Countering Lone-Actor Terrorism Series No. 5

Lone-Actor Terrorism
Policy Paper 1: Personal Characteristics of Lone-Actor Terrorists

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About this Paper

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International Centre for Counter-Terrorism - The Hague (ICCT)

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Executive Summary

THIS POLICY PAPER looks into the characteristics of lone actor terrorists in the European Union (2000-2015). It is part of the Countering Lone Actor Terrorism (CLAT) project that looks into this phenomenon through analysis of data pertaining to plots and cases of lone actor terrorism within the EU.

This paper will focus on the personal characteristics of lone actor terrorists, resulting in a number of policy recommendations. First of all, some of the key findings from the previous analysis paper are highlighted. Subsequently, the authors outline the following recommendations based on the findings:

1. Although overall data metrics are useful, specifically focusing on certain sub-groups could provide more insight into shared characteristics of certain groups
    o   In order to accurately interpret results, it is necessary to have appropriate benchmarks. For instance, we found that 35% of the perpetrators reportedly suffered from some kind of mental health disorder. The estimated percentage for the general population is 27%.
    o   It is relevant to look into certain combinations of variables and characteristics, rather than single ones, such as legal gun possession and mental health problems.
2. Lowering barriers to mental health services should be key. Part of this effort should be focused on removing taboos on speaking about mental health problems in certain communities. Trust and openness play a crucial role in this regard.
3. A multi-agency approach is recommended, in light of identifying as well as assessing the risks posed by potential lone actors.

Personal Characteristics of Lone-Actor Terrorists

WHAT DRIVES AN individual to commit violent extremism? Is the process of radicalisation towards violent extremism and terrorism for a lone actor different from group-based radicalisation? Can we identify indicators that signal if an individual is going down the path of violent extremism, and how can we subsequently prevent and counter lone actor terrorism? So-called "lone wolves" have become an increasing concern for governments around Europe, with recent cases such as that of Anders Breivik and the fear of violent extremist attacks by returning foreign fighters to their home countries. The Countering Lone Actor Terrorism (CLAT) project[1] aims to answer these questions through analysis of data pertaining to plots and cases of European lone actors.

For this project, lone-actor terrorism is defined as follows: "The threat or use of violence by a single perpetrator (or small cell), not acting out of purely personal-material reasons, with the aim of influencing a wider audience, and who acts without any direct support in the planning, preparation and execution of the attack, and whose decision to act is not directed by any group or other individuals (although possibly inspired by others)".[2] Examples of individuals who fall into this definition are the "classical" terrorists such as jihadists or right-wing extremists. In some cases, school shooters were also included, but only when they had a more broader societal goal, and aimed to influence a wider audience.

This research is based on a database perpetrators of lone actor terrorism within the European Union between 2000 and 2014. To that end, the project developed a codebook (setting out how incidents are categorised and recorded in the database) and collected data from open sources (court proceedings, media reports). This resulted in 120 perpetrators of lone actor terrorism, involved in 98 plots and 72 attacks, that were coded on a wide variety of variables. These cases are studied from four particular angles: attack planning and preparation, law enforcement, online and political engagement and personal characteristics. In this paper, that is part of

a series of four policy papers[3], we will zoom in on these personal characteristics by briefly presenting the main findings as outlined in the analysis paper[4] followed by a number of policy recommendations.

Personal Characteristics of Lone Actor Terrorists

One of the focus areas of the CLAT project is the personal characteristics of the perpetrators. The key question of this part of the project is: who are these perpetrators? Scholars have conducted some exploratory research into this area[5] but due to a lack of reliable empirical data, a clear answer has yet to emerge. Despite the lack of evidence-based answers to our key question, there are quite a few assumptions and claims about a presumed "lone actor terrorist personality". The media often speak of "lone wolves", which invokes the idea of a lone actor being a recluse, detached from society, hungry for action and being able to strike out of the dark at any time. Another often-mentioned personality trait of the lone actor is that he or she is supposedly suffering from serious mental health problems that are the key triggers for violent, irrational and immoral acts. Many questions also pertain to the extent of difference between "group" and "lone actor" terrorists. Is the lone actor preferring a strategy of solitary action, is he or she forced to do so after failing to be accepted by terrorist networks (perhaps as a result of certain personality or behavioural traits that are deemed to be a risk for the group's success), or are terrorist networks deliberately employing a strategy of "acting alone" - or for instance "leaderless jihad" - to minimise the risk of detection by authorities?

