EX POST PAPER

Risk assessment of lone actors

Summary

The RAN Health and Social Care (H&SC) Working Group (WG) focuses on raising awareness of radicalisation within the health and social care sector, and aims to establish an effective network of health and social care practitioners across the EU that is able to exchange relevant knowledge, expertise and insights.

The RAN H&SC meeting took place on 11 and 12 December 2017 in Mechelen (Belgium) and sought to verify the need for risk assessments, how they should be understood, how they could benefit practitioners, and how they can be developed. Signalling and treating lone actors was a particular focus. Violent terrorist attacks committed by lone actors have become an increasing concern across a number of EU Member States. This trend has increased in the light of foreign fighters returning to their home countries. Terrorist groups are actively calling on people to execute acts of violence or terror on their own people.

Potential lone actors can be treated by professionals from the health and social care sector before, during and/or after their process of radicalisation.

Overall aim of the meeting

This working group meeting built on a 2016 gathering in Zagreb by discussing the role of social and health care professionals in dealing with lone actors, and in developing and using relevant methodologies, such as risk assessment tools. Participants focused on the ways in which this type of work can be evaluated. Specific case studies were presented to feed a discussion on the treatment options for lone actors**.** Key questions for this meeting included:

- How can practitioners recognise lone actors from their behavioural patterns and other characteristics?
- Which treatment tools are at the disposal of health and social care professionals ?
- How are lone actors currently being treated by health and social care professionals around the EU?

The 2016 meeting on identifying and treating lone actors: what does research say?

The first RAN H&SC WG meeting since the launch of the RAN Centre of Excellence took place in Zagreb on 27 and 28 January 2016 and had the title 'Identifying and treating lone actors'.

A key discussion point at that meeting was how to identify and treat individuals in different stages. A number of organisations across the world have carried out research into whether lone actors are more prone to experience mental health issues than the average citizen.

One such research project highlighted at the meeting was that by the Centre for Terrorism and Counter terrorism at Leiden University in the Netherlands (part of the Countering Lone Actor Terrorism (CLAT) consortium), which focuses on the mental health aspect of lone actor terrorism. It defines lone actor terrorism as: "*The threat or use of violence by a single perpetrator (or small cell), not acting out of purely personal-material reasons, with the aim of influencing a wider audience, and who acts without any direct support in the planning, preparation and execution of the attack, and whose decision to act is not directed by any group or other individuals (although possibly inspired by others)*."

This large study looked at 120 cases of lone actor terrorism committed after 2000, and included 70 variables in the analysis, including socio-economic and demographic factors. The team found that the medium age was just under 30 years old and with the exception of a handful of cases, all involved men. In terms of mental health, in 32% of cases there was some indication reported of a mental health disorder, while this percentage decreased to 23% for actual clinical diagnosis of a mental health disorder. However, for 62% of cases, the clinical diagnosis was unknown and in only 15% of cases was the absence of a mental health disorder clinically diagnosed. Also, 70% seemed to have had an indication of a mental health disorder, when religious, political or single-issue ideology in

lone actor terrorist cases was taking into account [1]. Looking specifically at social isolation, it became clear from the study that there is a link between terrorist lone actors on the one hand and social isolation and mental disorder on the other[2].

Concrete recommendations for policy-makers
- sub-groups should be benchmarked and identified -groups in order to identify and treat people with a mental health disorder showing signs of radicalisation and/or intention to commit an act of violent extremism (VE);   - there is a strong need for a multi-agency cooperation and lines of communication to make information-sharing possible;   - lessons from other delicate policy areas, such as for example child abuse and domestic violence, should be taken on board;   - the limitations of what it is possible to prevent must be acknowledged.

Other research performed by the Verwey Jonker Institute focused on 167 'threateners' of public figures who together issued 351 threats between 2008 and 2010[3]. One of the main findings of this research was that the threats are (in general) carried out by persons with mental health issues.

