

VULNERABILITIES TO ENGAGEMENT IN VIOLENT EXTREMISM

VOLUME I: RESEARCH COMPONENT

By

Hannah Louise Green

A THESIS SUBMITTED TO THE UNIVERSITY OF BIRMINGHAM FOR THE  
DEGREE OF DOCTOR OF FORENSIC CLINICAL PSYCHOLOGY

Centre for Applied Psychology

School of Psychology

The University of Birmingham

June 2018

UNIVERSITY OF  
BIRMINGHAM

**University of Birmingham Research Archive**

**e-theses repository**

This unpublished thesis/dissertation is copyright of the author and/or third parties. The intellectual property rights of the author or third parties in respect of this work are as defined by The Copyright Designs and Patents Act 1988 or as modified by any successor legislation.

Any use made of information contained in this thesis/dissertation must be in accordance with that legislation and must be properly acknowledged. Further distribution or reproduction in any format is prohibited without the permission of the copyright holder.

## **THESIS OVERVIEW**

### **Volume I**

Volume I of the thesis is the research component. The first paper is a systematic review of the literature. Existing literature has been critically examined to determine if there is a link between criminality and terrorism and the function of the link. The second paper is an empirical research paper drawing on secondary data. Due to limitations in the reliability of the data the original choice of methodology was adapted and a Q-Sort was completed. This explores the opinions of 22 Prevent professionals on 39 statements relating to Extreme-Right Wing, Islamist and No Specific ideologies. The third paper is a public dissemination document, which offers an accessible summary of the systematic review and research paper.

### **Volume II**

Volume II consists of five Clinical Practice Reports (CPR). The CPR's relate to work completed during training placements. CPR 1 presents both a cognitive and psychodynamic formulation of a 37-year-old female experiencing difficulty with anger. CPR 2 presents a service evaluation exploring the perspectives of both service users and staff of a therapeutic structured day. CPR 3 presents a case study of a 15-year old girl, referred to Dialectical Behavioural Therapy (DBT) to address her self-harming behaviour. CPR 4 documents a single-case experimental design implemented to evaluate the effectiveness of a behavioural intervention for a 45-year-old male with Autism Spectrum Disorder. Finally, CPR 5 consists of the abstract from a case study presentation regarding a 30-year-old male who was referred for support with his difficulties around depression and anxiety.

## **DEDICATION**

To Mum and Dad - thank you for all the support you have provided me throughout my life. You push me to work towards my goals and you are always there when I need you.

To the rest of my wonderful family – thank you for your support – I will get a job now I promise.

To Vicki – the best friend a girl could ask for, always there for me no matter what and you always know the right thing to say to get me through.

To my fabulous friends - you have kept me motivated, encouraged me and been there for me when I have needed some extra support.

## **ACKNOWLEDGEMENTS**

I would like to express my gratitude to both Birmingham and Solihull Mental Health Foundation Trust and National Police Chiefs Council for allowing me access to the data for this empirical research contained within Volume One. Furthermore, I would like to thank the individuals who volunteered to participate in the study.

My appreciation and thanks goes to my research supervisor's Dr Christopher Jones, Monica Lloyd and Dr Nicola Fowler for their support in completing Volume One. Also to all of my placement supervisors who have shared their knowledge with me along the way. A special thanks goes to Dr Victoria Wilkes who has supported me throughout this journey. For the wisdom you have passed onto me, the skills you have helped me develop and for having faith and believing in me when I doubted myself, I thank you from the bottom of my heart.

## LIST OF CONTENTS

### Volume One: Research Component

#### Literature Review: Is there a functional link between criminality and terrorism: A Systematic Review

|   |    |
|---|----|
| ABSTRACT .....                                    | 1  |
| INTRODUCTION .....                                | 2  |
| Vulnerabilities to extremism.....                 | 2  |
| Psychological characteristics of terrorists ..... | 2  |
| Personality Traits.....                           | 2  |
| Mental Health .....                               | 4  |
| Terrorism and Criminality .....                   | 5  |
| Aims/rationale for the systematic review .....    | 8  |
| METHOD .....                                      | 9  |
| Search strategy .....                             | 9  |
| Inclusions .....                                  | 10 |
| Search results.....                               | 11 |
| Identification .....                              | 12 |
| Eligibility .....                                 | 12 |
| Included.....                                     | 12 |
| Screening .....                                   | 12 |
| Quality appraisal.....                            | 13 |
| Level of evidence.....                            | 14 |
| RESULTS .....                                     | 15 |
| Description of studies .....                      | 15 |
| Sample Characteristics.....                       | 21 |
| Quality Appraisal of Studies.....                 | 21 |
| Reporting Bias .....                              | 23 |
| Selection Bias.....                               | 23 |
| Performance Bias .....                            | 25 |
| Internal Validity Bias .....                      | 25 |
| Detection Bias .....                              | 26 |

|  |    |
|--|----|
| Statistical Bias .....   | 27 |
| Is there an association between criminality and terrorism? .....     | 28 |
| Change over time .....   | 31 |
| Differences in samples .....   | 31 |
| Open source data .....   | 32 |
| What is the functional link between criminality and terrorism? ..... | 32 |
| DISCUSSION .....   | 35 |
| REFERENCES .....   | 40 |

**Research Paper: Exploring how Prevent professionals understand and formulate potential risk factors for different ideological groups.**

|                    |    |
|--------------------|----|
| ABSTRACT .....     | 48 |
| INTRODUCTION ..... | 49 |
| METHOD .....       | 57 |
| RESULTS .....      | 71 |
| DISCUSSION .....   | 89 |
| REFERENCES .....   | 98 |

**Public Dissemination Document**

|  |     |
|--|-----|
| SUMMARY ONE: A SYSTEMATIC REVIEW ..... | 105 |
| SUMMARY TWO: RESEARCH PAPER .....      | 107 |

**Appendices for Volume One**

**Literature Review:**

|  |     |
|--|-----|
| Appendix A: Methodological Quality Checklist (Downs & Black 1997) .....        | 113 |
| Appendix B: Scoring code .....   | 114 |
| Appendix C: NICE (2005) Guidance for Assigning Level of Evidence Ratings ..... | 115 |

**Research Paper:**

|  |     |
|--|-----|
| Appendix D: University of Birmingham Ethics Form ..... | 116 |
| Appendix E: Amended ethics form .....                  | 117 |
| Appendix F: Q-set .....                                | 118 |
| Appendix G: Consent form .....                         | 122 |

|   |     |
|---|-----|
| Appendix H: Instructions for Extreme-Right Wing Ideology Q-sort ..... | 123 |
| Appendix I: Q-sort grid.....  | 124 |
| Appendix J: Q-sort recording sheet .....                              | 125 |
| Appendix K: Instructions for Islamist Ideology Q-sort .....           | 126 |
| Appendix L: Instructions for No Specific Ideology Q-sort.....         | 127 |

## **Volume Two: Clinical Component**

### ***Clinical Practice Report 1: A cognitive and psychodynamic formulation of a 37 years old female presenting with anger difficulties***

|                                |    |
|--------------------------------|----|
| ABSTRACT .....                 | 2  |
| BACKGROUND INFORMATION.....    | 3  |
| COGNITIVE FORMULATION.....     | 11 |
| PSYCHODYNAMIC FORMULATION..... | 19 |
| CRITICAL APPRAISAL.....        | 27 |
| REFERENCES.....                | 31 |

### ***Clinical Practice Report 2: A Service evaluation: Service users and staff member's views of the structured day.***

|                    |    |
|--------------------|----|
| ABSTRATCT .....    | 34 |
| INTRODUCTION ..... | 36 |
| METHOD .....       | 40 |
| RESULTS .....      | 44 |
| DISCUSSION .....   | 58 |
| REFLECTIONS .....  | 64 |
| REFERENCES .....   | 65 |

### ***Clinical Practice Report 3: Case study of a 15 year old girl who engages in self-harm behaviours: a Dialectical Behavioural Therapy approach***

|                              |     |
|------------------------------|-----|
| ABSTRACT .....               | 69  |
| REFERRAL .....               | 70  |
| ASSESSMENT .....             | 74  |
| PRE-TREATMENT .....          | 80  |
| FORMULATION .....            | 83  |
| INTERVENTION.....            | 90  |
| OUTCOMES AND EVALUATION..... | 95  |
| REFERENCES .....             | 104 |

**Clinical Practice Report 4: Single Case Experimental Design, a 45 year old man with Autism Spectrum Disorder presenting with ‘challenging behaviour’ and limited engagement**

|                             |     |
|-----------------------------|-----|
| ABSTRACT .....              | 107 |
| BACKGROUND INFORMATION..... | 109 |
| ASSESSMENT .....            | 113 |
| FORMULATION .....           | 117 |
| INTERVENTION.....           | 122 |
| REFERENCES .....            | 133 |

**Clinical Practice Report 5: case study presentation regarding a 30-year-old male who was referred for support with his difficulties around depression and anxiety**

|                |     |
|----------------|-----|
| ABSTRACT ..... | 139 |
|----------------|-----|

**Appendices for Volume Two**

***Clinical Practice Report 1:***

|  |     |
|--|-----|
| Appendix A: An example of Sarah’s anger diary entries..... | 141 |
| Appendix B: An example of Sarah’s maintenance cycle.....   | 142 |

***Clinical Practice Report 2:***

|   |     |
|---|-----|
| Appendix C: NRES Form.....                      | 143 |
| Appendix D: Participant Information sheet ..... | 145 |
| Appendix E: Interview Schedule .....            | 146 |
| Appendix F: Consent Form.....                   | 148 |
| Appendix G: Service Users Final Template.....   | 149 |
| Appendix H: Staff Final Template .....          | 150 |
| Appendix I: Service user quotations .....       | 151 |
| Appendix J: Staff quotations .....              | 159 |

***Clinical Practice Report 3:***

|   |     |
|---|-----|
| Appendix K: DBT Contract for client and therapist ..... | 175 |
| Appendix L: Risk Diary .....                            | 177 |

|   |     |
|---|-----|
| Appendix M: Behavioural Chain Worksheet ..... | 178 |
|---|-----|

***Clinical Practice Report 4:***

|   |     |
|---|-----|
| Appendix N: Matthew's Activity and Aggression Sheet ..... | 180 |
|---|-----|

|  |     |
|--|-----|
| Appendix O: Example of Matthew's stickers..... | 181 |
|--|-----|

## List of Illustrations

### Volume One: Research Component

#### Literature Review:

|   |    |
|---|----|
| Figure 1: PRISMA diagram of the studies selection ..... | 12 |
|---|----|

### Volume Two: Clinical Component

#### *Clinical Practice Report 1:*

|  |    |
|--|----|
| Figure 1: A genogram and relationship map depicting Sarah's family structure .....   | 10 |
| Figure 2: A cognitive formulation of the development of Sarah's difficulties (adapted from Dudley & Kuyken, 2006).....     | 15 |
| Figure 3: A cross-sectional example of the maintenance cycle of Sarah's anger (adapted from Dudley and Kuyken, 2006) ..... | 18 |
| Figure 4: The interaction of Malan's (2001) triangles (adapted from Molnos, 1984).20                                       |    |
| Figure 5: Sarah's triangle of conflict and person (adapted from Malan, 2001). .....  | 22 |

#### *Clinical Practice Report 2:*

|  |    |
|--|----|
| Figure 6: Referral and treatment pathway .....   | 73 |
| Figure 7: A genogram and relationship map depicting Jade's family structure at assessment .....          | 76 |
| Figure 8: Jade's T-scores for the BSI at assessment (Derogatis & Melisaratos, 1983) .....                | 78 |
| Figure 9: Jade's T-Scores on the BYI-II at assessment (Beck, Beck. Jolly & Steer, 2005) .....            | 79 |
| Figure 10: Longitudinal formulation using Biosocial Model (Linehan, 1993).....                           | 86 |
| Figure 11: Extract of Jade's behavioural chain of self-harm .....  | 89 |
| Figure 12: Jade's T-Scores on the BYI-II pre and post assessment (Beck, Beck. Jolly & Steer, 2005) ..... | 95 |

|  |    |
|--|----|
| Figure 13: Jade's T-scores for the BSI at pre and post assessment (Derogatis & Melisaratos, 1983)..... | 98 |
|--|----|

#### ***Clinical Practice Report 4:***

|  |     |
|--|-----|
| Figure 14: ASD Triad of Impairment (Wing, 1994).....   | 111 |
| Figure 15: Behavioural Formulation Framework (adapted from Nezu et al. 2004) .                             | 121 |
| Figure 16: Graphical representation of the number of activities undertaken by Matthew daily.....           | 126 |
| Figure 17: Graphical representation of the number of aggressive behaviours displayed by Matthew daily..... | 126 |

## List of Tables

### Volume One: Research Component

#### Literature review:

|  |    |
|--|----|
| Table 1: Search terms used for database searches ..... | 10 |
| Table 2: Inclusion criteria used for search .....      | 11 |
| Table 3: Description of the studies.....               | 16 |
| Table 4: Quality appraisal risk of bias.....           | 23 |

#### Research paper:

|   |    |
|---|----|
| Table 5: Item groups.....   | 61 |
| Table 6: Islamist factors in the ROC analysis.....  | 61 |
| Table 7: Extreme Right-Wing factors in the ROC analysis .....                                     | 63 |
| Table 8: No Specific Ideology factors in the ROC analysis.....                                    | 65 |
| Table 9: Factor Matrix for Extreme-Right Wing Q-Sorts.....  | 72 |
| Table 10: Distinguishing Statements for each Factor, Eigen values and difference in Z scores..... | 73 |
| Table 11: Factors from consensus to contention for Extreme-Right Wing Q-Sort. ....                | 75 |
| Table 12: Factor Matrix for Islamist Q-Sorts.....   | 77 |
| Table 13: Distinguishing Statements for each Factor, Eigen values and difference in Z scores..... | 78 |
| Table 14: Factors from consensus to contention for Islamist Q-Sort .....                          | 80 |
| Table 15: Factor Matrix for No Specific Ideology Q-Sorts.....                                     | 83 |
| Table 16: Distinguishing Statements for each Factor, Eigen values and difference in Z scores..... | 84 |
| Table 17: Factors from consensus to contention for No-ideology Q-Sort.....                        | 86 |

### Volume Two: Clinical Component

#### *Clinical Practice Report 1:*

|  |   |
|--|---|
| Table 1: Anger Disorder Scale Assessment Results ..... | 5 |
|--|---|

### ***Clinical Practice Report 2:***

|   |    |
|---|----|
| Table 2: Standards for Medium Secure Units (2014).....      | 36 |
| Table 3: Structured Day aims .....                          | 37 |
| Table 4: Focus group participation .....                    | 41 |
| Table 5: A priori themes .....                              | 44 |
| Table 6: Primary theme of experience quotes .....           | 47 |
| Table 7: Primary theme of Understanding quotes .....        | 48 |
| Table 8: Primary theme of impact of attending quotes .....  | 49 |
| Table 9: Primary theme of experience quotes .....           | 51 |
| Table 10: Primary theme of understanding quotes .....       | 53 |
| Table 11: Primary theme of involvement quotes.....          | 54 |
| Table 12: Primary theme of impact of attending quotes ..... | 56 |
| Table 13: Structured Day initial aims .....                 | 58 |

### ***Clinical Practice Report 3:***

|   |    |
|---|----|
| Table 14: Principles of DBT (Linehan, 1993).....                                    | 71 |
| Table 15: Components of DBT .....   | 72 |
| Table 16: Hierarchy of behaviours.....  | 81 |
| Table 17: Jade's hierarchy of behaviours .....                                      | 81 |
| Table 18: DBT Modules.....  | 90 |
| Table 19: Reliable change index scores for the pre and post scores on the BYI-II .. | 96 |
| Table 20: Reliable change index scores for the pre and post scores on the BSI.....  | 98 |

### ***Clinical Practice Report 4:***

|  |     |
|--|-----|
| Table 21: Definition of challenging behaviour .....            | 113 |
| Table 22: Examples of Aggressive Behaviour .....               | 115 |
| Table 23: Overview of the Statistical Analysis Conducted ..... | 128 |

## **LITERATURE REVIEW**

### **Is there a functional link between criminality and terrorism?: A Systematic Review**

#### **ABSTRACT**

**Background:** Understanding the vulnerabilities to extremism is a growing area of research within the literature. The role of personality traits and mental illness has been examined, resulting in varying conclusions. One vulnerability factor that has received less attention within the literature is the role of criminality.

**Aims:** The review provides a comprehensive account of research that has explored the factor of criminality. It aims to identify if there is an association between criminality and terrorism and provide an explanation of its function.

**Method:** An inclusion criteria was defined and a comprehensive search of electronic databases conducted using PsychINFO, PROQUEST, Web of Science and Wiley.

**Results:** Twelve studies met the inclusion criteria and were included. Eleven studies utilised a methodology of open source data. One study conducted a survey with Police Officers. Quality assessment indicated that the studies were low risk of bias but were of low quality evidence.

**Key findings:** The evidence suggests that there is an association between criminality and terrorism. The functional link of the association remains unclear from this review, although tentative hypotheses are proposed.

**Keywords:** Criminality; terrorism; functional link.

## **INTRODUCTION**

### **Vulnerabilities to extremism**

Terrorism is an ever growing challenge in today's society. Understanding the psychological mechanisms involved in acts of terrorism has long been a goal of professionals (Borum, 2014). However, it is not as simple as distinguishing between those who commit a terrorist offence and those who do not. Terrorist offending is suggested to be the product of a balance between 'push' and 'pull' factors (Horgan, 2008). In the absence of protective factors, vulnerabilities can act as 'push' factors and ideology can act as a 'pull' factor (Horgan, 2008). It is argued that factors beyond adversity lead an individual to engage in terrorism (Miller, 2006) but exactly what these factors are remains unclear.

### **Psychological characteristics of terrorists**

Literature exploring psychological characteristics of terrorists has examined the role of personality and mental illness as associated factors.

#### ***Personality Traits***

Early studies of terrorists concluded that the act of engagement was linked to abnormal personalities, often labelling terrorists as psychopathic (Gill & Corner, 2017). Cooper (1978) claimed that sociopathic or psychopathic traits were the rationale behind terrorists engaging in violent extremism. However, he suggested that if an opportunity for violent extremism was not there then these individuals would express their violent impulses in alternative ways, suggesting that the drive is

linked to violence rather than the cause (Cooper, 1978). According to both Lasch (1979) and Pearlstein (1991) narcissism is central to understanding the terrorist personality, with Pearlstein (1991) suggesting that terrorists express their “narcissistic rage” in their acts of terrorism.

The role of narcissism reoccurs within psychoanalytic explanations for terrorist violence (Meloy & Yakeley, 2014; Gill & Corner, 2017) and points to unconscious motives from dysfunctional childhoods (Borum, 2004). Thackrah (2004) suggested that it is difficulties with their own identity that increases the risk of acts of violence in terrorists. It has also been suggested that lack of empowerment, low self-esteem, and lack of independence or assertiveness creates a susceptibility to terrorism (Orbach, 2001; Lawal, 2002). Meloy and Yakeley, (2014) see terrorism as a communication enacted through violence, with conscious and unconscious meaning; *“The lens through which we view the violent true believer as lone wolf is contemporary psychoanalytic theory, with an emphasis on attachment, object relations, mental structure (particularly superego identifications and defenses), and developmental course”* (p348).

However, political scientists continue to argue against this view, stating that there are no abnormalities in terrorist’s personalities (Crenshaw, 2002; Reid, 2002; Sageman, 2004). Instead, they engage in terrorist acts because it provides them with an escape from routine life (Orbach, 2001) and a sense of status and glory (Mazarr, 2004). Silke (2003) argued that empirical research does not identify distinct personalities of terrorists, whilst others have concluded that there is no single personality type or any clear evidence of serious psychopathology (Post, 2005; Martin, 2011). From the evidence available Gill and Corner (2017) concluded that it

is too simple to propose that engagement in terrorism is caused by personality factors alone, thus highlighting the need to consider additional contributory factors.

### ***Mental Health***

Many have explored the link between mental health and terrorism. Initially it was believed that mental illness was criminogenic for terrorism (Cooper, 1978; Pearce, 1977) but this could not be readily identified, so the idea of a causal link was abandoned (Abrahms, 2011; Post 2005, 2007; Sher & Rice, 2015). It has been suggested that although acts of terrorism may appear irrational and the product of delusional thinking, the individuals involved are mentally robust and able to act in a rational manner (Loza, 2007). Those taking this position argue that carrying out such acts of terrorism requires detailed planning and precision, which is not characteristic of individuals with some mental illnesses (Stern, 1999; Reid, 2002; Sageman, 2004).

Gill & Corner (2017) suggest that conclusions that mental health was not a contributing factor were drawn from errors within the research. The errors related to the way in which mental disorder was characterised, dismissing the presence of mental disorder and the characterisation of the terrorist used (Gill & Corner, 2017). Problems with research in this area concern the precise definitions of mental disorder, mental health and mental illness. The literature tends to take a dichotomous and static view when it explores mental disorder, rather than considering the broad range of disorders that can be present (Corner, Mason & Gill, 2015). Furthermore, not all mental health disorders imply that an individual lacks the capability for planning an attack. In addition, much of the research within this field

relies on open source data where the information on mental health difficulties is often missing.

An association has more recently been established with mental disorder in lone actor terrorism (Hewitt, 2003; Gill & Corner, 2017; Corner, Gill & Mason, 2015). Corner et al., (2015) concluded that over 40% of their 153 lone actor sample had a diagnosed mental health disorder, which is greater than that found in the general population. However, although there is an over-representation of mental health problems in lone actor terrorists, it remains the case that the majority of the cases have no mental health diagnosis. Corner & Gill (2015) report lone actors are 13.5 times more likely to have mental health disorders than group actors. However, their study also found that group actors have lower reported prevalence rates than the general population (Corner & Gill, 2015), suggesting that the explanation for this difference may lie in the lack of assessment of group actors, rather than any superiority in their mental health. Clinical assessment of terrorist offenders is not routinely carried out unless requested by the court. It cannot therefore be concluded that this is the explanation for all lone actor terrorism (Gill & Corner, 2017). Rather, it has been suggested that it is beneficial to identify cognitive and behavioural features that are functionally linked to engagement, than to confine the role of mental health to diagnosis (Hoffmann, Meloy, Guidmann & Ermer, 2011).

## **Terrorism and Criminality**

A further potential vulnerability for terrorism related behaviour is the role of criminality. This has received less attention academically but has been widely commented on in the media because of its prominence in the backgrounds of recent

terrorist offences in Europe and the UK. This contradicts Bhui, Everitt and Jones (2014) assumption that 'radicalisation' is a term used to understand why 'ordinary people with no history of criminality commit a terrorist act'.

A paper by Lloyd & Kleinot (2017) outlines a typology of terrorists: those motivated largely by 'noble cause' or ideology; those with a criminal background motivated largely by their criminality and violence; and those motivated by extreme and pathological narcissism expressed in violence. There is some support in the literature for these typologies (Hacker, 1976; Schmid & de Graaf, 1982; Miller, 2006). Lloyd & Kleinot, (2017) report that 60% of convicted terrorists in UK custody in 2008 had a criminal history and describe how criminality per se can function as a risk factor for extremism. Carrapico, Irrera and Tuman (2015) also propose that those individuals who already hold criminal beliefs and attitudes take less radicalising to cross the threshold and commit a terrorist offence as they do not have to overcome their internal inhibitions of committing crime. This view is supported by Lloyd & Kleinot (2017).

A range of serious journalism explores this concept of criminality further. Journalists have proposed an idea of a 'new breed' of Jihadist terrorist, who use their criminal skills in the service of terrorist objectives, blurring the line between Islamist extremism and crime (Faiola & Mekhennet, 2016). They use their criminal skills to raise money for terrorist offense and to travel to Syria, to lend their support to Islamic State of Iraq and Syria (ISIS). A court in Cologne tried eight men suspected of committing robberies against businesses, schools and churches to fund Islamist fighting between August 2011 and November 2014 (Faiola & Mekhennet, 2016).

Violence is a key part of terrorist attacks and to maintaining allegiance to the cause and punishing 'wrongdoers'.

The perpetrators of the Brussels Airport attack were found to have previously been imprisoned for violent offences and the alleged leader of attacks on Paris had a number of convictions for violence (Aly, 2015). A 42-year-old Moroccan male who allegedly had connections recruiting for Islamic State is said to have targeted people with criminal records (Faiola & Mekhennet, 2016). Recent terrorist attacks in France have been reported to have been carried out by individuals who had been recruited in prison. This includes an individual who killed seven people in a Jewish school in Toulouse in 2012, and was a repeat violent offender. Additionally, one of the brothers behind the Charlie Hebdo massacre, was recruited by a top al-Qaeda operative while awaiting trial in prison, along with another, who in January 2015 synchronized his terrorist attack to carry out the Charlie Hebdo shootings in Paris, and later at the Porte de Vincennes siege.

The Independent newspaper reported on ISIS recruiting violent criminals and gang members, highlighting an individual from Copenhagen, who killed two by gunfire in February 2015, pledging allegiance to ISIS (Dearden, 2016). He became part of a gang in his teen years and had an extensive criminal history, committing a range of petty crimes and taking drugs, prior to stabbing an individual in 2013 and going to prison, where it is reported that he was radicalised (Dearden, 2016).

Reports based on the Profiles of Individual Radicalisation in United States (PIRUS) dataset have identified that extremist individuals with a criminal history are at an increased risk of radicalisation (Jenson, James, LaFree, Atwell-Seate, PISOIU &

Stevenson, 2016). With the journalistic evidence presented it appears to be an important area to explore further. It also raises the question of what leads criminals to engage in extremist activity and what do they gain from such behaviour?

### **Aims/rationale for the systematic review**

Drawing on these discussions, the aims of this systematic review are to appraise current research within this field and address the following research questions:

1. Is there an association between criminality and terrorism?
2. If the association exists what is the functional link between criminality and terrorism?

## **METHOD**

### **Search strategy**

Four databases were searched for this review. These databases were deemed to be the most relevant for this research question: PsychINFO, PROQUEST, Web of Science and Wiley. The last search was completed in August 2017. Databases were searched using the keyword terms described in Table 1. Where possible, the search terms were mapped to subject headings and then expanded using the databases' thesaurus. All of the searches were inclusive of free text of the abstract only. The truncation function "\*" was also used to broaden search terms. The search terms in group 1 and group 2 were combined within their group using the Boolean operator "OR". To combine the searches across the two groups the Boolean operator "AND" was used. The reference sections of the identified articles were also inspected and any additional articles which met the inclusion criteria were added to the review.