Analysis of the Personal Characteristics

In order to answer these and other questions, we have collected data on a number of biographical variables that might help us to confirm or falsify these claims. We have tried to come to an evidence-based assessment of a number of assumptions about lone actors. We have listed and studied the following variables for 120 perpetrators of lone actor terrorism as outlined in our codebook:

1. Age: What was the age of the perpetrator at the time of attack?
2. Gender: What was the gender of the perpetrator?

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3.   See also Simon Palombi and Benoît Gomis, "Policy Paper 2: Attack Methodology and Logistics" Countering Lone-Actor Terrorism Series No. 6, Royal United Services Institute for Defence and Security Studies, 2016; Melanie Smith, Sabine Barton and Jonathan Birdwell, "Policy Paper 3: Motivations, Political Engagement and Online Activity" Countering Lone-Actor Terrorism Series No. 7, Institute for Strategic Dialogue, 2016; Clare Ellis and Raffaello Pantucci, "Policy Paper 4: 'Leakage' and Interaction with Authorities" Countering Lone-Actor Terrorism Series No. 8, Royal United Services Institute for Defence and Security Studies, 2016.

4.   Ellis et al., "Analysis Paper", Countering Lone-Actor Terrorism Series No. 4, Royal United Services Institute for Defence and Security Studies, 2016.

5.   For an overview of the body of literature on lone actor terrorism, see, Raffaello Pantucci, Clare Ellis and Lorien Chaplais, "Literature Review" Countering Lone-Actor Terrorism Series No. 1, Royal United Services Institute for Defence and Security Studies, 2015.

3. Education + drop-out: What level of formal education did the perpetrator have? Each entry indicates the level of schooling commenced, regardless of whether it was formerly completed. Possible entries are Primary Education / Secondary Education / Higher Education / Unknown

4. Employment: At the time of the attack, was the perpetrator in employment? Possible entries are Employed / Self-Employed / Student / Unemployed / Retired / Unknown

5. Relationship status: At the time of the attack, what was the perpetrator's relationship status? Possible entries are Single / In a Relationship / Engaged / Married / Separated or Divorced / Unknown

6. Children: At the time of the attack, did the perpetrator have children? Possible entries are Yes / No / Unknown

7. Indication of[6] Successful sibling: Is there an indication that the perpetrator had a more successful sibling? Possible entries are Yes / No

8. Indication of social isolation: Is there an indication that the perpetrator was socially isolated? Possible entries are Yes / No

9. Previous criminal sanction + details: Did the perpetrator previously receive any criminal sanctions, excluding traffic fines? Possible entries are Yes / No and there is a free text variable.

10. Indication of previous physical violence: Is there an indication that the perpetrator had previously committed violent acts? Possible entries are Yes / No

11. Evidence of drug use: Did the perpetrator have a history of abusing alcohol or of illegal drug use, or was there an indication of this? Possible entries are Yes – Alcohol Abuse / Yes – Illegal Drug Use / No

12. Indication of a mental health disorder[7]: Has there been any suggestion that the perpetrator suffered from a mental health disorder? Possible entries are Yes / No

13. Diagnosis and Treatment: What was the diagnosis and was any treatment given? This is a free text field where further details may be entered about the specific diagnosis and treatment.

14. Indication of a Noteworthy Life Event: Is there an indication that the perpetrator had experienced a noteworthy life event? Possible entries are Yes / No

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6. It must be noted that for each of the variables which says 'indication of' only 'yes' or 'no' are possible entries. In cases where we could not find any information about this particular variable, we listed this as 'no' as there was no indication of the presence of this variable. Thus, 'no' could both mean affirmative evidence that this was not the case but it could also mean there was a lack of evidence pointing the presence of the variable.

7. According to the National Alliance on Mental Illness, a mental illness or mental health disorder can be defined as "A mental illness is a condition that impacts a person's thinking, feeling or mood and may affect his or her ability to relate to others and function on a daily basis". This can include a variety of different disorders, such as ADHD, anxiety disorders, autism, bipolar disorder, borderline personality disorder, depression, dissociative disorders, eating disorders, obsessive compulsive disorder, posttraumatic stress disorder, schizoaffective disorder and schizophrenia, see https://www.nami.org/Learn-More/Mental-Health-Conditions#sthash.aG8AULXP.dpuf, accessed on February 4, 2016.

