 2016; Pathé et al. 2016).

Researchers have speculated that mental disorders are more prominent in lone actor violent extremists because some people with mental disorders, by virtue of social disadvantage, isolation and disenfranchisement, are more susceptible to ideological influences and the solutions they purport to offer (for example, Gill 2015, 103–19; Gruenewald et al. 2013). The person with suicidal or homicidal ideation is at particular risk of succumbing to the contagion effect of other well-publicized lone actor attacks. Also, some individuals with a psychotic disorder incorporate contemporary themes of terrorism into their delusional belief systems or adopt extremist ideas that support their idiosyncratic views. In the absence of any primary ideological motivation, these individuals are not devoted extremists committed to any widely

shared cause. However, they frustrate counter terrorism investigations and place themselves at risk in armed settings (Peddell et al. 2016), as illustrated by the following de-identified example.

> A 19-year-old man of Middle Eastern appearance with untreated schizophrenia walked into a police station in a Muslim Thobe and prayer cap, carrying a realistic toy rifle. In his impaired judgement, he planned to show the police how easy it was to buy fake guns at a toy shop. He had placed himself in an unquestionably perilous position, but fortunately he was known to the duty officer and crisis was averted.

Adapting the FTAC paradigm to LAGFV

Threat assessment agencies for those who are fixated owe their effectiveness to their collaborative and proactive design. Therefore, it seemed logical to extend the paradigm to incorporate other forms of grievance-fuelled violence. The centrality of mental disorders to lone actor terrorism and other forms of grievance-fuelled violence dictates a multiagency response that includes mental health capability. It can be difficult to discern at the outset what form violence will take in these cases, if it happens at all; whether the individual will ultimately attack a public figure, commit a workplace massacre or shroud their grievance in some wider extremist ideology to legitimize and broadcast their personal cause. However, an agency with the shared intelligence and processes to identify and act upon warning behaviours at the earliest opportunity can prevent the progression to violence in whatever form that ultimately takes.

Several fixated threat assessment and management capabilities have now widened their scope to incorporate other forms of LAGFV, including the National Police Threat Management Team in the Netherlands (Sizoo and van Nobelen 2021) and several FTACs in Australia (Pathé 2019).

For example, the Victorian Fixated Threat Assessment Centre (VFTAC), established in the Australian state of Victoria in 2018, was modelled on the UK and Queensland FTACs. VFTAC is situated in Victoria's capital city, Melbourne, within the Counter Terrorism Command of Victoria Police and staffed by police detectives and unsworn intelligence analysts employed by Victoria Police. Embedded in this police unit, with its own health governance, are several senior mental health clinicians from forensic psychiatry, nursing, psychology and social work

backgrounds, employed by Victoria's forensic mental health service. The success of the FTAC's intervention programme is underpinned by several key components, which are listed in Table 8.1.

VFTAC's referral categories and criteria are listed in Table 8.2. Cases that meet the referral criteria are accepted by VFTAC for further investigation by the allocated multidisciplinary case management team (CMT). This is comprised of a police detective, a mental health practitioner and an intelligence analyst. The police and analyst staff report to a senior sergeant, while health staff are supervised by the psychiatrists and senior psychologist within VFTAC. All accepted referrals undergo an initial threat assessment by the CMT, using the structured aide-mémoire, and they are triaged according to the level of concern.

The threat assessment aide-mémoire employed by VFTAC for fixated cases has been modified to include factors that are, based on current knowledge, significantly more frequent in individuals who have engaged in LAGFV than in those who have not (for example, Gill et al. 2014; Gill et al. 2017; Meloy and Gill 2016; Wolfowicz et al. 2020). Given the findings of psychological and social problems in these cases, the aide-mémoire contains a prominent *Health* section that covers mental, physical, personality and substance use problems, difficulties with employment and education, and life stressors. The *Criminality and violence* section considers any history of violence or other antisocial behaviour, exposure to criminality and any interest or affinity with weapons. The *Written or verbal output* section includes violent rhetoric, threats directed at the target or law enforcement and any evidence of 'leakage'. The *Psychological preparedness* items include identification as a warrior or soldier, grievance, support for extremist ideology, attitudes that justify violence towards others and any sudden changes in religious practice. The *Intent* section considers the identification of a potential target or targets, while *Capability* items include any evidence of preparatory activities to commit extremist or grievance-fuelled violence, relevant experience, skills or knowledge to commit such violence, and access to networks, funding and resources to carry out an attack. The *Opportunity to act* section examines any realistic opportunities to act on their violent plans. This guidance also assesses the stability of the current situation – the presence of protective factors or acute or imminent stressors. Some items in the threat assessment aide-mémoire are designated 'red flag' items, which are statistically associated with more serious or imminent violence. When a 'red flag' item is present, the case is generally rated a *high* concern until further investigation determines otherwise. Explicit definitions accompany all items in the aide-mémoire

and VFTAC's operational staff receive regular training in its application in practice. There are clear guidelines for allocating the concern level and all assessments are supervised by senior VFTAC staff. High levels of consistency have been achieved across VFTAC and within CMTs.

Table 8.1 Key components of the FTAC intervention programme.

- A multiagency approach, combining the skills and resources of police and mental health practitioners.
- The capacity of law enforcement and health cultures to collaborate in new, preventative approaches.
- An ethical, information-sharing framework for informing risk.
- Clear governance arrangements, where police members remain subject to current legislation and professional ethical mechanisms and clinicians employed by the public health system are subject to their existing clinical governance and professional regulatory oversight.
- Shared standard operating procedures governing consistent practice.
- A shared 'single point of truth' intelligence database, which contains the person of interest's police and (sanitized) mental health information.
- Specific referral criteria and a filter system for recognizing concerning cases (see Table 8.2).
- Dynamic, evidence-based, jointly administered threat assessment methodologies for case prioritization.
- A case management process for high-concern individuals.
- The capacity for joint home engagements and direct client assessment when required.
- Responsivity to families and carers.
- A range of interventions to reduce the identified risk. This necessitates consultation with mental health partners to ensure assertive management of mental disorders. (In our experience, this is best achieved through building mutually beneficial relationships with treatment services, including the provision of training, expert advice and support by VFTAC.)
- Key partnerships with non-mental health agencies to optimize delivery of tailored risk management options.
- The capacity to respond to acute referrals and to implement interventions urgently where indicated, including access to after-hours advice.

- The development of escalation procedures when risk mitigating interventions are denied.
- A mechanism for supporting staff who are subject to formal complaints from aggrieved clientele. In its pre-operational stages VFTAC was proactive in contacting relevant professional registration boards to explain the objectives and activities of FTACs in anticipation of complaints from grievance-fuelled individuals.
- Ongoing education and training capability for VFTAC personnel (including developments in the terrorism space and mental health training for police), and awareness training for other agencies.
- Allocation and training of staff as backfill for VFTAC leave periods and staff re-deployments.
- Case inactivation protocols, articulated in the standard operating procedures, including monitoring and flagging of cases.
- Research, evaluation, auditing and reporting capacity.
- Establishment of key performance measures, including:
  - Number of cases referred to the FTAC (effectiveness of the FTAC operating model in receiving referrals);
  - Number of cases accepted by FTAC (effectiveness of criteria in determining which cases to accept);
  - Number of accepted cases who receive an intervention plan (effectiveness of assessment and planning processes);
  - Number of accepted cases reassessed with reduced concern level (effectiveness of implemented intervention paths);
  - Percentage of referrals to FTAC that are accepted by mental health services (availability, access and uptake of services).

The Victorian expanded-FTAC model also features System Service Enhancements (SSE) coordinated through two large health services and a drug and alcohol agency. In funding these supports, the state government recognized that the identification of concerning individuals with mental disorders and complex needs would require greater capacity and responsivity within the mental health system. SSEs provide additional resources such as access to social housing and assistance with employment. And they facilitate referrals to mental health and social services, where the complexity of the case or other restraints threaten to embroil VFTAC's frontline staff in protracted and time-consuming negotiations. General mental health services are often more comfortable negotiating referrals through SSE colleagues from their own organization than talking to mental health staff within a police unit. The SSE can also provide short-term case management for problematic VFTAC cases that

Table 8.2 VFTAC referral criteria.

Category 1. Fixated[1]
• Meets definition for abnormal fixation[2] • Item(s) on referrer checklist *(public office-holder staff receive training in this screening checklist)*
Category 2. Pathological grievance[3]
• Individual harbours intense grievance(s) that poses a risk to others • Grievance has arisen from a real or perceived injury or injustice • Grievance relates to the workplace/former workplace, school, another organization, family members, a minority group or wider society • Presence of a mental disorder or suspected mental disorder[d] • Not politically, religiously or ideologically driven (see 'Extremist' criteria) (N.B. Can arise from a single issue or be a response to cumulative injustices.)
Category 3. 'Extremist'[5]
• Suspected radicalization or references to terrorist themes, where suspected or known mental health issues may be a contributing or driving factor • Refers to the spectrum of ideologies • Presence of a mental disorder or suspected mental disorder[4]

Notes to Table 8.2

[1] Referrals to this category are restricted to public office holders and their staff, via a separate referral process.

[2] Obsessive preoccupation with a person or a cause, pursued to an excessive, extreme or irrational degree.

[3] Defined as an extreme, all-consuming grievance, hatred, perceived injustice, and/or resentment, which is highly personalized or idiosyncratic, rather than a widely shared ideology.

[4] This definition is deliberately broad. VFTAC defines mental illness or disorder as any of the diagnoses coded in the mental or behavioural disorders section of the *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision* (ICD 10), the classification system used by health services in Victoria. This includes not only severe or major mental illnesses but also personality disorders, autism spectrum disorder and mental illness secondary to brain injury or medical conditions.

[5] The term 'extremist' in this context is a collective label for individuals with mental health problems who have come to the attention of authorities through their ideological statements and behaviours. Many individuals in this category do not ultimately have a primary ideological motivation.

fall outside the scope of general mental health facilities, such as those with severe personality disorders or abnormally persistent complainers – also referred to as querulants. Drug and alcohol services are particularly valuable, given their capacity to engage with the client in prison or hospital, where some are motivated to address their addiction.

VFTAC provides training to its referrers, most commonly police, adult and youth mental health services, intelligence agencies, adult and youth justice and correctional facilities, and the education sector. These sessions encompass fixation, grievance-fuelled violence and violent extremism, with practical exercises in the use of the referral criteria and intake procedures.

State and territorial FTACs in Australasia are well connected, enabling the coordination of threat and risk management for individuals who move between jurisdictions. While there are some variations in operational procedures between FTACs, threat assessments and related training are standardized throughout Australia and New Zealand and coordinated by the Commonwealth Department of Home Affairs. Regular 'community of practice' teleconferences provide a forum for consultation and discussion of operational and other issues.

VFTAC: a model for the prevention of lone actor grievance-fuelled and extremist violence

The operations of VFTAC, the largest FTAC in the southern hemisphere, will be illustrated with a case study. To protect individual identities this is a composite of several cases referred to VFTAC.

Case study: 'AJ'

This 24-year-old single man was referred to VFTAC by security intelligence personnel from the police Counter Terrorism Command because of his concerning posts on social media. In these posts, he declared that he was going overseas to join the Islamic State of Iraq and Syria (ISIS) and, if they did not accept 'head cases' like him, he intended to join the 'opposition'. He was offering his bicycle for sale to help fund his airfare to the Middle East.

On this limited information, VFTAC accepted the case because it met relevant referral criteria, particularly: 'Suspected radicalization or references to terrorist themes, where potential mental health issues are a contributing factor' (see Table 8.2). It is important to note that a clear

ideological motivation is not an essential condition, but if the person of interest (POI) is *behaving* like a terrorist, and mental illness, directly or indirectly, may be playing a role, they place themselves and potentially others at risk and they confound counter terrorism operations. Despite his professed ISIS sympathies, the extent to which an extremist ideology drove this individual was not initially clear, and this was a focus of further investigation.

The referral was allocated to a VFTAC CMT. The detective team member interrogated police databases, the analyst investigated the subject's electronic footprint and the clinician retrieved relevant health information from the mental health database. In all Australian jurisdictions, psychiatric services are distributed between the public mental health sector (servicing the majority of those with a serious mental illness), psychiatrists and allied mental health professionals in private practice, and general medical practitioners (GP). Under strict protocols in Victoria, mental health records can be accessed on public patients through a state-wide database and requests to interstate mental health services. Any record of treatment in the private sector is generally only obtained from the POI themselves, through references in the public psychiatric records or via family sources with the permission of the POI.

Investigation: what was discovered?

Police database

AJ – the POI – lived alone in a flat in the Melbourne metropolitan area. He was born in Melbourne to Lebanese immigrants. His parents were fruit farmers in regional Victoria, approximately two hours' drive from the city. Local police had transported him to a mental health facility two years earlier in a psychotic state after he phoned his parents accusing them of plotting to kill him. At that time, he was charged with possession of a small quantity of cannabis leaf, but no conviction was recorded. He had a current driver's licence but did not own a motor vehicle. He did not have a firearms licence, but his father was a registered owner of two shotguns. Neither AJ nor his parents had any criminal associations.

Intelligence analyst

AJ's social media account confirmed the comments about fighting for ISIS. Also, there were recent references on Facebook to obtaining guns. He had uploaded some YouTube videos depicting ISIS propaganda and suicide bombers, as well as the Columbine school massacre. There was no evidence of links to a terrorist network or organization and no record of

funding or resources to travel overseas. He did not hold a current passport and no application had been received.

Mental health database

According to the state-wide public mental health database, AJ was diagnosed with drug-induced psychosis during the four-day psychiatric admission two years ago. He was regularly smoking cannabis at the time but the extent of his substance use, then and now, was uncertain. He had a documented brain injury after falling from a tree at the age of 13 years. He had never worked and was on a disability support pension. He had no siblings, and his parents paid the rent on his flat. Following his earlier hospital admission, he was discharged to the care of his GP and a private psychologist whose contact details were recorded in AJ's file.

The clinician contacted the private psychologist who said AJ had stopped seeing him four months ago when he could no longer afford to attend. At that time, they were focusing on AJ's experience of severe bullying throughout his school years. AJ had struggled academically and did not progress beyond junior high school. The psychologist observed that his client was a very angry young man with a paranoid mindset. He often talked of destroying people who treated him badly. The psychologist had reassured himself that it was 'only talk'. He also observed that AJ felt stigmatized and alienated from others. He was a solitary individual, although he suspected AJ spent a lot of time connecting with others online. AJ had consistently denied any ongoing alcohol or other drug use and the psychologist did not suspect otherwise.