*Table 1: Search terms used for database searches*

| <b>Search Group 1</b> | <b>Search Group 2</b>      |
|-----------------------|----------------------------|
| Terrorism             | Criminal record            |
| Counterterrorism      | Criminal Conviction        |
| Lone wolf             | Extremism Criminal record* |
| Lone attacker         | Precursor*                 |
| Lone attackers        | Criminal histor*           |
| Lone actor            | Criminal conviction*       |
| Lone actors           | Criminal past*             |
| Terrori*              | History of crime*          |
| Radical*              | History of offend*         |
| Extremis*             |                            |
| Jihad*                |                            |
| Islamist*             |                            |

## **Inclusions**

Following preliminary searches returning limited papers it was decided to use a broad inclusion criteria for this review (Table 2). Due to the limitations of methodological options for research within the field of terrorism the papers were not all peer reviewed research.

*Table 2: Inclusion criteria used for search*

| Inclusion criteria   |
|--|
| No restrictions were made for the demographics or gender   |
| Any form of terrorism/extremism                            |
| No restrictions on the terrorism/extremism definition used |
| Measuring criminality as a variable                        |

## **Search results**

The literature searches identified a limited number of articles which met the inclusion criteria. These studies used case study or case file review methods and therefore should be considered as indicative and offering only tentative guidance. However, this review topic was still considered necessary and important for the following reasons;

- As the introduction highlighted there is a pressing need to identify and understand the function of criminality and terrorism.
- To understand the insights that have already been gained in this area.
- To identify the direction for future research and highlight good methodological practice.

The search identified ten papers which met the inclusion criteria. A further two of the papers were identified within the reference sections. These two studies were not peer-reviewed papers (explaining why they were not identified by the

electronic search) however, they were well-cited papers within this field and therefore it was decided to include them within the review.

For this systematic search the PRISMA guidelines were followed (Figure 1).

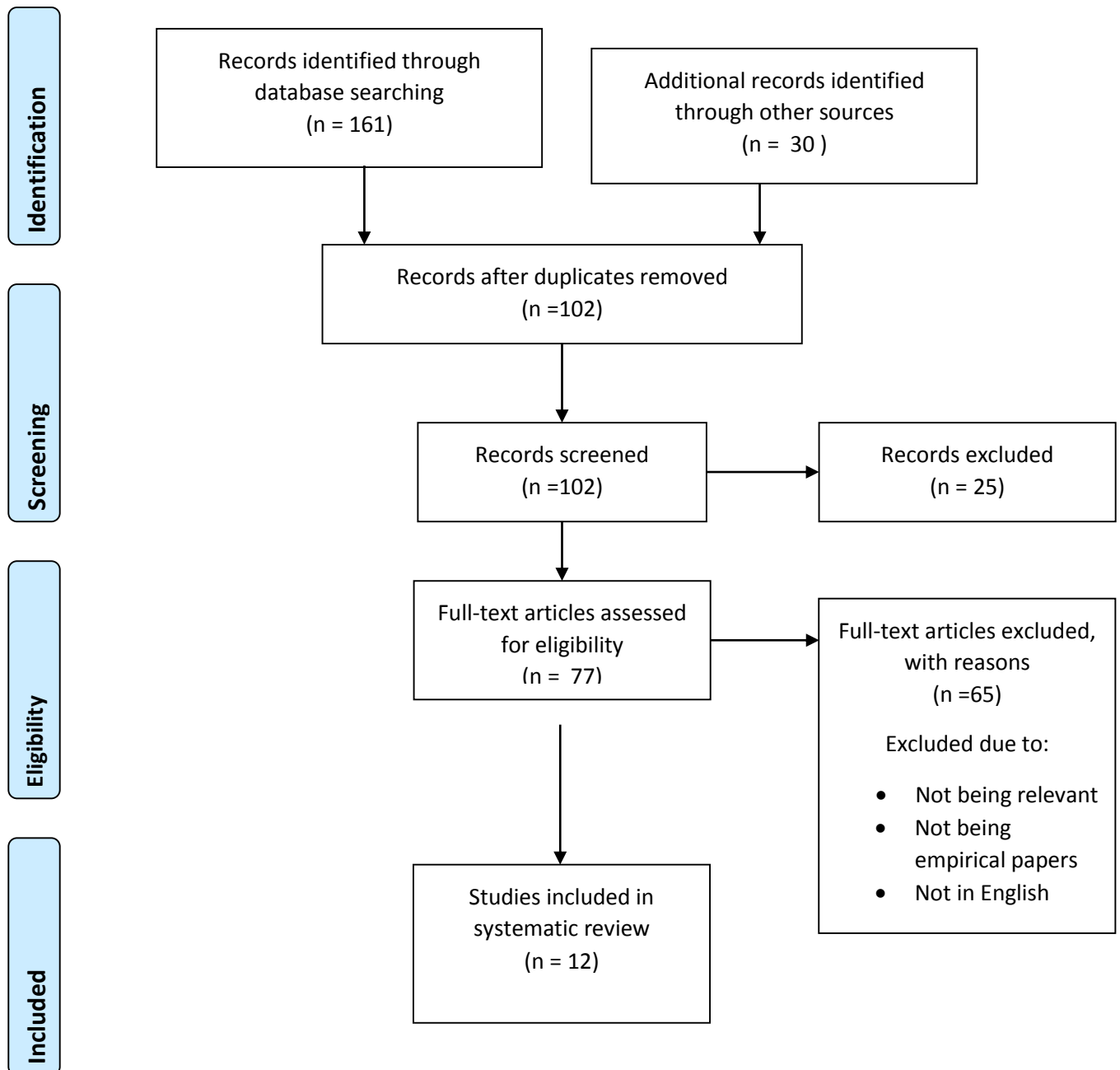


Figure 1: PRISMA diagram of the studies selection

## Quality appraisal

Eleven of the twelve papers included were reviews of case files from a range of sources, such as court documents, newspaper articles or interviews with people. There was no assessment tool identified to assess the quality of case file reviews. Therefore, one was developed using The Methodological Quality Checklist (Downs and Black, 1998) and research looking at case studies (Cepeda & Matin, 2005). One paper used a survey methodology to review the opinions of American Police Officers. The area of quality covered in the case file quality assessment tool was considered robust enough to accommodate this survey paper.

The studies were assessed in relation to a range of biases, including reporting, selection, detection, performance, statistical and internal validity. The generalizability of the research was also rated. To rate the quality of each study a scoring system was devised based on The Methodological Quality Checklist (Downs & Black, 1998), with low risk, high risk and unclear risk. Each item receives a score of 0 (no evidence or unable to determine evidence for that item) or 1 (clear evidence). The scoring criteria for the Case Review Quality Checklist can be found in Appendix A.

Table 4 highlights the Quality Checklist rating for each of the studies. The ratings are depicted using a colour-coded scoring system (Appendix B). The rating bias cut off out of a total of 20 was as follows:

- Low risk of bias – score between 14 to 20
- Moderate risk of bias – score between 7 to 13
- High risk of bias – score between 0 to 6

## **Level of evidence**

The quality of the evidence is determined on the design of the study, which refers to the level of confidence of the findings and recommendations (Deeks et al, 2003). This review relied on guidance by the National Institute of Clinical Excellence (NICE, 2005) to identify the level of evidence for these studies. The rating scale can be found in Appendix C. All but one of the papers within the search were reviews of case files from a range of sources, such as court documents, newspaper articles or interviews. The rating scale identified these studies as 4(-) in their level of rating, lowest of the hierarchy. Therefore, the appraisal of methodological quality should acknowledge the nascent stage of this literature. In the hierarchy of research evidence case reports, background information and expert opinion falls within the weakest evidence for research (Stegenga, 2014). Therefore, despite the individual level of quality of each paper, it needs to be held in mind that there are a number of more robust methodologies that could be implemented. However, due to the difficulties in accessing terrorist offenders' researchers have had to utilise other methods to test hypotheses and explore this field further. Therefore, it was deemed acceptable to include case file reviews within this systematic review.

## **RESULTS**

### **Description of studies**

A summary of the 12 papers and the extracted information is presented in Table 3 in alphabetical order. The aims of the study are summarised, followed by the sample, outcome measures and key findings related to the variable of criminality.

Table 3: Description of the studies

| Study Details & Aim  | Sample  | Outcome   | Key findings related to criminality:  |
|--|---|---|---|
| <p><b>Bakker, 2006.</b><br/><b>(Europe)</b></p> <p>To understand the Jihadist terrorist in Europe both on an individual and network level.</p>           | <p>31 cases of Jihadi terrorism that occurred in Europe between September 2001 and September 2006. This totalled 200 individuals.</p> <p>Only included people formally charged.</p> | <p>Used a range of open sources for data (350 in total):</p> <ul style="list-style-type: none"> <li>• Media reports (in English, French, German, Spanish and Dutch)</li> <li>• Official reports and statements from websites of ministries, courts and other government agencies.</li> <li>• Terrorism Knowledge Base dataset.</li> </ul> <p>Describe the 31 Jihadist terror attacks, the 28 terrorist networks that these were made up of and the individual characteristics of the 200 individuals from these networks.</p> | <ul style="list-style-type: none"> <li>• Almost a quarter of the sample had a previous conviction.</li> <li>• Most of these were for possession of a firearm.</li> <li>• Many had been involved in criminal activities without being sentenced to prison.</li> <li>•</li> </ul> <p>Comparison to Sageman's sample:</p> <ul style="list-style-type: none"> <li>• Similar figures had a previous conviction.</li> </ul> |
| <p><b>Bakker &amp; de Bont, 2016. (Netherlands)</b></p> <p>To explore key characteristics of Jihadist foreign fighters from Belgium and Netherlands.</p> | <p>Total sample was 370 cases (211 Belgium and 159 Dutch) of Jihadist foreign fighters travelling to Iraq or Syria.</p>   | <p>Data sources used:</p> <ul style="list-style-type: none"> <li>• Media reports.</li> <li>• Government documents.</li> <li>• Court proceedings.</li> </ul> <p>Interviews with government officials, Syrian refugees, family and friends of those who travelled.</p>  | <ul style="list-style-type: none"> <li>• 20% had previously been suspected of criminal activity prior to travelling to Syria or Iraq.</li> </ul>  |

| Study Details & Aim  | Sample  | Outcome  | Key findings related to criminality:  |
|--|---|--|---|
| <p><b>Basra, Neumann &amp; Bruner, 2016. (Europe).</b></p> <p>To explore European Jihadists to understand their nature and dynamics.</p>   | <p>79 European Jihadists with criminal pasts.</p> <p>Data taken from the UK, Belgium, France, Germany, Netherlands and Denmark.</p> <p>It was collected between March-July 2016.</p>  | <p>Open source data used, which included:</p> <ul style="list-style-type: none"> <li>• Court reports</li> <li>• Media reports</li> <li>• Government reports</li> </ul> <p>Also completed interviews with current or former counter-terrorism officials.</p> <p>Coded 30 variables in total, covering three areas:</p> <ul style="list-style-type: none"> <li>• Biological information</li> <li>• Involvement in Jihadism</li> <li>• Criminal history</li> </ul>  | <ul style="list-style-type: none"> <li>• 68% had been involved in petty crime.</li> <li>• Majority were 'low level, local' criminals.</li> <li>• 65% had a history of violent crime.</li> <li>• 57% had been in prison at least once.</li> <li>• 18% had been radicalised during their prison sentence.</li> <li>• 6% were involved in credit card fraud or identity theft.</li> </ul>  |
| <p><b>Chermak, Freilich &amp; Simone, 2010. (USA).</b></p> <p>To better understand the American state police officer's views of three specific terrorism threats and public safety issues.</p> | <p>Used specific Police officers that track extremist offenders from 37 states in the US.</p> <p>Collected their sample from the National Safety Information Bureau's 2006 Directory of Law Enforcement Administrators.</p> <p>Three mailings followed by a phone call took place between November 2006 - September 2007.</p> | <p>Used a survey to collect data which was mailed to participants.</p> <p>The survey examined a range of areas:</p> <ul style="list-style-type: none"> <li>• How they define terrorism</li> <li>• Sources they use for information on domestic terrorism</li> <li>• What are the groups and how many exist?</li> <li>• How many members exist?</li> <li>• What groups are considered threats?</li> <li>• How many criminal incidents occur in a year?</li> </ul> <p>How many members are arrested?</p> | <ul style="list-style-type: none"> <li>• Officers reported that far-right extremist are involved in a number of terrorist, preparatory and routine crimes.</li> <li>• 17.9% of officers believed they commit between 1-5 preparatory crimes.</li> <li>• 7.1% of officers believed they commit between 6-10 preparatory crimes.</li> <li>• 3.6% of officers believed they commit between 21-30 preparatory crimes.</li> <li>• 13.3% of officers believed they committed 1-5 non-ideological routine crimes.</li> <li>• 6.7% of officers believed they committed 6-10 non-ideological routine crimes.</li> <li>• 30% of officers believed they committed 31+ non-ideological routine crimes.</li> <li>• Two state agencies reported Islamist and far-right had worked together to commit financial crimes.</li> </ul> |

| Study Details & Aim  | Sample   | Outcome  | Key findings related to criminality:   |
|--|--|--|--|
| <p><b>Chermak &amp; Gruenewald, 2015. (USA).</b></p> <p>To build on existing research and compare the characteristics of far-Right, far-Left and Al Qaeda inspired movements (AQAM).</p> | <p>Total number of cases = 974</p> <p>Far-Right = 637<br/>Far-Left = 182<br/>AQAM = 155</p>  | <p>All data is collected from the Extremist Crime Database (ECDB).</p> <p>Suspect level characteristics are explored by three sets of data:</p> <ul style="list-style-type: none"> <li>Set 1 – demographics.</li> <li>Set 2 – criminogenic conditions.</li> <li>Set 3 – type and timing of offence.</li> </ul> <p>County level data collected from:</p> <ul style="list-style-type: none"> <li>US Census Year 200</li> <li>Religion Data Achieve (ARDA)</li> <li>Uniformed Crime Reports</li> </ul> <p>Bivariate analysis and multinomial logistic regression completed on the data.</p> | <ul style="list-style-type: none"> <li>Far-Left and AQAM had similar criminal histories (26.9% vs 29%).</li> <li>Their crimes were almost all ideologically driven.</li> <li>53.4% of far-right had at least one prior arrest.</li> <li>Far-right crimes were much less likely to be ideologically driven (36.6%) which was a significant difference.</li> <li>Multinomial results used far-Right as the reference category.</li> <li>Far-Leftists were significantly less like to have prior arrests <math>p = &lt;.05</math></li> <li>AQAM were significantly less likely to have had prior arrests <math>p = &lt;.001</math></li> </ul> |
| <p><b>Gill, Corner, Horgan &amp; Silver, 2016. (USA).</b></p> <p>To compare a cohort of violent lone actors and mass murderers from 1990-2005 and 2006-2013.</p>                         | <p>In total the sample included 15 lone actors and 115 mass murderers.</p> <p>1990-2005 = 75 cases in total<br/>2006 – 2013 = 107 cases in total</p> | <p>Gathered data from open sources, such as media reports and literature reviews.</p> <p>Developed a coding book based on the literature.</p> <p>Bivariate (Chi square) and logistic regression completed on the data.</p>   | <ul style="list-style-type: none"> <li>In the first cohort 21.5% had a record of previous imprisonment.</li> <li>In the second cohort this had raised to 35.5%.</li> <li>This was significant (<math>p = .039</math>)</li> </ul>   |

| Study Details & Aim   | Sample   | Outcome   | Key findings related to criminality:   |
|---|--|---|--|
| <p><b>Gruenewald, Chermak &amp; Freilich, 2013. (USA)</b></p> <p>To examine whether homicides by loner far-right extremists are different to the comparison set of homicides by other far-right extremists.</p> | <p>137 homicides were reviewed in total (47 loner &amp; 92 other).<br/>Data was collected from 1990-2010.</p>  | <p>Data was collected from the United States Extremist Crime Database (ECDB).</p> <p>Measured 5 independent variables. Bivariate comparative analysis was conducted on the data. Binary logistics was then completed on significant results.</p>  | <ul style="list-style-type: none"> <li>• More than 50% of the sample had a prior adult arrest.</li> <li>• Loners were more likely to have one or more prior arrests (61% to 51.1%) but this was not a significant difference.</li> <li>• There was no statistical difference for prior violent arrests.</li> </ul>   |
| <p><b>Horgan, Shortland, Abbasciano &amp; Walsh, 2016. (USA).</b></p> <p>To explore data of behaviours taken by global Jihadists to highlight prevalence and diversity of behaviours.</p>                       | <p>183 individuals convicted for terrorist offences in the US between 1995 –2012.</p> <p>144 group terrorists<br/>39 lone actors</p> <p>Al-Qaeda inspired (or global Jihadist movement).</p> | <p>Data collected from open sources including:</p> <ul style="list-style-type: none"> <li>• First-hand accounts</li> <li>• News reports</li> <li>• Court transcripts</li> <li>• Literature review</li> </ul> <p>Coding was inter-rater reliability was rated at 87.95%</p> <p>Use Chi-square and Fisher's exact to explore significant differences between lone and group actors.</p> | <p>Previous arrest data only known for 54.60% of the sample. Of those:</p> <ul style="list-style-type: none"> <li>• 61% had a previous arrest</li> <li>• 19% violent offences</li> <li>• 15% potentially violent</li> <li>• 15% crimes against a person</li> <li>• 8% property related offences</li> <li>• 13% drug related offences</li> </ul> <p>Previous imprisonment was known for 38% of the sample. Of those:</p> <ul style="list-style-type: none"> <li>• 26.80% had previously been in prison</li> <li>• 8.5% were multiple imprisonments</li> </ul> |
| <p><b>Jacques &amp; Taylor, 2013. (UK)</b></p> <p>To test hypotheses relating to the involvement of females in terrorism.</p>   | <p>222 female terrorists and 269 male terrorists.</p> <p>From a range of terrorist groups.</p>   | <p>Data was collected from archival biographical material.</p> <p>Measured 8 variables using a detailed coding form.</p>  | <ul style="list-style-type: none"> <li>• 5 out of the 491 cases had previous criminal history</li> </ul>   |

| Study Details & Aim  | Sample   | Outcome  | Key findings related to criminality:  |
|--|--|--|---|
| <p><b>Ljujic, van Prooijen, Weerman, 2017. (Netherlands)</b></p> <p>To provide an explanation of demographic and socioeconomic characteristics of violent offenders compared to terrorist offenders.</p> | <p>Dutch National Statistic Data violent offender sample = 3,499 and Jihadist Netherlands sample = 209.</p> <p>Open source data 27 European terrorists.</p>  | <p>Data sources used:</p> <ul style="list-style-type: none"> <li>Dutch National Statistics (CBS).</li> <li>Open source data.</li> </ul>  | <ul style="list-style-type: none"> <li>Half of the sample had been involved in violent crime.</li> <li>A third had been radicalised in prison.</li> </ul>   |
| <p><b>Porter &amp; Kebbell, 2011. (Australia)</b></p> <p>To describe the Australian context of radicalisation.</p>   | <p>Sample of 21 convicted terrorists in Australia.</p>   | <p>Cases were identified from the Australian Attorney General's website.</p> <p>Data sources used:</p> <ul style="list-style-type: none"> <li>179 media reports</li> <li>72 law reports</li> </ul> <p>Data coded as present or absent and quotes included where available.</p> | <ul style="list-style-type: none"> <li>6 had a previous criminal record.</li> <li>1 had been to prison.</li> <li>Offences included dishonesty (2), theft (2), driving convictions (2) and firearms (1).</li> <li>8 reported previous addiction issues (substances and/or gambling).</li> </ul>  |
| <p><b>Weenink, 2015 (Netherlands).</b></p> <p>To explore to what extent Jihadists have a history of problem behaviour or mental disorder.</p>  | <p>Looked at radical Islamists from the Netherlands who police suspected of having joined the fight in Syria on were considered potential travellers.</p> <p>140 cases in group one (117 men and 23 women) February – November 2014.</p> | <p>Cases were identified from the Australian Attorney General's website.</p> <p>Data sources used:</p> <ul style="list-style-type: none"> <li>179 media reports</li> <li>72 law reports</li> </ul> <p>Data coded as present or absent and quotes included where available.</p> | <ul style="list-style-type: none"> <li>47% of the sample had one or more report in the HKS (adult crime where police had attended).</li> <li>Female travellers are five times more likely to be involved in crime.</li> <li>Travellers in JD-Online was reported to be 53%.</li> <li>Stopped drawing conclusions on specific crimes due to problems with recording in the HKS.</li> </ul> |

## **Sample Characteristics**

Across the papers there is a combined sample of 3,007 terrorists and 3,499 violent offenders from case reports. The sample size of the studies varies from 21 to 974 terrorists. Chermak et al., (2010) use a sample of Police Officers in America. They highlight that 37 States returned their surveys however, do not specify the number of officers included within this. It is not possible to tell if there are cross over terrorists included within each study, as data was gathered from open sources. Three of the studies drew from a sample of only male terrorists, six of the papers used data from both male and female terrorists and two of the papers did not state the gender of their sample. The number of female terrorists in the total sample is less than male terrorists.

Five of the studies explored data from the United States (Chermak et al., 2010; Chermak & Gruenewald, 2015; Gill et al., 2016; Gruenewald et al., 2013 & Horgan et al., 2016). One used Australian data and six studies explored data from within Europe. Three of the papers focused their sample on Jihadist terrorists, one focused on Islamist foreign fighters. Chermak & Gruenewald (2015) explored Right-wing, Left-wing and al-Qaeda 'inspired' and associated movements, whilst Chermak et al., (2010) explored 15 different types of extremist groups. Gruenewald et al., (2013) explored domestic Far-right extremists and three studies did not specify the ideology of their sample.

## **Quality Appraisal of Studies**

For each paper's appraisal see Table 4 for the risk of bias rating. Overall the papers were all rated at low level of bias.

Table 4: Quality appraisal risk of bias

|   | Bakker & DeBont | Ljujic et al | Porter & Kebell | Jaques & Taylor | Gruenewald et al | Weenink | Chermak & Gruenewald | Gill et al | Horgan et al | Basra et al | Bakker et al | Chermak et al |
|---|-----------------|--------------|-----------------|-----------------|------------------|---------|----------------------|------------|--------------|-------------|--------------|---------------|
| <b>Reporting Bias</b>   |                 |              |                 |                 |                  |         |                      |            |              |             |              |               |
| Clear description of hypothesis / aims  | 1               | 1            | 1               | 1               | 1                | 1       | 1                    | 1          | 1            | 1           | 1            | 1             |
| Main outcomes to be measured reported   | 1               | 1            | 1               | 1               | 1                | 1       | 1                    | 1          | 1            | 1           | 1            | 1             |
| Characteristics of sample clearly reported  | 1               | 1            | 1               | 1               | 1                | 1       | 1                    | 1          | 1            | 1           | 1            | 0             |
| Findings clearly reported   | 1               | 1            | 1               | 1               | 1                | 1       | 1                    | 1          | 1            | 1           | 1            | 1             |
| <b>Selection Bias</b>   |                 |              |                 |                 |                  |         |                      |            |              |             |              |               |
| Is the identification of relevant cases clearly described?  | 1               | 0            | 1               | 1               | 1                | 1       | UC                   | 1          | 1            | 0           | 1            | 1             |
| Were the cases representative of the target population?   | 1               | 1            | 1               | 1               | 1                | 1       | 1                    | 1          | 1            | 0           | 1            | 0             |
| Is a comparison group used?   | 0               | 1            | 0               | 1               | 1                | 0       | 1                    | 1          | 1            | 0           | 1            | 1             |
| <b>Performance Bias</b>   |                 |              |                 |                 |                  |         |                      |            |              |             |              |               |
| Were there procedures to identify and correct for response biases in the reported cases   | 0               | 0            | 0               | 1               | 1                | 0       | 0                    | 1          | 1            | 1           | 0            | 0             |
| Is there cross validation and triangulation of data sources?  | 1               | 1            | 1               | 1               | 0                | 1       | UC                   | 1          | 1            | 1           | 1            | 1             |
| <b>Detection Bias</b>   |                 |              |                 |                 |                  |         |                      |            |              |             |              |               |
| Was the method of outcome identification explained?   | 0               | 0            | 1               | 1               | 1                | 0       | 1                    | 1          | 1            | 1           | 0            | 1             |
| Were outcomes hypotheses driven?  | 1               | 1            | 1               | 1               | 1                | 1       | 1                    | 1          | 1            | 1           | 1            | 1             |
| <b>Internal Validity Bias</b>   |                 |              |                 |                 |                  |         |                      |            |              |             |              |               |
| No unplanned statistical analysis   | 1               | 1            | 1               | 1               | 1                | 1       | 1                    | 1          | 1            | 1           | 1            | 1             |
| Appropriateness of statistical analysis   | N/A             | N/A          | N/A             | 1               | 1                | N/A     | 1                    | 1          | 1            | N/A         | N/A          | N/A           |
| Outcome measures accurate (reliable and valid)  | 0               | 0            | 0               | 1               | 0                | 0       | 0                    | 1          | 1            | 1           | 0            | 0             |
| <b>Statistical Bias</b>   |                 |              |                 |                 |                  |         |                      |            |              |             |              |               |
| The analytical method was appropriate for the research question   | 1               | 1            | 1               | 1               | 1                | 1       | 1                    | 1          | 1            | 1           | 1            | 1             |
| The qualitative descriptions of findings are rich and meaningful  | 1               | 1            | 1               | 1               | 1                | 1       | 1                    | 1          | 1            | 1           | 1            | 1             |
| Were the conclusions logically and proportionately derived from the analytical method?  | 1               | 1            | 1               | 1               | 1                | 1       | 1                    | 1          | 1            | 1           | 1            | 1             |
| <b>Power</b>  |                 |              |                 |                 |                  |         |                      |            |              |             |              |               |
| Sufficient power to detect clinically significant effect  | 0               | 0            | 0               | 1               | 1                | 0       | 1                    | 1          | 1            | 0           | 0            | 0             |
| <b>Generalizability</b>   |                 |              |                 |                 |                  |         |                      |            |              |             |              |               |
| Do the findings include enough "thick descriptions" for readers to assess the potential transferability appropriateness for their own settings? | 1               | 1            | 1               | 1               | 1                | 1       | 1                    | 1          | 1            | 1           | 1            | 1             |
| Are the findings congruent with, connected to, or confirmatory of prior theory?   | 1               | 1            | 1               | 1               | 1                | 1       | 1                    | 1          | 1            | 1           | 1            | 1             |
| Overall score out of 20   | 13              | 14           | 15              | 20              | 18               | 14      | 16                   | 20         | 20           | 15          | 15           | 14            |

## **Reporting Bias**

All of the studies were rated at low level of reporting bias. Each study provides detailed literature around their research topic, identifying the gaps that their study aims to fill. The outcomes that are going to be measured are highlighted and findings are clearly reported in each of the studies. Due to the postal survey methodology employed by Chermak et al., (2010) they were unable to provide information regarding their sample, except for their profession as they were all police officers.