Other research into the mental health state of lone actor terrorists was performed at the University of Sarajevo. More specifically, a number of individuals who had committed violent extremist acts were analysed to establish whether it was possible to identify a single profile and to filter out 'typical' personality indicators. A number of commonalities were found: hailing from a broken family, usually with a history of domestic violence; mental health issues (potentially as a consequence of traumatic events in younger years); substance abuse in a number of cases; previous criminal records; religious radicalisation.

With regard to religious radicalisation, a clear pattern emerged across the cases in that a certain kind of 'alternative treatment' was followed, involving a process resembling a rite to banish evil spirits from the individual (reminiscent of exorcism in Catholic church), and performed by a figure trusted by the lone actor (the lone actor was usually a troubled individual). The research findings seem to suggest that it is during these rites that the lone actor, who was already vulnerable due to a traumatic event and/or mental health disorder, becomes radicalised and is possibly incited to commit a terrorist crime.

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[1] No regression analysis was performed within this research and therefore this is not statistically confirmed for given the total number of cases and the high number of variables.
[2] Idem.
[3] http://www.verwey-jonker.nl/doc/vitaliteit/rapport-individuele-bedreigers_tcm126-444088_1160.pdf (in Dutch).

How alone is the lone actor?

Building on the Zagreb meeting, some more recent insights into lone actor terrorism were shared by the Mechelen participants. Forming generalisations about lone actors based on current data was found to be problematic. While generalisations may be difficult, history shows us that lone actor terrorism is not a new phenomenon; it is rather a reflection of its time. As effective counterterrorism measures have made intelligence agencies increasingly adept at detecting and disrupting large-scale terrorist plots, terrorist groups are forced to individualise terrorist planning. As a result, lone actor attacks have become more common.

To carry out his/her attack, the lone actor needs a high level of self-education and operational independence. The individual also frequently displays copycat behaviour (emulation). In part, the growth in lone actor terrorism reflects a decision by wider extremist groups to adopt lone actor terrorism as a tactic. Nevertheless, the individual is not always directly linked to any extremist group, and neither does he or she operate in a perfect vacuum. As shown in several case studies, someone (an enabler) is often giving the push (either online or offline). In some cases, the enabler is approached by the vulnerable individual (e.g. the enabler is a groomer who presents him or herself as a faith healer or exorcist) due to the taboo in certain communities surrounding assistance from mental health professionals or speaking about mental health issues.

In many cases, some affinity with the terrorist organisation for personal or political reasons has been identified. Consequently, retrospective endorsement from extremist organisations is common, despite these organisations not having been involved in the planning of an attack. For example, the Daesh 'brand' can be attached to personal causes (redemption, search for recognition/status).

Whatever the case, there is a growing trend for individuals or small cells to act in isolation from a wider group to conduct terrorist activity. American research has indicated that among these individuals, mental illness is more prevalent than among group actors, and mirrors the figure for the percentage of the prison population with mental health issues (36%). These figures are very similar to those resulting from the research mentioned in the previous section. Generally speaking, lone actors tend to be male, young, single, unemployed and have a criminal record. They're often described as drifters and have difficulty remaining part of a group (e.g. social rejection results in hatred towards certain group).[4]

Personal characteristics

The case studies also showed that the individual is always connected to a socio-political ideology, and consequently mirrors the socio-political problems of the time. Political and personal grievances

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[4] Corner, E., Gill, P., & Mason, O. (2016). Mental health disorders and the terrorist: A research note probing selection effects and disorder prevalence. *Studies in Conflict and Terrorism*, 39, 560-568.

characterise the individual. Furthermore, politically orientated actions intersect with the individual's personal grievances. Lone actor terrorism is the crystallisation of multiple factors and processes (e.g. stressors, vulnerabilities, grievances, capabilities, opportunity).

Lone actor terrorism is an option for some who consider themselves
• humiliated by a dominant system that has reduced them to insignificance;
• victimised, based on real or imaginary experience, (leading to hatred for the enemy);
• members of a victimised group.