The clinician also contacted AJ's GP of 10 years, who treated AJ for asthma. He too was unaware of any substance abuse, and he was not prescribing steroids for AJ's asthma. The GP was concerned at their last appointment a fortnight earlier because AJ seemed quite paranoid. AJ told him he had been followed to the clinic by some nameless people. He said 'they' lived under his flat and mocked him, calling him a 'retard'. The doctor was sufficiently concerned to contact the local mental health assessment team but, after consulting AJ's health records, they advised the GP that AJ was likely to be using drugs and to refer him to a drug and alcohol agency.

Threat assessment

The CMT clinician was able to share specific information with her police counterpart in accordance with Victorian mental health and health records legislation. Equipped with this information, an initial threat

assessment was conducted by the CMT using the aide-mémoire. Factors that were present and, therefore, potential targets for intervention included acquired brain injury, suspected psychosis, social isolation, poor educational attainment, history of bullying and problematic substance use, 'leakage' on social media, interest in weapons and previous attackers, personal grievance and attitudes justifying violence towards others. While there was no realistic opportunity or capacity to act on his violent intentions overseas, there were opportunities to act in Australia, with identifiable and accessible targets – in particular, his parents – but also anyone who was perceived to be a threat.

As is not unusual at this stage of the investigation, several information gaps were identified. Gaps included information about his family relationships, other long-term and current stressors, exposure to violence, the extent of his affinity with and accessibility to weapons, other evidence of warrior identification, his level of support for an extremist ideology, the overlap between his faith and his adherence to an extremist ideology, and other evidence of planning and preparation to carry out an attack. While the available information strongly suggested a serious mental illness with persecutory delusions and hallucinated voices, the extent and nature of his psychotic phenomena and their impact on risk and possible radicalization required further assessment. The *cause* of his mental illness was not a critical consideration at that time because the risk stemmed from the behaviours and symptoms (particularly persecutory delusions) rather than their aetiology (for example, substance misuse), though such factors were relevant to management.

The current situation was judged to be unstable. The case met the stipulated criteria for a *high* level of concern requiring an urgent response. The case was discussed that day with VFTAC's consultant psychiatrist and detective senior sergeant, and then presented at the VFTAC interdisciplinary case management meeting.

Interdisciplinary management plan

Formulation
The initial case formulation noted that AJ was susceptible to extremist influences by virtue of personal factors (mental illness and traumatic life experiences). Specifically, he disengaged from mainstream society and normalized influences and found inspiration in a virtual world of fanatics and malcontents. His identification with attackers and destructive themes could be understood in the context of his childhood bullying, feelings of powerlessness, and a desire to avenge his oppressors. Terrorist messaging

may have provided some rationale for his psychotic symptoms, validating his violent intentions. Protective factors were less evident at the time but his rapport with his GP was encouraging, as was the lack of support for significant substance abuse.

The following interventions, derived from the identified risk factors and their combination in the formulation and discussion at the interdisciplinary case management meeting, were undertaken concurrently.

Mental health intervention

Engaging VFTAC cases with mental health services is seldom an easy process and requires some degree of strategizing. The situation was discussed with our clinical SSE partners and, given that AJ was a *high* concern, that he was not an active patient of the local mental health service and his access to weapons was uncertain, it was agreed that VFTAC would conduct a home visit in the first instance. VFTAC undertakes community engagements and direct interviews in cases where there is no other health service involved and, therefore, no other means of psychiatric or risk assessment.

An engagement plan was prepared to outline the purpose of the visit (to gather further information and assess risk and mental state) and risk management strategies, including alerting the local police and mental health service to the assessment. It is standard practice in these engagements for VFTAC to assign two armed, non-uniformed detectives and a senior clinician.

On arrival at the POI's flat, VFTAC observed that the windows were covered with blankets and cardboard. He appeared at the door, a thin man with a goatee wearing a threadbare heavy metal-themed singlet and camouflage pants. VFTAC staff identified themselves, provided an overview of VFTAC, and outlined their concerns and primary objective (to assist him to avoid a bad outcome).

AJ warily led his visitors to the alleged hiding place of the people he believed lived under his flat. This was unremarkable with no evidence of habitation. He said they had been shouting to him at all times of the day and night and urging him to come and fight with them. He believed these were the voices of ISIS and that they would only stop if he complied. He did not regard suicide as an option. He denied any combat training and his understanding of Islam and Islamist ideology was rudimentary. For example, among other claims, he understood that ISIS was a secret community in Israel descended from the Illuminati, where Muslims were allowed to party with virgins and drink alcohol. He wanted to be an ISIS soldier because they had the most powerful guns. He did not know where

to find guns now that his father was replaced by an alien who would kill him on sight. There was no obvious sign of any weapons or drug paraphernalia in the one-room flat. He denied abusing any legal or illicit substances since discovering that his 'impostor' father had tried to poison him two years ago with 'alien weed', which had led to his psychiatric admission. He was forthcoming about his internet use, but claimed he no longer trusted people online. He confirmed that he had seen a psychologist because 'I had a hard time at school – they called me a dummy, and now I will *crush* them … that's all you need to know.'

AJ was acutely psychotic and met the criteria for compulsory treatment. The VFTAC clinician updated the SSE and liaised directly with the local mental health service, providing relevant information from VFTAC's investigations to date, his current mental state evaluation and the grounds for the assessed *high* concern level. These concerns had been amplified by the home engagement, which exposed 'red flag' items for violence in general (hallucinations commanding him to commit violent acts and the delusional misidentification of his father as an alien), although on further assessment some items, such as affinity with weapons, had moderated.

While the mental health service did not dispute the need for treatment, hospital administrators did not want a 'terrorist' in their facility. VFTAC specialists reassured them that there was no evidence that AJ was a terrorist and that the extremist themes he expressed were highly likely to be driven by his mental illness. It noted, however, that, in the absence of treatment, this man would remain vulnerable to extremist influences. VFTAC extended its support to the treating team; they attended an initial case conference and the VFTAC CMT clinician continued to liaise with the mental health team throughout AJ's hospitalization.

If there had been more compelling evidence of radicalization in this case, it would not negate the need for assertive mental health care as AJ's untreated psychotic illness was likely to be impacting his worldview and extremist ideas. More compelling evidence of radicalization would necessitate a robust multiagency management plan focused on psychiatric treatment, more intensive involvement from VFTAC (including social media monitoring and relevant referrals) and an appropriate level of supervision for the patient. Discharge planning would similarly require multiagency participation, including with the VFTAC CMT detective. The above scenario would not result in charges or imprisonment in this jurisdiction, but were AJ transferred to the prison system for any reason, VFTAC would liaise with prison mental health services to flag his mental illness and VFTAC's ongoing role.

Police intervention

In addition to the above involvement, the VFTAC detective contacted AJ's father to ensure his firearms could not be accessed by his son, and arranged an inspection by local police. The legislation in Victoria requires that all firearms are registered to the owner, who must also hold a firearms licence and adhere to strict storage protocols.

AJ's mother informed VFTAC that AJ was insisting she and his father were not his real parents. For the past two years he had intermittently threatened to kill them, and this had escalated in recent months. His parents' efforts to engage mental health services had been unsuccessful. His mother also reported that her brother in Beirut was being treated for schizophrenia, pertinent information that was passed on to the treating team.

AJ's parents also told police they were not religious people, and their son did not have a religious upbringing.

Outcome

During his admission, AJ was diagnosed with paranoid schizophrenia which, along with the misidentification of his parents, responded well to anti-psychotic medication and nursing care. In view of his previous brain injury, he underwent neuropsychological testing, which confirmed his eligibility for assistance under Australia's National Disability Insurance Scheme (NDIS). This scheme funds reasonable and necessary supports for people with disabilities, including cognitive disability (NDIS 2019).

Four weeks later, the treating team requested the involvement of VFTAC and SSE in a discharge planning meeting. These inter-agency case conferences provide a crucial opportunity for VFTAC to ensure the implementation of appropriate follow-up arrangements and contingency plans and to confirm that all services understand their ongoing roles and responsibilities. The discharge plan included compulsory follow-up by the community mental health team with SSE oversight, referral to the NDIS for access to community support and skills-based activities, as well as enhanced parental support and supervision. Since the recent history and drug urinalysis corroborated AJ's reported abstinence, referral to a drug agency was not warranted at this time. An SSE psychologist met with AJ in hospital to explore his childhood trauma and AJ was happy to continue these sessions in the public health system. He was no longer expressing any vengeful thoughts or violent rhetoric.

When the CMT repeated the threat aide-mémoire after 10 weeks of community treatment and VFTAC monitoring, AJ was downgraded to a *low* concern. The mental health concerns identified in this case were now

being satisfactorily addressed. AJ was engaged with services and compliant with long-acting anti-psychotic medication and a robust management plan was in place. No further law enforcement measures were required, there were no ongoing credible threats, and VFTAC was not adding any further value to the management of the case. Although a decision was made at VFTAC's interdisciplinary case management review meeting to inactivate the case, AJ remained flagged on the police database for a further 12 months, to prompt notification of VFTAC in the event of any subsequent contact with other police units.

All investigations and interventions were documented in the separate and protected police and mental health databases, and in the 'single point of truth' joint database. The treating mental health service and SSE received written feedback and confirmation of the ongoing management plan. The referrer, being a law enforcement rather than health agency, received confirmation that, because of VFTAC intervention, the POI was now a *low* level of concern according to its evidence-based threat assessment.

Discussion

This case illustrates the vulnerability of some mentally ill people to radical ideologies and narratives. In AJ's case, the vulnerability stemmed from the combination of mental illness, life stressors and social alienation. His cursory understanding of Islamist doctrines and his disavowal of terrorism as his illness resolved added further weight to VFTAC's belief that AJ's extremist statements were driven by mental illness rather than radicalization. However, given the nature of his psychotic symptoms, VFTAC concluded that he posed a risk of non-terrorist violence to his parents, himself and the community.

VFTAC can enhance and prioritize patient management by providing relevant information that is not normally available to mental health services. VFTAC provides expert advice in areas that may be unfamiliar to mainstream services, such as the assessment of potentially radicalizing patients and mitigation strategies based on the findings of threat and risk assessments. FTACs can augment the treating team's follow-up in the community, and it has the capacity to systematically investigate cases and bring together key stakeholders who play an important role in the ongoing, comprehensive follow-up of the patient. Both the cooperation and understanding of our health practitioner colleagues and the capacity of the mental health sector to respond to these cases are paramount to the success of this model. Identifying threats without facilitating access to remedies undermines the fundamental purpose and function of the FTAC model.

The purpose of facilitating mental health care for these individuals is not only to ensure treatment for the condition from which they suffer but equally to manage the circumstances and behaviours that contribute to risk. In this case, the facilitation of treatment was relatively straightforward. Not infrequently, VFTAC referrals to mental health services are resisted or delayed due to bed shortages, a lack of specific expertise within the general mental health sector (resulting in a failure to appreciate the identified risks), or the anxiety evoked when tasked with managing these often challenging and sometimes notorious patients. While, in many cases, management demands little more than assertive treatment of mental illness in patients who have fallen out of care, VFTAC acknowledges the specialized nature of its work, and it provides education and support to the wider mental health system. The education has extended to Mental Health Tribunals, which review patients under compulsory detention legislation. These Tribunals, comprising lawyers, psychiatrists, and community members, must be properly informed of the harm potential of the person (as determined by the threat assessment and – when more information becomes available – comprehensive risk assessment using a structured professional judgement [SPJ] approach; see Chapters 3 to 6). Tribunal members should be apprised of any history of non-adherence to treatment and failed community follow-up. In some cases, continuing compulsory management in the community may be the best risk mitigation strategy available and the best protection for the public and the patient.

There are, of course, people with mental health problems who fall outside the constrained remit of mainstream mental health services, where compulsory treatment is simply not an option at that time. This particularly applies to people who have personality problems and autism linked to their risk of harm. Victoria has a specialist personality disorder service that provides assessment and consultation to this group of people, but services for concerning individuals with autism are scarce. People referred to VFTAC with autism tend to be younger (in the 15–24 range), and VFTAC endeavours to work with youth mental health services to address factors identified in the threat aide-mémoire. When a VFTAC POI falls outside the sphere of generalist mental health activities, the CMT's involvement will not be a one-off intervention but an engagement that may continue for many months. In such instances, the CMT, with the assistance of its SSE partners, creates a stabilizing social network for the individual. These agencies, which may include non-government organizations, also perform a monitoring role, identifying changes or escalation in problematic behaviours and remobilizing interventions at the earliest opportunity.

In cases of potential violent extremism, where broadly defined mental disorders and associated vulnerabilities are not regarded as a relevant or significant factor, other units in the Counter Terrorism Command, such as Security Intelligence, can assume primacy of the case, providing further investigation, monitoring and liaison with external intelligence agencies. Where relevant, it may be appropriate for VFTAC to continue brokering psychosocial interventions. Some of these individuals will be eligible for Victoria Police's Countering Violent Extremism (CVE) programme, which receives referrals of individuals who are engaging in behaviours that suggest they are radicalized or radicalizing. The CVE programme is resourced to offer a range of community supports to voluntary cases. There is flexibility in this approach with VFTAC and CVE jointly managing people where there are both mental health issues and extremist ideologies.

When comprehensive risk assessment is indicated as part of the individual's subsequent assessment, VFTAC favours the *Terrorist Radicalization Assessment Protocol* (TRAP-18; see Meloy 2017; Meloy and Gill 2016), a set of guidance that supports an SPJ-informed evaluation of individuals who pose a risk of lone actor terrorism (see also Chapters 4 and 5). The TRAP-18 is underpinned by the empirical and theoretical literature and its application in practice has demonstrated high levels of inter-rater reliability. It supports the assessment of risk of violence across a spectrum of ideologically motivated lone actors and it can be referred to by all disciplines within VFTAC who have completed online training on its application. The TRAP-18 has also been useful when applied with special populations encountered by VFTAC, in particular, the male supremacist movement 'involuntary celibates' (or 'incels'; Collins and Clark 2021) and the anti-government extremists known as 'sovereign citizens' (Challacombe and Lucas 2019; Sarteschi 2021). The TRAP-18 has also been applied in a sample of 44 people with severe mental illness with criminal histories and social isolation, showing high predictive validity in relation to risk of radicalization in this group (Fernández García-Andrade et al. 2019). While there is no empirical evidence at present for its use with women and with those under the age of 18, to date, 97 per cent of VFTAC cases and all of those in the 'extremist' referral category have been male. However, 17 per cent of referrals are in the 10–24-year age range (Iqbal et al. 2020), raising questions about what adaptations may yet be required to the TRAP-18 and its application in practice to take account of the developmental needs of younger people.