## **Selection Bias**

Eight of the twelve studies reviewed use a comparison group to compare their findings to, (Bakker et al., 2004; Chermak et al., 2010; Grenuewald et al., 2013; Jacques & Taylor, 2013; Chermak & Greunewald, 2015; Gill et al., 2016; Horgan et al., 2016 & Ljujic et al., 2017). The remaining four studies opted not to (Bakker & de Bont, 2016; Porter & Kebbell, 2011; Basra et al., 2016 & Weenink, 2015). Whereas Ljujic et al., (2017) compared the data of a Jihadist Netherlands sample to a violent offender sample, whilst Jacques & Taylor (2013) used male terrorists as a comparison group to explore the characteristics of female terrorists. Chermak & Greunewald, (2015) compared the characteristics of Far-right, Far-left extremists and al-Qaeda inspired movements and Bakker et al., (2006) compared the results of their study to Sageman's (2004) results. Four of the studies used lone actors as a comparison group; Grenuewald et al., (2013) used a sample of Far-right extremists,

comparing the group terrorists to those who acted alone, whilst Gill et al., (2016) compared lone terrorists to mass murders. Horgan et al., (2016) compared group terrorists to lone actors and Chermack et al., (2010) compared police officer's views of 15 different types of terrorists, exploring whether they acted alone, in a group or both. All but two of the studies within the review used a sample that was representative for the target population. Basra et al., (2016) only included European Jihadists with a criminal background within their study. The conclusions drawn from this research are skewed in favour of criminality; this allowed for additional exploration of the function of behaviour, for example engaging in criminal behaviour to gain money, and additional conclusions to be made. Chermak et al., (2010) used a sample of police officers with experience in the field of terrorism. The conclusions drawn from this paper may not be applicable to wider populations of non-experienced officers.

Due to difficulties of completing research within this field all but one of the studies identified their cases through the use of open source data. The problems with this level of evidence have previously been highlighted within this review, that is, it is at the lowest end of the evidence hierarchy (NICE, 2005). The studies varied in the level of information they provided regarding their data sources, for example Porter & Kebbell (2011) reported that they used 179 media reports and 72 law reports whereas Ljubic et al., (2017) state that open source data was used but do not specify numbers. The possibility of replicating studies using this methodology is therefore reduced.

## **Performance Bias**

Greunewald et al., (2013) do not employ any cross validation or triangulation of their data as they collect it all from one source, the United States Extremist Crime Database (ECDB). This may lead to biases in the data, as the possibility of balancing out bias is lost. Basra et al., (2016) explicitly recognise the possible bias using data from media reports, highlighting that they select the cases to report that are media worthy, without a charge being brought against the individual, thus skewing the data. To overcome this difficulty and prevent data distortion Basra et al., (2016) omitted cases where information was considered to be limited. Jacques & Taylor (2013) counterbalanced possible reporting bias of data through utilising both western and non-western data sources. Chermak et al., (2010) collected data from a range of American States to reduce bias. Chermak & Gruenewald, (2015) collected data on individuals from one data source (ECDB), however use a variety of sources for country level data (US Consensus Year 2000 and Religion Data Archive). The remaining seven papers all used a number of different open sources to collect their data, cross validate and triangulate data sources, including court, media and government reports, literature reviews and interviews with officials.

## **Internal Validity Bias**

Seven of the studies reviewed make no mention of whether they checked for inter-rater reliability within their coding of the data (Bakker & de Bont, 2016; Ljujic et al., 2017; Porter & Kebbell, 2011; Gruenewald et al., 2013; Chermak & Gruenewald, 2015; Basra, 2016; Chermak et al., 2010). It is unclear from the reporting of Weenink

(2015) whether the coding was checked for reliability. The study identifies that experts within the field, including social scientists, researchers at the National Police Agency and a forensic psychiatrist, were approached to provide an opinion on the study. However, it does not state whether this related to coding the data. The remaining studies report attempting to manage inter-rater reliability of the data coding through a range of methods. Basra et al., (2016), had a senior researcher check through coding and an adjudicator make the final decision if discrepancies occurred. Gill et al., (2016) implemented a system involving three coders coding the data. Jacques and Taylor (2013) conducted validity assessment of their coding through cross checking data coding and reported a rate of 100% reliability. Horgan et al., (2016) also completed analysis on their coding and highlighted an inter-rater reliability rate of 87.95% (SD=7.34%). The reliability of coding needs to be considered when drawing conclusions from the data.

## **Detection Bias**

The method of outcome identification is clearly explained in seven of the studies. Jacques & Taylor (2013) and Gruenewald et al., (2013) both provided a coding sheet with descriptions of the variables being explored. Basra et al., (2016) describe in detail each area that is coded and how this was achieved. Bakker (2006) stated that they utilised the same methodology as Sageman (2004), however, did not provide any further detail regarding this.

## Statistical Bias

Of the twelve studies reviewed ten used an analytical method that was appropriate for their research question. For five of the studies the analytical data was descriptive statistics, providing percentages of data to answer hypotheses and research questions. Although Ljubic et al., (2017) and Chermak et al., (2010) used a comparison group for their studies, they did not complete any statistical analysis to compare whether the differences in the samples were significant. Completing such statistical analysis would have strengthened the conclusions drawn. Chermak & Gruenewald (2015) completed Chi-square, ANOVA analysis, bivariate statistics, multi-nomial and logistic regression on their data, which provided richer outputs and allowed them to compare groups of extremists, and the level of analysis was appropriate for their research question. Gill et al., (2016) completed bivariate and multivariate analysis on their data, which enabled them to be able to compare lone actors and mass murders, identifying significant differences between the two groups. Greunewald et al., (2013) completed a range of both bivariate and multivariate analysis that allowed them to compare loners and group terrorists. Horgan et al., (2016) used statistical analysis to compare lone actors versus group terrorists, however they only provided descriptive statistics for demographics, behavioural characteristics and engagement behaviours for group terrorists.

Given that most of the studies in this review used a case note review methodology the overall quality of evidence must be considered as “only suggestive” and any conclusions based on this literature should be suitably nuanced.

## **Is there an association between criminality and terrorism?**

. Basra et al., (2016) used a sample of European Jihadist terrorists with criminal backgrounds so identifying criminal history association was inevitable. Although this may reduce the generalizability of their findings to European Jihadist samples, it allowed for additional conclusions to be made regarding the function of the behaviour, which will be summarised in the next section of this review. They found that the intensity of criminality varied from 'one-time' criminals, to repeat offenders and more sustained 'career criminals' (Basra et al., 2016). Within their sample the vast majority were low level, local criminals with only very few operating on a national or trans-national level (Basra et al., 2016), highlighting that 68% had been involved in some form of petty crime prior to the terrorist act (Basra et al., 2016).

The remaining papers did not limit their sample like Basra et al., (2016) to only terrorists with a criminal history but still found previous criminality present in some cases. Horgan et al., (2016) reported on prior arrest information, which was known for 54.6% of the overall sample. Of that sample, 61% had been arrested prior to their engagement in a terrorist act. They highlighted that 19% of these arrests had been for violent offences and 15% for potentially violent offences (Horgan et al., 2016). Furthermore, 18% were for crimes against persons, 8% for property related offences and 13% had been related to drug offences. In relation to prior imprisonment, data was available for 38% of the sample and it was reported that 10.4% had previously been arrested and 8.5% of those had been arrested more than once (Horgan et al., 2016).

Bakker (2006) reported that almost a quarter of his sample (58 cases) had previously been arrested. In six cases this was hypothesised to be linked to their terrorism activity because the arrest was for illegal possession of a firearm. Porter & Kebbell (2011) reported that six of the 21 men in their sample had a previous criminal record for a range of offences including offences for dishonesty (2), theft (2), violence (2), firearms (1) and driving offences (2). One of the six men had been in prison and a further eight men in the sample reported past addiction issues (alcohol, drugs and gambling).

Weenink (2015) reported that 47% of their sample was found to have one or more criminal records. Twenty-six percent of the women in the sample were found to have a criminal record, compared to 5% of women in the Netherlands as a whole, concluding that women who travelled to Syria tended to be more likely to have a criminal history than women in the wider population.

Gruenewald et al., (2013) compared lone actors to other Far-right extremists. Lone actors are those who engage in terrorism related behaviours independently of others, i.e. not within a group or more than two people. It was hypothesised that loners would have higher rates of substance abuse problems, be more likely to have criminal convictions and to have more convictions for more serious violent offences. However, these hypotheses were not supported, as there was no significant difference between the two groups. In relation to criminal records, 61.7% of lone actors and 51.1% of other Far-right extremists had criminal records. When exploring prior violent arrests, 22.8% of lone actors and 34% of other Far-right extremists were found to have a history of violent offences and 34% of lone actors and 29.3% of

other Far-right extremists were reported to have a history of alcohol or substance use (Gruenewald et al., 2013).

Gill et al., (2016) explored the change in lone actor profiles over time and found that the number of previous imprisonment rose from 21.5% of cases between 1990-2005 to 35.5% of cases between 2006-2013. This was reported to be significant to  $p < .01$ . The duration of these prison sentences was unknown. In total, approximately 20% of the variables that were tested within the study demonstrated variance across the two time periods (Gill et al., 2016); thus suggesting a change in the 'terrorist'. This is apparent through the change in types of attacks, which have moved from planned group terrorist attacks, such as September 2011, to the lone actor based attacks, such as the Westminster Bridge attack. Ljujic et al., (2017) concluded that half of their Jihadist terrorist sample had previous offences for violent crime and a third of them had been radicalised whilst in prison. Chermak et al., (2015) found previous criminality present in Far-right (53.4%), Far-left (26.9%) and al-Qaeda inspired movements (AQAM:29%).

Bakker & de Bont (2016) concluded that 20% of the sample of Jihadist foreign fighters from Belgium and the Netherlands had been suspected of criminal activity prior to traveling to Syria. However, Jacques & Taylor (2013) reported the lowest level of criminal history, with only five of their 491 cases having evidence of previous criminal history. The explanation for this difference in prevalence is unclear, but it could be hypothesised that higher numbers than Jacques & Taylor (2013) found, are as a result of the increase in terrorist attacks that have taken place since 2014 and the growth of ISIS inspired attacks.

## **Change over time**

Gill et al., (2016) compared lone actors and mass murderers over two different time periods and concluded that the 'sample' had an increase in recorded previous imprisonment, from 21.5% to 35.5%, which was significant. However, it is unclear whether these results relate to the lone actors, or the lone actors and mass murderers combined, making it difficult to draw robust conclusions. Although, it can be seen from this review that figures of previous criminal history in terrorists have risen. Basra et al's., (2006) study reported criminal history was a factor in 25% of their sample, with studies in more recent years ranging between 50-60% (Ljubic et al., 2017; Horgan et al., 2016) suggesting an increase over time.

## **Differences in samples**

The study samples varied from lone actors to group terrorists, enabling a comparison to be made about the difference in the prevalence of criminality between the two. Gruenewald et al., (2013) concluded that although lone actors were more likely to have at least one or more previous arrests than group terrorists, the difference was not significant. The studies also varied with the ideology of terrorists in their samples. Studies that explored Jihadist terrorist samples report pre-criminality varying between 20 - 50+%. This excludes the findings of Basra et al., (2016), as their data is drawn from a population of terrorists with known criminal histories - thus skewing the data. Studies that explored Far-right terrorists found pre-criminality between 50 - 54% of their samples (Chermak & Gruenewald, 2015; Gruenewald et al., 2013). It has been found that Far-right terrorists are significantly

more likely to have prior convictions than Far-left and AQAM (Chermak & Gruenewald, 2015).

### **Open source data**

A number of the reviewed studies identify difficulties with using open source data and the impact that this has on the strength of the conclusions that could be drawn. Weenink (2015) reported that additional analysis of specific criminal activities was prevented due to limitations and gaps in the data. Although Basra et al., (2016) used a sample of European Jihadist terrorists with criminal backgrounds, they highlight that information regarding a terrorist's criminal background is often difficult to obtain, can be classified and in some cases unknown. It could therefore be inferred that the association between criminality and terrorism may be stronger than the conclusions that have been drawn from such studies because of the need to omit some terrorists within the sample, because of difficulties with the criminality data. While studies continue to rely on open source data, and because of the difficulties in obtaining first-hand accounts from convicted terrorists, the evidence continues to be limited due to its second hand nature and does not allow for biases to be controlled.

### **What is the functional link between criminality and terrorism?**

Despite studies finding evidence to support the existence of criminality in a number of terrorists, it cannot be concluded that criminality causes terrorism or extremist behaviour. This raises the question then of what the functional link

between criminality and terrorism may be. From the review of these studies it appears that this is not something that has been widely explored within the literature. Basra et al., (2016) is the only study that explicitly tries to understand the functional link between criminality and terrorism, providing hypotheses for what this may be.

One of these hypotheses was to suggest the idea of a 'redemption narrative' (Basra et al., 2016). Within this they argue that the criminals have experienced a trauma or life event that made them rationalise their turn to religion and supporting Jihadist groups to make up for the 'sins' of their criminal past (Basra et al., 2016). Support for this 'redemptive' function was also reported by Potter & Kebbell (2011), who identified six men within their sample who either renewed their interest in religion or converted to a faith due to their previous addiction habit.

Another possible function of previous criminality is to raise funds to finance extremist behaviour. Basra et al., (2016) found that the fundraising methods used by individuals within their sample often mirrored that of their criminal pasts. Porter & Kebbell (2011) concluded that one of the males in their sample relied on fraud for a source of income to fund his terrorist behaviour. Horgan et al., (2016) reported that 55.7% of their sample were funding their own terrorist activity or that of a wider groups and of those, 32.4% achieved their finances through creating fake charities or businesses or alternative illegal activities, such as drug dealing. Furthermore, 59 individuals were either in possession of or involved in the production of false documents (Horgan et al., 2016).

A third hypothesis proposed by Basra et al., (2016) links to criminals having the required skills and access to weapons which makes them attractive to terrorist recruiters.

The function of criminality may vary between ideologies. Chermak & Gruenewald (2015) identified that 36.6% of crimes committed by Far-right terrorists were less likely to be driven by ideology, which was a significant difference compared to Far-left and al-Qaeda. Chermak et al., (2010) concluded that police officers felt that 53% of Far-right extremists commit between 1-31+ non-ideological crimes. This suggests that the function for Far-right extremists may be linked to the thrill and enjoyment of committing violence rather than doing it for the 'cause'.

## **DISCUSSION**

In total twelve studies relating to extremist violence and criminality were reviewed. Of these, ten papers were peer reviewed journal articles. The remaining two papers were well-cited studies within the literature and as such it was decided to include them. Whilst none of the twelve papers explicitly addressed the research questions of this review, they all produced findings that had a bearing on them to some degree. The findings reported are therefore indirect rather than direct. The discussion of this review allows for the application of existing psychological knowledge to potentially develop new understanding of individuals who engage in violent extremism.

The overall bias for the papers was low. However, the level of research methodology used within each paper of this review is the lowest in the hierarchy of evidence (NICE, 2005). Relying on open source data, including court reports, media reports or police databases has its limitations, such as reporting bias, reliability or validity difficulties. Conclusions drawn should therefore be treated with caution. The studies reviewed different types of terrorists, such as Jihadist, al-Qaeda inspired or right-wing so again drawing conclusions that can be applied to all violent extremists is difficult. One of the greatest challenges in reviewing the empirical and academic literature regarding terrorism is both the type of and variation of its definition. It has been estimated that there are over a hundred definitions of terrorism within the literature (Piccinni, Marazziti & Veltri, 2017). This in itself creates difficulties when drawing conclusions as studies may have included a range of behaviours within their definition.

Furthermore, the samples in the review vary in terms of whether they are group or lone actors. Research has highlighted differences between these samples (Gill et al., 2016) again reducing the generalizability of the results to all terrorists.

One conclusion that can be drawn from this review is that there is empirical evidence for an association between criminality and terrorism. It is clear from the review that criminality typically precedes violent extremism to some degree. These findings have also been cited in additional journal articles (Aly, 2016; Dearden, 2016), that were omitted from this review because they did not fit the inclusion criteria.

It has also been reported that individuals with criminal backgrounds have become more attractive targets for terrorists to recruit, due to their pre-existing criminal skills, such as access to weapons or ability to forge documents, as well as their vulnerability to radicalisation (Basma et al., 2016). This is supported by evidence which highlights the high levels of radicalisation that occurs within prison settings. Within this review Basma et al., (2016), reported 18% of their sample had been radicalised during their time in prison. Furthermore, Ljujic et al., (2017) reported a third of their sample, having experienced previous imprisonment, had been radicalised within the prison environment. That said however, it could be questioned whether radicalisation in prison is linked to criminality or other vulnerability factors that may be present in these individuals, such as isolation or deprivation. It is likely that it is the combination of these factors, which increase the likelihood of an individual being radicalised.

Although the review is able to answer the first question of association of criminal history, it does not provide conclusive evidence relating to the function of the criminality. Makarenko (2004) identify that it is difficult to distinguish between motivations for criminals and terrorists. Chermak et al., (2010) raise concern that little research has been undertaken to explore the criminal histories of extremist offenders, which they believe needs to be addressed before a true understanding of ideological crime can be achieved. Basra et al., (2016) provided hypotheses within their paper relating to the functional link, including a redemption narrative, legitimising crime or funding terrorism. Some evidence was found within this review for these hypotheses. Porter & Kebbell (2011) suggest that 'ideology' legitimises the use of violence but that the motivation is complex and lies elsewhere. Common crime may be attractive to terrorists because of the practical and logistic skills it offers such as falsifying documents (Ljubic et al, 2017).

Hutchinson and O'Malley (2007) argue that there is a difference in the function of criminal behaviour for terrorists. They suggest that organised criminals aim to maximise illegal profit through the engagement in terrorism, whereas 'true' terrorists use crime as a way of supporting their goal or ideology (Hutchinson & O'Malley, 2007). Three of the studies in this review found evidence in their samples of engagement in criminal activities to gain funds (Porter & Kebbell, 2011; Horgan et al., 2016; Basra et al., 2016). Other areas of research have concluded that terrorist groups engage in activities such as kidnapping, burglaries and drug trafficking to gain funds for their activities (Hutchinson & O'Malley, 2007; Wang & Wang, 2009; Meierrieks & Schneider, 2016). However, does the function of the crime differ for those who commit acquisitive crimes and those who commit violent crimes? It is

difficult to draw robust conclusions from this review to answer this. All of the studies collate their data and provide overall conclusions, rather than exploring each crime individually. Chermak et al., (2010) suggest that some criminals who were financially driven have evolved to become ideologically driven offenders. McGarrell, Frelich & Chermak (2007) concluded that approximately 70% of individuals who were detained terrorists in Turkey linked to bombings were not committed to their ideology.

An additional hypothesis for the function of criminality in terrorism could be to boost fragile self-esteem. Completing an act in the name of Allah or for a group goal may provide a sense of supremacy or worth for an individual who may otherwise have been seen as worthless in their community or society due to their criminal history.

Based upon this review it is clear that more research needs to be completed to understand fully the function of criminality within violent extremism and terrorism and to examine whether function varies across ideologies.

The evidence presented throughout this review highlights the challenges in looking for a single explanation to the problem of terrorism. Indeed, this suggests the need to explore a mixture of mental health and personality factors and criminal history, in addition to criminogenic factors such as low self-esteem, when reviewing the risk of individuals becoming radicalised and proceeding to commit a terrorist offence. This review further emphasises the complexity of these individuals involved in terrorism. Furthermore, it raises important questions about how professionals working within this field understand the function of an individual's extremist behaviour and how they formulate different 'push' and 'pull' factors (Horgan, 2008).

**Word count: 6,906**

## REFERENCES

- Abrahms, M. (2011). Does terrorism really work? Evolution in the conventional wisdom since 9/11. *Defence and Peace Economics*, 22, 583–594.
- Aly, A. (2016, April 1). The new breed of terrorists: criminals first, Islamists second. *The Conversation*. Retrieved from:  
  
<https://theconversation.com/the-newbreed-of-terrorists-criminals-first-islamists-second-56996>
- Bakker, E. (2006). *Jihadi terrorists in Europe: Their characteristics and the circumstances in which they joined the jihad: An exploratory study*. The Hague: the Netherlands: Netherlands Institute of International Relations.
- Bakker, E., & de Bont, R. (2016). Belgian and Dutch Jihadist Foreign Fighters (2012–2015): Characteristics, Motivations, and Roles in the War in Syria and Iraq. *Small Wars & Insurgencies*, 27, 837-857.
- Bassra, R.M., Neuman, P. R., & Bruner, (2016). Criminal Pasts, Terrorist Futures: European Jihadists and the New Crime-Terror Nexus. *Perspectives on Terrorism*, 10, 25-40.
- Bhuni, K., Everitt, B., & Jones, E. (2014). Might depression, psychological adversity and limited social assets explain vulnerability to and resistance against violent radicalisation? *PloS ONE*, 9, 1-10.
- Borum, R. (2104). Psychological vulnerabilities and propensities for involvement in violent extremism. *Behavioural Sciences & the Law*, 32, 286-305.

- Carrapico, H., Irrera, D., & Tuman, B. (Eds.). (2015). *Criminals and terrorists in partnership: Unholy alliance*. London: Routledge.
- Chermak, S., & Gruenewald, J. (2015). Laying a foundation for the Criminological Examination of Right-Wing, Left-Wing and Al-Qaeda- Inspired Extremism in the United States. *Terrorism and Political Violence*, 27, 133-159.
- Cooper, H. H. A. (1978). Psychopath as terrorist. *Legal Medical Quarterly*, 2, 253-262.
- Corner E., & Gill P. (2015). A false dichotomy? Mental illness and lone-actor terrorism. *Law and Human Behavior*, 39, 23–34.
- Corner, E., Gill, P. & Mason, O. (2015). Mental health disorders and the terrorist: A research note probing select effects and disorder prevalence. *Studies in Conflict & Terrorism*, 39, 560-568.
- Crenshaw, M. (2002). The psychology of terrorism: An agenda for the 21<sup>st</sup> century. *Political Psychology*, 21, 405-420.
- Dearden, L. (2016, October 10). Isis recruiting violent criminals and gang members across Europe and dangerous new 'crime-terror' nexus. *Independent*. Retrieved from: <https://www.independent.co.uk/news/world/europe/isis-recruiting-violent-criminals-gang-members-drugs-europe-new-crime-terror-nexus-report-drugs-a7352271.html>
- Deeks, J. J, Dinnes, J, D'Amico, R, Sowden, AJ, Sakarovitch, C, Song, F, et al. (2003). 'Evaluating non-randomised intervention studies'. *Health Technology Assessment*, 7, 3-186.

- Downs, S. H., & Black, N. (1998). The feasibility of creating a checklist for the assessment of the methodological quality both of randomised and non randomised studies of health care interventions. *Journal of Epidemiology and Community Health*, 52, 377–384.
- Faiola, A., & Mekhennet, S. (2016, April, 22). Tracing the path of four terrorist sent to Europe by the Islamic State. *The Washington Post*. Retrieved from: [https://www.washingtonpost.com/world/national-security/how-europes-migrant-crisis-became-an-opportunity-for-isis/2016/04/21/ec8a7231-062d4185-bb27-cc7295d35415\\_story.html?utm\\_term=.0418edac7a3f](https://www.washingtonpost.com/world/national-security/how-europes-migrant-crisis-became-an-opportunity-for-isis/2016/04/21/ec8a7231-062d4185-bb27-cc7295d35415_story.html?utm_term=.0418edac7a3f)
- Freilich, J. D., Chermak, S. M., & Simone, J. (2010). Surveying American state police agencies about terrorism threats, terrorism sources, and terrorism definitions. *Terrorism and Political Violence*, 21, 450-475.
- Gill, P., & Corner, E. (2017). There and back again: The study of mental disorder and terrorist involvement. *American Psychologist*, 72, 231-241.
- Gill, P., Horgan, J., Corner, E., Silver, J. (2016). Indicators of lone actor violent events: The problems of low base rates and long observational periods. *Journal of Threat Assessment and Management*, 3, 165-173.
- Gruenewald, J., Chermak S., & Freilich J. D. (2013). Distinguishing “loner” attacks from other domestic extremist violence. *Criminology & Public Policy*, 12, 65-91.
- Hacker, F. (1976). *Crusaders, criminals and crazies: Terror and terrorism in our time*. New York, NY: Norton.
- Hewitt, C. (2003). *Understanding Terrorism in America*. New York, NY: Routledge.

- Hoffmann, J., Meloy, J.R., Guldemann, A. & Ermer, A. (2011). Attacks on German public figures, 1968-2004: Warning behaviors, potentially lethal and nonlethal acts, psychiatric status, and motivations. *Behavioral Sciences and the Law*, 29, 155-179.
- Horgan, J. (2008). From Profiles to Pathways and Roots to Routes: Perspectives from Psychology on Radicalization into Terrorism. *The ANNALS of the American Academy of Political and Social Science*, 618, 80-94.
- Horgan, J., Shortland, N., Abbasciano, S., & Walsh, S. (2016). Actions speak louder than words: a behavioural analysis of 183 individuals convicted for terrorist offenses in the United States from 1995-2012. *Journal of Forensic Sciences*, 61, 1228-1237.
- Hutchinson, S. & O'Malley, P. (2007). A crime-terror nexus? Thinking on some of the links between terrorism and criminality. *Studies in Conflict Terrorism*, 30, 1095-1107.
- Jacques, K., & Taylor, P. J. (2013). Myths and realities of female-perpetrated terrorism. *Law and Human Behavior*, 37, 35-44.
- Jensen, M. A., James, P. A., LaFree, G., Atwell-Seate, A., Pisiou, D., & Stevenson, J. (2016). *Empirical Assessment of Domestic Radicalization (EADR). Final Report*. National Institute of Justice, Award Number 2012-ZA-BX-0005. National Consortium for the Study of Terrorism and Responses to Terrorism (START), College Park, MD.
- Lasch, C. (1979). *The culture of narcissism: American life in an age of diminishing expectations*. New York, NY: Warner.

- Lawal, O. (2002). *Social-psychological considerations in the emergence and growth of terrorism*. In C. E. Stout (Ed.). *The Psychology of Terrorism: A public understanding (psychological dimension to war and peace)*. Vol. 1. Connecticut: Praeger.
- Lloyd, M., & Kleinot, P. (2007). Pathway into terrorism: the Good, the Bad and the Ugly. *Psychoanalytic Psychotherapy*, 31, 367-377.
- Ljubic, V., van Prooijen, J. W., & Weerman, F. (2017). Beyond the crime-terror nexus: socio-economic status, violent crimes and terrorism. *Journal of Criminological Research, Policy and Practice*, 3, 158-172.
- Loza, W. (2007). The psychology of extremism and terrorism: A middle-eastern perspective. *Aggression and Violent Behaviour*, 12, 141-155.
- Makarenko, T. (2004). The crime-terror continuum: tracing the interplay between transnational organized crime and terrorism. *Global Crime*, 6, 129-145.
- Martin, M. (2011). *The SAGE Encyclopaedia of Terrorism*, (2<sup>nd</sup> Ed.). London: SAGE.
- Mazzarr, M. (2004). The psychological sources of Islamic terrorism. *Policy Review*, 125, 39-60.
- McGarrell, E. F., Freilich, J. D. & Chermak, S. (2007). Intelligence-Led Policing As a Framework for Responding to Terrorism. *Journal of Contemporary Criminal Justice*, 23, 142-158.