In any case, the complex and evolving motivations of these individuals have some characteristics in common. For many, there is a quest for belonging and a need for attention from an audience. This is illustrated by research that found that in 70% of lone actor terrorism cases, there was a broadcasting intent – either online or offline (e.g. family members or even police). Lone actors seem primarily motivated to be noticed and to launch a 'snowball effect' with their actions. An attack is achievement mechanism for the individual to achieve his or her mission of forcing society to see the world from their perspective.

This sense of moral superiority and self-righteousness is a trait shared by many lone actors. Nonetheless, the perpetrator would not always be able to explain why he/she has committed the act, and this could be seen as being enmeshed in broader struggles that give meaning to their actions. In any case, carrying out an attack is felt by many to be a transformative experience. These processes often develop over months/years, but sometimes more rapidly, often linked to a trigger event or trauma (e.g. media report, domestic event, work-related dispute, political event, police encounter).

It is important to note that existing lone actor theories often fail to consider societal criticism. "He's not one of 'us'" is often used to show such views. Labels around mental illness reinforce this view therefore, some caution is advised when making a risk-assessment: change the label, change the destiny.

Defining the need for (tailored) risk assessment tools

The extent to which practitioners recognise the need for risk assessment tools is a particular point for discussion. Within RAN there has been an increasing focus on tools that can support practitioners in their work, and this includes risk assessments. Indeed, the returnee manual published in the summer of 2017 also pointed to the lone actor phenomenon and approaches to risk assessments.

The manual highlights how, across EU Member States, there are few risk assessment tools specific to violent extremism that have been tested or verified for effectiveness. Authorities typically apply risk assessment tools for both terrorists and extremist offenders in a prison environment, or use

them as a diagnostic instrument to screen radicalised individuals for risks and needs, mostly based on evidence from extensive terrorism literature review.[5]

While no special tools for the risk assessment of lone actors exist, specific tools for different sub-categories may not be necessary. Typically, risk assessments should be a helpful tool for practitioners, and not end-goals in themselves. They mainly help practitioners in breaking down their work into helpful steps, processes, activities or specific interventions. It is crucial that any risk assessment is based on triangulation and judgement from various sources.

Discussions in Mechelen revealed that practitioners recognise how such tools can benefit their work, but are also conscious of their limitations. Health and social care professionals need to be trained in using them, and any such tools should be adapted to the specific context of the intervention, and linked to the wider framework in place in EU Member States.

Examples of risk assessments and methodologies, how they are applied in practice, and evaluated for impact

A specific focus on understanding the phenomenon of lone actor terrorism and what it implies for health and social care practitioners targets greater insight into behavioural patterns, risks and impacts that can help authorities in setting up structures for dealing with radicalised individuals, and tailoring interventions accordingly. Awareness about what lone actors are and how they might be recognised can help in identifying appropriate tools.

The returnee manual distinguishes three basic models of risk assessment:
1. Professional judgment with risk predictions based on the professional's experience and knowledge of the individual being assessed;
2. Tools that use checklists of risk indicators, using a formula resulting in an overall risk prediction (e.g., high, medium, or low risk);
3. Structured professional judgment (SPJ), combining both approaches to guide the process systematically, identifying risks and evaluating the individual in context. This approach is based on the presence and relevance of risk factors.

A common misconception of risk assessments is that they are complex or require substantial formal training. While practitioners would need to become familiar with such tools (and are ideally involved in using and refining them over time), they are not inherently difficult to use or apply. Typically, these tools are used as guidance, together with other relevant information.