The TRAP-18 requires extensive information and preferably a direct assessment of the individual, neither of which may be available or

possible while the case remains active with VFTAC. That task is allocated to other appropriately trained forensic mental health professionals from the mental health organization that employs VFTAC clinicians.

The effectiveness of the FTAC model

Integrated approaches have demonstrated their efficacy in facilitating care and treatment for fixated persons. The following outcome studies relate primarily to lone actors at risk of fixated attacks. The extent to which they can be extrapolated to the expanded model requires more detailed research, but an analysis of VFTAC outcomes is summarized at the end of this section.

The UK FTAC's analysis of the first 100 cases assessed as a *moderate* or *high* concern found that 86 per cent suffered from a psychotic illness, 57 per cent were admitted to hospital, and community mental health services accepted 26 per cent. By enabling suitable health outcomes, 80 per cent of cases were reduced to a *low* level of concern (James et al. 2010).

A follow-up study of 100 FTAC cases (James and Farnham 2016) examined problematic communications and approaches, comparing data for the 12-month and two-year periods before the FTAC intervention with the 12 months and two years post-intervention. There were statistically significant reductions in the total number of inappropriate communications in the two years after the FTAC intervention compared with the two years before (reduced by 47 per cent) and in the 12 months after, compared with the 12 months before (reduced by 42 per cent). For approaches to potential targets, the reductions were 68 per cent for the two-year period and 77 per cent for the 12-month period, which were highly significant. A decline in the number of incidents requiring police call-outs or stops in the two-year and 12-month periods before and after FTAC intervention was again highly significant. The study concluded that FTAC intervention was effective in reducing problematic communications and approaches and, consequently, the time spent by police dealing with these individuals.

In its first year of operations, Australia's QFTAC found that more than half the individuals who engaged in problematic behaviours towards public office holders were seriously mentally ill and, at initial referral, two-thirds of cases were assessed as a *moderate* or *high* level of concern. There was a substantial reduction in concern levels at the conclusion of the 12-month reporting period (96 per cent *low*, 4 per cent *moderate*) (Pathé et al. 2016).

An evaluation of VFTAC's joint database covering the first three years of operations (2018–21) found a preponderance of males among the 184 accepted referrals. Regarding referral pathways (see Table 8.2), 56 per cent were categorized as 'Pathological grievance' (those posing a threat of non-ideological violence). A quarter of the sample were accepted under VFTAC's 'Extremist' criteria, and a smaller proportion (20 per cent) were 'Fixated' (pursuing public office holder targets). Those who met the 'Extremist' criteria were significantly over-represented among the *high* concern cases, with a third of the 'Extremist' cohort presenting with violent behaviour accepted under the 'Extremist' criteria towards the general public or identified people. At least a third of the total sample – and 41 per cent of the 'Extremist' group – were diagnosed with a severe mental disorder. Substance abuse was recorded in a third of all accepted referrals, marginally lower for the 'Extremist' category. Suicidal behaviour was recorded in 17 per cent of the overall sample and 9 per cent of the 'Extremist' cohort. Concern ratings derived from the threat aide-mémoire decreased following VFTAC interventions, most commonly (in nearly 40 per cent) liaison with public and private mental health services and facilitation of mental health community care. Police actions, including liaison with other Victoria Police (for example, Weapons Licensing Branch and Family Violence Unit), accounted for 21 per cent of all interventions. Cases initially deemed to be a *high* concern decreased from 43 per cent of the total sample to 2 per cent at the end of the reporting period, following VFTAC intervention. Changes in concern level did not differ by referral category (McEwan et al. 2021).

The UK experience of LAGFV

The UK pioneered the development of the FTAC model. However, the 2017 terrorist attacks in London and Manchester shone a bright light on the risk assessment processes regarding individuals holding a grievance and deemed to be a risk to national security. As was widely noted, among the perpetrators of the five attacks that year were individuals known to authorities – several were current or closed people of interest to the Security Service, and several had been referred to the national Prevent programme dedicated to limiting the effects of radicalization on vulnerable people.

The reviews that followed the 2017 attacks focused on methods of assessing and managing the risk of violent extremism across multiple agencies and linking those agencies into better networks of support for people at risk – to reduce the potential for such individuals to be overlooked

or inadequately managed once identified. Alongside the various criminal justice routes are a range of early prevention initiatives. For example, within Prevent, the Channel programme seeks to identify referred individuals vulnerable to becoming involved in (violent) extremism. Safeguarding practitioners work with referred individuals and their families to provide the supports that, when missing, are thought to lead to a greater vulnerability to radicalization to a violent extremist ideology.

Another complementary approach is the Prevent Vulnerability Support Hubs, which drew initially on the FTAC model of multiagency liaison and diversion. The Hubs consist of a partnership between NHS mental health service providers and Counter Terrorism Policing. They feature psychological, psychiatric and forensic nurse specialists working alongside detectives to screen referrals to Prevent, flagging those individuals who may have mental health problems and require support to access mainstream mental health and social care services. Then, using formulation-based approaches (such as those described in Chapter 6), that access is facilitated in the expectation that the provision of services to meet basic needs for care and support may ameliorate, at least to some degree, the apparent risk of further radicalization if not progression towards an act of extremism. In respect of information sharing, the Hubs operate very much like the FTAC services described above, where information is obtained and offered to other professionals and services by trained practitioners only and only to support a better understanding of the concerns raised about the individual and their access to appropriate care. There are now three Vulnerability Support Hubs, covering all of England and Wales.

Concluding comments

Multiagency, preventative models for the assessment and management of lone actor targeted violence arose from a body of innovative research, which translated relatively quickly and efficiently into practice. The UK-based Fixated Research Group, commissioned by the Home Office in that country, culminated in a new model for the assessment and management of a legion of individuals whose obsessive preoccupations may make them a threat to public health and safety. This model owed much of its initial success to UK mental health legislation, where effective risk assessment and management with people with mental health problems is facilitated by a lower legal threshold for involuntary hospitalization relative to many other parts of the world. However,

multidisciplinary FTACs have a range of interventions at their disposal, enabling the model to be adapted to other countries with differing legal structures and mental health arrangements.

The repeated finding that mental ill health and related vulnerabilities are a prominent feature of fixated behaviours has transformed our approach to threat assessment and management in the lone actor domain. Rather than being an incidental or inconvenient finding, the presence of mental ill health provides the potential for a mental health solution for the primary benefit of both ideologically and non-ideologically driven lone actors and for the prevention of harm to others. With the capacity to identify and intervene with people who are exhibiting complex psychological difficulties, the focus is no longer on the impractical task of predicting harm but, rather, on preventing it.

Another significant finding to emerge from the fixated and subsequent lone actor research was that of warning behaviours and the prospect of preventing attacks through the identification and management of these behaviours. Warning behaviours, such as problematic correspondence to the target of their grievance or broadcasting violent intentions to other parties, have been retrospectively identified in the lead-up to previous assassinations and massacres. Most of these individuals do not just attack on impulse but engage in behaviours over a variable period that can be disrupted. Better detection of warning behaviours through better threat assessment and management practice by multidisciplinary teams means a greater potential for prevented harm.

The FTAC model has evolved to include the assessment and management of individuals with the potential to engage in acts of grievance-fuelled violence more broadly. This was a logical development based on the emerging lone actor research, which demonstrated commonalities between the fixated lone actor terrorists and apolitical mass killers. The identification of higher rates of mental illness in lone actors relative to their group actor counterparts again provides a critical avenue for a preventative approach by law enforcement and mental health practitioners working collaboratively.

The value of the FTAC model has been demonstrated in early descriptive and longitudinal studies, and more sophisticated evaluations with larger multicentre databases are planned. These agencies have created and successfully applied novel guidance to support the avoidance and disruption of risks to public safety (the CTAP-25), a public health approach to preventing people with mental health problems from falling out of care, access to specialized health advice, effective joint assessment methodologies, an improved and better-integrated service response, and,

through the provision of training and education, enhanced capacity within law enforcement and mental health services to identify warning behaviours and indicators of radicalization and to differentiate them from violence driven by other causal factors.

This model is not without its challenges. Cultural conflict – such as that between law enforcement and health care professionals – is almost inevitable in these joint settings. Ultimately, however, both mental health and police personnel share a common public safety duty and goal, and this is compatible with improved outcomes for these individuals. A murderous act by a mentally ill person is certainly not a good outcome for them and the ensuing publicity compounds the stigma that can attach to all people with mental health problems. However, conflict arises in the absence of clear ethical guidelines for information sharing and other processes. For instance, detectives in VFTAC are occasionally confronted with a situation in which a person of interest has committed an offence, and arrest becomes an intervention option to be undertaken by local police units. However, FTAC is a preventative model where the case management team aims to link the person with appropriate services *before* they offend. Thus, an FTAC-based police intervention may be counterproductive in terms of securing ongoing engagement and cooperation from the person of interest, compromising long-term outcomes. Furthermore, the arrest of individuals can erode the trust and cooperation of mental health services. While police must lead these decisions, they are informed – sometimes, if not often, *better* informed – by clinicians. There is no textbook response, but decisions must follow processes that are clearly articulated in joint standard operating procedures. These procedures are a work in progress and need to be revised in response to new situations and legal advice representing the interests of both police and health partners.

In the current security environment, threat assessments necessitate communication and cooperation between relevant agencies. Targeted violence by lone actors will not be prevented by siloed and uninformed threat and risk assessments, particularly in the absence of effective, long-term interventions for vulnerable individuals with unmet needs. The multiagency paradigm has shown that the prevention of tragic outcomes at the hands of lone actors is now, more than ever, a shared responsibility.

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9

Ethical and legal issues in violent extremism risk and threat assessment and management

Ronald Schouten

In a world fraught with dangers, there is increasing demand and felt need for processes and individuals that can detect potential for harm, assess it and provide insights for management and mitigation. Two different but related endeavours in this area are 'risk assessment' and 'threat assessment'. This chapter starts with a discussion of the similarities and differences between these activities, adopting the approach of Hart and Vargen (see Chapter 5) in referring to them as a single entity, 'violence risk/threat assessment and management' (VR/TAM). The chapter then addresses the question of whether individual practitioners in these multidisciplinary fields should be governed by the code of ethics of their own profession, or whether VR/TAM comprises a distinct area of practice that should be governed by specific ethical standards. Concluding that, for the time being, practitioners will be governed by the standards of their own professions, the chapter explores some of the ethical and legal issues and challenges posed by this area of work, including those that arise when professionals from different fields work in pursuit of a common goal. I do not presume to make a definitive statement as to what the ethical standards of VR/TAM should be. Rather, my goal here is to frame the issues and promote a conversation about those standards as our work advances.

Risk assessment versus threat assessment

While many experts regard risk assessment and threat assessment as separate specialties, they have shared goals, are practised by similar

professionals and their very names have interchangeable common meanings. Both refer to assessing the potential for harm inherent in a wide range of situations. Thus, there is considerable overlap between risk assessment and threat assessment practice, particularly as described in this book. The subtle distinction between risk and threat assessment appears to lie in whether the risk of harm is non-specific and ongoing, or in the near term and pertaining to a specific target (threat). It is common, however, for VR/TAM to be practised by a team that may include practitioners from multiple disciplines, which has implications for ethical and legal issues when they arise.

Adopting the approach of Hart and Vargen in Chapter 5, this chapter focuses on the 'general process' underlying both violence risk assessment and management (VRAM) and threat assessment and management (TAM). The general process they share involves observing and assessing behaviour, evaluating individual, contextual/environmental and situational risk and protective factors that may increase or mitigate any threat of violence, and appraising the balance among the most relevant factors and the implications of that balance for prevention. In cases of potential acts of violent extremism, the factors considered might include political and religious beliefs and actions taken to prepare for or carry out acts of violence in support of those beliefs. As such, a risk assessment (including consideration of protective factors, as outlined elsewhere in this volume) is at the heart of any threat assessment but is combined with an ongoing analysis of process variables that indicate the person of concern's behavioural trajectory.

An overview of the legal and ethical landscape for VR/TAM

VR/TAM has become part of the modern lexicon in societies confronting a seemingly relentless stream of incidents of mass violence, including those associated with violent extremism. As more people become aware of VR/TAM and its inherent promise of preventing violence or mitigating harm, paradoxically, expectations are raised that something could and should have been done to anticipate and prevent any acts of violence that do occur. Frustrated expectations of this kind lead not infrequently to attribution of blame and demands for an accounting for the presumed failings of law enforcement, government agencies, mental health professionals, educators, parents; indeed, anyone perceived to have any possible responsibility or potential opportunity for early intervention. While these concerns must be heard and explored – evaluation is critical to service development and

improvement – scrutiny that is excessively critical or blaming can lead to the paralysis of service delivery and an erosion of confidence in the professionals tasked with doing so. In litigious societies, additional pressures arise from the spectre of lawsuits seeking damages from those accused of failing to act properly to prevent an act of violence.

Such demands and expectations, along with the inherent desire to protect fellow human beings, can also lead VR/TAM practitioners to a sense of urgency and obligation to prevent harm *at any cost*. These pressures may, in turn, lead to shortcuts and departures from standard practice that create ethical and legal hazards, even among practitioners who believe they are acting with the best of intentions. A disturbing example of this is found in the development and application of 'enhanced interrogation techniques' in the aftermath of the 11 September 2001 ('9/11') terrorist attacks on the United States. These techniques were reverse engineered, without scientific validity, from the US military's Survival, Evasion, Resistance and Escape (SERE) training programme by two psychologists in a supposedly good faith effort to prevent subsequent terrorist attacks. The techniques constituted torture, which is widely although not universally decried as always being unjustified and unproductive (for example, Allhoff 2014; Hoffman et al. 2015; Katchadourian 2005; O'Mara 2015).