- Meloy, R., & Yakeley, J. (2014). The violent true believer as a lone wolf  
psychoanalytic perspectives on terrorism. *Behavioural Sciences & the Law*,  
32, 347-365.
- Meierrieks, D. & Schneider, F. (2016). The short-and long run relationship between  
the illicit drug business and terrorism. *Global Crime*, 6, 129-45.
- Miller, L. (2006). The terrorist mind: I A psychological and political analysis.  
*International Journal of Offender Therapy and Comparative Criminology*, 50,  
255-268.
- National Institute of Clinical Excellence Guidelines Developmental Methods 2005,  
*Reviewing and grading the evidence (revised)*. Available from:  
<http://www.nice.org.uk/aboutnice/howwework/developingniceclinicalguidelines>
- Orbach, B. (2001). Usama Bin Laden and Al-Qaeda: Origins and doctrines. *Middle  
East Review of International Affairs*, 5, 54-68.
- Pearce, K. I. (1977). Police negotiations: A new role for the community psychiatrist.  
*Canadian Psychiatric Association Journal*, 22, 171–175.
- Pearlstein, R. M. (1991). The mind of the political terrorist. Wilmington, England:  
Scholarly Resources.
- Piccinni, A., Marazziti, D., & Veltri, A. (2017). Psychopathology of terrorists. *CNS  
Spectrums*, 1-4.
- Porter, L. E., & Kebell, M. R. (2010). Radicalisation in Australia: Examining  
Australia's Convicted Terrorists. *Psychiatry, Psychology and Law*, 18, 212  
231.

- Post, J. M. (2005). When hatred is bred in the bone: Psycho-cultural foundations of contemporary terrorism. *Political Psychology*, 26, 615–636.
- Post, J. M. (2007). The mind of the terrorist: The psychology of terrorism from the IRA to al-Qaeda. New York, NY: Palgrave Macmillan.
- Reid, W. H. (2002). *Controlling political terrorism: Practically, not psychology*. In C. E. Stout (Ed.). The Psychology of Terrorism: A public understanding (psychological dimension to war and peace). Vol. 1. Connecticut: Praeger.
- Sageman, M. (2004). *Understanding terror networks*. Philadelphia: University of Pennsylvania Press.
- Schmid, A. P., & de Graaf, A. J. (1982). *Violence as communication: Insurgent terrorism and the western news media*. London: Sage.
- Schuurman, B., Bakker, E., Gill, P., Bouhana, N (2017). Lone Actor Terrorist Attack Planning and Preparation: A Data-Driven Analysis. *Journal of Forensic Science*, 1-9.
- Selley, L. I. & Picarelli, J. T. (2006). Methods and motives: Exploring links between transitional organized crime and international terrorism. *Trends in Organized Crime*, 9, 52-67.
- Sher, L., & Rice, T. (2005). Prevention of homicidal behaviour in men with psychiatric disorders. *The World Journal of Biological Psychiatry*, 16, 212-229.

- Silke, A. (2003). Becoming a terrorist. In A. Silke, Terrorists, victims and society: Psychological perspectives on terrorism and its consequence. West Sussex, UK: Wiley
- Stegenga, J. (2014). Down with the hierarchies. *Topoi*, 33, 313-322.
- Stern, J. (1999). *The Ultimate Terrorist*. Cambridge University Press. Massachusetts: Harvard University Press.
- Thackrah, J. R. (2004). *Dictionary of Terrorism*. 2<sup>nd</sup> Ed. United Kingdom: Routledge.
- Wang, P. & Wang, J. Y. (2009). Transitional crime: its containment through international cooperation. *Asian Social Science*, 5, 25-33.
- Weenink, A. W. (2015). Behavioural problems and disorders among radicals in police files. *Perspectives on Terrorism*, 9, 17-33.

## RESEARCH PAPER

### **Exploring how Prevent professionals understand and formulate potential risk factors for different ideological groups.**

#### **ABSTRACT**

**Background:** There are a number of risk assessments available for different forms of violence (Kropp, Hart, Webster & Eaves, 1995 & 1999; Quinsey, Harris, Rice & Cormier, 1998). However, extremist violence is an area with limited research regarding the effectiveness of risk assessments. The Prevent Duty was introduced by the United Kingdom Government to support the prevention of terrorism.

**Aim:** To explore how professionals within Prevent understand and formulate a range of potential risk factors for different ideological groups.

**Method:** A Q-sort was used to explore the views and opinions of Prevent professionals. Thirty-nine statements were included within the Q-set. Participants were asked to complete the Q-sort in relation to Extreme-Right Wing ideology, Islamist ideology and No Specific ideology. Three factor analyses were completed on each Q-sort.

**Key findings:** 'Associating with members of extremist groups' was considered the most helpful statement for Extreme Right Wing and Islamist ideology. There was no consensus on any other statements in terms of their helpfulness in risk assessing referrals. The findings suggest the need for a formulation-based approach, considering the presence and relevance of risk factors for individuals referred to Prevent.

**Key words:** Prevent, terrorism, vulnerabilities, risk assessment.

## INTRODUCTION

### Risk assessment

Risk assessment relates to the gathering and interpretation of information relating to an individual's likelihood of engaging in a behaviour of concern again in the future (Boer, Hart, Kropp & Webster, 1997). It allows areas of risk to be identified and interventions to be appropriately targeted (Borum, 2000). The process of managing risk is related to managing uncertainty (Cooke & Michie, 2010); there is no certainty that an individual will engage in future behaviour based on their past behaviour, though for clinicians it is often all that is available to inform a decision.

Violence can take many different forms and the literature has identified the need for different risk assessments to assess different groups of criminals (Pressman & Flockton, 2012). They include risk assessments for psychopathy (PCL-R; Hare 1991, 2003), domestic violence (SARA; Kropp, Hart, Webster & Eaves, 1995 & 1999), youth violence (SAVRY; Borum, Bartel, & Forth, 2002), general violent behaviour (VRAG; Quinsey, Harris, Rice & Cormier, 1998) and extremist violence, for which several risk assessment protocols have been developed in recent years.

Initially, risk assessments relied heavily on the views and judgement of the clinician to appraise the likelihood of future risk. They relied solely on their clinical experience, generating a purely subjective view rather than using the guidance of known risk factors (Singh, Grann & Fazel, 2011). A number of ethical, reliability and validity issues have been raised within the literature regarding this method of risk assessment (Singh et al., 2011). Subsequently, actuarial risk assessments were

developed. Within this method clinicians are provided with specific coding instructions for risk factors that have been found to have moderate to high predictive validity (Monahan, Steadman, Silver, Appelbaum, Robbins, Mulvey, Roth, Grisso, & Banks, 2001). Individuals are provided with an empirically based overall estimate of their risk of re-offending (Hanson & Howard, 2010) and typically placed into categories of risk, such as, low, medium or high. Although this form of standardised risk assessment has been praised for its consistency, validity and predictability (Singh et al., 2011; Hart, 1998; Wong & Gordon, 2006), criticism has focused on its lack of individual focus in predicting future risk, or the identification of clinically relevant treatment targets. As a result, a third approach has emerged based on structured professional judgment, a hybrid of actuarial assessment and professional judgment (Pederson, Rasmussen & Elsass, 2010). It allows for risk factors to be explored and rated, whilst the clinician utilises their professional judgment to consider how relevant they are for that individual (Lavoie, Guy & Douglas, 2009), providing a more individualised and formulation based assessment. Within this approach risk is seen as fluid and changeable rather than static and historical.

### **Applicability to extremism**

Although there are now established evidence based risk assessments for general violence there has been debate about how applicable these are for assessing extremist violence (Dernevik, Beck, Grann, Hogue & McGuire, 2009; Egan, Cole, Cole, Alison, Alison, Waring & Elntib, 2016). In developing risk assessments for extremist violent offenders, the low base rates and their lack of

distinctive characteristics makes actuarial assessment difficult, risking over-identification of risk in terms of *sensitivity (true positives)*, and under-prediction of low risk in terms of *specificity (true negatives)* (Samra, 2017; Egan et al., 2016). With high levels of risk aversion associated with terrorism and its limited evidence base, it is important that those developing risk assessment methodologies pay particular attention to issues of reliability, validity and sensitivity. It has been recommended that structured professional judgement (SPJ) risk assessments offer the best approach as they support change, allowing for relevant risk factors and in some cases allow idiosyncratic factors, to be added in (Monahan, 2012). For idiosyncratic and complex presentations, when the evidence base is thin this approach systematises individual case formulation (Monahan, 2012).

### **Current risk assessments**

The last ten years has seen the development a number of frameworks for assessing the risk of initial engagement in extremist violence and of the risk of extremist re-offending.

#### **Violent Extremist Risk Assessment Version 2 (VERA-2; Pressman & Flockton, 2010)**

Pressman & Flockton (2010) devised the VERA-2. It takes an SPJ approach to the risk assessment of political violent extremists and terrorists, rating 31 risk factors as low, medium or high risk (Pressman & Flockton, 2012). The risk factors from four sectors: beliefs and attitudes, context and intent, history and capability and

commitment and motivation, are coded according to specific criteria (Pressman & Flockton, 2010).

### **Extremism Risk Guidance -22+ (ERG 22+; Lloyd & Dean, 2015)**

The ERG 22+ was created in the United Kingdom based on direct empirical work with male prisoners convicted of terrorist offences, (Lloyd and Dean,2015). It comprises 22 factors that emerged from casework with convicted terrorists as pathway influences, grouped within three areas: *engagement* (e.g. a possible grievance or need for status), *intent* (e.g. us and them thinking) and *capability* (e.g. the skills and the knowledge to commit acts of violent extremism, such as a previous criminal history or access to weapons). Items are rated as not present, partly present, strongly present or not relevant. An overall rating of minimal, some or significant risk is given for each area of engagement, intent and capability. The '+' suffix allows any other risk factor that comes to light from the formulation to be added into the overall formulation of risk, ensuring that the framework can support work in progress (Lloyd & Dean, 2015).

### **Identifying Vulnerable People (IVP)**

The IVP was created as a checklist to support practitioners on the front line (e.g. doctors, nurses, school teachers) to build awareness of the characteristics that may signal a vulnerability to radicalisation (Egan et al., 2016). A thematic analysis of open source data on British Muslims (Cole & Cole, 2009) who had either engaged in or been convicted of a terrorist offence (Cole, Alison, Cole & Alison, 2009), was

carried out to inform the 16 item checklist. It consists of items such as risk taking behaviour, violent rhetoric and cultural and religious isolation (Egan et al., 2016).

**Terrorist Radicalisation Assessment Protocol (TRAP-18; Meloy, Hoffmann, Guldemann, & James, 2012; Meloy & Yakeley, 2014)**

The TRAP-18 is a SPJ framework to assess ideologically-motivated violence in lone actor terrorists and consists of 18 characteristics that are coded as present, absent, or insufficient information by experienced assessors, as their actuarial weight is not established (Meloy, Hoffmann, Guldemann, & James, 2012; Meloy & Yakeley, 2014). This can create difficulties in evaluating its effectiveness.

It comprises two sets of indicators. The first set consists of eight proximal warning behaviours, including pathway, fixation and identification; whilst the second set explores ten distal characteristics for active monitoring, such as grievance, changing in thinking and emotion and dependence on a virtual community (Meloy & Gill, 2016).

**The Vulnerability Assessment Framework (VAF)**

The VAF is a framework developed by the UK Government from the ERG22+ for Local Partnerships within Channel (a multi-agency meeting) to assess an individual's vulnerability and identify areas of support, safeguarding them from the risk of radicalisation into terrorism. It includes the 22 factors of the ERG but relies largely on the 13 engagement factors that identify the vulnerabilities to engagement with a cause, extremist group or ideology that focuses on where protection can be provided. (HM Government, 2012). Any evidence of a developed intent to cause harm leads to a referral to law enforcement.

The use and formality of these assessments and guidelines varies. Although these risk assessments help to direct thoughts about risk and provide professionals with guidance about which factors should be considered it has to be noted that the world of terrorism is ever changing. Terrorist attacks, such as the Brussels attack or the London Bridge attack are very different to September 9/11. They required very little planning and organisation. As the world of terrorism changes it is likely that individuals becoming radicalised and engaging in extremist violence may also change. The ERG 22+ for example was informed by the pathways of al-Qaeda inspired terrorists, which raises questions of how applicable is it as an assessment to the new breed of terrorists?

As previously highlighted, within the field of violence there are specific risk assessments for different contexts of violence, which might also apply to extremism. Much of the attention of risk assessments with terrorists has been focused on working with individuals who have engaged in such behaviours, with less emphasis being placed on those who are at risk of radicalisation and future unlawful acts (Sarma, 2017).

The ERG, VERA and TRAP-18 accommodate both criminal history and relevant mental health factors and allow for the flexibility of case formulation. Political context is also important for extremist offending and relies on the awareness of the assessor. Horgan, (2008) refers to 'push' and 'pull' factors for extremist offenders. 'Pull' factors include the role of ideology and proxy family members being involved and 'push' factors include a sense of grievance or identity issues (Horgan, 2008). Future risk assessments in the world of extremist offenders need to consider the contribution of all of these factors.

## **Prevent Strategy**

In 2003 in a bid to combat terrorism in the UK the Government introduced an overall counter-terrorism strategy called *Contest*, which was reviewed in 2011 (Home Office, 2011). The strategy works around four areas; *Pursue* (to stop attacks occurring), *Prevent* (to stop people from becoming terrorists or joining/supporting terrorist groups), *Protect* (to bolster protection against a possible attack) and *Prepare* (to mitigate the possible impact of a terror attack) (HM Government, 2011). This paper will focus on the Prevent stream of Contest.

As specified Prevent is focused on stopping individuals from becoming radicalised or contributing to a terrorist attack, crossing the threshold from thoughts or feelings into criminal behaviour. Professionals in the Prevent Strategy are being asked to undertake risk assessments on the presence of factors or proxy measures that they think may increase the risk of engaging in extremism. This in itself is a difficult task when validated risk assessments are available for a specific subgroup, however this is not the case. Prevent professionals are required to make a judgement of a broad range of individuals and a range of risk factors. The VAF was specifically developed to help with this, to enable the authorities to make discriminations between those who were, to some extent, engaged with an extremist ideology and then to decide how they could be protected from crossing the threshold to having an intent to commit a terrorist offence.

## **Aim of the study**

Assessing and understanding risk is a task that police officers and clinical staff within Prevent are required to undertake daily, yet little is known about how they assess and make decisions about risk. Are they all undertaking risk assessments in the same way or are there differences in how people understand and quantify risk? Although professionals use the VAF assessment this is only compulsory for individuals who are referred to Channel. Therefore, individuals that remain within the police led space may not have had a formal assessment.

The aim of this study is to explore this further, addressing the question *how do professionals within Prevent make sense of a range of potential risk factors for different ideological groups?*

## METHOD

### Introduction to Q-Sort Methodology

This study explores the opinions of professionals who work within the field of prevention of terrorism. It aims to understand how professionals formulate a range of personal factors during risk assessment. The Q-sort methodology scientifically studies human subjectivity (McKeown & Thomas, 1988). Q-sort methodology is interested in the views of individuals rather than the prevalence of different factors (Reid, Swift & Mehanna, 2017) and aims to understand, explain and compare participant's viewpoints (Watts & Stenner, 2005). As such Q-sort methodology was considered appropriate for this research.

Q-methodology was developed by William Stephenson in 1953 and has become an established method to explore attitudes of individuals relating to a specific topic (Klooster, Visser & de Jong, 2008). It combines both qualitative and quantitative elements, and requires the participants to rank a set of statements from across a range, e.g. from agree/helpful to disagree/unhelpful, according to a pre-specified (i.e. normal) distribution (Klooster et al., 2008). There are four stages to a Q-methodology;

1. First, devise a *concourse* of statements (Q-set): to create a set of statements that will elicit opinions, interpretations and attitudes from participants.
2. Recruit participants (P-set): to reflect a group of persons whose opinions would be of interest.

3. Complete the Q-sort: by allowing each participant to rank the concourse of statements, from agree/helpful to disagree/unhelpful accordingly to a pre-specified (e.g., normal) distribution.
4. Analyse the data and factor interpretation: to identify the range of opinions that have been expressed on a topic, the persons who exemplify a particular opinion and the particular concourse statement that exemplify opinion groups and differentiate between opinion groups.

### **Design of the concourse**

The first stage of Q-sort methodology is to define the *concourse*. This consists of statements which capture the 'viewpoints' and 'vantage points' of the particular research topic (Ellingsen, Storksen & Stephens, 2010). A range of methods can be used to complete this, including literature reviews, focus groups, interviews or themes from questionnaires (Corr, 2006; Ellinsten et al., 2010; Armatas, Vennn & Watson, 2014).

To develop the concourse for this study data was analysed to identify statements. The data was from the National Police Chief's Council (NPCC), available for Birmingham Solihull Mental Health Trust (BSMHFT). The data consists of information from the Prevent Database.

***Prevent Database*** - The data concerns referrals made to Prevent, about those who there have been radicalisation concerns in the community. In total there were 497 cases. It included data from nine Counter Terrorism Unit regions across England and Wales. Prior to it being used for this study the data had already been

anonymised and coded, using a coding template devised by BSMHFT. The NPCC consented to further analysis being completed. Ethical approval for the study was gained from the University of Birmingham (see Appendix D) which was amended following a change in the initial methodology proposed (Appendix E).

***Data cleaning/screening*** - The first step in designing the concourse was to clean the data. The original coding sheet of 71 factors was reviewed. Data was recoded so that zero represented an item when it was 'not present' and one represented 'present'. Due to the large set of potential predictor items and their inevitable co-linearity it was deemed appropriate to create blocks of related items, (see Table 5) which could be entered into a logical regression in a hierarchical fashion.

The dependent variable represented "active behaviour". This variable was coded using the Association of Chief Police Officers (now the NPCC) tier system. A value of one indicated *tier 3*: active behaviours (if evidence indicated that they had engaged in some sort of extremist type of behaviours, tacit support of the others or they had acted to inspire others). A value of zero indicated *tier 2*: no active behaviours (if they had expressed some extremist views or were associating (actively or passively) with others).

Individual logistic regressions were conducted for the three ideology groups; Islamist (234 cases), Extreme-Right Wing (119 cases) and No Specific Ideology (126 cases).

*Table 5: Item Groups*

| <b>Item Group</b>    | <b>Items</b>   |
|----------------------|--|
| Mental Health Needs  | Diagnosed or symptoms of psychotic disorder; Diagnosed or symptoms of non-psychotic disorder; Diagnosed or symptoms of neurodevelopmental disorder; Diagnosed cognitive impairments; Diagnosed or possible personality disorder; Dysregulated behaviour or problems in this area; Problematic substance misuse |
| Coping Style         | Use of threats or violence; Poor coping style; Chaotic lifestyle; Frequent requests for help.  |
| History              | Experienced childhood trauma; Bullied, Endured racism; Caregiver disruption in early years; Poor engagement in education; Peer delinquency at school; Military involvement.  |
| Identity             | Recently changed religion; Experienced acculturation, Seeks belonging; Seeks power; Has become more religious, Issues with their identity, Seeks to threaten others.   |
| Personal Environment | House issues, Exposed to violence.   |
| Current Stressors    | Currently subject to abuse; Recent victim of crime; Experiencing life transition, Debt issues, Recently lost job or failed school, relationship breakdown.   |
| Mental Health Team   | Known to no mental health services; Known to mental health services historically; Known to mental health teams currently; Subject to multi-agency working  |
| Offence History      | Violent offender; Non-violent offender; Sexual offender; Hate crime offender; Anti-social offender.  |
| Personality Traits   | Impulsive; Vulnerable to exploitation; Low self-esteem   |
| Attitudes            | Express racist views; Endorse violence; Pro-criminal attitudes; Feeling aggrieved by others  |
| Relationships        | Perpetrator of domestic violence; Victim of domestic violence; Conflict problems; Neglect of rejection; Gang associations  |

**Identifying predictive items** – Each of the three ideology groups (Islamist, Extreme Right-Wing and No Specific Ideology), were explored to identify blocks of items that were statistically associated with terrorism. If a block of items evidenced a significant association with “active behaviour” then the individual items of that block were regressed to the dependent variable. Individual predictors that evidence of significant association with the active behaviours for each group are shown in Table 6 (Islamic items), Table 7 (Extreme-Right Wing items) and Table 8, (No Specific Ideology items).

When statistically significant individual items within the block had been identified then area under the curve and its associated parameters were calculated using the pROC package in the R programming language (Robin, Turck, Hainard, Tiberti, Lisacek, Sanchez & Müller, 2011).

*Table 6: Islamist items in the ROC analysis*

| Factor set  | Items                | Beta  | SE   | T    | P     |
|---|----------------------|-------|------|------|-------|
| History   | Childhood trauma     | 0.63  | 0.31 | 4.15 | 0.042 |
|   | Peer delinquency     | 2.69  | 1.06 | 6.51 | 0.011 |
| <i>Chi<sup>2</sup> for the final Model = 2.85, p=0.091</i><br><i>Cox and Snell R<sup>2</sup> for the final Model = 0.024</i><br><i>Nagelkerke R Square for final Model = 0.032</i><br><i>AUC Model = 0.57 [0.4894-0.6411]</i> |                      |       |      |      |       |
| Identity  | Acculturation        | 1.74  | 0.64 | 7.43 | 0.006 |
|   | Seeks power          | 1.81  | 0.3  | 36.8 | <0.01 |
|   | Issues with identity | -1.45 | 0.67 | 4.71 | 0.03  |
| <i>Chi<sup>2</sup> for the final Model = 50.03, p=&lt;0.001</i><br><i>Cox and Snell R<sup>2</sup> for the final Model = 0.19</i>  |                      |       |      |      |       |

| Factor set   | Items                          | Beta   | SE    | T     | P     |
|--|--------------------------------|--------|-------|-------|-------|
| <i>Nagelkerke R Square for final Model = 0.26</i><br><i>AUC Model = 0.719 [0.5319-0.6492]</i>  |                                |        |       |       |       |
| Personal environment   | Exposed to extreme beliefs     | 1.51   | 0.42  | 13.06 | <0.01 |
|  | Family involved in crime       | -1.07  | 0.5   | 4.64  | 0.031 |
| <i>Chi^2 for the final Model = 15.05, p=0.001</i><br><i>Cox and Snell R^2 for the final Model = 0.062</i><br><i>Nagelkerke R Square for final Model = 0.083</i><br><i>AUC Model = 0.594 [0.5334-0.6254]</i>  |                                |        |       |       |       |
| Current stressors  | Subject to abuse               | 0.84   | 0.4   | 4.45  | 0.034 |
|  | Life transitions               | 0.82   | 0.27  | 9.09  | 0.003 |
| <i>Chi^2 for the final Model = 14.72, p=0.001</i><br><i>Cox and Snell R^2 for the final Model = 0.061</i><br><i>Nagelkerke R Square for final Model = 0.082</i><br><i>AUC Model = 0.6145 [0.5518-0.6772]</i> |                                |        |       |       |       |
| Mental health teams  | Subject to multiagency working | -0.5   | 0.27  | 3.48  | 0.062 |
| <i>Chi^2 for the final Model = 3.5, p=0.061</i><br><i>Cox and Snell R^2 for the final Model = 0.015</i><br><i>Nagelkerke R Square for final Model = 0.02</i><br><i>AUC Model = 0.5607 [0.4971-0.6243]</i>    |                                |        |       |       |       |
| Offence history  | Hate crime offender            | 2.47   | 0.803 | 9.5   | 0.002 |
|  | Anti-social offender           | -0.689 | 0.421 | 2.68  | 0.040 |
| <i>Chi^2 for the final Model = 3.5, p=0.061</i><br><i>Cox and Snell R^2 for the final Model = 0.015</i><br><i>Nagelkerke R Square for final Model = 0.02</i><br><i>AUC Model = 0.554 [0.521-0.588]</i>       |                                |        |       |       |       |
| Personality traits   | Vulnerable to exploitation     | 0.48   | 0.271 | 3.13  | 0.077 |
| <i>Chi^2 for the final Model = 3.165, p=0.075</i><br><i>Cox and Snell R^2 for the final Model = 0.013</i><br><i>Nagelkerke R Square for final Model = 0.018</i><br><i>AUC Model = 0.501 [0.489-0.513]</i>    |                                |        |       |       |       |

| Factor set  | Items                       | Beta  | SE    | T     | P     |
|---|-----------------------------|-------|-------|-------|-------|
| Attitudes   | Expresses racist views      | 1.49  | 0.303 | 24.06 | <0.01 |
|   | Endorses violence           | 0.567 | 0.335 | 2.87  | 0.09  |
|   | Feeling aggrieved by others | 0.569 | 0.294 | 3.76  | 0.053 |
| <i>Chi<sup>2</sup> for the final Model = 44.97, p=0.000</i><br><i>Cox and Snell R<sup>2</sup> for the final Model = 0.175</i><br><i>Nagelkerke R Square for final Model = 0.234</i><br><i>AUC Model = 0.698 [0.639-0.757]</i> |                             |       |       |       |       |
| Current risk  | To self                     | 0.555 | 0.309 | 3.234 | 0.072 |
|   |                             |       |       |       |       |
|   |                             |       |       |       |       |
| <i>Chi<sup>2</sup> for the final Model = 3.26, p=0.071</i><br><i>Cox and Snell R<sup>2</sup> for the final Model = 0.014</i><br><i>Nagelkerke R Square for final Model = 0.019</i><br><i>AUC Model = 0.551 [0.495-0.606]</i>  |                             |       |       |       |       |
| Cluster   | Affective disorder          | 0.804 | 0.351 | 5.25  | 0.022 |
|   |                             |       |       |       |       |
|   |                             |       |       |       |       |
| <i>Chi<sup>2</sup> for the final Model = 5.573, p=0.018</i><br><i>Cox and Snell R<sup>2</sup> for the final Model = 0.024</i><br><i>Nagelkerke R Square for final Model = 0.031</i><br><i>AUC Model = 0.501 [0.489-0.513]</i> |                             |       |       |       |       |