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[5] See: https://ec.europa.eu/home-affairs/sites/homeaffairs/files/ran_br_a4_m10_en.pdf, p.29

Existing tools on risk assessment
• The UK government's ERG22+ via the Channel referrals;
• The Violent Extremism Risk Assessment (VERA-2) in prison and probation services in several countries;
• The IR46 is a Dutch risk assessment model used in a multi-agency setting by Haaglanden Regional Safety House (Veiligheidshuis);
• The Terrorist Radicalization Assessment Protocol (TRAP-18) is used as an investigative framework.[6]

The Danish approach

The overall Danish approach was presented as a tool at the RAN H&SC meeting. The Danish Centre for Prevention of Extremism has worked on developing a tool and trains practitioners in its use.

Within the Primary Server Provider - (PSP) approach, psychiatrists, social care workers and the police are brought together. PSP was first piloted at local level in 2004 and subsequently implemented by law in 2009. Between 2013 and 2016, medical staff were offered courses by the National Centre and Danish Security and Intelligence Service, and the Police. This was followed in 2016-2017 by regional courses for forensic psychiatry. The National Centre for Prevention of Extremism's mentor programme also provides six-day training courses.

The Danish tool is based on three basic questions for practitioners
• What concerns do I have? (**identification**);
• What do I need to know more about? (**analysis**);
• What will I do?(**action or effort**).

The multi-agency approach (as shown on the next page) ensures that different professionals are involved, and that the different aspects that make up an individual receive attention.

The overall approach is based on three existing methods
1. Signs of Safety (**assessment tool**);
2. Life Psychology (**underlying analysis**);
3. The Solution-Based Approach (**dialogue tool**).

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[6] See: https://ec.europa.eu/home-affairs/sites/homeaffairs/files/ran_br_a4_m10_en.pdf

Under **Signs of Safety**, the focus is on making contact with the individual and understanding key signs of concern. The questions help create a common overview and a structure for observations of behaviour that cause concern, risk factors and protective factors. For the person making the assessment, this is a relatively straightforward grid to describe not only problems and worries, but also the possible ways in which a relationship might be established with the individual.

Explanatory field: *Possible channels into extremism and radicalization* *Professional field:* *Which professional areas can encounter extremism and radicalization?*	Psychiatric Diagnoses Trauma Treatment	Psychologically Wellbeing Trauma Therapy	Socially Background Network Education	Crime related Socializing Involving Experience with violence	Ideologically Conviction Justice Position	Identity Opinion Quest Formation
Youth and Educational Counsellor						
Children, Youth and Family Department						
School, Social Services and Police Cooperation						
Employment						
Primary Schools						
Secondary Education						
Higher Education						
Health Institutions						
Police						
The Danish Security and Intelligence Service/PET						
Prison Service						
Social Housing Initiatives						
Asylum						
Refugees						
Civic Society						
Knowledge and information						

Under **Life Psychology**, the focus is on 10 fundamental life skills. The **solution-based approach** works with 'The Life Psychological Wheel of Skills' (see figure 8); an assessment tool is used to measure signs of safety. It also uses underlying analyses (life psychology), covering different styles, such as:
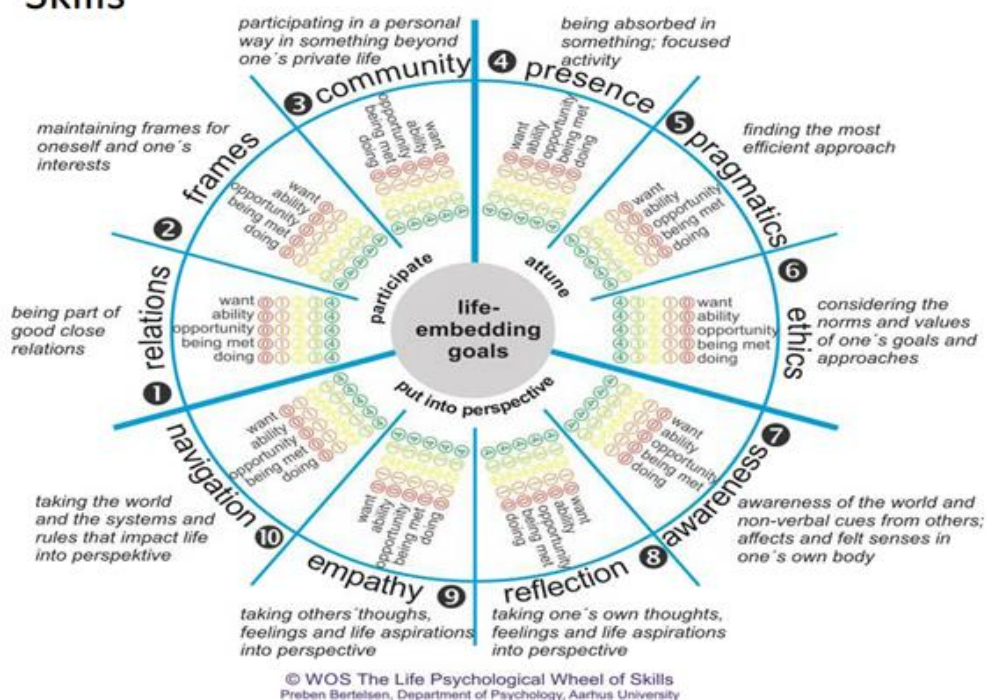
- a cognitive style for ideologists;
- a dynamic style for those willing to take a risk;
- a mirroring style for the socially frustrated;
- an idealising style of those trying to belong to a group.