Preventing targeted violence, whether by violent extremists or disaffected students or disgruntled employees, is very much a public good. Given the opportunity, what might we be tempted to do to prevent the tragedy of the far-too-numerous targeted violent attacks that have plagued us across the world? As individuals, as practitioners and as a society, many of us feel the need to do *something*. Indeed, those attacks and the sense of anxiety and impotence they generate have fuelled the growth of VR/TAM as a discipline and a form of expert practice. Yet, within that pursuit of the greater good lie many temptations, from allowing stereotypes and stigma to influence one's evaluation, to encroaching on the rights to privacy of the people of interest, to adopting a punitive approach towards those whose behaviour raises the spectre of violence during times of heightened anxiety. The ethical and legal landscape of VR/TAM is complex.

Potential ethical and legal issues

The good that can be accomplished by VR/TAM is accompanied by potential downside risks for those being assessed. Those risks raise

significant ethical as well as legal concerns. As noted above, the personal and professional desire to prevent harm to others and societal demands to prevent violence put tremendous pressure on practitioners in these fields to get results, which may be seen as outweighing concerns about intrusions on privacy, deprivation of liberty and other harmful consequences. In the absence of clear guidance from professional ethical standards, practitioners may be tempted to depart from their own previously avowed standards of behaviour and personal and professional ethics.

Intrusion upon human rights has been identified as an important and concerning aspect of addressing violent extremism (Asia–Europe Foundation 2018). More broadly, as VR/TAM has grown, concerns have been raised among civil and human rights groups that such assessments will be influenced by inherent religious, racial and ethnic biases, and violate the rights of the persons of concern.[1] For example, Britain's Prevent programme, which imposes a legal duty on educators and other specified authorities to intervene when a vulnerable person appears to be radicalizing to extremism, has been criticized for being biased against Muslims (see for instance, Jerome et al. 2019). In the United States, concerns have been raised regarding the potential for discrimination against people with disabilities who become the subject of threat assessments (for example, Griffiths et al. 2008; Miles 2021; Swetlitz 2019). Additionally, and referencing the movie 'Minority Report', VR/TAM has been criticized as an application of 'pre-crime' activity by authorities intruding upon the rights of individuals who have yet to violate the law (Zedner 2016).

In countries with strong protections of freedom of expression, concerns are also raised that spoken and written words expressing anger, hostility and political partisanship will be suppressed and confused with actual threats of harm, resulting in criminal prosecution as well as stifling protected political speech. In a case that is ongoing in the United States at the time of writing, a former medical student is suing his state-operated university for dismissing him following allegedly contentious and unprofessional behaviour at a public lecture. Three of his four charges against the school were dismissed by the Court; however, his claim that the school infringed upon his right to freedom of speech, guaranteed by the US Constitution, has survived (*Bhattacharya v. Murray* 2022). And privacy concerns, among others, are commonly raised when programmes aimed at countering violent extremism are discussed (Grierson 2019; Open Society Foundations Justice Initiative 2016; Strauss 2019; Swetlitz 2019).

Properly executed, in cases of credible or true threats, VR/TAM can contribute to the safety and well-being of potential victims. It can also benefit the individual(s) of concern by preventing them from engaging in acts that will harm others and themselves, and by potentially connecting them to resources that may help minimize future threats and keep them out of the criminal justice system. The report of a recent study by the US Secret Service of 67 averted school attack plots (National Threat Assessment Center 2021) emphasizes that the primary goal of student threat assessment is not prosecution or discipline, but rather preventing violence and providing the student with help to ensure a positive outcome for them and their communities. Similarly, efforts to identify those psychosocial factors that may have set the stage for radicalization to violent extremism and provide services to address those factors may help to reverse a person of concern's progression on a pathway to violence or speed their return to society after involvement in the criminal justice system. Notably, the UK's Fixated Threat Assessment Centre (FTAC) describes itself as 'preventing harm and facilitating care' (James et al. 2010). Such efforts are described by Pathé and Farnham in Chapter 8 of this volume.

While VR/TAM can lead to beneficial outcomes for all concerned, things do not always go as planned. Mischaracterizations of actual threats as non-threats or minimal threats (false negatives) can lead to devastating results. Threat assessments that inaccurately characterize an individual as posing a threat (false positives) can have an unjustified harmful impact on the subject's education, employment or liberty. The potential for legal liability can be present in both situations, including personal injury or wrongful death in the former and defamation, false imprisonment or wrongful termination in the latter.

Even properly conducted threat assessments can have adverse consequences. When someone becomes a 'person of concern', VR/TAM can involve an in-depth investigation into that person's background and behaviour, with the degree of intrusion of those various rights increasing or falling as the level of threat concern fluctuates. Even when the fact of the assessment is closely held, the process can be stressful and harmful to the subject, their family, friends and community. This is especially true for individuals who are already marginalized due to their race, religion, ethnicity or an actual or perceived disability (National Disability Rights Network 2022).

Being the subject of a threat assessment can be stigmatizing, such as when co-workers or other community members become aware of the assessment, with stigmatization persisting even if a thorough assessment has determined a low level of risk. Those who perceive a threat from a

given individual are often not easily persuaded that there is minimal risk, regardless of the qualifications of those performing the threat assessment. In those situations, the team managing the threat often faces the challenge of returning the person of concern to the classroom, community or workplace in the face of objections from peers, supervisors, educators or community members who have become convinced that there is an actual threat. Their concerns are not assuaged by anyone else's opinion, regardless of the assessor's expertise. For example, this author has had the experience of conducting a threat assessment of a student at a professional school whose comments and behaviours caused colleagues to fear for their safety. Unconvinced by the opinions of this evaluator and the university chief of police (a retired head of a state law enforcement agency), the concerned students in the school looked to the internet and the opinion of a first-year medical student to determine the level of risk in this case. The first-year student was deemed an authority because of a potential interest in eventually becoming a psychiatrist and their summer experience working in a psychiatric hospital.

In order to devise a management strategy, VR/TAM practitioners must first determine the level and imminence of the potential hazard. Depending upon one's location and VR/TAM traditions, this may involve assigning a 'risk level' or a 'case prioritization' based on a 'level of concern' (see Chapter 4 for more on risk communications). Irrespective of the ultimate determination, the assessment process itself poses an inherent risk of violating the individual of concern's privacy. A recommendation for 'watchful waiting' is benign enough, but what if it is accompanied by advice to monitor social media accounts or private communications, or to implement personal surveillance? Are those actions legally permissible in that jurisdiction? Do the potential benefits justify the risks, and how is this calculation made? At what point does undercover investigation amount to entrapment?

Persons of concern with apparent mental health issues provide another example of some of the ethical dilemmas that can arise due to competing considerations. Take, for instance, the common practice of sending law enforcement to the home of someone who may pose a threat of violence for a 'knock and talk' or 'wellness check' after a person with possible mental health issues has engaged in threatening or other problematic behaviour. Such an intervention can have very different results depending upon the jurisdiction and the personnel dispatched to make the assessment. Under the best of circumstances, a visit from a skilled law enforcement/mental health team becomes a supportive intervention and leads the person of concern to needed resources. Under

the worst of circumstances, practitioners lacking necessary skill and training respond to the call and the situation deteriorates, with serious and sometimes deadly consequences. Not uncommonly, a cursory evaluation elicits reassurance from the person of concern that they have no thoughts of harming themselves or others, leaving even a person with obvious mental health issues without services and law enforcement without the tools necessary to intervene further to remove firearms or arrange for treatment. What are the obligations of those requesting such interventions to know which of these responses is most likely from the law enforcement personnel in question? As VR/TAM efforts have spread with the establishment of threat assessment teams in many schools, workplaces and communities, the sophisticated approach taken by the FTAC in the UK remains the exception rather than the rule.

Finally, VR/TAM assessments also can have important consequences for a person of concern's liberty as arrest, prosecution and criminal penalties can apply to making threats, actual infliction of harm, and conspiracy and support for others engaged in acts of violent extremism. VR/TAM can be used as part of the initial investigation and in making decisions as to whether a person is going to be detained or subjected to ongoing monitoring. VR/TAM may also be essential to a decision of whether to prosecute and ultimately, whether there is a conviction. Finally, after a conviction or guilty plea, VR/TAM may be used to inform issues such as sentencing and the terms of probation or granting parole.

Sources of ethical and legal obligations

The seriousness of the possible outcomes of VR/TAM assessments and the potential harm that may result from them impose significant obligations on practitioners to be knowledgeable, skilled, objective and accurate in their assessments, and thoughtful in their recommendations. Increasingly, alleged failure to fulfil those professional duties becomes a legal as well as an ethical matter. Persons of concern who suffer adverse consequences may seek to recover damages if their educational or professional careers are derailed because of a threat assessment. On the other hand, multiple lawsuits have been brought in the United States alleging that injury or death resulted from failed threat assessments due to absent or inadequate policies and procedures or negligent performance by those conducting the assessment. Whether or not litigation is pursued in the aftermath of an act of violence, public scrutiny is commonly directed towards individuals and agencies believed to be responsible for preventing harm.

For example, after the school shooting in Uvalde, Texas, the actions of responding law enforcement officers were scrutinized and the chief of police for the school district was fired. In the UK and United States, it is routinely noted if the perpetrators were 'on the radar' of law enforcement prior to the event. By way of another example, the 2017 attack on the Manchester Arena in the UK was followed by an independent public inquiry commissioned by the UK Home Office into the operation of law enforcement agencies (Manchester Arena Inquiry 2023).

Whose ethics?

As noted above and elsewhere in this volume, professionals from multiple disciplines can be engaged in risk and threat assessments. At what point in the scope of human behaviours do we incur ethical obligations to others above and beyond our personal moral and religious values? Similarly, when does the law convert ethical requirements into legal obligations (for example, statutory prohibition of homicide embodying the ethical and religious obligation to not kill others) or impose other legal requirements that govern individual behaviour to protect the rest of society? To a large extent, the answers lie in how we represent our work and how society views it. Consider the following.

Anyone can, and does, perform risk and threat assessments, and we do so on a regular basis. What's the 'risk' of being caught in traffic if we leave work now rather than later? Does that pose a 'threat' that we will be late for dinner? We decide to go swimming when the sun is bright and the sky cloudless, but our assessment of the risk of a storm and the threat of being struck by lightning changes as the sky darkens and thunder rumbles. Such decision making, weighing risk and protective factors, probability and severity of occurrence, and potential harms and benefits, is routine and requires no special expertise.

Even so, individuals vary in their knowledge and skill in making specific types of decisions related to threat and risk. Using our weather example, experienced sailors are likely to develop more skill at predicting the course of the weather than, for example, those who never venture onto the water.

Enhanced skill, whether in anticipating traffic patterns, predicting the weather, or assessing the relative safety of taking a shortcut down a dark alley, is the combined product of knowledge, training and experience. Over time, that skill can be improved by developing a systematic process or method that can be applied consistently and by other practitioners because adherence to the generally accepted rules and techniques of that

process heightens the likelihood of success. The evolution of systematic efforts in assessing risk of violent extremism, including the development of the structured professional judgement (SPJ) approach, is nicely detailed in Chapters 3 to 6 in this volume.

Individuals who study and attempt to perfect such skills and knowledge have limited ethical obligations to one another or society beyond personal moral and religious values. As those who engage in these efforts form groups based on shared interests and adherence to the discipline, they may elect to adopt an organizational code of ethics or code of conduct[2] to which individual members agree to adhere as a condition of continued membership. The penalty for breaching such ethical codes is an admonition or expulsion from the organization and potential loss of professional credibility, at least among knowledgeable colleagues and members of the public.

The process by which an activity shifts from being an avocation to a profession involves delineation of a specific body of knowledge, membership in a group that possesses that knowledge, and adoption of a code of professional ethics (for example, Australian Council of Professions 2003; Tapper and Millett 2015). To the extent that society at large recognizes the profession and relies upon its representations of knowledge and expertise, there is a societal expectation that ethical and practice standards exist, which may be enforced by granting or withholding of government-controlled licensure to practise the profession.

An exploration of whether VR/TAM constitutes a separate profession is beyond the scope of this chapter. Nowhere, to this author's knowledge, has VR/TAM, in the context discussed in this volume, become an independently recognized, licensed profession. Rather, each of the members of the multidisciplinary risk and threat assessment team is subject to the ethical and other requirements of their own professional organizations and governmental licensing agencies. The Association of Threat Assessment Professionals' *Code of Ethical Conduct* (ATAP 2020), which is based on the American Psychological Association's *Ethical Principles of Psychologists and Code of Conduct* (APA 2016), originally contained separate specific guidelines for law enforcement, behavioural health and legal professionals. It has evolved to a single set of guidelines, applicable to all members.

The ATAP *Code* addresses the fact that its membership comes from multiple disciplines that may have differing ethical and legal requirements. It notes:

It is recognized that Members represent, and also integrate, a range of professional backgrounds (for example, law, medicine, law enforcement, behavioral science, security, human resources, etc.). In the process of making decisions regarding their professional behavior, Members must also consider this Ethics Code in addition to applicable laws during the performance of their professional duties. In applying the Ethics Code to their professional work, Members may consider other materials and guidelines that have been adopted or endorsed by scientific and professional organizations and the dictates of their own conscience, as well as consult with others within the field. If this Ethics Code establishes a higher standard of conduct than is required by law, Members must attempt to meet the higher ethical standard. If Members' ethical responsibilities conflict with law, regulations, or other governing legal authority, Members make known their commitment to this Ethics Code and take steps to resolve the conflict in a responsible manner in keeping with basic principles of human rights. (ATAP 2020, Introduction and Applicability Preamble)

Like the APA's *Ethics Code*, the ATAP *Code* extends to multiple aspects of professional life, including such matters as plagiarism and advertising.

When, and if, VR/TAM emerges as an identified, singular practice, it may develop its own unified code of professional ethics. Until that time, members of VR/TAM teams may be subject to different, and potentially conflicting, professional ethical requirements that arise from membership in their own professions, while simultaneously being held to ethical standards imposed by voluntary membership in multidisciplinary organizations. Whereas governmental regulation is usually imposed after a profession has been established, it is not inconceivable that VR/TAM may experience an opposite sequence. Governmental regulation, including licensing, could be imposed before practitioners regard themselves as a unified profession if legislators determine that VR/TAM must be held to specific standards of practice for the protection of the public.

What law?