*Table 7: Extreme Right-Wing items in the ROC analysis*

| Factor set  | Items  | Beta   | SE     | T     | P     |
|---|--|--------|--------|-------|-------|
| Mental health needs   | Diagnosed or symptoms of a neurodevelopmental disorder | 0.74   | 0.45   | 2.76  | 0.097 |
|   |  |        |        |       |       |
|   |  |        |        |       |       |
| <i>Chi<sup>2</sup> for the final Model = 2.85, p=0.091</i><br><i>Cox and Snell R<sup>2</sup> for the final Model = 0.024</i><br><i>Nagelkerke R Square for final Model = 0.032</i><br><i>AUC Model = 0.57 [0.4894-0.6411]</i> |  |        |        |       |       |
| Coping style  | Use of threats or violence                             | 0.816  | 0.41   | 3.97  | 0.046 |
|   | Poor coping style                                      | -1.832 | 0.711  | 6.65  | 0.01  |
|   | Chaotic lifestyle                                      | 1.38   | 0.795  | 3.032 | 0.082 |
|   | Requests help  | 22.46  | 4.0192 | <0.01 | 0.01  |
| <i>Chi<sup>2</sup> for the final Model = 11.329, p=0.023</i><br><i>Cox and Snell R<sup>2</sup> for the final Model = 0.091</i>  |  |        |        |       |       |

| Factor set  | Items                           | Beta   | SE    | T     | P     |
|---|---------------------------------|--------|-------|-------|-------|
| <i>Nagelkerke R Square for final Model = 0.121</i><br><i>AUC Model = 0.6216 [0.5339-0.7094]</i>   |                                 |        |       |       |       |
| History   | Childhood trauma                | 1.149  | 0.835 | 3.17  | 0.075 |
|   | Bullied                         | -2.323 | 0.892 | 6.79  | 0.009 |
|   | Caregiver disruption            | -1.505 | 0.824 | 3.34  | 0.068 |
|   | Peer delinquency at school      | 1.34   | 0.751 | 3.174 | 0.075 |
| <i>Chi^2 for the final Model = 13.51, p=0.009</i><br><i>Cox and Snell R^2 for the final Model = 0.107</i><br><i>Nagelkerke R Square for final Model = 0.143</i><br><i>AUC Model = 0.5996 [0.5375-0.6616]</i>  |                                 |        |       |       |       |
| Identity  | Recently changed religion       | -2.124 | 0.4   | 27.14 | 0.001 |
|   | Seeks power                     | 1.345  | 0.27  | 0.4   | 0.001 |
| <i>Chi^2 for the final Model = 14.85, p=0.001</i><br><i>Cox and Snell R^2 for the final Model = 0.117</i><br><i>Nagelkerke R Square for final Model = 0.156</i><br><i>AUC Model = 0.6631 [0.5789-0.7474]</i>  |                                 |        |       |       |       |
| Personal environment  | Exposed to extreme beliefs      | 0.727  | 0.375 | 3.75  | 0.053 |
| <i>Chi^2 for the final Model = 3.812, p=0.051</i><br><i>Cox and Snell R^2 for the final Model = 0.032</i><br><i>Nagelkerke R Square for final Model = 0.042</i><br><i>AUC Model = 0.5887 [0.5001-0.6773]</i>  |                                 |        |       |       |       |
| Mental health teams   | Known to no mental health       | 1.23   | 0.44  | 7.69  | 0.006 |
|   | Subject to multi-agency working | -1.273 | 0.442 | 8.301 | 0.004 |
| <i>Chi^2 for the final Model = 12.974, p=0.002</i><br><i>Cox and Snell R^2 for the final Model = 0.103</i><br><i>Nagelkerke R Square for final Model = 0.138</i><br><i>AUC Model = 0.6109 [0.5419-0.6798]</i> |                                 |        |       |       |       |
| Offence history   | Hate crime offender             | 1.245  | 0.566 | 4.843 | 0.028 |
|   | Anti-social offender            | -0.809 | 0.486 | 2.773 | 0.096 |
| <i>Chi^2 for the final Model = 6.691, p=0.035</i>   |                                 |        |       |       |       |

| Factor set   | Items                  | Beta   | SE    | T     | P     |
|--|------------------------|--------|-------|-------|-------|
| Cox and Snell R <sup>2</sup> for the final Model = 0.055<br>Nagelkerke R Square for final Model = 0.073<br>AUC Model = 0.566 [0.499-0.632]   |                        |        |       |       |       |
| Attitudes  | Expresses racist views | 2.25   | 0.813 | 7.652 | 0.006 |
|  | Endorses violence      | 0.894  | 0.421 | 4.508 | 0.034 |
|  | Pro-criminal attitudes | -0.842 | 0.434 | 3.765 | 0.052 |
| Chi <sup>2</sup> for the final Model = 21.96, p=0.000<br>Cox and Snell R <sup>2</sup> for the final Model = 0.169<br>Nagelkerke R Square for final Model = 0.225<br>AUC Model = 0.663 [0.58-0.746] |                        |        |       |       |       |
| Current risk   | To self                | 0.89   | 0.383 | 5.399 | 0.02  |
| Chi <sup>2</sup> for the final Model = 5.55, p=0.18<br>Cox and Snell R <sup>2</sup> for the final Model = 0.046<br>Nagelkerke R Square for final Model = 0.061<br>AUC Model = 0.606 [0.519-0.693]  |                        |        |       |       |       |

*Table 8: No Specific Ideology items in the ROC analysis*

| Factor set   | Items   | Beta  | SE    | T     | P     |
|--|---|-------|-------|-------|-------|
| Mental health needs  | Diagnosed cognitive impairment                  | 1.544 | 0.849 | 3.308 | 0.069 |
|  | Dysregulated behaviour or problems in this area | 1.027 | 0.566 | 3.298 | 0.069 |
| Chi <sup>2</sup> for the final Model = 7.443, p=0.024<br>Cox and Snell R <sup>2</sup> for the final Model = 0.057<br>Nagelkerke R Square for final Model = 0.108<br>AUC Model = 0.5534 [0.4688-0.638]      |   |       |       |       |       |
| Coping style   | Use of threats or violence                      | 1.278 | 0.548 | 5.434 | 0.02  |
| Chi <sup>2</sup> for the final Model = 5.443, p=0.020<br>Cox and Snell R <sup>2</sup> for the final Model = 0.042<br><br>Nagelkerke R Square for final Model = 0.079<br>AUC Model = 0.5249 [0.4666-0.5832] |   |       |       |       |       |

| Factor set   | Items                               | Beta    | SE    | T      | P     |
|--|-------------------------------------|---------|-------|--------|-------|
| History  | Peer delinquency at school          | 2.523   | 0.953 | 6.921  | 0.009 |
| <i>Chi<sup>2</sup> for the final Model = 6.632, p=0.010</i><br><i>Cox and Snell R<sup>2</sup> for the final Model = 0.051</i><br><i>Nagelkerke R Square for final Model = 0.096</i><br><i>AUC Model = 0.5847 [0.4851-0.6842]</i> |                                     |         |       |        |       |
| Identity   | Seeks power                         | 2.518   | 0.657 | 14.681 | 0     |
| <i>Chi<sup>2</sup> for the final Model = 21.921, p=0.000</i><br><i>Cox and Snell R<sup>2</sup> for the final Model = 0.16</i><br><i>Nagelkerke R Square for final Model = 0.3</i><br><i>AUC Model = 0.5312 [0.47-0.5925]</i>     |                                     |         |       |        |       |
| Community  | Racial tensions                     | -21.083 | 2.141 | <0.01  | 0.099 |
| disorganisation  | Known gang activity                 | 2.494   | 0.959 | 6.765  | 0.009 |
| <i>Chi<sup>2</sup> for the final Model = 7.323, p=0.026</i><br><i>Cox and Snell R<sup>2</sup> for the final Model = 0.056</i><br><i>Nagelkerke R Square for final Model = 0.106</i><br><i>AUC Model = 0.585 [0.486-0.684]</i>    |                                     |         |       |        |       |
| Current stressors  | Subject to abuse                    | 1.488   | 0.804 | 3.428  | 0.064 |
|  | Lost job or failed school           | 1.816   | 0.699 | 7.359  | 0.007 |
| <i>Chi<sup>2</sup> for the final Model = 9.439, p=0.009</i><br><i>Cox and Snell R<sup>2</sup> for the final Model = 0.072</i><br><i>Nagelkerke R Square for final Model = 0.135</i><br><i>AUC Model = 0.5312 [0.47-0.5925]</i>   |                                     |         |       |        |       |
| Mental health teams  | Known to no mental health team      | 1.183   | 0.661 | 3.2    | 0.074 |
|  | Known to mental health historically | 1.533   | 0.869 | 3.111  | 0.078 |
|  | Subject to multiagency working      | -1.301  | 0.571 | 5.182  | 0.023 |
| <i>Chi<sup>2</sup> for the final Model = 8.451, p=0.038</i><br><i>Cox and Snell R<sup>2</sup> for the final Model = 0.065</i>  |                                     |         |       |        |       |

| Factor set   | Items                      | Beta   | SE    | T      | P     |
|--|----------------------------|--------|-------|--------|-------|
| <i>Nagelkerke R Square for final Model = 0.122</i><br><i>AUC Model = 0.5249 [0.466-0.583]</i>  |                            |        |       |        |       |
| Offence history  | Violent offender           | 0.972  | 0.553 | 3.093  | 0.079 |
| <i>Chi^2 for the final Model = 2.955, p=0.086</i><br><i>Cox and Snell R^2 for the final Model = 0.023</i><br><i>Nagelkerke R Square for final Model = 0.044</i><br><i>AUC Model = 0.5249 [0.466-0.583]</i> |                            |        |       |        |       |
| Personality traits   | Vulnerable to exploitation | 1.394  | 0.668 | 4.348  | 0.037 |
| <i>Chi^2 for the final Model = 5.325, p=0.021</i><br><i>Cox and Snell R^2 for the final Model = 0.041</i><br><i>Nagelkerke R Square for final Model = 0.078</i><br><i>AUC Model = 0.5249 [0.466-0.583]</i> |                            |        |       |        |       |
| Attitudes  | Expresses racist views     | 1.256  | 0.71  | 3.134  | 0.077 |
|  | Endorses violence          | 1.011  | 0.608 | 2.76   | 0.096 |
| <i>Chi^2 for the final Model = 9.183, p=0.01</i><br><i>Cox and Snell R^2 for the final Model = 0.07</i><br><i>Nagelkerke R Square for final Model = 0.132</i><br><i>AUC Model = 0.5249 [0.466-0.583]</i>   |                            |        |       |        |       |
| Current risk   | To others                  | 0.993  | 0.552 | 3.229  | 0.072 |
| <i>Chi^2 for the final Model = 3.354, p=0.067</i><br><i>Cox and Snell R^2 for the final Model = 0.026</i><br><i>Nagelkerke R Square for final Model = 0.049</i><br><i>AUC Model = 0.5249 [0.466-0.583]</i> |                            |        |       |        |       |
| Cluster  | Further assessment needed  | -1.946 | 0.596 | 10.667 | 0.001 |
| <i>Chi^2 for the final Model = 9.901, p=0.002</i><br><i>Cox and Snell R^2 for the final Model = 0.076</i><br><i>Nagelkerke R Square for final Model = 0.142</i><br><i>AUC Model = 0.5249 [0.466-0.583]</i> |                            |        |       |        |       |

**Summary and Interpretation** – The logistic regressions resulted in 18 items within 10 categories being identified as predictive active behaviour items for the

Islamist group. Extreme-Right Wing analysis resulted in 17 items from nine categories and No Specific Ideology resulted in 16 items from eight categories. When the duplication of items was accounted for 39 items in total were included in the Q-set (see Appendix F).

***Critique of this methodology*** - It is worth noting at this point that there are both strengths and weaknesses in devising the concourse from this data. It is rare to have raw clinical data from terrorism referrals. However, given that multiple individuals coded this data during the collection and anonymising of the data, the reliability of the coding of these factors remains unknown. Particularly, it is unclear if a coding of a zero represents that the factor is not present for that individual or whether it is missing information or not known. This ambiguity in the coding of the data obfuscates the interpretation of the items and categories within the predictive model.

Nevertheless, following the completion of the logistic regression and ROC analysis the importance of the 39 identified items could be further explored as a concourse within a Q-sort. The Q-sort analysis would identify different “narratives” regarding the importance and interpretation of the items that were statistically identified as predictive of active behaviours within the three ideology groups.

## **Pilot Test**

A Q-sort pilot test was completed using a sample of five participants with no experience of working within the field of terrorism. The purpose of the pilot test was

to ensure that the instructions for the Q-sort were clear and that the factors were suitable for the study.

## **Participants**

Participants for this study were drawn from professionals who work within Prevent in the West Midlands and London, including police officers, psychologists, community psychiatric nurses and psychiatrists. In total there were 22 participants, seven clinicians (1 Psychiatrists, 4 Community Nurse Practitioners and 2 Psychologists) and 15 Prevent police officers.

Webler, Danielson & Tuler, (2009) recommended that there should be three statements for every one participant. According to this criterion the sample size should be adequate to identify grouping of opinions regarding the importance and interpretation of the items.

## **Procedure**

The Q-sort was completed face to face in a range of locations (e.g. police stations or mental health hospitals), as was convenient for the participant. Participants were required to complete a consent form prior to commencing the Q-sort (Appendix G). All 39 statements were individually printed, laminated and randomly assigned a number to assist the researcher in logging the placement in the grid. Each participant received a set of instructions for the completion of the grid, first

relating to individuals vulnerable to supporting or being drawn towards Extreme Right-Wing ideology (Appendix H).

Initially, respondents read and sorted the cards into three groups; *helpful*, *unhelp* and *unsure*. Then participants reviewed the statements in each group and began placing them upon a response grid (Appendix I). This forced the respondent to rank responses to a predefined symmetrical and approximately normal distribution. Participants had the final decisions of whether they started with helpful or unhelpful cards.

Once the grid was completed the card numbers were recorded by the researcher on a record sheet (see Appendix J) and removed from the grid. The participants were then provided with a new set of instructions (Appendix K) to complete the grid in relation to individuals vulnerable to supporting or being drawn towards Islamist ideology. The process of card sorting and grid completion remained the same. Once the grid had been completed and responses recorded the cards were removed. Participants were then provided with a final set of instructions to complete the grid in relation to those who may be drawn towards extremist behaviour supporting No Specific Ideology (Appendix K). Again the process of completing the grid remained the same.

## **RESULTS**

### **Analysis**

Twenty-two participants completed Q-sorts for each ideology were analysed using a software package 'QMethod' (Zabala, 2014), in the R programming language (R Core Team, 2018). This method included a varimax rotation (Tables 9, 10, 12, 13, 15 and 16; contention statements differentiate one group from another, with consensus statements being true for all groups). For ease of interpretation, it was decided to limit the factor analysis to a maximum of three factors. The same factor analysis methodology was followed for the three different ideology groups. The results of each of the individual ideology groups are presented below. Labels were identified for each factor group by exploring the characteristics that were considered to be helpful within that group and summarising these.

### **Extreme-Right Wing**

The three factors identified from factor analysis for this group can be seen in Table 5. One of the three factors (Table 9) could describe all 22 of the participants. The closer the score of the participant is to one the more they can be said to be represented by the factor (Webler, Danielson & Tuler, 2009). The profession of each respondent is included within Table 9. Each of the factors represents a collection of individual points of view that are highly correlated with each other. None of the participants within the sample loaded on to more than once of the factors. This

suggests that the factors have a level of independence from each other (Webler et al., 2009).

*Table 9: Factor Matrix for Extreme-Right Wing Q-Sorts*

| <i>Respondent</i> | <i>Profession</i> | <i>Threatening &amp; vulnerable</i> | <i>Racist/ extremist emotionally vulnerable</i> | <i>Racist aggrieved power seekers</i> |
|-------------------|-------------------|-------------------------------------|---|---------------------------------------|
| R1                | Prevent Officer   | -0.1402428                          | <b>0.5914698</b>                                | 0.3010368                             |
| R2                | Prevent Officer   | <b>0.7902473</b>                    | 0.2620400                                       | 0.1539814                             |
| R3                | Prevent Officer   | 0.0862314                           | -0.1922458                                      | <b>0.6053636</b>                      |
| R4                | Prevent Officer   | 0.4801570                           | 0.3413585                                       | <b>0.6271132</b>                      |
| R5                | Prevent Officer   | 0.3990311                           | <b>0.7300402</b>                                | -0.0235487                            |
| R6                | Prevent Officer   | 0.0510795                           | <b>0.8134688</b>                                | 0.1415270                             |
| R7                | Prevent Officer   | 0.3664705                           | <b>0.7222695</b>                                | 0.0208545                             |
| R8                | Clinician         | <b>0.5279219</b>                    | 0.1988383                                       | 0.4415986                             |
| R9                | Prevent Officer   | 0.0801532                           | 0.0958572                                       | <b>0.8363043</b>                      |
| R10               | Prevent Officer   | 0.3944867                           | 0.2935973                                       | <b>0.5944754</b>                      |
| R11               | Prevent Officer   | <b>0.7617092</b>                    | 0.1403199                                       | 0.1107112                             |
| R12               | Clinician         | <b>0.6050031</b>                    | 0.0275625                                       | 0.4556142                             |
| R13               | Prevent Officer   | <b>0.5478513</b>                    | 0.4989202                                       | -0.0370403                            |
| R14               | Clinician         | <b>0.7192935</b>                    | -0.0417619                                      | 0.4048587                             |
| R15               | Prevent Officer   | <b>0.7153699</b>                    | 0.2304455                                       | 0.0453967                             |
| R16               | Prevent Officer   | <b>0.6048692</b>                    | 0.3346811                                       | -0.0182175                            |
| R17               | Prevent Officer   | 0.0896440                           | 0.3621694                                       | <b>0.6670009</b>                      |
| R18               | Clinician         | <b>0.7622157</b>                    | 0.1903996                                       | 0.1994985                             |
| R19               | Clinician         | 0.1843036                           | <b>0.5157071</b>                                | 0.0250116                             |
| R20               | Prevent Officer   | <b>0.6438932</b>                    | 0.3674908                                       | 0.2524979                             |
| R21               | Clinician         | 0.3410341                           | <b>0.4910964</b>                                | 0.1089573                             |
| R22               | Clinician         | <b>0.6399687</b>                    | 0.0222859                                       | 0.0530272                             |

*Bold represents person defining factors*

Table 10 presents a summary of the data with the distinguishing statements for each of the three factors, along with statements that distinguish all and are a consensus for all factor groups. It includes the Eigen values which relates to the variance extracted from each factor (Reid, Swift & Mehanna, 2017). The difference between the z-scores for the statements is also presented. The three factors account

for 58% of the variance. Study variance greater than 40% is deemed to be a credible solution to the factors (Watts & Stenner, 2005).

*Table 10: Distinguishing Statements for each Factor, Eigen values and difference in Z scores.*

| Factor                                       | N  | Eigen Value | % variance | Defining Q statement   | Factor 1 Vs Factor 2 | Factor 1 Vs Factor 3 | Factor 2 Vs Factor 3 |
|--|----|-------------|------------|--|----------------------|----------------------|----------------------|
| Threatening & vulnerable(1)                  | 11 | 5.824       | 26         | Q22. Has been diagnosed with or experiences symptoms of cognitive impairment | 0.698**              | 1.005****            | 0.308                |
|  |    |             |            | Q24. Experiences of trauma during their childhood                            | -1.366****           | -1.189****           | 0.176                |
|  |    |             |            | Q27. They seek to threaten others  | 1.363****            | 1.355****            | -0.008               |
|  |    |             |            | Q28. Make frequent requests for help from other people to cope               | 0.644**              | 1.117***             | 0.473                |
|  |    |             |            | Q38. They endorse violence   | 0.860***             | 0.748**              | -0.111               |
| Racist/ extremist emotionally vulnerable (2) | 6  | 3.69        | 17         | Q2. Live a chaotic lifestyle   | 1.402****            | 0.042                | -1.360***            |
|  |    |             |            | Q9. They seek power  | 2.052****            | -0.066               | -2.12****            |
|  |    |             |            | Q10. They express/hold feelings of being aggrieved by others                 | 1.245****            | -0.048               | -1.293***            |
|  |    |             |            | Q13. Have poor coping styles   | 0.919***             | -0.003               | -0.922**             |
|  |    |             |            | Q15. They have recently experienced a life trauma                            | 1.140***             | 0.019                | -1.121***            |
|  |    |             |            | Q20. They have recently changed religion                                     | -0.493*              | 0.499                | 0.942**              |
|  |    |             |            | Q33. They have been known to no mental health                                | -1.851****           | -0.149               | 1.702****            |
|  |    |             |            | Q37. They experience issues with their identity                              | 0.981***             | -0.289               | -1.269***            |
| Racist aggrieved power seekers (3)           | 5  | 3.373       | 15         | Q3. They are a current risk to themselves                                    | -0.298               | 1.760****            | 2.058****            |
|  |    |             |            | Q11. They experience racial tension within their local community             | 0.471                | -0.843**             | -1.315***            |
|  |    |             |            | Q12. Experienced acculturation   | 0.032                | -1.443****           | -1.76****            |
|  |    |             |            | Q14. They have been known to mental health historically                      | -0.175               | 1.016***             | 1.190***             |
|  |    |             |            | Q29. Peer delinquency at school  | -0.175               | -1.384****           | -1.208***            |
|  |    |             |            | Q34. They express/hold racist views  | 0.19                 | -0.563*              | -0.753*              |
|  |    |             |            | Q36. They have a history of hate crime offence(s)                            | 0.167                | 1.763****            | 1.596****            |
|  |    |             |            | Q1. Needs further assessment   | -1.346****           | 0.846**              | 2.192****            |
| Distinguish all factor groups                |    |             |            | Q7. They are vulnerable to exploitation                                      | -1.576****           | -0.698**             | 0.878**              |
|  |    |             |            | Q8. Experiences of Affective Disorder  | -1.623****           | -0.909***            | 0.713*               |

| Factor                          | N | Eigen Value | % variance | Defining Q statement  | Factor 1 Vs Factor 2 | Factor 1 Vs Factor 3 | Factor 2 Vs Factor 3 |
|---------------------------------|---|-------------|------------|---|----------------------|----------------------|----------------------|
|                                 |   |             |            | Q16. Experiences dysregulated behaviour or problems in that area                      | -0.603*              | 0.842**              | 1.445****            |
|                                 |   |             |            | Q17. They have recently lost their job or failed school                               | 0.539*               | -1.158***            | -1.70****            |
|                                 |   |             |            | Q18. They have a history of violent offense(s)  | 1.156***             | 1.974****            | 0.818**              |
|                                 |   |             |            | Q21. They have been exposed to extremist beliefs                                      | -1.731****           | -0.548*              | 1.182***             |
|                                 |   |             |            | Q25. Has been diagnosed with or experiences symptoms of a neurodevelopmental disorder | -1.553****           | -0.693****           | 0.840**              |
|                                 |   |             |            | Q26. They are a current risk to others  | 0.596*               | 1.670****            | 1.074***             |
|                                 |   |             |            | Q30. Members of their family are/have been involved in crime                          | -0.543*              | -1.222***            | -0.678*              |
|                                 |   |             |            | Q31. Being the victim of bullying during their early years                            | 0.811**              | -1.832****           | -1.021***            |
| Consensus for all factor groups |   |             |            | Q4. They have a history of anti-social offence(s)                                     | 0.315                | -0.086               | -0.401               |
|                                 |   |             |            | Q5. They have been subject to multi-agency working                                    | 0.234                | 0.346                | 0.112                |
|                                 |   |             |            | Q6. There is known gang activity within the local community                           | -0.32                | -0.184               | 0.136                |
|                                 |   |             |            | Q19. They associate with members of extremist groups                                  | -0.265               | 0.167                | 0.431                |
|                                 |   |             |            | Q32. Use threats or violence to cope  | 0.013                | -0.245               | -0.258               |

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ , \*\*\*\* $p < .0001$

Statements are also placed in order from consensus to contention, dependant on the range of variance in where the statement cards were placed (Table 11). This was based on the variance of the position number where each statement could be placed by participants. The statement that all three factors agreed on in relation to its placement for Extreme-Ring Wing was 'they have recently changed religion.' All three factors placed this statement as the least helpful for this group. There were five statements that created the highest level of contention. These were; 'needs further assessment,' 'they are a current risk to themselves,' 'they seek power,' 'they have a

history of violent offences' and 'being the victim of bullying during their early years.'

The three factors are discussed in more detail.

*Table 11: Factors from consensus to contention for Extreme-Right Wing Q-Sort.*

| Q Statement   | Threatening<br>& vulnerable | Racist/<br>extremist<br>emotionally<br>vulnerable | Racist<br>aggrieved<br>power<br>seekers | Range |
|---|-----------------------------|---|---|-------|
| Q20. They have recently changed religion  | -4                          | -4  | -4                                      | 0     |
| Q4. They have a history of anti-social offence(s)                                     | 0                           | -1  | 0                                       | 1     |
| Q5. They have been subject to multiagency working                                     | 0                           | 0   | -1                                      | 1     |
| Q6. There is known gang activity within the local community                           | -4                          | -3  | -3                                      | 1     |
| Q19. They associate with members of extremist groups                                  | 4                           | 4   | 3                                       | 1     |
| Q32. Use threats or violence to cope  | 0                           | 0   | 1                                       | 1     |
| Q34. They express/hold racist views   | 3                           | 3   | 4                                       | 1     |
| Q39. Currently experiencing some form of abuse  | -1                          | 0   | -1                                      | 1     |
| Q13. Have poor coping styles  | 1                           | -1  | 0                                       | 2     |
| Q14. They have been known to mental health historically                               | 0                           | 0   | -2                                      | 2     |
| Q22. Has been diagnosed with or experiences symptoms of cognitive impairment          | -1                          | -3  | -3                                      | 2     |
| Q23. They express/hold pro-criminal attitudes   | -1                          | 0   | 1                                       | 2     |
| Q25. Has been diagnosed with or experiences symptoms of a neurodevelopmental disorder | 1                           | 3   | 3                                       | 2     |
| Q27. They seek to threaten others   | 2                           | 0   | 0                                       | 2     |
| Q28. Make frequent requests for help from others to cope                              | -1                          | -2  | -3                                      | 2     |
| Q30. Members of their family are/have been involved in crime                          | -3                          | -3  | -1                                      | 2     |
| Q37. They experience issues with their identity                                       | 1                           | -1  | 1                                       | 2     |
| Q38. They endorse violence  | 3                           | 1   | 1                                       | 2     |
| Q35. Experiences of caregiver disruption during their early years                     | -3                          | -4  | -2                                      | 2     |
| Q2. Live a chaotic lifestyle  | 1                           | -2  | 0                                       | 3     |
| Q7. They are vulnerable to exploitation   | 0                           | 3   | 2                                       | 3     |
| Q10. They express/hold feelings of being aggrieved by others                          | 3                           | 1   | 4                                       | 3     |
| Q11. They experience racial tensions within their local community                     | 0                           | -1  | 2                                       | 3     |
| Q15. They have recently experienced a life trauma                                     | 2                           | -1  | 1                                       | 3     |
| Q21. They have been exposed to extremist beliefs                                      | 1                           | 4   | 2                                       | 3     |
| Q24. Experiences of trauma during their childhood                                     | -2                          | 1   | 0                                       | 3     |
| Q26. They are a current risk to others  | 2                           | 2   | -1                                      | 3     |
| Q29. Peer delinquency at school   | -3                          | -3  | 0                                       | 3     |
| Q8. Experiences of Affective Disorder   | -2                          | 2   | 0                                       | 4     |

| Q Statement  | Threatening<br>& vulnerable | Racist/<br>extremist<br>emotionally<br>vulnerable | Racist<br>aggrieved<br>power<br>seekers | Range |
|--|-----------------------------|---|---|-------|
| Q12. Experienced acculturation                                   | -2                          | -3  | 1                                       | 4     |
| Q16. Experiences dysregulated behaviour or problems in that area | 0                           | 2   | -2                                      | 4     |
| Q17. They have recently lost their job or failed school          | -1                          | -2  | 2                                       | 4     |
| Q33. They have been known to no mental health team               | -3                          | 1   | -2                                      | 4     |
| Q36. They have a history of hate crime offence(s)                | 3                           | 3   | -1                                      | 4     |
| Q1. Needs further assessment                                     | -1                          | 2   | -3                                      | 5     |
| Q3. They are a current risk to themselves                        | 1                           | 1   | -4                                      | 5     |
| Q9. They seek power  | 2                           | -2  | 3                                       | 5     |
| Q18. They have a history of violent offence(s)                   | 4                           | 1   | -1                                      | 5     |
| Q31. Being the victim of bullying during their early years       | -2                          | 0   | 3                                       | 5     |

***Threatening & vulnerable:*** The participants associated with this factor believed that knowing if the individual ‘seeks to threaten others’ is a helpful statement. There was a belief that you may threaten others if you feel that they are to blame for the wrongdoings in your life or use it as a means of coping. They believed that ‘experiencing trauma during their childhood’ was helpful. Along with knowing that the individual has ‘a diagnosis or symptoms of a cognitive impairment’ is as helpful or knowing that ‘they make frequent requests for help’ and ‘endorses violence’. Statements relating to identity were considered to helpful, especially holding the view that they had ‘been aggrieved by others’, along with ‘experiencing a life trauma.’ It was felt that if someone was ‘currently experiencing a life trauma’ then they would be more likely to want to be part of something, such as an extremist act and feel that they had nothing to lose as a consequence of their actions.