Worries	Works	Goal	Agreements
Describe worries in connection with	Describe exceptions, possibilities and ressources in connection with:	Describe goals in connection with:	Describe agreements and plans.

The wheel of skills highlights the existence of both risk and protecting factors — risk factors can become a protected factor as well. It uses an overall scoring method ranging from 0 to 4 for a wide array of indicators. See Figure 8 below.

Figure 8: The life psychology wheel of skills

Source: Department of Psychology, Aarhus University

Finally, the **Solution-based approach** focuses on finding a way forward in the relationship with the individual. It seeks to identify small steps and signs that can help to address the problem and find situations where the problem is not there (exceptions). While problems can be complex, solutions are not necessarily complex.

Jihadist dehumanisation scale

The Jihadist Dehumanisation scale is a risk assessment tool developed at the University of Nantes.[7]

It builds on a 2015 literature review by the International Centre for the Prevention Crime that summarises the research conclusions of different radicalisation models. One of the limits of many models is that they do not answer the question of why the individual's change towards dehumanisation happens – or does not happen. One of the models (by McCauley & Moskalenko) presents the process of dehumanisation as a stage before violent action. It shows how violent action is the behavioural consequence of cognitive and emotional changes.

Dehumanisation in this context means treating or perceiving people as subhuman; this has been used to characterise the process followed by certain individuals before departing for Syria as foreign fighters, for example. It shows psychologically how those not sharing the same ideology are considered non-human. The challenge was how to adapt methods used for mental disorders to radicalised individuals and returnees.

The scale seeks to assess the potential danger that an individual poses, as well as cumulated indicators of radicalisation. A total of 25 indicators are used. A short training session is available for professionals wishing to familiarise themselves with the tool.

The further an individual moves up the University of Nantes' scale, the more he or she is likely to become dehumanised and thus dangerous. Nonetheless, any change in an individual's score on the scale indicates first and foremost that more examination is needed to understand the transition. The tool also considers that an individual may get different scores for different indicators, and even scores at opposite ends of the scale. This could be due to concealment strategies used by the individual, for which a specific interpretation method is needed.

This risk assessment tool seeks to enable a standardised and practical assessment procedure for relevant practitioners. The research team highlights two distinct advantages: the capacity to assess possible concealment strategies, and the reference to a psychological process rather than a score alone (such as the 'low', 'medium' or 'high' scores often used in other tools).

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[7] For more information see the Centre for European Probation where a paper was published on the tool:
http://www.cep-probation.org/jihadist-dehumanisation-scale1-an-interesting-way-to-assess-radicalisation/