Legal obligations, which are found in case law, statutes and regulations, also evolve as the scope of our interactions with others expand. At one end of the spectrum, the Anglo-American legal tradition imposes limited obligations on individuals towards others. We need only exert ordinary

care and skill in our activities, which means behaving carefully enough to avoid foreseeable harm to others. An additional important aspect of the Anglo-American legal tradition is that individuals have no obligation to protect third parties from harm or come to their rescue if they are in peril. Setting aside any moral or ethical obligations, there is no legal obligation to render aid to a person we see collapse on a sidewalk. We can, without legal peril, continuing walking. That does not hold, however, in a number of states in the United States, as well as countries that have a civil law system, which impose a duty on all citizens to provide reasonable assistance to others in peril, so long as it does not involve undue risk.

Legal obligations to others expand if there is a 'special relationship' between the victim and the actor. Such relationships can be created in several ways and once established, impose duties on one or both parties. One way for a duty to be established is for the actor to offer explicitly or implicitly to provide a service, thus inducing reliance upon the actor's representation of their ability to provide it in a safe and skilled manner. Thus, the passer-by who stops to render aid to the individual collapsed on the sidewalk establishes a special relationship with that person, thereby incurring an obligation to render aid in a non-negligent fashion and to not abandon the effort prematurely. By way of another example, a clinician who receives a telephone call from someone who wishes to enter treatment has no obligation to begin treatment or to even respond to the caller's distress. A special relationship, with attendant obligations to practise in accordance with the standard of care, arises only when the clinician agrees to accept the patient into treatment and, in some cases, by engaging in a detailed discussion of the presenting problems.

Common features of 'special' relationships include one party relying on the other for some degree of protection, or one party having control over the other. Applying that analysis, the California Supreme Court held in 2018 that there is a special relationship between colleges and their students that imposes a duty on the colleges to use reasonable care to protect students from foreseeable acts of violence when they are involved in curricular activities (*Regents of the University of California v. Superior Court of Los Angeles County (Rosen)* 2018). In that case, a jury found the University of California liable for injuries caused when a student suffering from hallucinations and persecutory delusions stabbed another student while in a school chemistry laboratory class. The University successfully appealed the verdict, arguing that it did not owe a duty to the injured student to protect her from harm by a third person. The California Supreme Court reversed the Appeals Court decision, holding that a limited duty did exist and the University could, in fact, be liable under

specific circumstances. A similar analysis would likely apply in the case of the perpetrator who was expounding violent extremist ideology and engaging in threatening behaviour.

Special relationships and the duties that come with them arise in several other situations. In the United States, one of the most significant developments in this area was the expansion of the duty of therapists to protect third parties from harm caused by their patients when they know, or had reason to know, that a threat of violence to the third party existed. That case, *Tarasoff v. Regents of the University of California* (1976), was one of the bases for the Rosen case, cited above. Rejected in some states and modified in others, Tarasoff marked an expansion of therapists' obligations to individuals they may never have met and with whom they had no relationship. The special relationship in those situations arises from the therapist's relationship with the patient who commits the act of violence. Initially referred to as a 'duty to warn', the final Court decision referred instead to a 'duty to protect', indicating that where the special duty exists, it includes an obligation to do more than just warn the potential victim.

Where it exists, the 'Tarasoff duty', as it is commonly known, only applies to treating clinicians whose patients pose or express clear threats to identified or identifiable victims. The term has commonly and inaccurately been used to refer to obligations to protect individuals that may arise based on other special relationships. A corporate VR/TAM team does not have a 'Tarasoff' obligation, but by virtue of the employment relationship and awareness of a potentially dangerous situation, may still have an obligation to warn the potential victim or take other steps to prevent the potential act of violence arising from the employer's special relationship with the employee. Notably, the same California Supreme Court that found a special relationship in *UC Regents v. Rosen* declined to find a 'special protective relationship' in a supervisor–employee/co-worker context where the co-worker's surreptitious filming of others in the toilet was not foreseeable (*Elliott v. Regents of University of California* 2022).

Multidisciplinary practice issues

VR/TAM is unique among public safety efforts in that it is not limited to law enforcement, but rather is practised by individuals from multiple disciplines in both the public and private sectors. VR/TAM units do exist within law enforcement agencies at all levels, as well as in public and private health and educational institutions, governmental agencies and

the military, private corporations, non-profit organizations and religious institutions. Indeed, in the United States, legislation has been proposed that would identify best practices for threat assessments in all arenas, promote the formation of threat assessment teams, and provide funding for training, support and consultation in threat assessment. The US Secret Service has a dedicated National Threat Assessment Centre, and the US Department of Homeland Security has a National Threat Evaluation and Reporting Office as well as a Targeted Violence and Terrorism Prevention Grant Program (US DHS 2022).

VR/TAM is also unique as a public safety effort in that it is multidisciplinary rather than being strictly within the province of law enforcement officers or security professionals. The primary professional organizations in the field – ATAP, and its counterparts in Canada, Europe, Africa and Asia – draw their membership from the mental health professions, human resources, education, corporate security, the intelligence community and other security stakeholders, as well as from law enforcement (O'Toole 2021).

The multidisciplinary nature of VR/TAM, with each discipline subject to its own code of ethics and legal obligations, results in potential legal and ethical conflicts that are real, but not as extensive as we might imagine.

Legal issues

Laws that criminalize certain conduct apply to everyone (for example, murder and bank robbery are crimes, regardless of one's profession), and some statutes only apply to individuals in specific fields. For example, in the United States, civil and criminal penalties for disclosing Protected Health Information (PHI) under the *Health Insurance Portability and Accountability Act* (HIPAA) only applies to certain covered entities, including physicians and pharmacies, and not the general public or employers. With regard to personal injury law and civil harms to others, the general duty of care described above is heightened for those who profess to have a higher level of skill and training, especially those who are licensed by a governmental entity.

Many legal obligations apply primarily to an entity and only by extension to the members of that entity. For example, privacy protections, whether regulatory, statutory or based on case law, are applicable to the VR/TAM team, even if an individual member of the team, acting alone, has no independent obligation to maintain confidentiality. Where the VR/TAM team is a government entity, such as the FTAC or a state or federal law enforcement VR/TAM team in the United States, it and its members

will have specific legal obligations. Consider, for example, prohibitions against warrantless searches and the use of evidence obtained from them in criminal prosecutions. While the prohibition against unauthorized searches and seizures applies to the government, a private psychologist consulting to the government-sponsored VR/TAM team would not be permitted to conduct an independent search and use the information for subsequent prosecution.

Civil litigation alleging negligence in VR/TAM is a relatively new field. Cases alleging negligent practice in the field have sought damages from institutional entities with responsibility for threat assessments and individuals involved in the process. Those cases have increased in the United States. To the extent that individuals are named as defendants, it has been primarily in their capacity as members of the team and not as independent professionals.

In the United States, protection from liability claims related to terrorism risk and threat assessments may be provided by the *SAFETY Act* (Support Anti-terrorism by Fostering Effective Technologies Act) of 2002 (US Department of Homeland Security [US DHS] *SAFETY Act* 2006). The *SAFETY Act* limits liability for those technologies and services (including services by those conducting assessments) who request and receive designation or certification as Qualified Anti-terrorism Technologies. The regulations for the Act specify that 'a Technology for *SAFETY Act* purposes' includes 'any product, equipment, service (including support services), device, or technology (including information technology) or any combination of the foregoing'. In particular, design services, consulting services, engineering services, software development services, software integration services, programme management and integration services, threat assessments, vulnerability studies, and other analyses relevant to homeland security may each be deemed a Technology under the *SAFETY Act*. Whether the subject of a threat assessment of targeted violence fulfils the definition of terrorism under US law (US Code 1988) would no doubt become an issue in any litigation in which a *SAFETY Act* designation is raised as a defence.

A 2022 California case, *Cleveland v. Taft Union High School District* (2022) involving a school shooting provides a good example of the direction in which targeted violence litigation is moving in the United States. In that case, the school district was found liable for the negligence of its threat assessment team in its assessment and management of a threat that eventually led to the non-fatal shooting of Mr Cleveland. The School District appealed the verdict, claiming immunity from liability under a California law that grants immunity to a public entity or its

employees for injuries 'caused by the failure to make a physical or mental examination, or to make an adequate physical or mental examination, of any person for the purpose of determining whether such a person has a … mental condition that would constitute a hazard to the health or safety of himself or others'. The Appeals Court held that the threat assessment team's errors and omissions did not constitute a mental evaluation but rather an administrative process in which the jury found it had been negligent. The fact that one member of the threat assessment team was a psychologist did not confer immunity on the rest of the team.

While the Cleveland case did not involve violent extremism, a similar case in which the perpetrator of violence in the school or other setting acted in the cause of violent extremism is easily conceivable. The US Department of Justice Federal Bureau of Investigation (FBI), as an entity, was accused of negligence in its handling of a tip concerning the intentions of a potential mass shooter who eventually carried out the shooting at Marjorie Stoneman Douglas High School in Parkland, Florida in 2018 (*Guttenberg et al. v. United States of America* 2020). That case settled without going to trial on 22 November 2021 for $127.5 million, with no admission of fault by the United States. One month later, the Broward County School District also agreed to settle for $26 million.

Ethical issues

The professions commonly represented on VR/TAM teams each have their own codes of professional ethics. For example, guidelines and codes of conduct exist for, among other professions, psychiatry and psychology (American Psychiatric Association 2013; American Psychological Association [APA] 2016 and their forensic subspecialties, APA 2013; American Academy of Psychiatry and the Law 2005), social work (National Association of Social Workers 2021), law enforcement (International Association of Chiefs of Police 1957), the intelligence community (Office of the Director of National Intelligence 2014), human resources (Society for Human Resource Management 2014), security professionals (American Society for Industrial Security 2022), and attorneys (American Bar Association 2020).

Table 9.1 summarizes core values cited in the ethics codes of 13 different organizations and professions. Notably, they are similar in their emphasis on honesty, integrity, objectivity, fairness, representation of expertise, advancement of the field, and so on. Some elements aspire to higher values while others are specifically proscriptive or restrictive.

Despite the significant overlap among the codes, there are some fundamental differences that could lead to conflicting obligations on a VR/TAM team. For example, the ethics codes for psychiatrists and psychologists differ from that for law enforcement officers in that the former two list objectivity and fairness and call for obtaining the informed consent of a person being interviewed, whereas the latter does not. Thus, a psychiatrist or psychologist consulting to a VR/TAM team may find themselves utilizing information obtained through deception by law enforcement, a technique ethically prohibited to the former but not to the latter.

Specific ethical obligations often depend upon the party to whom the professional owes their primary duty, which in turn relates to the role they are playing. The Preamble of the *Model Rules of Professional Conduct* for attorneys states: 'A lawyer, as a member of the legal profession, is a representative of clients, an officer of the legal system and a public citizen having special responsibility for the quality of justice' (ABA 2020). More specific duties attach depending upon whether the attorney is prosecuting or defending a case. The prosecutor's duty to the public is to obtain a conviction while adhering to requirements of the law. The defence attorney's duty is to prevent that conviction by making it as difficult as possible for the prosecution to prove guilt beyond a reasonable doubt. In both cases, their obligation is zealous representation of their client within the bounds of the law, regardless of their personal perspective on their client's position.

Similarly, physicians and clinical psychologists have a primary duty to their patients, however that duty shifts in certain settings. Military clinicians in the United States, for example, have the usual duties to their patients; however, there is an overriding duty to protect the military mission. Clinicians serving in the forensic and VR/TAM settings owe their primary duty to the party that has retained them. The person being evaluated or assessed is not a patient, and so the standard fiduciary and other clinician–patient duties do not attach. Even so, fundamental ethical obligations that belong to the profession, such as protecting privacy and ensuring informed consent, remain in place. For example, a clinician interviewing a person of concern as part of VR/TAM assessment, is still bound by ethical obligations such as honesty and informed consent.

The FTAC services in the UK and elsewhere provide an excellent model for how health care professionals working in a law enforcement agency adhere to their professional ethical obligations. Employed by the National Health Service or local equivalent outside of the UK, but serving in a police unit, their primary duty remains the health and welfare of individuals and the general public. They do not share details of the

Table 9.1 Summary of core values cited in the ethics codes of a select group of US organizations and professions.

Organization	Primary responsibility	Honesty	Respect for the law	Respect for human dignity/anti-discrimination	Professionalism	Duty to intervene/report wrongdoing	Objectivity/avoidance of conflicts	Fairness	Expertise/competence	Informed consent/decision-making	Confidentiality/privacy	Increase knowledge/advance the field	Social justice/human rights, welfare	Integrity (no bribery/contingency fees)
AAPL	Balanced duty between the individual and society	✕	✕	✕	✕		✕	✕	✕	✕	✕	✕	✕	✕
ABA Model Rules of Professional Conduct	Client	✕	✕			✕	✕		✕	✕	✕	✕	✕	
Am.Psych.	Patient	✕	✕	✕	✕	✕	✕	✕	✕	✕	✕	✕	✕	✕
APA	All with whom they work	✕	✕	✕	✕	✕	✕	✕	✕	✕	✕	✕	✕	✕
APA-Forensic Psychology	Client	✕	✕	✕	✕	✕	✕	✕	✕	✕	✕	✕	✕	✕
ASIS	Undefined	✕	✕		✕	✕	✕	✕	✕		✕	✕	✕	✕
ATAP	Undefined		✕	✕	✕		✕		✕	✕	✕			

IACP/LE Code of Ethics	Community	X	X	X	X			X		X		X
Intelligence Community (ODNI)	American people	X	X	X	X	X		X		X		X	
NASSP	Students	X	X	X	X	X	X				X	X	X
NASW	All people; clients	X	X	X	X	X		X	X	X	X	X	X
School Psychologists	Client	X	X	X	X	X	X	X	X	X	X	X	X
SHRM	Protect organization		X	X	X	X	X	X	X	X	X	X	X

Glossary to Table 9.1

AAPL   American Academy of Psychiatry and the Law
ABA   American Bar Association
Am.Psych. American Psychiatric Association
APA   American Psychological Association
ASIS   American Society for Industrial Security
ATAP   Association of Threat Assessment Professionals
IACP/LE   International Association of Chiefs of Police/Law Enforcement
NASSP   National Association of Secondary School Principals
NASW   National Association of Social Workers
ODNI   Office of the Director of National Intelligence
SHRM   Society for Human Resource Management

confidential medical information to which they have access with the police, but rather their own analysis and conclusions (Wilson et al. 2021; see also Chapter 8).