***Racist/extremist emotionally vulnerable:*** The participants associated with this factor believed that knowing that the individual had ‘changed religion’ or they had ‘been known to no mental health’ were the least helpful statement for this group. It was believed that Extreme-Right Wing extremists may have ‘symptoms or

diagnosis of neurodevelopmental disorder', 'affective disorder' or 'dysregulated emotions or problems in that area.' Furthermore, they believed that it would be helpful to know if the individual had a 'history of hate crime offences', suggesting that they are actually willing to put thoughts into action, rather than just talking about their views.

***Racist aggrieved power seekers:*** The participants associated with this factor believed 'expressing or holding views of a racist nature', which were linked to 'us' and 'them' views, which were considered an indicator for stronger racist views. In addition, 'experiencing racial tension in their community'. They did not believe it was helpful to know if the individual had 'experienced acculturation' or if they 'got into trouble at school with their peers'. However, knowing that they had been a 'victim of bullying in their early years' or 'seek power' were helpful.

## Islamist

The three factors identified from factor analysis for this group can be seen in Table 12. Of the 22 participants nineteen could be described by one of the three factors. Participants two, seven and eight did not load on to any of the factors and therefore cannot be said to belong to any of the factors. None of the participants within the sample loaded on to more than one of the factors.

**Table 12: Factor Matrix for Islamist Q-Sorts**

| <i>Respondent</i> | <i>Profession</i> | <i>Pro-criminal<br/>racist/extremist<br/>views</i> | <i>Violent power<br/>seekers</i> | <i>Risky emotionally<br/>vulnerable</i> |
|-------------------|-------------------|--|----------------------------------|---|
| R1                | Prevent Officer   | <b>0.7320532</b>                                   | -0.2401255                       | 0.2214969                               |
| R2*               | Prevent Officer   | 0.3685188  | 0.4128562                        | 0.4961091                               |
| R3                | Prevent Officer   | 0.0715848  | 0.2367407                        | <b>0.5311103</b>                        |
| R4                | Prevent Officer   | 0.4263724  | <b>0.6982665</b>                 | 0.1509483                               |

| <i>Respondent</i> | <i>Profession</i> | <i>Pro-criminal<br/>racist/extremist<br/>views</i> | <i>Violent power<br/>seekers</i> | <i>Risky emotionally<br/>vulnerable</i> |
|-------------------|-------------------|--|----------------------------------|---|
| R5                | Prevent Officer   | 0.1852104  | 0.2623044                        | <b>0.7245802</b>                        |
| R6                | Prevent Officer   | 0.2110526  | 0.0953235                        | <b>0.7500535</b>                        |
| R7*               | Prevent Officer   | 0.0546007  | 0.4132119                        | 0.4780643                               |
| R8*               | Clinician         | 0.0544583  | -0.2206637                       | 0.0565219                               |
| R9                | Prevent Officer   | <b>0.6866863</b>                                   | 0.3491724                        | 0.1240871                               |
| R10               | Prevent Officer   | <b>0.7484487</b>                                   | 0.0563936                        | 0.2458987                               |
| R11               | Prevent Officer   | 0.0712659  | <b>0.7192800</b>                 | 0.3729398                               |
| R12               | Clinician         | <b>0.6300896</b>                                   | 0.2987501                        | 0.1192969                               |
| R13               | Prevent Officer   | 0.1260219  | <b>0.6780814</b>                 | 0.3509382                               |
| R14               | Clinician         | <b>0.6647089</b>                                   | 0.4984620                        | 0.0447326                               |
| R15               | Prevent Officer   | 0.1608861  | <b>0.7255656</b>                 | 0.2994559                               |
| R16               | Prevent Officer   | 0.4191704  | <b>0.5661187</b>                 | 0.1466845                               |
| R17               | Prevent Officer   | <b>0.7655380</b>                                   | 0.1812375                        | 0.0629489                               |
| R18               | Clinician         | <b>0.5324132</b>                                   | 0.4900069                        | -0.0770811                              |
| R19               | Clinician         | -0.0930102   | 0.1783305                        | <b>0.6002708</b>                        |
| R20               | Prevent Officer   | 0.0120617  | <b>0.8174691</b>                 | 0.1733143                               |
| R21               | Clinician         | 0.2636620  | 0.1815098                        | <b>0.5090528</b>                        |
| R22               | Clinician         | <b>0.5404951</b>                                   | 0.3625599                        | 0.2043839                               |

*Bold represents person defining factors*

*\*Does not load onto any of the factors*

Table 13 displays the distinguishing statements for the Islamist extremists.

These factors account for 58% of the variance, suggesting a credible solution to the factors (Watts & Stenner, 2005).

*Table 13: Distinguishing Statements for each Factor, Eigen values and difference in Z scores.*

| <i>Factor</i>  | <i>N</i> | <i>Eigen<br/>Value</i> | <i>%<br/>variance</i> | <i>Q statement</i>   | <i>Factor 1<br/>Vs Factor<br/>2</i> | <i>Factor 1<br/>Vs Factor<br/>3</i> | <i>Factor 2<br/>Vs<br/>Factor 3</i> |
|--|----------|------------------------|-----------------------|--|-------------------------------------|-------------------------------------|-------------------------------------|
| <i>Pro-<br/>criminal<br/>racist/<br/>extremist<br/>views (1)</i> | 8        | 4.865                  | 22                    | Q26. They are a current risk to others                           | -1.175                              | -0.899**                            | 0.276                               |
|  |          |                        |                       | Q10. They express/hold feelings of being aggrieved by others     | 0.683*                              | 1.247***                            | 0.564                               |
|  |          |                        |                       | Q3. They are a current risk to themselves                        | -1.905****                          | -2.052****                          | -0.147                              |
|  |          |                        |                       | Q23. They express/hold pro-criminal attitudes                    | 0.554*                              | 0.960***                            | 0.406                               |
|  |          |                        |                       | Q5. They have been subject to multiagency working                | 0.542*                              | 0.975***                            | 0.433                               |
|  |          |                        |                       | Q11. They experience racial tension within their local community | 1.344****                           | 1.424****                           | 0.08                                |
|  |          |                        |                       | Q12. Experienced acculturation                                   | 1.534****                           | 1.259***                            | -0.276                              |

| Factor                           | N | Eigen Value | % variance | Q statement   | Factor 1<br>Vs Factor 2 | Factor 1<br>Vs Factor 3 | Factor 2<br>Vs Factor 3 |
|----------------------------------|---|-------------|------------|---|-------------------------|-------------------------|-------------------------|
| Violent power seekers (2)        | 6 | 4.513       | 21         | Q4. They have a history of anti-social offence(s)                                   | 1.393****               | 1.967****               | 0.575                   |
|                                  |   |             |            | Q29. Peer delinquency at school   | 0.892***                | 0.844**                 | -0.048                  |
|                                  |   |             |            | Q27. They seek to threaten others   | -1.120***               | -0.264                  | 0.856**                 |
|                                  |   |             |            | Q7. They are vulnerable to exploitation   | 1.545****               | -0.338                  | 1.883****               |
|                                  |   |             |            | Q13. Have poor coping styles  | 0.646*                  | -0.052                  | -0.697*                 |
|                                  |   |             |            | Q17. They have recently lost their job or failed school                             | 0.636*                  | -0.025                  | -0.660*                 |
|                                  |   |             |            | Q30. Members of their family are/have been involved in crime                        | 0.977***                | 0.396                   | -0.581*                 |
| Risky emotionally vulnerable (3) | 5 | 3.402       | 15         | Q37. They experience issues with their identity                                     | 0.182                   | 1.472****               | 1.290***                |
|                                  |   |             |            | Q34. They express/hold racist views   | 0.455                   | 1.205***                | 0.750*                  |
|                                  |   |             |            | Q14. They have been known to mental health historically                             | -0.067                  | -0.851**                | -0.784**                |
|                                  |   |             |            | Q16. Experiences dysregulated behaviour or problems in that area                    | 0.433                   | -0.626*                 | -1.059***               |
|                                  |   |             |            | Q1. Needs further assessment  | -0.237                  | -1.273***               | -1.036***               |
|                                  |   |             |            | Q35. Experiences of caregiver disruption during their early years                   | -0.034                  | 1.232***                | 1.266***                |
|                                  |   |             |            | Q2. Live a chaotic lifestyle  | -0.74**                 | 1.212***                | 1.953****               |
| Distinguishes all factor groups  |   |             |            | Q8. Experiences of Affective Disorder   | -0.826**                | -2.270****              | -1.44****               |
|                                  |   |             |            | Q9. They seek power   | -2.057****              | -0.887**                | 1.170***                |
|                                  |   |             |            | Q18. They have a history of violent offense(s)                                      | -1.868****              | -0.964***               | 0.903**                 |
|                                  |   |             |            | Q20. They have recently changed religion  | 2.456****               | 0.867**                 | -1.59****               |
|                                  |   |             |            | Q22. Has been diagnosed with or experiences symptoms of cognitive impairment        | -0.543*                 | -1.359****              | -0.816**                |
|                                  |   |             |            | Q25. Has been diagnosed with or experiences symptoms of neurodevelopmental disorder | -0.621*                 | -1.328****              | -0.707*                 |
|                                  |   |             |            | Q33. They have been known to no mental health team                                  | -0.590*                 | -2.046****              | -1.46****               |
|                                  |   |             |            | Q36. They have a history of hate crime offense(s)                                   | -0.691**                | 0.719*                  | 1.410****               |
|                                  |   |             |            | Q38. They endorse violence  | -1.038***               | 0.922***                | 1.960****               |
|                                  |   |             |            | Q6. There is known gang activity in the local community                             | 0.039                   | 0.061                   | 0.022                   |
| Consensus for all factor groups  |   |             |            | Q15. They have recently experienced a life trauma                                   | 0.505                   | 0.254                   | -0.251                  |
|                                  |   |             |            | Q19. They associate with member of extremist groups                                 | -0.123                  | -0.153                  | -0.03                   |
|                                  |   |             |            | Q31. Being the victim of bullying during their early years                          | 0.06                    | 0.193                   | 0.133                   |
|                                  |   |             |            | Q39. Currently experiencing some form of abuse                                      | 0.147                   | 0.027                   | -0.12                   |

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ , \*\*\*\* $p < .0001$

Table 14 displays the statements in order from consensus. The statement with complete agreement between the three factors was ‘they associate with members of extremist groups’, which was identified as the most helpful statement for Islamist extremists. The statement that created the most contention was ‘they have recently changed religion’.

*Table 14: Factors from consensus to contention for Islamist Q-Sort*

| <i>Statement</i>  | <i>Pro-criminal<br/>racist/extrem<br/>ist views</i> | <i>Violent<br/>power<br/>seekers</i> | <i>Risky<br/>emotionally<br/>vulnerable</i> | <i>Range</i> |
|---|---|--------------------------------------|---|--------------|
| Q19. They associate with members of extremist groups              | 4   | 4                                    | 4   | 0            |
| Q31. Being the victim of bullying during their early years        | 0   | 0                                    | -1  | 1            |
| Q32. Use threats or violence to cope                              | 0   | 1                                    | 0   | 1            |
| Q15. They have recently experienced a life trauma                 | 1   | 0                                    | 0   | 1            |
| Q17. They have recently lost their job or failed school           | 0   | -1                                   | -1  | 1            |
| Q6. There is known gang activity within the local community       | -4  | -4                                   | -3  | 1            |
| Q21. They have been exposed to extremist beliefs                  | 3   | 3                                    | 4   | 1            |
| Q28. Make frequent requests for help from others to cope          | -4  | -3                                   | -3  | 1            |
| Q39. Currently experiencing some form of abuse                    | -1  | -1                                   | -2  | 1            |
| Q13. Have poor coping styles                                      | 0   | -1                                   | 1   | 2            |
| Q14. They have been known to mental health historically           | -1  | 0                                    | 1   | 2            |
| Q16. Experiences dysregulated behaviour or problems in that area  | 0   | -1                                   | 1   | 2            |
| Q24. Experiences of trauma during their childhood                 | -3  | -2                                   | -1  | 2            |
| Q26. hey are a current risk to others                             | 1   | 3                                    | 3   | 2            |
| Q27. They seek to threaten others                                 | 0   | 2                                    | 0   | 2            |
| Q30. Members of their family are/have been involved in crime      | -1  | -3                                   | -2  | 2            |
| Q34. They express/hold racist views                               | 3   | 2                                    | 1   | 2            |
| Q35. Experiences of caregiver disruption during their early years | -2  | -2                                   | -4  | 2            |
| Q36. They have a history of hate crime offence(s)                 | 1   | 1                                    | -1  | 2            |
| Q1. Needs further assessment                                      | -2  | -2                                   | 1   | 3            |
| Q5. They have been subject to multiagency working                 | 1   | 0                                    | -2  | 3            |
| Q7. They are vulnerable to exploitation                           | 3   | 0                                    | 3   | 3            |
| Q10. They express/hold feelings of being aggrieved by others      | 4   | 2                                    | 1   | 3            |

| <i>Statement</i>  | <i>Pro-criminal<br/>racist/extrem<br/>ist views</i> | <i>Violent<br/>power<br/>seekers</i> | <i>Risky<br/>emotionally<br/>vulnerable</i> | <i>Range</i> |
|---|---|--------------------------------------|---|--------------|
| Q11. They experience racial tensions within their local community                     | 2   | 0                                    | -1  | 3            |
| Q12. Experienced acculturation  | 1   | -2                                   | -2  | 3            |
| Q18. They have a history of violent offence(s)  | 0   | 3                                    | 2   | 3            |
| Q22. Has been diagnosed with or experiences symptoms of cognitive impairment          | -3  | -1                                   | 0   | 3            |
| Q23. They express/hold pro-criminal attitudes   | 2   | 1                                    | -1  | 3            |
| Q29. Peer delinquency at school   | -1  | -4                                   | -3  | 3            |
| Q37. They experience issues with their identity                                       | 2   | 3                                    | 0   | 3            |
| Q4. They have a history of anti-social offence(s)                                     | 1   | -3                                   | -3  | 4            |
| Q25. Has been diagnosed with or experiences symptoms of a neurodevelopmental disorder | -1  | 1                                    | 3   | 4            |
| Q9. They seek power   | -2  | 2                                    | 0   | 4            |
| Q38. They endorse violence  | 2   | 4                                    | 0   | 4            |
| Q2. Live a chaotic lifestyle  | -1  | 1                                    | -4  | 5            |
| Q3. They are a current risk to themselves   | -3  | 1                                    | 2   | 5            |
| Q33. They have been known to no mental health team                                    | -3  | -1                                   | 2   | 5            |
| Q8. Experiences of Affective Disorder   | -2  | 0                                    | 3   | 5            |
| Q20. They have recently changed religion  | 3   | -3                                   | 2   | 6            |

***Pro-criminal racist/extremist views:*** The participants in this factor believed that it was helpful to know if the individual had been ‘exposed to extremist views’, ‘hold racist views’ and ‘express/hold pro-criminal attitudes’. It was also believed helpful to know if the individual was ‘feeling aggrieved’ with others. It was believed to be less helpful if they had ‘experienced peer delinquency at school’ or made ‘frequent requests for help’. This group considered ‘tension in their local community’ and having experienced ‘multiagency support’ as things that were in the middle in relation to their helpfulness.

***Violent power seekers:*** This group of participants did not believe that ‘family members being involved in crime’ would help them when risk assessing and formulating. ‘Recently losing their job or failing at school’ was also a statement that was not considered very helpful. The participants believed that knowing if the individual ‘seeks to threaten others’ or ‘seeks power’ would be helpful suggesting

that threatening people is a sense of empowerment or dominance. They placed being vulnerable to exploitation as neither helpful or unhelpful, whilst 'history of violent offences' and 'endorse violence' were considered as helpful. Furthermore, believed that knowing that the individual had 'issues with their identity' was a helpful factor for this group. This was linked to them not feeling that they belonged or knowing where they fit in with society.

***Risky emotionally vulnerable:*** The participants in this factor believed that the individual experiencing an 'affective disorder' or 'symptoms or diagnosis of neurodevelopmental disorder' was helpful. Furthermore, knowing that the individual is 'a risk to others' was helpful, along with 'expressing or holding racist views'. They believed that knowing an individual had 'experienced care giver disruption' as less helpful, often commenting that they believed that individuals that support an Islamist ideology come from stable homes and family lifestyles. 'Needs further assessment' was unhelpful as they felt that it did not provide them with any useful information.

## **No Specific Ideology**

The three factors identified from factor analysis for this group can be seen in Table 15. Of the 22 participants 21 could be described by one of the three factors. Participant three did not load on to any of the factors and therefore cannot be said to belong to any of the factors. Participants loaded onto one factor only.

The distinguishing statements are represented in Table 16. The three factors account for 54% of the variance, thus a credible solution to the factors.

*Table 15: Factor Matrix for No Specific Ideology Q-Sorts*

| <i>Respondent</i> | <i>Profession</i> | <i>Power seekers</i> | <i>Complex needs</i> | <i>Violent extremists</i> |
|-------------------|-------------------|----------------------|----------------------|---------------------------|
| R1                | Prevent Officer   | <b>0.5884403</b>     | 0.1347607            | -0.1553299                |
| R2                | Prevent Officer   | <b>0.4025894</b>     | 0.3191295            | 0.2094361                 |
| R3*               | Prevent Officer   | -0.1528094           | -0.0041390           | 0.1002989                 |
| R4                | Prevent Officer   | <b>0.7836741</b>     | -0.0258198           | 0.3414141                 |
| R5                | Prevent Officer   | 0.3846859            | <b>0.6532460</b>     | 0.1898464                 |
| R6                | Prevent Officer   | 0.0002738            | <b>0.8090142</b>     | 0.2858313                 |
| R7                | Prevent Officer   | 0.0505730            | <b>0.7177811</b>     | -0.0679693                |
| R8                | Clinician         | <b>0.5154441</b>     | 0.0268135            | 0.0384611                 |
| R9                | Prevent Officer   | -0.0438035           | <b>0.7241373</b>     | 0.2161207                 |
| R10               | Prevent Officer   | <b>0.7524879</b>     | -0.0409243           | 0.2361655                 |
| R11               | Prevent Officer   | <b>0.6769419</b>     | 0.0412661            | 0.4380049                 |
| R12               | Clinician         | <b>0.6820136</b>     | 0.2179095            | 0.2339410                 |
| R13               | Prevent Officer   | -0.1079179           | 0.0966631            | <b>0.8169363</b>          |
| R14               | Clinician         | <b>0.8155403</b>     | -0.2870076           | 0.2539328                 |
| R15               | Prevent Officer   | <b>0.6655644</b>     | 0.4653246            | -0.1849273                |
| R16               | Prevent Officer   | <b>0.7569417</b>     | 0.0774653            | -0.1035815                |
| R17               | Prevent Officer   | <b>0.6692146</b>     | 0.1602954            | -0.0240607                |
| R18               | Clinician         | <b>0.5532560</b>     | -0.3126602           | 0.3732802                 |
| R19               | Clinician         | 0.1907324            | 0.3768336            | <b>0.5986829</b>          |
| R20               | Prevent Officer   | <b>0.6967462</b>     | 0.2683816            | 0.1855731                 |
| R21               | Clinician         | <b>0.5521120</b>     | 0.3389359            | -0.1535547                |
| R22               | Clinician         | 0.1311522            | 0.1459150            | <b>0.6036604</b>          |

*Bold represents person defining factors*

*\*Does not load onto any of the factors*

As Table 17 shows for No Specific Ideology, there was no one statement that all three factors agreed on. The smallest range of contention was one, which included the statements; ‘they are a current risk to themselves’, ‘they have been subject to multiagency working’, ‘there is known gang activity within the local community’, ‘they are vulnerable to exploitation’, ‘experienced acculturation’, ‘they seek to threaten others’, ‘make frequent requests from others to cope’, ‘experiences of caregiver disruption during their early years’, ‘currently experiencing some form of abuse’ and ‘members of their family are/have been involved in crime’. The statement that caused the most contention was ‘they have been exposed to extremist beliefs’,

with some participants ranking it as the most helpful whilst others stated it was the least helpful.

*Table 16: Distinguishing Statements for each Factor, Eigen values and difference in Z scores.*

| Factor                          | n  | Eigen Value | % variance | Q statement   | Factor 1 Vs Factor 2 | Factor 1 Vs Factor 3 | Factor 2 Vs Factor 3 |
|---------------------------------|----|-------------|------------|---|----------------------|----------------------|----------------------|
| Power seekers (1)               | 14 | 6.344       | 29         | Q10. They express/hold feelings of being aggrieved by others                        | 1.566****            | 1.400***             | -0.166               |
|                                 |    |             |            | Q20. They have recently changed religion  | -1.936****           | -2.017****           | -0.081               |
|                                 |    |             |            | Q23. They express/hold pro-criminal attitudes                                       | 1.058***             | 0.780*               | -0.278               |
|                                 |    |             |            | Q21. They have been exposed to extremist beliefs                                    | -2.647****           | -3.238****           | -0.591               |
|                                 |    |             |            | Q27. They seek to threaten others   | 0.761**              | 1.034***             | 0.273                |
|                                 |    |             |            | Q15. They have recently experienced life trauma                                     | 0.607*               | 0.971**              | 0.364                |
| Complex needs (2)               | 4  | 3.081       | 14         | Q18. They have a history of violent offence(s)                                      | 1.009***             | -0.305               | -1.314***            |
|                                 |    |             |            | Q26. They are a current risk to others  | 1.098***             | -0.016               | -1.114**             |
|                                 |    |             |            | Q38. They endorse violence  | 1.692****            | -0.396               | -2.09****            |
|                                 |    |             |            | Q14. They have been known to mental health historically                             | -1.863****           | -0.586               | 1.276***             |
|                                 |    |             |            | Q32. Use threats or violence to cope  | 0.930***             | -0.125               | -1.504**             |
|                                 |    |             |            | Q37. They experience issues with their identity                                     | 1.069***             | 0.231                | -0.838*              |
|                                 |    |             |            | Q8. Experiences of an Affective Disorder  | -1.794****           | -0.322               | 1.473***             |
|                                 |    |             |            | Q25. Has been diagnosed with or experiences symptoms of neurodevelopmental disorder | -1.701****           | -0.255               | 1.446***             |
|                                 |    |             |            | Q2. Live a chaotic lifestyle  | 1.305***             | 0.17                 | -1.135**             |
|                                 |    |             |            | Q4. They have a history of anti-social offence(s)                                   | 1.691****            | 0.601                | -1.089**             |
|                                 |    |             |            | Q16. Experiences dysregulated behaviour or problems in that area                    | -0.647*              | 0.256                | 0.903*               |
|                                 |    |             |            | Q11. They experience racial tension within their local community                    | -0.711*              | 0.25                 | 0.961**              |
| Violent extremists (3)          | 3  | 2.365       | 11         | Q36. They have a history of hate crime offence(s)                                   | -0.05                | -1.452***            | -1.402***            |
|                                 |    |             |            | Q24. Experiences of trauma during their childhood                                   | -0.065               | 0.998**              | 1.063**              |
|                                 |    |             |            | Q13. Have poor coping styles  | -0.105               | 1.596****            | 1.701***             |
| Distinguishes all factor groups |    |             |            | Q1. Needs further assessment  | -1.046***            | 1.682****            | 2.73****             |

| Factor                          | n | Eigen Value | % variance | Q statement  | Factor 1 Vs Factor 2 | Factor 1 Vs Factor 3 | Factor 2 Vs Factor 3 |
|---------------------------------|---|-------------|------------|--|----------------------|----------------------|----------------------|
|                                 |   |             |            | Q9. They seek power  | 2.606****            | 1.561****            | -1.045**             |
|                                 |   |             |            | Q19. They associate with members of extremist groups                         | -1.018***            | -3.479****           | -2.46****            |
|                                 |   |             |            | Q22. Has been diagnosed with or experiences symptoms of cognitive impairment | -1.71****            | -0.993**             | 0.725*               |
|                                 |   |             |            | Q29. Peer delinquency at school  | 1.698****            | 0.838**              | -0.860*              |
|                                 |   |             |            | Q31. Being the victim of bullying during their early years                   | 0.569*               | 1.982****            | 1.413***             |
|                                 |   |             |            | Q33. They have been known to no mental health team                           | -2.104****           | -1.111***            | 0.994**              |
|                                 |   |             |            | Q34. They express/hold racist views  | -1.342****           | -2.722****           | -1.380***            |
| Consensus for all factor groups |   |             |            | Q3. They are a current risk to themselves                                    | -0.167               | -0.007               | 0.16                 |
|                                 |   |             |            | Q7. They are vulnerable to exploitation                                      | -0.466               | -0.277               | 0.189                |
|                                 |   |             |            | Q12. Experienced acculturation   | 0.128                | -0.428               | -0.556               |
|                                 |   |             |            | Q30. Members of their family are/have been involved in crime                 | 0.176                | 0.212                | 0.036                |
|                                 |   |             |            | Q35. Experiences of caregiver disruption during their early years            | -0.047               | 0.517                | 0.564                |
|                                 |   |             |            | Q39. Currently experiencing some form of abuse                               | 0.043                | 0.314                | 0.272                |

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ , \*\*\*\* $p < .0001$

**Power seekers:** Participants in this factor believed that knowing about an individual's attitudes about 'being aggrieved', 'seek power' and 'have issues with identity' was helpful. It was felt that if individuals felt aggrieved then the issues became more personal and led to a sense that they are a victim, which they want to rectify. Historical items of 'early life trauma' and 'poor coping styles' were also considered to be helpful.

**Complex needs:** The participants in this factor believed that it is helpful to think about vulnerabilities with No Specific Ideology extremists, in particular if 'they experience symptoms or diagnosis of neurodevelopmental disorder' or 'experience symptoms or diagnosis of cognitive disorder' or 'affective disorder'. They were

considered to be a ‘risk to themselves’ and ‘have poor coping styles’. They did not believe that the environmental factor of ‘racial tension within their community’ was helpful.

**Violent extremists:** The participants in this factor believed violent items to be helpful, such as a ‘history of violent offences’ and ‘use threats or violence to cope’. It was believed that if an individual has a previous offence then they like offending in general, which can increase their risk of engaging in extremist behaviour. It was also helpful to know if they ‘express/hold racist views’ or ‘associate with members of extremist groups’.

*Table 17: Factors from consensus to contention for No-ideology Q-Sort*

| <i>Statement</i>  | <i>Power seekers</i> | <i>Complex needs</i> | <i>Violent extremists</i> | <i>Range</i> |
|---|----------------------|----------------------|---------------------------|--------------|
| Q3. They are a current risk to themselves   | 1                    | 2                    | 1                         | 1            |
| Q5. They have been subject to multiagency working                                     | 0                    | -1                   | -1                        | 1            |
| Q6. There is known gang activity within the local community                           | -3                   | -4                   | -4                        | 1            |
| Q7. They are vulnerable to exploitation   | 0                    | 1                    | 0                         | 1            |
| Q12. Experienced acculturation  | -2                   | -2                   | -1                        | 1            |
| Q27. They seek to threaten others   | 1                    | 0                    | 0                         | 1            |
| Q28. Make frequent requests for help from others to cope                              | -1                   | -1                   | -2                        | 1            |
| Q35. Experiences of caregiver disruption during their early years                     | -1                   | -1                   | -2                        | 1            |
| Q39. Currently experiencing some form of abuse  | 2                    | 2                    | 1                         | 1            |
| Q30. Members of their family are/have been involved in crime                          | -2                   | -3                   | -3                        | 1            |
| Q11. They experience racial tensions within their local community                     | -3                   | -1                   | -3                        | 2            |
| Q16. Experiences dysregulated behaviour or problems in that area                      | -1                   | 1                    | -1                        | 2            |
| Q17. They have recently lost their job or failed school                               | 3                    | 1                    | 2                         | 2            |
| Q23. They express/hold pro-criminal attitudes   | 0                    | -2                   | -2                        | 2            |
| Q25. Has been diagnosed with or experiences symptoms of a neurodevelopmental disorder | 1                    | 3                    | 1                         | 2            |
| Q2. Live a chaotic lifestyle  | 0                    | -3                   | 0                         | 3            |
| Q4. They have a history of anti-social offence(s)                                     | 0                    | -3                   | -1                        | 3            |
| Q15. They have recently experienced a life trauma                                     | 3                    | 1                    | 0                         | 3            |
| Q18. They have a history of violent offence(s)  | 2                    | 0                    | 3                         | 3            |
| Q24. Experiences of trauma during their childhood                                     | 1                    | 2                    | -1                        | 3            |

| <i>Statement</i>   | <i>Power seekers</i> | <i>Complex needs</i> | <i>Violent extremists</i> | <i>Range</i> |
|--|----------------------|----------------------|---------------------------|--------------|
| Q26. They are a current risk to others                                       | 3                    | 0                    | 3                         | 3            |
| Q29. Peer delinquency at school  | -1                   | -4                   | -2                        | 3            |
| Q32. Use threats or violence to cope   | 1                    | -1                   | 2                         | 3            |
| Q36. They have a history of hate crime offence(s)                            | -2                   | -2                   | 1                         | 3            |
| Q37. They experience issues with their identity                              | 3                    | 0                    | 2                         | 3            |
| Q8. Experiences of Affective Disorder  | 0                    | 4                    | 1                         | 4            |
| Q10. They express/hold feelings of being aggrieved by others                 | 4                    | 0                    | 1                         | 4            |
| Q14. They have been known to mental health historically                      | 0                    | 4                    | 2                         | 4            |
| Q20. They have recently changed religion                                     | -4                   | 0                    | 0                         | 4            |
| Q22. Has been diagnosed with or experiences symptoms of cognitive impairment | -1                   | 3                    | 0                         | 4            |
| Q1. Needs further assessment   | -1                   | 1                    | -4                        | 5            |
| Q13. Have poor coping styles   | 2                    | 3                    | -2                        | 5            |
| Q31. Being the victim of bullying during their early years                   | 2                    | 1                    | -3                        | 5            |
| Q38. They endorse violence   | 1                    | -2                   | 3                         | 5            |
| Q19. They associate with members of extremist groups                         | -2                   | 0                    | 4                         | 6            |
| Q33. They have been known to no mental health team                           | -3                   | 3                    | 0                         | 6            |
| Q34. They express/hold racist views  | -3                   | -1                   | 3                         | 6            |
| Q9. They seek power  | 4                    | -3                   | -1                        | 7            |
| Q21. They have been exposed to extremist beliefs                             | -4                   | 2                    | 4                         | 8            |

## Overall Comparison

For Extreme-Right Wing the most helpful statements were ‘associate with extremist groups’ and ‘express/hold racist views’. This group considered ‘known gang activity’ to be one of the least helpful items. The consensus statement for Extreme-Right Wing was ‘they have recently changed religion’, which all three factors agreed was the least helpful statement. This was the statement that caused the most contention for Islamist ideology, with responses ranging from -3 to 3 in the placement on the Q-sort grid. The statement of consensus for Islamist was ‘exposed to extremist beliefs’, which was considered to be the most helpful statement. The least helpful statements were related to ‘known gang activity’ in the area and ‘making

frequent requests for help'. The highest range for the contention statement for Extreme-Right Wing was five points, for Islamist it was six points, whereas for No Specific Ideology it was an eight points range. This suggests that there is a bigger discrepancy in professional's views about No Specific Ideology extremists. This is further evident as there was no one statement that was considered the most helpful for No Specific Ideology, as each factor group placed a different statement in box four on the grid. 'Known gang activity' was consistently considered unhelpful for all ideology groups. 'Associating with members of extremist groups' was considered helpful for Extreme-Right Wing and Islamist ideology, however much less helpful for No Specific Ideology.

## DISCUSSION

The aim of this study was to explore how Prevent professionals understand factors related to engagement in extremist violence for Extreme-Right Wing, Islamist and No Specific Ideology extremists. Using the Q-sort method three factors were identified for each of these ideologies. All 22 participants loaded onto the Extreme-Right Wing factors, however two participants for Islamist and one for No Specific Ideology were not represented by any of the three factors. This suggests that there is more of an agreement by the participants for the Extreme-Right Wing Q-sort.

Overall the results suggest a mixed view in that there are both similarities and differences in how professionals within Prevent understand and formulate different potential risk factors for engagement in extremist violence.

One way the three ideology groups were viewed similarly, were with 'known gang activity in the local community' being rated as the least helpful statement. Participants stated that this was because it did not state that the individual themselves was part of the gang. However, 'associating with members of extremist groups' was rated the most helpful statement for both Extreme-Right Wing and Islamist ideology because this did specify they were part of something. This would suggest that the influence of an extremist group is powerful regardless of the ideological cause, which could be explained through the sense of belonging or identity that the individual gains from being part of the group or holding a shared view with their peers (Lloyd & Dean, 2015). An individual who has extremist thoughts whilst going about their daily life is said to be 'less radicalised' than those who seek out and join extremist groups (Kruglanski, Gelfand, Belange, Sheveland,

Hetiarachchi & Grunaratna, 2014). Applying theories of group process and gang culture to this statement can support Prevent professionals in understanding the relevance of it as a risk factor. Being a member of a gang is considered a primary criminogenic factor that can reduce an individual's ability to desist from engaging in offending behaviour (Wood & Alleyne, 2010). Furthermore, being part of an extremist group can be a strong 'pull' factor into extremist violence (Horgan, 2008) and provide a range of 'secondary gains.' These can include affiliation, protection, status, social stability and material rewards (Tamatea, 2005). In addition, identification as a member of a group can help to buffer against failures in life and provide a sense of significance and personal power (Kruglanski et al., 2014). Terrorist management theorists present a range of evidence that holding a collective identity within a group reduces an individual's 'fear of death' (Greenberg, Pyszczynski Solomon, Simon & Breus, 1994 & Arndt, Greenberg, Solomon, Pyszczynski & Simon, 1997) which is important to be aware of when considering the risk of terrorist acts. This evidence suggests that 'associating with extremist groups' should be a helpful risk factor for Prevent professionals to consider, which supports the results of this study. Not only does exploring it help to think about the individuals' risk, but also the best way to intervene. This will be discussed further in the 'Implications for Prevent Professionals' section.

There were further similarities between Islamist and Extreme-Right Wing ideology with 'feelings of being aggrieved' being considered as somewhat helpful and 'experiences of caregiver disruption' being considered to be less helpful. There were however, fewer similarities identified between these two ideology groups and the No Specific Ideology group. Also noted were that 'feelings of being aggrieved'

created a mixture of responses from four to zero. However, 'caregiver disruption' was considered a little more helpful within the No Specific Ideology group.

Despite these similarities there were a number of differences present. This included the helpfulness of 'recently changed religion' as a statement. In this case the statement was rated the least helpful item for Extreme-Right Wing, however it was the statement that caused the greatest contention for Islamist ideology (ratings from -3 to 3). This suggests that this is an area in which Prevent professionals feel differently, in relation to how much it impacts on an individual with an Islamist ideologies risk. 'History of hate crime offence(s)' and 'history of anti-social offence(s)' were considered less helpful for Islamist ideology than for Extreme-Right Wing. This suggests that Prevent professionals believe that Extreme-Right Wing is linked to this type of offending, which supports research that Far-right terrorists are more likely to have previous convictions (Chermak & Gruenwald, 2015). Furthermore, 'express/hold racist views' was considered to be more helpful for Extreme-Right Wing ideology. One statement that was considered to be more helpful for Islamist ideology than Extreme-Right Wing was 'express/hold extremist views'.

Within each ideology group there were differences of views between the participants, which were evident from the three factor groups. The No Specific Ideology group had the highest range of responses to the statements (range of 8) and there was no statement that all participants agreed on. This suggests that No Specific Ideology is the group with the highest level of contention, with professionals holding a range views of what is regarded as helpful.

Although the research highlights vulnerabilities that professionals may look for in risk assessments, it does not explain what leads to the transition between 'thinking' and 'action.' The logistic regression completed for the design of the concourse identified 39 statistical factors that may offer an explanation. That said, hypotheses proposed are tentative due to the limitations in the reliability of the data. Models explaining this transition do exist in the field of sexual offending; for example, the 'Four Predictions of Sexual Abuse' (Finkelhor, 1984); 'Model of Sexual Aggression/Addiction' (Wolf, 1988) and the 'Pathways Model of Sexual Offending' (Ward & Siegert, 2002). However, such a model is not present for extremist violence. As previously highlighted the statement 'associates with members of extremist groups' was one that was considered to be helpful for all of the factors in both Extreme Right-Wing and Islamist ideology. This statement is one that suggests a shift in an individual's motivation and intent. They have moved from 'thinking' about a topic to 'doing', in that they have sought out likeminded people to associate with. Further research needs to be completed around this area to support in developing a model to explain this transition.

Ideology used to be considered as the main driver for terrorist offences, e.g. the 9/11 attack, but this is now considered more of a proxy measure. This shift in the importance of ideology is further supported in the results of this study, which show that there are a number of similarities in how vulnerabilities are considered, irrespective of the ideology. This suggests that even when ideology is present, it is not the strongest predictor of risk. This impacts on how Prevent professionals may address risk assessments, recommending that they hold in mind the presenting

difficulties and formulate the presence and relevance of risk factors, rather than the individual's potential ideology alone.

In summary, the findings suggest that there are only a few statements that professionals are swayed by in terms of Extreme-Right Wing or Islamist Ideology. The remaining statements are similar across the two groups. There is a higher level of disagreement amongst Prevent professionals with No Specific Ideology, suggesting that professionals are more ideology driven. There were only a handful of statements that all participants within the factor groups agreed on. As statement cards were not placed in exactly the same place it highlights that there are differences in how Prevent staff perceive risk factors. The findings suggest the need for a formulation based approach to risk assessments, allowing professionals to understand how vulnerabilities are connected and are pertinent for each individual case. This will be explored further in the 'Implications for Prevent Professionals' section. Finally, the study concludes that in order to develop a model of transition-into-action, more research needs to be completed within this field.

## **Strengths and Weaknesses**

As highlighted in the methodology section of this paper the data from which the concourse was developed was not coded by the author. This lead to questions about the validity of the data and potentially reduced the sensitivity and specificity of the statistical analysis that was completed. As a result, the original methodology considered for the research needed to be adapted to a Q-sort to gain more qualitative data.

The sample of Prevent professionals was regionally biased, with only two professionals participating from London. The remaining sample drew from the West Midlands and Staffordshire Counter Terrorism offices. There are three central mental health hubs for Counter Terrorism; Manchester, West Midlands and London. Using this sample may have led to a regional bias in the findings. To improve this view, it would be beneficial to include a wider sample from all hubs in future research.

The study required participants to complete a Q-sort grid on a group of individuals for a specific ideology. This differs from their day-to-day job, in which they receive a referral for an individual and are asked to consider the vulnerability factors for that case alone. Completing a grid on a group basis reduces that level of individualisation. A number of participants expressed during the research that they were thinking of a specific case. Furthermore, they highlighted that the placing of the cards in the grid would vary case to case. For example, if the referral was an unaccompanied minor it would alter the importance of certain statements.

Despite the limitations identified this research is the first of its kind to draw upon NPCC data of real-life Prevent referrals. It explores the workings of people within Prevent, an area which has been minimally researched to date. The world of terrorism changes at a rapid rate and it is therefore difficult to have a substantive grounding of research to evidence the work that is being undertaken.

## **Implications for Prevent Professionals**

The professionals within his study ranged in years of experience and the number of cases managed. The least experienced professional had been in Prevent

for 15 months, managing 44 cases, with the most experienced having ten years of experience, managing around 700 cases. Despite this wealth of knowledge, the findings suggest that, except for 'associating with extremist groups' there were no other 'key' statements identified as helpful risk factors across the board. During the research, participants shared that they were drawing on specific cases that 'stuck' in their mind. They recognised that the order of Q-sort would vary if they were considering different cases.

As in the evidence of the Historical Clinical Risk Management-20 (HCR-20; Douglas, Hart, Webster, & Belfrage, 2013), this is another example of why formulation based risk assessment is so important, not only considering the presence of risk factors but crucially their relevance. Evidence has suggested that the key to identifying which risk factors are pertinent to an individual is through the use of case formulation (Hart, Sturmey, Logan & McMurrin, 2011). Utilising formulation would allow for an individualised approach, encouraging professionals to identify the 'push' and 'pull' factors relevant to each case (Horgan, 2008). This is in line with the Offender Personality Disorder (OPD) Pathway Strategy, which is already used within forensic services. It aims to support the formulation and management of highly complex and high-risk cases (National Offender Management Service, 2015). Formulation has been found to be critical in managing cases which are complex and presenting with a potential risk to both themselves and others (Davidson, 2006). This research highlights that there are a number of factors that need to be considered for the assessment of Prevent referrals, leading to the management of possibly complex cases. Utilising a framework, such as the OPD Pathway, that has an established evidence base of working with such complexity, will support Prevent professionals in

understanding the individual. In turn it will help to generate a robust management plan to reduce the risk of an individual crossing the threshold to criminal behaviour.

Another practical implication that arises from the study is to explore how the referral data is coded and stored. As highlighted in the limitations, there were gaps in the data used for the concourse. Ensuring that the data is more reliable in the future allows for stronger conclusions to be drawn from future research.

Finally, the study encourages professionals to think about the function of certain risk factors and how they can intervene effectively, for example, 'associating with extremist groups'. As highlighted previously, research suggests that there is a range of secondary gains for an individual in being part of a group such as status, friendships, material rewards (Kruglanski et al., 2014). If Prevent professionals wish to steer the individual away from their extremist group in attempts to reduce their vulnerability to being radicalised, they need to think about how they work with them to continue to ensure that they still have the things that they desire.

### **Implications for Future Research**

As indicated further research needs to be considered and completed on the practices of Prevent professionals. It is an area that is funded by the Government and requires outcome measures to be completed to help inform and ensure best practice. Considering the limitation of the regional bias, it would be beneficial to complete research comparing the Q-sorts of the three main hubs. This would allow for comparison of the risk assessments that are being completed within each area.

Due to the small number of clinicians in the sample, the study was unable to explore whether there were differences in how clinicians formulate compared to police officers. This would be a helpful area for future research, which could in turn inform future practice, possibly highlighting the importance for joint working. Furthermore, it would be beneficial to complete research to identify qualitative data of Prevent professional's experiences of their work. Undertaking a semi-structured interview would allow thematic analysis to be conducted, identifying key themes and further inform best practice within this field.

**Word count: 7,526**

## REFERENCES

- Armatas, C. A., Vennn, T. J., & Watson, A. E. (2014). Applying Q-methodology to select and define attributes for non-market validation: A case study from Northwest Wyoming, United States. *Ecological Economics*, 107, 447-456.
- Boer, D.P, Hart, S., Kropp, P.R. & Webster, Ch.D. (1997). *Sexual Risk Violence-20*. Lutz, Florida: Psychological Assessment Resources, Inc.
- Borum, R. (2000). Assessing risk among youth. *Journal of Clinical Psychology*, 56, 1263-1288.
- Borum, R., Bartel, P., & Forth, A. (2002). *Manual for the Structured Assessment of Violence Risk in Youth (SAVRY)*. Tampa, FL: University of South Florida.
- Chermak, S., & Gruenewald, J. (2015). Laying a foundation for the Criminological Examination of Right-Wing, Left-Wing and Al-Qaeda- Inspired Extremism in the United States. *Terrorism and Political Violence*, 27, 133-159.
- Cole, J., Alison, E., Cole, B. & Alison, L. (2010). *Guidance for Identifying People Vulnerable to Recruitment into Violent Extremism*. Liverpool, UK: University of Liverpool, School of Psychology.
- Cole, J., & Cole, B. (2009). *Martyrdom: Radicalisation and terrorist violence among British Muslims*. London, United Kingdom: Pennant Books.
- Cooke, D. J., & Michie, C. (2010). Limitations of diagnostic precision and predictive utility in the individual case: A challenge for forensic practice. *Law and Human Behavior*, 34, 259-274.

- Corr, S. (2006). Exploring perceptions about services using Q methodology. In G. Kielhofner (Ed.), *Research in occupational therapy: Methods of inquiry for enhancing practice*. Philadelphia: E.A. Davis.
- Davidson, K. (2006). Cognitive formulation in personality disorder. In N. Tarrier (Eds.), *Case formulation in cognitive behaviour therapy; The treatment of challenging and complex cases*. London: Routledge.
- Dernevik, M., Beck, A., Grann, M., Hogue, T., & McGuire, J. (2009). The use of psychiatric and psychological evidence in the assessment of terrorist offences. *The Journal of Forensic Psychiatry & Psychology*, 20, 508-515.
- Douglas, K. S., Hart, S. D., Webster, C. D., & Belfrage, H. (2013). *HCR-20V3: Assessing risk of violence – User guide*. Burnaby, Canada: Mental Health, Law, and Policy Institute, Simon Fraser University.
- Egan, V., Cole, J., Cole, B., Alison, L., Alison, E., Waring, S., & Elntib, S. (2016). Can you identify violent extremists using a screening checklist and open source intelligence alone? *Journal of Threat Assessment and Management*, 31, 21-36.
- Ellingsen, I. T., Storksen, I., & Stephens, P. (2009). Q methodology in social work research. *International Journal of Social Research Methodology*, 13, 395-409.
- Finkelhor, D. (1984). *Child Sexual Abuse: New Theory and Research*. New York: Free Press.
- Greenberg, J., Pyszczynski, T., Solomon, S., Simon, L., & Breus, M. (1994). Role of consciousness and accessibility of death-rated thoughts in mortality salience effects. *Journal of Personality and Social Psychology*, 67, 627-637.

- Greenberg, J., Solomon, S., & Pyszczynski, T. (1997). Terror management theory of self-esteem and social behaviour: Empirical assessments and conceptual refinements. In M. P. Zanna (Ed.). *Advances in Experimental Social Psychology*. New York, NY: Academic Press.
- Hanson, R. K., & Howard, P. D. (2010). Individual confidence intervals do not inform decision-makers about the accuracy of risk assessment evaluations. *Law and Human Behavior*, 34(4), 275-281.
- Hare, R. D. (1991). *Manual for the Hare Psychopathy Checklist-Revised*. Toronto, Canada: Multi-Health Systems.
- Hare, R. D. (2003). *The Hare Psychopathy Checklist-Revised* (2<sup>nd</sup> Ed.). Toronto: Multi-Health Systems.
- Harris, G. T., Rice, M. E., & Cormier, C. A. (1991). Psychopathy and violent recidivism. *Law and Human Behavior*, 15, 625.
- Hart, S. D. (1998). The role of psychopathy in assessing risk for violence Conceptual and methodological issues. *Legal and Criminological Psychology*, 3, 121–138.
- Hart, S., Sturmey, P., Logan, C., & McMurrin, M. (2011). Forensic case formulation. *International Journal of Forensic Mental Health*, 102, 118-125.
- HM Government. (2011). *Prevent Strategy*. Retrieved from:  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/7976/prevent-strategy-review.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/7976/prevent-strategy-review.pdf)
- Home Office. (2011). *Contest Strategy*. Retrieved from:  
<https://www.gov.uk/government/publications/counter-terrorism-strategy/contest>

- Horgan, J. (2008). From Profiles to Pathways and Roots to Routes: Perspectives from Psychology on Radicalization into Terrorism. *The ANNALS of the American Academy of Political and Social Science*, 618, 80-94.
- Klooster, P. M., Visser, & de Jong, M., M. D. T. (2008). Comparing two image research instruments: The Q-sort method versus the Likert attitude questionnaire. *Food and Quality Preference*, 19, 511-518.
- Kropp, P., Hart, S., Webster, C., & Eaves, D. (1995). Manual for the spousal assault risk assessment guide (2'nd ed.). *Canada: British Columbia Institute on Family Violence*.
- Kropp, P. R., Hart, S. D., Webster, C. D., & Eaves, D. (1999). Spousal Assault Risk Assessment Guide (SARA). Toronto, ON, Canada: Multi-Health Systems.
- Kruglanski, A. W., Gelfand, M. J., Belanger, J. J., Sheveland, A., Hetiarachchi, M., & Gunaratna, R. (2014). The psychology of radicalization and deradicalization. How significance quest impacts violent extremism. *Advances in Political Psychology*, 35, 69-93.
- Lavoie, J. A. A., Guy, L. S., & Douglas, K. S. (2009). Violence risk assessment: principles and models bridging prediction to management. In J. L. Ireland, C. A. Ireland, & P. Birch (Eds.), *Violent and sexual offenders: Assessment, treatment and management*. Cullompton: Willan Publishing.
- Lloyd, M., & Dean, C. (2015). The development of structured guidelines for assessing risk in extremist offenders. *Journal of Threat and Management*, 2, 40-52.

- Martin, M. (2011). *The SAGE Encyclopaedia of Terrorism*, (2<sup>nd</sup> Ed.). London: SAGE.
- McKeown, B., & Thomas, D. (1988). *Q Methodology*. Sage Publications, Inc., Newbury Park, California.
- Meloy, R.J., Hoffmann, J., Guldemann, M.A., James, D. (2012). The Role of Warning Behaviors in Threat Assessment: An Exploration and Suggested Typology. *Behavioural Sciences & the Law*, 30, 256–279.
- Meloy, R. J., & Gill, P. (2016). The lone actor terrorist and the TRAP-18. *The Journal of Threat and Management*, 3, 37-52.
- Meloy, R., & Yakeley, J. (2014). The violent true believer as a lone wolf psychoanalytic perspectives on terrorism. *Behavioural Sciences & the Law*, 32(3), 327-365.
- Monahan, J. (2012). The individual risk assessment of terrorism. *Psychology, Public Policy, and Law*, 18, 167–205.
- Monahan, J., Steadman, H. J., Silver, E., Appelbaum, P. S., Robbins, P. C., Mulvey, E. P., Roth, L. H., Grisso, T., & Banks, S. (2001). *Rethinking risk assessment – The MacArthur study of mental disordered and violence*. New York: Oxford University Press, Inc.
- National Offender Management Service. (2015). The Offender Personality Disorder Pathway Strategy. Retrieved from:  
<https://www.england.nhs.uk/commissioning/wpcontent/uploads/sites/12/201602/opd-strategy-nov-15.pdf>

- Pedersen, L., Rasmussen, K., & Elsass, P. (2010). Risk assessment: The value of structured professional judgments. *International Journal of Forensic Mental Health, 9*, 74-81.
- Pressman, E. D., & Flockton, J. (2012). Calibrating risk for violent political extremists and terrorists: the VERA 2 structured assessment. *The British Journal of Forensic Practice, 14*, 237-251.
- R Core Team (2018). R: A language and environment for statistical computing. R Foundation for Statistical Computing, Vienna, Austria.
- URL <https://www.Rproject.org/>.
- Reid, K. J., Swift, A., & Mehanna, H. (2017). A Q methodology study to investigate the experience of head and neck cancer patients from diagnosis to 1 year. *European Journal of Cancer Care 26*, 1-10.
- Robin, X., Turck, N., Hainard, A., Tiberti, N., Lisacek, F., Sanchez, J-C. M., & Müller, M. (2011). pROC: an open-source package for R and S+ to analyze and compare ROC curves. *BMC Bioinformatics, 12*, 1-8.
- Samara, K. M. (2017). Risk assessment and the prevention of radicalization from nonviolence into terrorism. *American Psychologist, 72*, 278-288.
- Singh, J. P., Grann, M., & Fazel, S. (2011). A comparative study of violence risk assessment tools: A systematic review and metaregression analysis of 68 studies involving 25,980 participants. *Clinical psychology review, 31*, 499-513.
- Tamatea, A. (2015). The problem with 'the problem with gangs': Reflections on practice and offender desistance. *The New Zealand Corrections Journal, 3*.