In addition to issues of privacy of medical information and informed consent, members of the VR/TAM team may encounter other conflicts arising from differing ethical codes. As indicated in Table 9.1, some are obligated to intervene when they become aware of misconduct by their peers (for example, attorneys, physicians, psychologists) while others are not (for example, law enforcement officers, forensic psychiatrists, school psychologists, human resource professionals, threat assessment professionals).

A model for addressing ethical and legal issues in the effort to combat violent extremism is provided by Moonshot (2022), a pioneering firm that works to combat extremism online. Moonshot collects and analyses public data, applying methodologies that comply with the General Data Protection Regulation of the EU (European Union 2016) and its firm-developed ethical framework. That framework includes questions regarding necessity and proportionality to public safety, social impact of the work and adherence to the principle of 'do no harm', respect for human rights, inclusivity and diversity, data integrity and protection of privacy, duty of care regarding partners and informed risk taking, transparency and accountability (Moonshot personal communication, September 2022).

Moonshot, as an organization, can define its ethical standards and apply them. How should VR/TAM practitioners, working independently and across organizations of many types, identify and resolve these issues? Fortunately, this field is not the first professional endeavour in which individuals in one profession find themselves working in a multidisciplinary setting in the context of a profession other than their own. Forensic psychiatry is an example of a field where ethical and professional challenges can arise when one profession (psychiatry, with its social goods and values rooted in medicine) applies its knowledge, skills and abilities to assist another profession and its associated institution (the legal system), both of which offer their own social goods and have their own values and ethics.

In addressing the ethical dilemmas that arise in the intersection of these two institutions, law and medicine, Richard Martinez and Philip Candilis have advocated not for rigid rules, but rather for an integrated model of professionalism, what they refer to as 'robust professionalism', as a way for forensic psychiatry to 'work out the tensions' of one

established profession working within the context of another (Candilis et al. 2001; Martinez and Candilis 2005; Candilis and Martinez 2021).

Candilis and Martinez make the case that the starting point is for forensic psychiatry to determine its overarching goals and purposes and then to identify its ethical standards by examining dilemmas that arise in the interface between psychiatry and the law. Similarly, VR/TAM as a multidisciplinary enterprise must determine its overarching goals and purposes and identify its ethical standards. The mechanics of such a process may prove challenging, starting with identifying what organization would convene such an effort. ATAP is the largest professional organization in the field, yet its membership represents only a portion of those involved in VR/TAM. While it could take on this task, it has yet to do so, nor has it engaged in the sort of systematic examination of common ethical dilemmas that arise and reached consensus on how they might be resolved. A second problem relates to what organization would enforce those standards once established. While forensic psychiatry is guided by the ethical standards of both the American Psychiatric Association and the American Academy of Psychiatry and the Law, both of which can enforce their standards, no such single professional organization exists for VR/TAM.

If such an effort were to be undertaken, areas for such a systematic examination should include the following:

- Identifying situations in which the importance of protecting the privacy of persons of concern, as well as complainants and potential targets, is counterbalanced by the need to prevent harm to the person of concern or the public
- Determining what constitutes sufficient certainty such that the balancing of harms justifies active intervention by authorities
- Resolving the conflict between professional ethical guidelines that call for in-person evaluations in most cases and the common practice of threat assessments, which does not involve in-person assessment
- Maintaining appropriate boundaries between practitioners, clients and those being assessed
- Maintaining honesty and objectivity in the face of urgency or political pressure
- Identifying and avoiding dual relationships
- Observing the ethics of expertise: knowing the limits of our knowledge, making those limits clear to others, and practising within them

- Reducing bias, stigmatization and stereotyping, which damage individuals and decrease the accuracy of VR/TAM assessments
- Managing situations where the ethical or professional standards of different disciplines conflict
- Managing improperly sourced information, such as that obtained through unsanctioned surveillance or a confidential disclosure from a mental health professional that does not meet the criteria for a breach of confidentiality
- Being asked to comment on a new software product that claims to be able to predict rare events, such as mass shootings
- Being pressured to use SPJ tools or other instruments that are designed for a different purpose than the one at hand.

If VR/TAM can engage in the initial steps of identifying its overarching goals and purposes and then identity its ethical standards, how do we best convey those ideas to professionals just entering the field as well as those who are well into their careers? Here again, we can turn to the field of medicine for guidance in how professionalism is taught. Cruess and Cruess (2006) lay out a model for teaching professionalism in medicine that would be highly applicable to VR/TAM. It includes the following points:

- Providing institutional support for training on the ethics of VR/TAM from private or public organizations that sponsor threat VR/TAM teams and activities
- Teaching the cognitive basis of professional ethics – what are the basic rules, where do they come from, why do they exist, and why do they matter?
- Engaging with experiential learning, not only through the systematic examination of dilemmas described above, but in actual cases as they develop
- Maintaining continuity of principles over time
- Role modelling by senior practitioners
- Developing educators who can teach professionalism
- Evaluating professionalism and making it a metric of achievement
- Assessing institutional cultures that value the adopted ethical standards.

VR/TAM as a field, if it is to be regarded as a true profession, must reach beyond the organizational guidelines so important to the self-governance of those who gather together in pursuit of common interests and goals,

and come to a consensus as to not only what we can expect of each other but what society can expect of us.

Concluding comments

VR/TAM is a critical component in the fight against violent extremism and the prevention of the harms that stem from it. It is not without costs, however, to the individuals and communities that become the subject of assessment. Therein lies a special challenge to societies and individuals that value freedom of expression and belief, privacy, fairness, justice and human dignity. Those who practise in this field must be on the front lines in meeting that challenge. Whether we do so as individuals from different professions or as a single identified community of practice remains to be seen. The work has begun, but it must be engaged in earnest from this point on.

Notes

1. 'Individual of concern' and 'person of concern' refer here to the individual who is the subject of a threat assessment.
2. See, for example, the ATAP *Code of Ethical Conduct* (ATAP 2020).

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10

Risk assessment and management in violent extremism: key points and recommendations

Caroline Logan, Randy Borum and Paul Gill

This book has been a while in the making. However, its contents capture important elements of research and practice in the violent extremism field internationally at the time of writing. The contents also chart how practice in violent extremism risk assessment and management evolved in the preceding 20 or so years and articulate the volume and types of development required in the coming years. Because further developments *are* required; the book's contributors unanimously agree that harm prevention in violent extremism is still at an early stage in terms of the research that underpins the practices used to detect and divert people whose behaviour is of concern, and in terms of the practices themselves.

In this final chapter, the key points made by each contributor are summarized by reference to each chapter in turn. Those key points are then used to propose a set of priorities for developing this area of research and practice. The book ends with some brief concluding comments.

Key points about the prevention of violent extremism

1. Assessing violent extremism: reflections on the historical context

Robert Fein is a progenitor of many contemporary threat assessment concepts and is among the field's most eminent practitioners. His contributions to the evidence base upon which practice has been built, both until now and going forward from this volume, are significant, both

as an individual practitioner and working closely with colleagues from other professions (most notably, now retired US Secret Service Agent Bryan Vossekuil). The field would not be where it is now without his contributions. In this first chapter, Fein reflects on the work undertaken since the 1970s to better understand violent extremism and targeted violence. Robert Fein makes two important points.

The violent extremism field is dynamic

He describes around 50 years of professional practice, which has seen a shared understanding of risk and threat evolve in response to a combination of events, policy and legal changes, expectations, and improved knowledge and understanding acquired through disciplined research and highly specialized practice. He is sure that, in the next 50 years, this state of constant evolution and growth will continue. In turn, practitioners and services must also expect to evolve – practices and guidance must be continuously updated with new evidence and in response to changing demands. To think or act otherwise is to stagnate and become increasingly obsolete. Colleagues in search of the last word in risk or threat assessment and management – or a single 'tool', framework or set of guidelines that cover all conceivable kinds of risk and threat in the violent extremism field – will benefit from adjusting their expectations through supervision or mentoring, or they should be encouraged to work elsewhere. As Fein demonstrates in this chapter and throughout his career, practices must adapt to ensure their current and future relevance.

The expectations of others can encourage growth

Services dedicated to preventing violent extremism are often frustrated by the expectations of others more removed from the problem, such as politicians, journalists and the public. These expectations can seem impossible to meet; the prevention of *all* harm, for example, or foreseeing an individual's specific harmful intentions *well before* they have acted. Vocalizing such high expectations can feel undermining and invalidating when incidents occur and blame is dispensed from all quarters. However, Fein demonstrates how even naïve expectations can be highly growth-inducing too. The widespread assumption in the 1990s and 2000s that law enforcement and mental health professionals should focus more on preventing harm than reacting to it has galvanized a burgeoning field of practice, represented across this entire volume, of guidance and support whose sole purpose is to help practitioners to act early, in advance of actual violence. Criticism, whether explicit or

implied, is painful to hear, but if accepted, even in part, it can lead to better and more attuned practices.

2. Violent extremism: theories of cause and development across the extremist spectrum and their relevance to risk assessment and management

In Chapter 2, Paul Gill and Bettina Rottweiler address theories of violent extremism. Why is such a review relevant to a book on the risk assessment and management of people at risk of violent extremism? What is the significance of theory to practice? Gill and Rottweiler made three overarching points in response.

The importance of an evidence base

If practitioners understand the origins of violent extremism, they are in a better position to understand what might contribute to individual decisions to engage with it. If they have a better understanding of pathways from radicalization to engagement with violent acts, they may be better able to interrupt those pathways in their individual clients and with alternatives that have more acceptable outcomes for all. While the research accumulates, schools of thought about radicalization and violent extremism provide helpful guides to the journeys of people of concern. They enlighten practitioners about complex behaviour and make them better able to consider the position of those who would harm others because of their beliefs. They also provide a steady and common point of reference for understanding how risk and protective factors might operate in each case. This is evidence-based practice, the principles and importance of which Randy Borum discusses in Chapter 3, as do other contributors to this work in other publications (for example, Hart and Logan 2011). Therefore, practitioners of whatever kind should aspire to rely on theories or frameworks for understanding and explaining the aetiologies and trajectories of the harmful behaviour their actions are designed to prevent.

Learning from Islamist extremism?

Some of the most articulate research and hypotheses about radicalization and violent extremism have been published in the last 10 to 20 years and most of that work focuses on violent Islamist extremism. Research examining other forms of violent extremism lags behind because either it predates the concerted study of terrorism and so missed out on modern research methodologies (for example, violence motivated by the pro-life

anti-abortion movement) or it is more recent or evolving and is still in the research pipeline (for example, violence motivated by people with an extreme right-wing mindset). However, the concerted study of Islamist extremism offers important indicators for research and practice in other areas of concern. For example, an extremist social network is widely accepted as an important vector for implanting and incubating an ideology that, over time, advocates violence as an acceptable, if not legitimate, response to a perceived provocation. And the importance of grievance thinking is common to most, if not all, violent ideologies – that sense of being disadvantaged, threatened or harmed because of one's characteristics, twinned with assuming personal responsibility for righting that wrong – though it has been studied particularly well by scholars of modern Islamist extremism. Therefore, while some information is specific to a particular ideology or movement, the violent extremism field would benefit from determining where common principles for both assessment and management might apply across ideologies. Hart and Vargen make a similar point in Chapter 5.

Terrorists are usually ordinary people on extraordinary journeys

People who begin a journey towards violent extremism are usually not very different from others in their respective communities. They have many of the same psychological problems and personalities, experiences and traumas, opportunities and disadvantages. That is, many of the same risk and protective factors may be in play in large numbers of people who do *not* engage with extremist ideologies or violence. What sets terrorists apart is the journey they embark on, the process they go through to convert perceptions and experiences into unassailable beliefs and violent actions. Gill and Rottweiler largely focus on what is known now about the various circumstances and processes that may account for a person's journey towards violence. The process of examining terrorism systemically and in terms of its underlying mechanisms lends itself well to an individually tailored assessment and management approach focusing on the interplay of risk and protective factors in the person over time and in their personal, social and political context.

Concluding comment

While Gill and Rottweiler conclude that much more research is needed, they acknowledge the necessity for practitioners to use what is available now to inform their work. But they caution such professionals to be and remain as informed as possible so that their work is always anchored and guided by what is known and understood about those with whom they engage.

3. Mapping the terrain: the current state of risk and threat assessment practice in the violent extremism field

In this chapter Randy Borum directly connects research and practice. He demonstrates how current practice is underpinned by evidence and – echoing Gill and Rottweiler in Chapter 2 – how much more that needs to be the case in the violent extremism field in general and in the realm of risk and threat assessment and management specifically. Borum makes many useful points about practice, but here are several of the most salient.

The importance of evidence-based practice
The work of practitioners must be founded on the best available evidence about what they are trying to understand and prevent through intervention. They must seek to be knowledgeable about what works, how it works, for whom and in what circumstances. (Chapter 7, by Ghayda Hassan and colleagues, also makes this point in an examination of primary, secondary and tertiary prevention programmes designed to address the risk of radicalization.) However, the evidence base is somewhat skewed in that there is more evidence about extremist attitudes than there is about extremist intentions and behaviours, and the evidence that exists does not always provide potent answers that translate easily into risk assessment and management practice. Further, evidence-based theories guide practitioners through their understanding of behaviour in general and the individual case. As with Gill and Rottweiler, Borum advocates for more research that will underpin practice.

Specifying the risk outcome to be assessed
Over several pages, Borum examines the meaning of risk – and threat – in the violent extremism field. This section of this chapter is essential reading. The field is characterized by much diversity in the behaviours of concern (different types of violent extremism), pathways to and from those outcomes (different phases of involvement), and different forms of involvement (different roles). Borum states, 'Because risk assessment includes a behavioural forecast of how likely an individual may be to engage in certain types of action in the future, then identifying the action(s) of concern is a necessary first step.' Hart and Vargen also flag the necessity of this first step in their chapter.

The relevance of protective factors
The examination of protective factors is a necessary complement to that of risk factors – one cannot occur without the other in a holistic evaluation

of harm potential. Assessing risk factors in the absence of protective factors dismisses the opportunity to understand what works for that individual to limit their potential for harm. Most practitioners of most kinds in most fields of harm prevention have spent time professionally with people regarded as 'high risk' or 'dangerous' but have felt safe in their presence – because the person's personal circumstances or mental state were stable, they were accepting of interventions, or motivated to engage; that is, because protective factors were more influential than risk factors at the time. However, awareness of what a protective factor is and how it might operate is still early in development. This chapter reviews the literature on protective factors and consolidates their place in the systematic prevention of violent extremism.