- Quinsey, V. L., Harris, G. T., Rice, M. E., & Cormier, C. A. (1998). Violent offenders: Appraising and managing risk. *Washington DC*.
- Ward, T. and Siegert, R. J. (2002). Toward a comprehensive theory of child sexual abuse: A theory knitting perspective. *Psychology, Crime & Law*, 8, 319–351.
- Watts, S. A., & Stenner, P. (2005). Doing Q methodological research theory, method & interpretation. *Watts and Stenner Qualitative Research in Psychology*, 2, 67-91.
- Webler, T., Danielson, S., & Tuler, S. (2009). Using Q Method to Reveal Social Perspectives in Environmental Research.
- Available at [www.series.org/pubs/primer.pdf](http://www.series.org/pubs/primer.pdf) [Accessed December 2017].
- Wolf, S. C. (1988). A model of sexual aggression/addiction. *Journal of Social Work and Human Sexuality*, 7, 131-148.
- Wood, J., & Alleyne, E. (2010). Street gang theory: Where are we now and where do we go from here? *Aggression and Violent Behaviour*, 15, 100-111.
- Wong, S. C., & Gordon, A. (2006). The validity and reliability of the Violence Risk Scale: A treatment-friendly violence risk assessment tool. *Psychology, Public Policy, and Law*, 12, 279.

## **PUBLIC DISSEMINATION DOCUMENT**

Presented in this document is an overview of the thesis contributing to a Doctorate in Forensic Clinical Psychology for the University of Birmingham. This overview contains two summaries, 1). A systematic review exploring the functional link between criminality and terrorism and 2). A research paper exploring Prevent professionals understanding and formulation of potential risk factors for three different ideology groups.

### **SUMMARY ONE: A SYSTEMATIC REVIEW**

#### **Introduction**

Research around vulnerabilities to extremism has explored psychological traits, including personality and mental illness. Early studies linked engagement in extremist violence to abnormal personalities (Cooper, 1978; Gill & Corner, 2017), in particular narcissistic traits (Pearlstein, 1991). It has also been suggested that low self-esteem, lack of empowerment or assertiveness can lead to an individual being susceptible to engagement in terrorism (Lawal, 20002; Orbach, 2001). However, other scholars have proposed an alternative view, that terrorists do not have abnormal personalities (Crenshaw, 2002; Reid 2002, Sagemen, 2004), arguing that there is no single type of personality for individuals who engage in extremist violence (Martin, 2011).

In relation to mental health vulnerabilities the stance in the literature has changed over the years. Initially it was concluded that mental illness was a factor linked to extremist violence (Cooper, 1978; Pearce, 1977), although this could not be

evidenced as a causal link (Post 2005, 2007), so the view changed to suggest that mental illness was not a factor. More recent research has highlighted mental illness to be present in lone actor samples (Corner, Gill & Mason, 2015; Gill & Corner, 2017), suggesting that it may be more of a risk factor for individuals who commit terrorist offences alone.

An area explored less frequently in academic literature is the vulnerability of previous criminal behaviour. Journalistic articles have highlighted the presence of criminal histories in the perpetrators of recent terrorist attacks such as the Brussels Airport attack and the Paris attack. Journalists have proposed the idea of a 'new breed' of terrorists, who use their criminal skills to achieve the objectives of a terrorist group (Faiola & Mekhennet, 2016).

The aim of this review was to explore if there is an association between criminality and terrorism in the literature and provide explanations of the function of the behaviour.

## **Method**

Literature searches found 12 studies which explored the presence of criminality in a sample of different terrorists (e.g. Jihadist or Far-Right). It looked at samples of both group actors and lone actor terrorists. The quality of the studies was examined and the main findings summarised in the review. Eleven of the studies used open source case file reviews as a methodology. One study completed a survey with a sample of American Police Officers.

## **Key findings**

The review showed that there is an association in the literature of criminality and terrorism. All of the studies explored criminality and found a level of prevalence to some degree in their samples, with up to 60% having a criminal history. Little evidence was provided to describe the possible functional link between criminality and terrorism, with hypotheses including; to fundraise money for their terrorist activity or as a means to 'right the wrong' of their criminal past (Basra, Neumann & Bruner, 2016).

Although all of the papers received a low score for their level of bias the methodological quality of the studies was rated as weak due to the limitations of using open source file data. This reduces the strength of the conclusions that can be drawn from the review.

## **SUMMARY TWO: RESEARCH PAPER**

### **Introduction**

There have been three main movements in risk assessments, where initially clinicians were required to rely solely on their professional judgement to assess an individual's level of risk (Singh Grann & Fazel, 2011). The second movement led to the development of actuarial risk assessments, where clinicians code specific and relevant factors based on empirical evidence (Monahan, Steadman, Silver, Applebaum, Robbins, Mulvey, Roth, Grisso & Banks, 2001). The third movement,

structured professional judgement, relies on a combination of actuarial measures and professional judgement.

Risk assessments are used to assess a range of different offending behaviour, such as; domestic violence (Kropp, Hart, Webster & Eaves, 1995, 1999) or youth violence (Borum, Bartel & Forth, 2002). However, the evidence base for assessments used with extremist violence is limited.

To address extremist violence and terrorist acts the United Kingdom Government introduced the Contest Strategy in 2003, which was revised in 2011 (Home Office, 2011). This looks at four key areas: Pursue, Prevent, Protect and Prepare (HM Government, 2011). This paper focused on the Prevent aspect, stopping individuals from joining or supporting terrorist groups. It explored how professionals within Prevent make sense of a range of risk factors for three different ideology groups; Extreme-Right Wing, Islamist and individuals with No Specific ideology.

## **Method**

22 Prevent professionals completed a Q-sort for three different ideology groups. Q-sort methodology explores the views and opinions of individuals relating to a specific topic (Reid, Swift & Mehanna, 2017; Watts & Stenner, 2005). 39 statement cards were identified through the analysis of data regarding Prevent referrals. The participants were required to place the statement cards into a grid,

depending on how helpful they considered each statement to be. The placement of the cards was then analysed.

### **Key findings:**

Overall there was a mixture of results identified from the study. There were more similarities in how professionals viewed Extreme-Right Wing and Islamist ideology than the individuals with No Specific Ideology. Furthermore, there were only a few statements that all participants agreed on in terms of their helpfulness.

‘Associating with members of extremist groups’ was considered the most helpful factor. The greatest level of disagreement was for the No Specific Ideology group, highlighting that Prevent professionals are more ideologically driven. The findings suggest that there is some difference in how professionals view risk factors and using a formulation based approach, that allows for individual characteristics to be considered, would be beneficial for future practice.

**Word count: 980**

## REFERENCES

- Bassra, R.M., Neuman, P. R., & Bruner, (2016). Criminal Pasts, Terrorist Futures: European Jihadists and the New Crime-Terror Nexus. *Perspectives on Terrorism*, 10, 25-40.
- Borum, R., Bartel, P., & Forth, A. (2002). *Manual for the Structured Assessment of Violence Risk in Youth (SAVRY)*. Tampa, FL: University of South Florida.
- Cooper, H. H. A. (1978). Psychopath as terrorist. *Legal Medical Quarterly*, 2, 253-262.
- Corner E., & Gill P. (2015). A false dichotomy? Mental illness and lone-actor terrorism. *Law and Human Behavior*, 39, 23–34.
- Corner, E., Gill, P. & Mason, O. (2015). Mental health disorders and the terrorist: A research note probing select effects and disorder prevalence. *Studies in Conflict & Terrorism*, 39, 560-568.
- Crenshaw, M. (2002). The psychology of terrorism: An agenda for the 21<sup>st</sup> century. *Political Psychology*, 21, 405-420.
- Gill, P., & Corner, E. (2017). There and back again: The study of mental disorder and terrorist involvement. *American Psychologist*, 72, 231-241.
- Faiola, A., & Mekhennet, S. (2016, April, 22). Tracing the path of four terrorist sent to Europe by the Islamic State. *The Washington Post*. Retrieved from: [https://www.washingtonpost.com/world/national-security/how-europes-migrant-crisis-became-an-opportunity-for-isis/2016/04/21/ec8a7231-062d4185-bb27-cc7295d35415\\_story.html?utm\\_term=.0418edac7a3f](https://www.washingtonpost.com/world/national-security/how-europes-migrant-crisis-became-an-opportunity-for-isis/2016/04/21/ec8a7231-062d4185-bb27-cc7295d35415_story.html?utm_term=.0418edac7a3f).

HM Government. (2011). *Prevent Strategy*. Retrieved from:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/7976/prevent-strategy-review.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/7976/prevent-strategy-review.pdf)

Home Office. (2011). *Contest Strategy*. Retrieved from:

<https://www.gov.uk/government/publications/counter-terrorism-strategy/contest>

Kropp, P. R., Hart, S. D., Webster, C. D., & Eaves, D. (1999). *Spousal Assault Risk Assessment Guide (SARA)*. Toronto, ON, Canada: Multi-Health Systems.

Lawal, O. (2002). *Social-psychological considerations in the emergence and growth of terrorism*. In C. E. Stout (Ed.). *The Psychology of Terrorism: A public understanding (psychological dimension to war and peace)*. Vol. 1. Connecticut: Praeger.

Monahan, J., Steadman, H. J., Silver, E., Appelbaum, P. S., Robbins, P. C., Mulvey, E. P., Roth, L. H., Grisso, T., & Banks, S. (2001). *Rethinking risk assessment – The MacArthur study of mental disordered and violence*. New York: Oxford University Press, Inc.

Orbach, B. (2001). Usama Bin Laden and Al-Qaeda: Origins and doctrines. *Middle East Review of International Affairs*, 5, 54-68.

Pearce, K. I. (1977). Police negotiations: A new role for the community psychiatrist. *Canadian Psychiatric Association Journal*, 22, 171–175.

Pearlstein, R. M. (1991). *The mind of the political terrorist*. Wilmington, England: Scholarly Resources.

- Post, J. M. (2005). When hatred is bred in the bone: Psycho-cultural foundations of contemporary terrorism. *Political Psychology*, 26, 615–636.
- Post, J. M. (2007). The mind of the terrorist: The psychology of terrorism from the IRA to al-Qaeda. New York, NY: Palgrave Macmillan.
- Reid, W. H. (2002). *Controlling political terrorism: Practically, not psychology*. In C. E. Stout (Ed.). The Psychology of Terrorism: A public understanding (psychological dimension to war and peace). Vol. 1. Connecticut: Praeger.
- Reid, K. J., Swift, A., & Mehanna, H. (2017). A Q methodology study to investigate the experience of head and neck cancer patients from diagnosis to 1 year. *European Journal of Cancer Care* 26, 1-10.
- Sageman, M. (2004). *Understanding terror networks*. Philadelphia: University of Pennsylvania Press.
- Singh, J. P., Grann, M., & Fazel, S. (2011). A comparative study of violence risk assessment tools: A systematic review and metaregression analysis of 68 studies involving 25,980 participants. *Clinical psychology review*, 31, 499-513.
- Watts, S. A., & Stenner, P. (2005). Doing Q methodological research theory, method & interpretation. *Watts and Stenner Qualitative Research in Psychology*, 2, 67-91.

## Appendix A: Methodological Quality Checklist (Downs & Black 1997)

| Quality criteria  | Scoring guidelines |    |                     |
|---|--------------------|----|---------------------|
|   | Yes                | No | Unable to determine |
| <b>Reporting Bias</b>   |                    |    |                     |
| Clear description of hypothesis / aims  |                    |    |                     |
| Main outcomes to be measured reported   |                    |    |                     |
| Characteristics of sample clearly reported  |                    |    |                     |
| Findings clearly reported   |                    |    |                     |
| <b>Selection Bias</b>   |                    |    |                     |
| Is the identification of relevant cases clearly described?  |                    |    |                     |
| Were the cases representative of the target population?   |                    |    |                     |
| Is a comparison group used?   |                    |    |                     |
| <b>Performance Bias</b>   |                    |    |                     |
| Were there procedures to identify and correct for response biases in the reported cases   |                    |    |                     |
| Is there cross validation and triangulation of data sources?  |                    |    |                     |
| <b>Detection Bias</b>   |                    |    |                     |
| Was the method of outcome identification explained?   |                    |    |                     |
| Were outcomes hypotheses driven?  |                    |    |                     |
| <b>Internal Validity Bias</b>   |                    |    |                     |
| No unplanned statistical analysis   |                    |    |                     |
| Appropriateness of statistical analysis   |                    |    |                     |
| Outcome measures accurate (reliable and valid)  |                    |    |                     |
| <b>Statistical Bias</b>   |                    |    |                     |
| The analytical method was appropriate for the research question   |                    |    |                     |
| The qualitative descriptions of findings are rich and meaningful  |                    |    |                     |
| Were the conclusions logically and proportionately derived from the analytical method?  |                    |    |                     |
| <b>Power</b>  |                    |    |                     |
| Sufficient power to detect clinically significant effect  |                    |    |                     |
| <b>Generalisability</b>   |                    |    |                     |
| Do the findings include enough “thick descriptions” for readers to assess the potential transferability appropriateness for their own settings? |                    |    |                     |
| Are the findings congruent with, connected to, or confirmatory of prior theory?   |                    |    |                     |
| Overall score out of 20   |                    |    |                     |

*Appendix B: Scoring code*

| <b>Quality score</b> | <b>Methodological Quality</b>       | <b>Risk of bias</b>   |
|----------------------|-------------------------------------|-----------------------|
| 14 to 20             | Strong methodological quality       | Low risk of bias      |
| 7 to 13              | Intermediate methodological quality | Moderate risk of bias |
| 0 to 6               | Low methodological quality          | High risk of bias     |

*Appendix C: NICE (2005) Guidance for Assigning Level of Evidence Ratings*

| Type of evidence  | Level |
|---|-------|
| High-quality meta-analyses, systematic reviews of RCTs, or RCTs with a very low risk of bias  | 1++   |
| Well-conducted meta-analyses, systematic reviews of RCTs, or RCTs with a low risk of bias   | 1+    |
| Meta-analyses, systematic reviews of RCTs, or RCTs with a moderate/high risk of bias  | 1-    |
| High-quality systematic reviews of case-control or cohort studies. High-quality case-control or cohort studies with a very low risk of confounding, bias or chance and a high probability that the relationship is causal | 2++   |
| Well-conducted case-control or cohort studies with a low risk of confounding, bias or chance and a moderate probability that the relationship is causal   | 2+    |
| Case-control or cohort studies with a moderate/high risk of confounding bias, or chance and a significant risk that the relationship is not causal*   | 2-    |
| Non-analytic studies (for example, case reports, case series)*  | 3-    |
| Expert opinion, formal consensus*   | 4-    |

## *Appendix D: University of Birmingham Ethics Form*

Dear Dr Jones

**Re: “How do professionals within mental health services formulate when assessing individuals who are considered to be vulnerable to engaging in extremist behaviours?”**

**Application for Ethical Review ERN\_16-0011**

Thank you for your application for ethical review for the above project, which has now been reviewed by the Science, Technology, Engineering and Mathematics Ethical Review Committee.

On behalf of the Committee, I am pleased to confirm a favourable ethical opinion for your project, subject to your adherence to the following conditions:

- Please be aware of the data storage and retention requirements in the University's Code of Practice for Research (available at [http://www.as.bham.ac.uk/legislation/docs/COP\\_Research.pdf](http://www.as.bham.ac.uk/legislation/docs/COP_Research.pdf)). In particular, please note that following completion of the research, data should normally be preserved and accessible for ten years.

For clarification, as long as the conditions above are met and the details of the proposed work do not change, your project has ethics approval and no further action is necessary.

I would like to remind you that any substantive changes to the nature of the study as described in the Application for Ethical Review, and/or any adverse events occurring during the study should be promptly brought to the Committee's attention by the Principal Investigator and may necessitate further ethical review.

Please also ensure that the relevant requirements within the University's Code of Practice for Research and the information and guidance provided on the University's ethics webpages (available at <https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Links-and-Resources.aspx>) are adhered to and referred to in any future applications for ethical review. It is now a requirement on the revised application form (<https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Ethical-Review-Forms.aspx>) to confirm that this guidance has been consulted and is understood, and that it has been taken into account when completing your application for ethical review.

Thank you,

Gemma Williams

Deputy Research Ethics Officer  
Research Support Group The Dome (C block)

Aston Webb

## *Appendix E: Amended ethics form*

Dear Dr Jones & Dr Fowler

**Re: “How do professionals within mental health services formulate when assessing individuals who are considered to be vulnerable to engaging in extremist behaviours?”**

### **Application for amendment ERN\_16-0011A**

Thank you for the above application for amendment, which was reviewed by the Science, Technology, Engineering and Mathematics Ethical Review Committee.

On behalf of the Committee, I can confirm that this amendment now has full ethical approval.

I would like to remind you that any substantive changes to the nature of the study as now amended, and/or any adverse events occurring during the study should be promptly brought to the Committee’s attention by the Principal Investigator and may necessitate further ethical review. A revised amendment application form is now available at <https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Ethical-Review-Forms.aspx> . Please ensure this form is submitted for any further amendments.

Please also ensure that the relevant requirements within the University’s Code of Practice for Research and the information and guidance provided on the University’s ethics webpages (available at <https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Links-and-Resources.aspx> ) are adhered to and referred to in any future applications for ethical review. It is now a requirement on the revised application form (<https://intranet.birmingham.ac.uk/finance/accounting/Research-Support-Group/Research-Ethics/Ethical-Review-Forms.aspx> ) to confirm that this guidance has been consulted and is understood, and that it has been taken into account when completing your application for ethical review.

Please be aware that whilst Health and Safety (H&S) issues may be considered during the ethical review process, you are still required to follow the University’s guidance on H&S and to ensure that H&S risk assessments have been carried out as appropriate. For further information about this, please contact your School H&S representative or the University’s H&S Unit at [healthandsafety@contacts.bham.ac.uk](mailto:healthandsafety@contacts.bham.ac.uk).

If you require a hard copy of this correspondence, please let me know.

Kind regards,

**Miss Sam Waldron**

Deputy Research Ethics Officer  
Research Support Group

C Block Dome (room 132) Aston Webb Building

University of Birmingham

Appendix F: Q-set

|  |  |
|--|--|
| <p><b>Experiences of trauma during their childhood</b><br/>(e.g. abuse or neglect)</p>   | <p><b>Peer delinquency at school</b><br/>(Would get into trouble with their peers at school, e.g. school fights)</p> |
| <p><b>Experiences of caregiver disruption during their early years</b><br/>(e.g. time in care, moved around to the care of different family members)</p>       | <p><b>Being the victim of bullying during their early years</b><br/>(e.g. at school or in the community)</p>         |
| <p><b>Experienced acculturation</b><br/>(Cultural change and psychological change following them meeting between cultures)</p>                                 | <p><b>They have recently changed religion</b><br/>(Either changed religion or have become more religious)</p>        |
| <p><b>They seek power</b><br/>(Seeks a position of power and influence over others, seeks recognition, praise and admiration)</p>                              | <p><b>They seek to threaten others</b><br/>(Threatens others, intimidate or identify with threatening others)</p>    |
| <p><b>They experience issue with their identity</b><br/>(An unstable sense of self, not knowing where one fits, frequent changes of religion and/or image)</p> | <p><b>They have been exposed to extremist beliefs</b><br/>(Within the home or the community. E.g. Mosque or gym)</p> |

|   |   |
|---|---|
| <p><b>Members of their family are/have been involved in crime</b></p> <p><i>(Family members involved in any crime, have a criminal history or conviction)</i></p> | <p><b>Currently experiencing some form of abuse</b></p> <p><i>(e.g. trauma or bullying)</i></p>   |
| <p><b>They have recently lost their job or failed school</b></p> <p><i>(e.g. have been fired or expelled)</i></p>   | <p><b>They have recently experienced a life trauma</b></p> <p><i>(e.g. moved house/school/work, marriage breakdown, retirement, debt)</i></p> |
| <p><b>They have been subject to multiagency working</b></p> <p><i>(Involvement from 2 or more services e.g. police, mental health, social services)</i></p>       | <p><b>They have been known to no mental health team</b></p> <p><i>(Either historically or currently)</i></p>                                  |
| <p><b>They have been known to mental health historically</b></p> <p><i>(Have been known in the past but not currently known to a team)</i></p>                    | <p><b>They have a history of hate crime offence(s)</b></p> <p><i>(e.g. violent or non-violent crime driven by racism or prejudice)</i></p>    |
| <p><b>They have history of anti-social offence(s)</b></p> <p><i>(e.g. delinquency, ASBO's, breach of the peace, drunk and disorderly)</i></p>                     | <p><b>They have a history of violent offence(s)</b></p> <p><i>(actual violence or threatening behaviours, weapons or firearms)</i></p>        |

|   |   |
|---|---|
| <p><b>They are vulnerable to exploitation</b><br/> <i>(e.g. Low self-esteem, subject to safeguarding)</i></p>   | <p><b>They express/hold racist views</b><br/> <i>(e.g. views such as them and us)</i></p>   |
| <p><b>They endorse violence</b><br/> <i>(Endorses violence towards specific groups in order to achieve a goal)</i></p>                                      | <p><b>They express/hold feelings of being aggrieved by others</b><br/> <i>(A sense of being wrongly or unfairly treated or deprived, feeling victimised or targeted)</i></p>        |
| <p><b>They express/hold pro-criminal attitudes</b><br/> <i>(Negative attitudes towards authority, permissive attitudes)</i></p>                             | <p><b>They are a current risk to themselves</b><br/> <i>(This does not include self-harm but looking at placing themselves at risk of things such as exploitation or abuse)</i></p> |
| <p><b>They are a current risk to others</b><br/> <i>(Risk to known others or the general public - has intent or capability to cause harm to others)</i></p> | <p><b>They experience racial tensions within their local community</b><br/> <i>(hey are aware of it but not part of it)</i></p>   |
| <p><b>There is known gang activity within the local community</b> <i>(They are aware of it but not part of it)</i></p>                                      | <p><b>They associate with members of extremist groups</b></p>   |

|   |  |
|---|--|
| <p><b>Use threats or violence to cope</b><br/> <i>(Violence is a means to cope with stress or problems)</i></p>   | <p><b>Have poor coping styles</b><br/> <i>(Have limited coping skills to manage problems or stress)</i></p>  |
| <p><b>Live a chaotic lifestyle</b><br/> <i>(No structure or routine)</i></p>  | <p><b>Makes frequent requests for help from others to cope</b><br/> <i>(To cope with stress and problems)</i></p>  |
| <p><b>Has been diagnosed with or experiences symptoms of a neurodevelopmental disorder</b><br/> <i>(e.g. ADHD or Autism)</i></p>  | <p><b>Has been diagnosed with or experiences symptoms of cognitive impairment</b><br/> <i>(e.g. traumatic brain injury, learning disability or dementia)</i></p> |
| <p><b>Experiences dysregulated behaviour or problems in that area</b><br/> <i>(Behaviour that is unmanageable or disinhibited, intense emotions, e.g. self-harm, sexually disinhibited behaviour)</i></p> | <p><b>Experiences an Affective disorder</b><br/> <i>(e.g. Depression, Anxiety or another form of Mood disorder)</i></p>  |
| <p><b>Needs further assessment</b><br/> <i>(To identify any mental health needs)</i></p>  |  |

*Appendix G: Consent form*

Participant Identification Number:.....

**CONSENT FORM (Version 2.0, Date: August 2017)**

Title: How do professionals view factors related to engagement in extremist activity for different ideology groups?

Researcher: Hannah Green

Please initial box

1. I confirm that I have understood the information sheet dated June 2017 (Version 2.0) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time during the research interview, without giving any reason. ☐
3. I understand that the research Q-Study card sort will be audio-recorded ☐
4. I understand that following the research I will have a two-week period for reflection. The researcher will then contact me at which point I may withdraw my data entirely or in part, without giving any reason. ☐
5. I understand that the data collected during this study will be looked at by the researcher and relevant others at the University of Birmingham to ensure that the analysis is a fair and reasonable representation of the data. ☐
6. I understand that direct quotes from my participation may be published in any write-up of the data, and used for training purposes, but that my name will not be attributed to any such quotes and that I will not be identifiable by my comments. ☐
7. I agree to take part in the above study. ☐

|                     |       |           |
|---------------------|-------|-----------|
| .....               | ..... | .....     |
| Name of participant | Date  | Signature |
| .....               | ..... | .....     |
| Name of researcher  | Date  | Signature |

## *Appendix H: Instructions for Extreme-Right Wing Ideology Q-sort*

### **Instructions**

- This research is to explore your views on different factors in relation to different ideology groups. When we begin you will be asked a question. There is no right or wrong answers to the question. You will be asked to sort through some cards and place them in the grid in front of you, ranging from very unhelpful to very helpful. Whilst doing this I would like you to verbalise your thought process.
- Any questions?
- I would like you to complete this holding in mind the research question: *Is this factor helpful to consider when thinking about Extreme-Right Wing ideology driven individuals who may go on to engage in extremist behaviour?*
- To begin with sort the cards into three categories; helpful, unhelp and unsure.
- I will then ask you to place the cards in the grid.
- You can ask for clarification at any point during the exercise.

## Appendix I: Q-sort grid

[illegible]

## Appendix J: Q-sort recording sheet

## Extreme-Right Wing

[illegible]

Islamist

[illegible]

## No Specific

[illegible]

## Appendix K: Instructions for Islamist Ideology Q-sort

### Instructions

- This research is to explore your views on different factors in relation to different ideology groups. When we begin you will be asked a question. There is no right or wrong answers to the question. You will be asked to sort through some cards and place them in the grid in front of you, ranging from very unhelpful to very helpful. Whilst doing this I would like you to verbalise your thought process.
- Any questions?
- I would like you to complete this holding in mind the research question: *Is this factor helpful to consider when thinking about Islamist ideology driven individuals who may go on to engage in extremist behaviour?*
- To begin with sort the cards into three categories; helpful, unhelp and unsure.
- I will then ask you to place the cards in the grid.
- You can ask for clarification at any point during the exercise.

## Appendix L: Instructions for No Specific Ideology Q-sort

### Instructions

- This research is to explore your views on different factors in relation to different ideology groups. When we begin you will be asked a question. There is no right or wrong answers to the question. You will be asked to sort through some cards and place them in the grid in front of you, ranging from very unhelpful to very helpful. Whilst doing this I would like you to verbalise your thought process.
- Any questions?
- I would like you to complete this holding in mind the research question: *Is this factor helpful to consider when thinking about individuals not driven by an ideology (No Specific Ideology group) who may go on to engage in extremist behaviour?*
- To begin with sort the cards into three categories; helpful, unhelp and unsure.
- I will then ask you to place the cards in the grid.
- You can ask for clarification at any point during the exercise.