The need for consensus

Borum addresses the fundamentals of risk and threat assessment and management practice related to violent extremism. What are risk and threat, and assessment and management? What exactly are counter-terrorism practitioners trying to prevent? How might they quickly and effectively communicate their concerns with others? Clarity concerning the scope of what practitioners do, the meaning of the terminology they use, and how and when to use assessment and management guidance are essential considerations to ensure that practitioners of different kinds and in different collaborating agencies *are talking about the same thing*. It is too easy for practitioners and the agencies to which they belong to cultivate definitions and practices that they assume are common because colleagues in other agencies use the same terms and refer to the same or similar activities. Unless definitions and practices are articulated and differences acknowledged, progress will not be possible. This chapter encourages clarity and consensus.

The articulation of practice conventions

Borum describes the ways in which risk assessment and management practice varies from similar activities undertaken by threat assessment professionals. This is an important distinction to make – and one that is revisited in both Chapter 5 by Hart and Vargen and Chapter 9 by Ronald Schouten. Borum also articulates – here and in Chapter 4 – different conventions in applying the structured professional judgement (SPJ) approach, often reflected in the differences in depth and attention between professionals focused on risk assessment and those focused on threat assessment. Articulating these differences is important to clarify

how practitioners work separately and together to ensure collaboration rather than contrary or competitive activity.

The whole is greater than the sum of its parts
Also in this chapter, and in the one to follow, Borum makes the important point that people are more than the sum of the risk and protective factors evident in the case. Interactions among factors and with the context in which they become relevant, and their meaning for the person and their decisions, elevate risk and threat assessment from checking a list of items to a sophisticated appraisal and decision-making process. Chapter 6, by Caroline Logan, on risk formulation, explores this point in some detail with a view to articulating guidance on this task.

4. Risk communication and risk assessment guidance for violent extremism involvement

In Chapter 4, Randy Borum continues his review of the application of the SPJ approach in the violent extremism field, with a focus on organizing information about risk – or threat – into a coherent narrative about the individual case and communicating that to others. There are two key points to be made about this work.

Beyond risk levels
Risk prediction and its communication in volumetric terms – for example, in the form of a risk level, such as *high*, *medium* or *moderate*, or *low* – has dominated the risk assessment field for many years. However, Borum clarifies in this chapter the relevance of other forms of risk communication and their particular importance in violent extremism.

Risk – and threat – may be evaluated to quantify the level of concern in the case at hand, an estimation that will broadly guide the work to follow in respect of its mitigation; in the main, a higher estimated volume of risk will result in more input and more quickly. A framework may guide the generation of these ordinal estimates (sometimes referred to as a risk 'tool' or 'instrument') comprised of a selection of risk factors relevant to the harm to be prevented. Or risk estimates may be completely unstructured; they represent the opinion of the estimator based on their idiosyncratic experience of similar cases. But options exist to characterize more closely the nature of one's concerns about the risk or threat posed in the individual case. Those options guide the practitioners to varying degrees of depth through the process of evaluating risk *in order* to inform its management.

More qualitative assessments of risk and threat are inevitably supported by a framework (sometimes referred to as 'guidance' or a 'decision support aid') informed not only by a selection of risk factors but often protective factors also, in addition to the assessment of their individual presence *and* relevance. Then, depending on the guidance, the practitioner may be supported through the subsequent risk formulation and scenario-planning process and on to risk management itself. Tools vary in the amount of guidance they offer to the practitioners who use them; some leave practitioners to their own devices in their effort to understand risk or threat in the individual case, whereas others support the practitioner with guidance throughout, facilitating some degree of consistency and transparency. Guided risk assessments explore the nature of risk and threat, its potential severity and imminence, its frequency and/or duration, and its likelihood. And concerns in such evaluations are expressed in risk formulations – brief statements of understanding that encapsulate those concerns as they manifest in the person who is the subject of the assessment and whose ultimate purpose is to answer the *risk of what and why?* question in relation to that person.

There are several options available to practitioners to guide their risk and threat assessments – but not enough
Compared to other areas of concern, like violence in general or sexually harmful behaviour, there is only a limited range of guidance available to support the work of practitioners in the violent extremism field. Borum describes what there is and the depth of the evaluations they each support. There is a clear message, however, that the field is incompletely served by the tools and guidance available to practitioners to select from. For example, he makes a worrying observation that there is little available to support practitioners to take account of the circumstances of young people or people with a diverse array of presentations. Therefore, he recommends that more and more nuanced frameworks are required to reflect the needs and practices of the range of professionals working in this diverse area.

Concluding comment
Chapters 3 and 4 comprehensively map the terrain of risk and threat assessment and management in the violent extremism field. Building on the work reported by Gill and Rottweiler in Chapter 2, Borum demonstrates the translation of research into practice.

5. Violence risk/threat assessment and management of extremist violence: the structured professional judgement approach

In this chapter, Stephen Hart and Lee Vargen critique the approaches available to support professional judgement in relation to the risk of violent extremism. They make three key points.

Distinguishing between risk and threat assessment and management
Hart and Vargen compare the nature of risk and threat assessment and management practice. While both activities aim to prevent or mitigate harm, different professional groups and agencies may set about the task differently with different sets of tools, procedures, terminology and expectations. Acknowledging these variations is important, if not vital. Part of the consensus Borum seeks in Chapter 3 is a better understanding of these differences to limit the potential for disagreement or conflict as practitioners set about the same task in different ways. Hart and Vargen reiterate this same point at the beginning of their contribution. (This distinction will be returned to in Figure 10.1, and in its discussion in a later section of the present chapter).

Structured professional judgement as the golden thread in the harm prevention process
There is broad consensus that the SPJ approach has the most to offer the violent extremism field as a guiding framework for understanding and preventing or limiting harmful outcomes. Hart and Vargen articulate why this is the case and why the alternatives – unstructured judgement and non-discretionary or actuarial approaches – may prove less useful. Specifically, they describe six foundational concepts that practitioners can consider when evaluating a risk assessment tool or framework and that might shape new forms of SPJ guidance in the future. These foundational concepts also provide a helpful basis for comparing existing risk assessment and management guidance regarding their strengths (for example, their broad applicability and relevant evidence base) and limitations (for example, a particular set of risk guidance may be licenced for use by one agency only, thus restricting access and compelling other practitioners to use guidance that may be less optimal for the case).

Combining SPJ guidance in the event of multiple concerns
Hart and Vargen offer practitioners some particularly useful guidance on assessing risk or threat where characteristics of the case make the presence or primacy of a violent extremist motive hard to ascertain or

where the person presents risks in multiple areas; for example, they are at risk of extremist *and* non-extremist violence. In such instances, the authors encourage reference to multiple sets of guidance (for example, both VERA-2R *and* the HCR-20 V3) to cover the range of possibly relevant risk and protective factors in the case. The relevant factors would then be brought together in the formulation and scenario planning phase of the evaluation and risk management plans prepared to cover all potentially harmful outcomes of whatever kind. This chapter consolidates the applicability of the SPJ approach in the violent extremism field.

6. From behaviours to people: formulation-based risk management in violent extremism

This chapter by Caroline Logan is a natural extension of all that precedes it. Chapters 2 through 4 discuss the kinds of information practitioners require to judge violent extremism risk and threat. Chapter 5 discusses the principles of how evaluators can *organize* that information to make sense of what they know and to apply that understanding to risk management plans that are rational and determined by evidence, proportionate and defensible, and ultimately accountable to all those who have a stake in the matter. Chapter 6 focuses on *making sense* of what is known about the individual case. It discusses formulation by

1. outlining its defining features (that is, what a formulation is and what it can bring to proceedings that mere assessment findings cannot);
2. describing a process that links the risk assessment findings upon which it should be based to the risk management actions that should follow (that is, a process for the creation of evidence-based formulations);
3. proposing six standards of formulation practice (that can be used to distinguish a good formulation from one that is poor or not a formulation at all), meaning the role of formulation in guiding risk management planning can be made transparent.

Logan makes three points about the role of formulations in assessing and managing risk for violent extremism.

Formulations facilitate sensemaking
This chapter makes the case that a formulation – here, a *risk* formulation – is created from assessment findings, specifically, findings pertaining to the most relevant risk and protective factors identified in the individual case, such as through the application of a set of guidance as discussed in Chapters

4 and 5. Assessment findings are then organized using a model such as the 5Ps or the 3Ds, or even a simple timeline, in order to try to expose the underlying mechanism of risk in the person who is its subject and in the context in which they exist. Information thus organized provides a platform for the evaluator to prepare hypotheses in the form of a narrative statement – the formulation – about *what* the person is at risk of doing and *why*. Articulating risk formulations in this way means that their origins in evidence and impact on risk management can be determined.

Formulations help to explain risk

Logan makes the point that to develop appropriate hypotheses about what the person is at risk of doing and why, evaluators must know more than simply which risk and protective factors are present in the case; they must understand risk mechanisms and processes as well and be prepared to apply them as explanatory frameworks in the individual case. Therefore, a formulation is not simply a recitation of one's concerns; it is a hypothesized explanation about how those most relevant component factors – individual, social, and contextual – might operate in the person to activate, aggravate, or mitigate risk for extremist violence.

A formulation-based understanding of risk is essential for effective risk management

A formulation should guide all interventions that might follow (for example, Livesley et al. 2015). This applies as much to managing violent extremism risk as to risks and threats of other kinds. The formulation so created becomes the foundation for all that follows to prevent the practitioner's worst fears from coming to pass. Thus, just like the tasty part of a sandwich, a risk formulation is the substantial material that comes between assessment and management, its substance and flavour enhanced by what is on either side.

Concluding comments

This chapter proposes that formulation has a role to play in violent extremism risk assessment and management. Indeed, it goes so far as to say that risk formulation is an essential part of the harm prevention process. In doing so, the case is also made for the role of formulation in threat assessment and management (see Figure 10.1 and the associated discussion, below). However, it is acknowledged that a combination of the speed with which some threat management activities are required to proceed and, therefore, the limited opportunity there may be to consult a wide enough range of practitioners, including those who are skilled and

practised in formulation, may mean it does not always feature in the threat assessment and management process.

Little has been written about risk formulation – the contributors to this book are some of the principal writers on the subject anywhere. This chapter provides the most comprehensive and detailed discussion to date of formulation's role in assessing and managing risks related to violent extremism.

7. Risk for violent radicalization: do primary, secondary and tertiary prevention programmes effectively address risk and protective factors?

This chapter by Ghayda Hassan, Sébastien Brouillette-Alarie and Sarah Ousman marks the point in the book when the content tilts clearly towards risk management – this and the chapter that follows focus on two quite different facets of the risk mitigation process.

In Chapter 7, Hassan et al. review the empirical evidence base for interventions focused on people who may be on a pathway to violent extremism. Specifically, they synthesize the literature on risk and protective factors relevant to violent radicalization, creating a complementary piece to the material presented in Chapters 2 and 3. The authors examine the evidence on whether primary, secondary and tertiary prevention programmes effectively address the most relevant risk and protective factors for this outcome. In the second half of the chapter they synthesize the results of a Canadian mapping research project, which analysed the intervention practices of organizations in various sectors of the violent radicalization prevention field. They highlight the challenges faced by on-the-ground practitioners who work with individuals at risk of violent radicalization. And they conclude with some research, practice and policy recommendations. This chapter highlights two important points about risk management in violent extremism.

The evidence base for risk management is still developing
Compared to research on risk factors, research on risk management is piecemeal. More is known and understood about the characteristics that people on a violent extremist trajectory may have in common – that is, their risk factors – than the interventions that may change that trajectory forever. To be fair, the evidence for risk management in other fields – general violence, sexually harmful behaviour, for example – is piecemeal also. There is good evidence of what works in response to specific risk factors but less on which combinations of interventions delivered over time by multiple

agencies help to ensure that feared events do not happen. Hassan et al. comment on the nature of the research and evaluation work that has been carried out, using a widely accepted public health model of disease prevention as an organizing framework. And what they provide in so doing is a template for how such work can continue to be done – and proliferate.

Converting research into best practice is a challenge
Hassan and colleagues conclude their chapter with a call for an integrated and international effort, based on a joint initiative between researchers and practitioners, to develop best practice guidelines in risk assessment and case management in violent radicalization. They recommend that such guidelines should go above and beyond recommending the use of specific risk tools or guidance with specific populations or in specific contexts. Instead, they propose that guidelines should inform promising models for managing fluctuations in violence risk across the radicalization life cycle of an individual or group. This is a good recommendation. Research in violent extremism must do more to inform the work of practitioners on the ground. And it should do more to reflect the messy, live and high-pressure environments in which such professionals work. The field is far from consensus about what risk – and threat – assessment and management are and can achieve. But this chapter offers us both a guide and a salutary message about the need to get there soon.

8. Multiagency strategies to prevent violent extremism: implementation and evaluation

Michele Pathé and Frank Farnham continue the focus on risk management. However, in their discussion of the topic, they address three additional important issues.

What practitioners need to know
This chapter has been written by practitioners in the field; Pathé and Farnham are both mental health professionals who work with threat assessment and management teams. Their chapter is therefore written from the perspective of practitioners who are tasked with acting on the concerns raised by threat assessments – and with turning theory and research into threat management practice. Further, it has been written by practitioners who are familiar with the challenges of multidisciplinary and multiagency working, sometimes over multiple administrative regions and jurisdictions – that is, they have written with that messy

working environment in mind and not some ideal representation of how it should be.

A template for multidisciplinary and multiagency working
The chapter has been written by practitioners who can discuss what they do; that is, they can publish their work in open-source volumes such as this one. Violent extremism involves multiagency working, often including agencies that cannot discuss what they do or how they do it. It can be a challenge for such agencies to ensure that their work is based on best practice in the field or in comparable fields. And it can be a challenge to evaluate that work in its entirety when some must be withheld from the scrutiny of researchers and, eventually, their readers. In their chapter, Pathé and Farnham focus on the Fixated Threat Assessment Teams they work with in the UK and in Australia. While their work often brings them into contact with people with violent extremist ideologies, terrorism is not their primary focus. However, by discussing what they do and how it works – including how they have evaluated the work of their teams and others like them – as with Hassan et al., they provide a template for how other organizations and multidisciplinary and multiagency teams can do the same.

An international perspective on harm prevention
Pathé and Farnham work in comparable teams – that is, they were established to address the same range of threats – in the UK and in Australia. This chapter is not centred on the work of one place and instead illustrates how a common goal can be tailored to fit local requirements. Because local requirements matter – for legal reasons, because of the range of professionals traditionally involved in the harm prevention task and because of the options available to practitioner teams for mitigating the risks detected. Too often, country- or profession-centric perspectives limit the extent to which practitioners can learn lessons in other areas or of other kinds.

9. Ethical and legal issues in violent extremism risk and threat assessment and management

In this chapter, Ronald Schouten returns to some of the guiding principles of work in both the risk and threat assessment and management fields. He does not offer answers as such – some challenges faced in the violent extremism field are not easily resolvable. Instead, he describes some of the *key* challenges, focusing especially on those of an ethical and legal nature, and offers a perspective on their management. He flags three areas of concern.

The unassailability of accountable practice

First, Schouten flags the risk of biased thinking in understanding and managing harm potential and the need to balance the costs and benefits to multiple stakeholders of all assessment and management actions. In understanding the risks and threats posed by individuals, there is the potential for personal attitudes and beliefs to come into play in the information sought and used in assessments, in how information is combined into an explanation of our concerns, and what is then done about them. Broadly, sources of bias may be political, social, religious, ethnic or racial. It may be impossible for humans to eliminate all bias from their judgements. However, by ensuring that an understanding of threat and risk is evidence-based and that decision-making about risk or threat mitigation is underpinned by guidance, the influence of biased thinking can be mitigated. Such processes make transparent what risk and threat assessment and management practitioners do, allowing them to be accountable for their decisions and actions and, if applied as required, able to defend them.

The same point may be made about proportionate action in this field. Managing threat and risk is a delicate balance of costs and benefits to the individual, their potential targets and community, and to the practitioners engaging in such activity and the organizations to which they belong. For example, understanding the nature of the threat a person poses may require collecting information that the person may not have consented to, had they been asked in advance. Similarly, arresting a person at risk of an act of violent extremism and charging them with a relatively minor offence means they could be released on bail with even more of a sense of grievance and injustice against law enforcement agencies than they had before that experience. As with managing bias, the existence of evidence-based risk and threat assessment and management tools or guidelines – or decision support aids – in addition to training, supervised practice, and service evaluation, enable practitioners to be more considered about these cost/benefit analyses in their practice and therefore, to make more proportionate decisions.

There are consequences to our (in)actions: expectation management is critical

Despite the existence and the application of guidelines for best practice in harm prevention, practitioners will not always detect or effectively manage the threats posed by some community members; bad things will continue to happen despite the best efforts to prevent them. Harm prevention agencies are held to a very high standard of practice; by some in our communities,

they are expected to prevent all harmful outcomes, to minimize to nothing the dangers in any undertaking, and they can be pilloried when they apparently fail to do so. This criticism can have devastating consequences – reduced or altered funding, higher levels of accountability that can border on paralyzing, and reduced public confidence in their practice, to name a few. If harm prevention agencies strive to improve their working practices, policymakers and those who comment on their work ought to be more realistic about the standards to which they hold them.

Maintaining ethical standards in multiagency, multidisciplinary and cross-jurisdiction working

Lastly, the field of violent extremism requires cooperation at many levels among agencies and professional groups that have different sets of professional and ethical guidelines for their practices. Bringing those professionals together means that, on occasion, their practices may clash. Too often, this results in blame or criticism, disagreement or even conflict, which are unwelcome distractions from the task. Schouten discusses the potential for a unified set of threat assessment and management guidance that will bridge the legal and ethical variations among collaborating groups and individuals. As has been recognized throughout this book, differences are inevitable and while they cannot always be changed, they can at least be acknowledged and worked around if not exploited productively.

Concluding comments

This book is a set of linked chapters that together tell a coherent story of risk – and threat – assessment and management practice at the current time. It is full of knowledge, observations and guidance, tailored as far as possible to the needs of practitioners in the violent extremism field internationally. Building on that foundation, where does the field need to go from here?

Development priorities

The contents of this book and the process of its planning and compilation have enabled the articulation of several areas important for advancing practice in the violent extremism field.

1. **Improve understanding of risk and protective factors**. In the past 20 years, the field has made considerable progress in establishing evidence-based risk factors. However, there is substantially more

that can and should be done with protective factors. This means more research but also more detail on guidance. Most existing tools suggest assessors 'consider' protective factors but provide no guidance on which ones or how to do that. If one considers the SPJ 'lite' versus 'full-fat' distinction (as discussed in Chapters 4 and 5), that gap in protective factor guidance seems to be especially conspicuous for 'full-fat'-type assessments. Because of the reasonable assumption that people often go through phases of involvement with violent extremism (for example, becoming a violent extremist, being a violent extremist, disengaging from violent extremism) and that the risk and protective factors operating at each stage are not necessarily the same, it might be useful to map the current understanding of risk factors onto phases of involvement in violent extremism. Are some more salient for initial radicalization (more like 'vulnerability' factors), while others are more closely linked to escalation, that is, increasing commitment to direct action? The case for refining the understanding of risk and protective factors is made in Chapter 2 by Gill and Rottweiler, as well as in Chapters 3 and 4, both by Borum.

2. **More diverse risk and threat assessment and management guidance must be available for practitioners to refer to**. Such guidance should be developed with the foundational concepts mapped by Hart and Vargen in mind. Decision support aids that operationalize the SPJ approach, from lite through to full-fat, and which incorporate triage into their process are now required. Risk and threat assessment and management guidance that addresses the needs and risk characteristics of young people, as well as adults, is more essential now than ever before. Guidance that is more gender and culturally aware than the current crop will open the field of practice as they have in other domains of violence risk. The field needs open-source guidance whose use is not restricted by cost or licencing and whose application has been widely tested and not just by the developers. Guidance is needed that will support triage evaluations to assist with case prioritization and more comprehensive assessments for the purpose of informing risk management plans. And the field would benefit from developing further guidance on theory-based risk formulation (general principles and application of specific theories), particularly for different professions and those more substantially involved in risk management interventions. Trained and supervised practitioners

with relevant skills need to be able to select from a range of available risk or threat guidance to work effectively across the entire harm prevention cycle. Only then can their practice hope to be accountable, transparent and proportionate to the risks posed in the individual case. The case for additional guidance is made by Borum in Chapter 4 and by Hart and Vargen in Chapter 5.

3. **That said, a better understanding of the reliability of SPJ guidance is needed**. With existing SPJ guidance in the violent extremism field and with the guidance yet to be developed, it will be important to explore the following points: (i) whether and why inter-rater reliability (for factors and summary judgements, and for formulations and risk management decisions) differs among and between different types of practitioners; (ii) whether and how guidance (especially any tool-specific guidance) on formulation and scenario planning improves their reliability; (iii) whether summary judgements about risk levels (used mainly in the lite applications of the SPJ approach) are reliable; and (iv) whether risk formulations can be produced to a good standard and reliably by and between practitioners of different kinds (for example, it would be valuable to consider what kinds of causal mechanisms they understand similarly or differently). The case for a better understanding of the risk assessment and management process, including the formulation and scenario-planning tasks, is made in Chapters 3 through to 6.

4. **Knowledge, skills and supervised practice are required for all who engage in threat and risk assessment and management**. Practitioners should have some understanding of the nature of harm they are trying to prevent (for example, violent extremism); a set of risk or threat assessment guidance is meaningless in the hands of someone who has no comprehension of the nature of the harm they wish to ensure does not happen. Conversely, a person with an abundance of knowledge about violent extremism but who is disconnected from practice will be unable to perform effectively in an operational setting; they may be good consultants but are unlikely to be good deliverers of action. Instead, harm prevention expertise should come from a combination of practical experience and knowledge of the field. Those combinations are sometimes created when specially trained law enforcement and probation officers work with psychologically informed practitioners (for example, psychologists) who have access to research and

researchers, or better still, who have researchers embedded into their organizational ethos and activity. All contributors make the case for more knowledge and skills in practitioners in the field.

5. **More awareness and consensus in violent extremism-related risk communication is necessary**. Different disciplines and agencies use and understand terms to communicate their concerns about risk quite differently – what a 'risk level' means to one agency might be quite different from how another uses the same expression, yet without clarification, they may discuss their concerns assuming they are talking about the same thing. The same point may be made about the language of case prioritization, and formulation and scenario planning. The field should consider extending existing risk communication research methodologies to the violent extremism field to better understand how different forms of risk (and risk management-oriented) communication are received, used and preferred by different consumers and how they affect decisions and thresholds. Practitioners must also give more consideration to whether and how risk estimates or 'levels' might best be communicated across the diverse range of professions and agencies involved in the prevention of violent extremism, the purposes for which they are used by different groups in practice, and whether they provide any incremental risk communication value beyond narrative formulations and scenarios. The case for a better understanding and consensus in risk communications in the violent extremism field is made by Borum in Chapter 3.

6. **Organize teams and agencies so that those with different kinds of expertise contribute differently to the assessment and management task**. Different practitioners in multidisciplinary teams should engage in different tasks at different stages in the process of detecting, understanding and managing harm potential. Teams and services should be layered, with each layer addressing different concerns – threat detection and risk referrals, initial evaluation and case triage and prioritization, assessment and formulation to different levels depending on the purpose, and risk and threat management from short to long-term. As mentioned above, activities should be founded on explicit evidence-based guidance relevant to the threat being detected (for example, violent extremism risk), and the outcome of one level of consideration will have implications for the next level. The golden thread of the

structured professional judgement approach should run through each level. Figure 10.1 illustrates (see page 292). The case for more organized teams and partnerships between and among agencies is made by Borum in Chapters 3 and 4 and by Pathé and Farnham in Chapter 8.

7. **Standing on the shoulders of giants**. The violent extremism field is not isolated from other troublesome areas of human activity. There is excellent practice in both the general threat and risk assessment and management fields from which the violent extremism field can benefit. For example, while the knowledge base underpinning an understanding of violent extremism is particular to the field, many people who engage with an extremist ideology have concerning behaviours of other kinds (such as non-extremist violence, organized criminal activity). Therefore, practice in mitigating and preventing violent extremism can learn from practice in the prevention of other kinds of harmful outcomes. And services dedicated to preventing violence motivated by an extremist ideology can learn from services dedicated to other harmful behaviours – for example, how best to manage information sharing among agencies. The case for learning by example is made in Chapters 7 through to 9.

8. **There will always be a need for more research**. Evidence-based practice is one's assurance that what one does as an individual practitioner and what one does as a member of a team is guided by what the research tells us works with people with a particular kind of problem. Therefore, practitioners depend on their colleagues who create new and synthesize existing information for the authority to practise as they do. More research will always be necessary to ensure that the evidence base for such practice is current and sufficiently broad to capture the key elements and to make it defensible in face of the legal scrutiny and challenges that are inevitable in the violent extremism field. At the time of writing, more understanding is required of people whose ideologies are fragmented or mixed, the involvement of young people in violent extremism, and the role of the internet and social media in priming people to act. But behaviours and priorities will change. The field also needs to better understand how risk management works and what works best for whom in multiagency intervention landscapes. The case for more research on violent extremism is made by Gill and

Rottweiler in Chapter 2 and, on risk management, by Hassan and colleagues in Chapter 7.

9. **Together, we must strive to improve the quality of risk – and threat – assessment and management practice**. More broadly, the field must explore the potential for developing greater consensus on good and ethical practice, perhaps communicated as a set of principles that practitioners agree to adhere to when they engage in tasks relevant to the prevention of violent extremism and which would not be specific to a particular profession or discipline. It would be helpful to articulate best practices in risk management across the four overarching categories of monitoring or surveillance, treatment and other direct interventions, supervision and control, and victim safety planning (or target hardening activity). Developing guidelines for evaluating the effectiveness of violent extremism-related risk management programmes are overdue. The case for best practice guidance is made by both Hassan and colleagues in Chapter 7 and Schouten in Chapter 9.

Concluding comments

The working lives of practitioners are unbelievably busy, with multiple concurrent demands on their time, resources and energies. Therefore, we thank you for considering the work presented here. If you have benefited from any part of this book – if it has informed or enlightened you, guided or reassured you – then we have achieved what we set out to do. If it has inspired you to refine your practice and that of your colleagues and services, we have exceeded our own expectations. If this book becomes part of the movement to improve what we do in this interesting and vital field, our work is done.

References

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Figure 10.1 A model of risk and threat assessment and management in the violent extremism field, with structured professional judgement as the golden thread that runs from start to finish.

Index

n = note

'The editors have assembled the most celebrated scholars and practitioners in anticipating and mitigating violence. This extraordinary accomplishment could transform the future of risk assessment.'
– *John Monahan, University of Virginia*

'Scholarly, scientific and so very practical, this is the book we have been waiting for. It should be read, and re-read, by every practitioner and researcher working on violent extremism.'
– *John Horgan, Georgia State University*

'Since the early 2000s, the field of assessing violent extremism risk has developed apace. This landmark text authoritatively takes stock of past and current theory, research and practice, and provides a coherent vision for the future.'
– *Christopher Dean, Cardiff Metropolitan University*

Violent extremism has galvanized public fear and attention. Driven by their concerns, the public has pushed for law enforcement and mental health systems to prevent attacks rather than just respond to them after they occur. The prevention process requires guidance for practitioners and policymakers on how best to identify people who may be at risk, to understand and assess the nature and function of the harm they may cause, and to manage them to mitigate or prevent harm. *Violent Extremism* provides such guidance.

Over 10 chapters, prepared by leading experts, this handbook illuminates the nature of violent extremism and the evolution of prevention-driven practice. Authors draw on the literature and their experience to explain which factors might increase (risk factors) or decrease (protective factors) risk, how those factors might operate, and how practitioners can prepare risk formulations and scenario plans that inform risk management strategies to prevent violent extremist harm.

Each chapter is crafted to support thoughtful, evidence-based practice that is transparent, accountable and ultimately defensible. Written for an international audience, the volume will be of interest to law enforcement and mental health professionals, criminal justice and security personnel, as well as criminologists, policymakers and researchers.

Caroline Logan is a Lead Consultant Forensic Clinical Psychologist in Greater Manchester Mental Health NHS Foundation Trust and Honorary Senior Lecturer at the University of Manchester in England.

Randy Borum is Director of the School of Information (iSchool) and Director of Intelligence and National Security Studies at the University of South Florida.

Paul Gill is Professor of Security and Crime Science at University College London.