After collecting the data, the following observations could be made. First, the overall data show that is it very hard to find "typical" traits of lone actor terrorists. We found a mixed picture for most of the variables with the exception of the gender distribution (96% of the perpetrators being male). For a number of other variables where the results seemed significant appropriate benchmarks are needed to interpret the results. For instance, the result of 35% of the cases indicating a mental health disorder needs to be compared to benchmarks of local, national or international health organisations. Moreover, it is important to consult mental health experts to judge these findings. However, at first glance, this number does not seem to confirm the popular notion that lone actors are "crazy", or "lunatics".

Another idea that we hoped to evaluate on the basis of empirical data was the extent of "loneness". Are lone actors really lonely, or do they just act alone? We found 28% to be socially isolated which does not confirm the idea that the average lone actor is indeed a lonely person. However, 28% might be a high number when compared to the overall population. To accurately interpret this result, it is also necessary to compare these data with other relevant figures for the general population.

Regarding the variable successful sibling we expected to find a number of lone actors to be less successful than their brother or sister. The data did not support this assumption. The same holds for the idea that perpetrators of lone actors violence are not well-educated, or, on the other hand, extremely well-educated.

The most interesting results appeared when we focused on particular sub-groups within our database and combined data on different variables. Although the database contains 120 cases, it was not possible to find data for each of the variables listed. In some of the cases, this problem was averted by the terminology of 'indication of' which only allows for a 'yes' or a 'no'. Especially when looking at sub-groups, however, the number of cases becomes too small to allow for statistical analysis. Therefore, we decided only to look at descriptive statistics and the correlation in a non-statistical sense – meaning in how many of the cases that we saw X did we also see Y – between a number of variables. For instance, we looked at social isolation in relation to mental health disorder. We also found that religiously-inspired perpetrators are seldom socially isolated. We also found that among the older perpetrators, most of them were right-wing and few of them religiously-inspired. For the younger group, we found the opposite results. Focusing on school shooters also proved interesting. We found that a high proportion of these were socially isolated and suffered from mental health disorders.

All in all, these findings demonstrate the importance of looking at different subgroups. Overall, the data do not suggest support for any stereotype of lone actor terrorists or a "lone actor terrorist profile". There simply is no typical lone actor terrorist. However, combining results on different variables and looking at subgroups could offer directions for policy-recommendations.

Policy Recommendations: Sub-Groups and Benchmarking

Our database contains information of 120 perpetrators from different EU countries, who have very different backgrounds and often act out of very different motivations. While it is useful to start from the aggregate data, we feel the most relevant conclusions can be drawn when comparing our data to benchmarks.

Mental Health Disorder

We found that in 35% of the cases, some reference was made to a mental health disorder. It must be noted that this does not mean that the perpetrators were officially diagnosed. In some of these cases, it meant that the direct environment of the perpetrator - family, friends, colleagues – indicated that the perpetrator was allegedly receiving some kind of treatment for a mental health disorder. In other cases, it meant that the direct environment reported that they were aware of the fact that the perpetrator had been suffering from mental health disorders. Thus, this should not be interpreted as an official diagnosis of a mental health disorder, but it rather indicates whether or not the direct environment of the perpetrator had (retrospectively) received signals about a mental health disorder.[8]

> **Mental Health Disorders**
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> Mental health disorders include a wide range of disorders, from depression to paranoid schizophrenia. It is necessary to distinguish these types of disorders to understand the role of mental illness in lone-actor terrorism. Moreover, the reporting of clinical diagnoses among lone-actor perpetrators is rare. It was suggested that the Consortium distinguishes between cases where a clinical diagnosis has been made and those which rely on proxy indicators (such as news reporting that alludes to mental health issues), as it might not be possible to find accurate information about diagnoses in many cases.

How should we interpret this figure of 35%? This particular number could be interpreted in many different ways. Some would claim that this finding reflects the simple fact that in 35% we have found the evidence pointing at a mental health disorder, and in the other 65% we might not have been able to find the evidence. However, whereas it is conceivable that the real percentage is higher, the opposite statement could also be made: the real rate might have been lower. To some extent it could also be comforting or logical for relatives or acquaintances of the perpetrator to say that they "knew it all along" that "something was seriously wrong" with this particular person. Thus, the figure of 35% should not be regarded as a hard fact, but as a good estimate reflecting the share of lone actor terrorists who have mental health problems.

8.   Source text box: Sebastien Feve and Kelsey Bjornsgaard, "Lone-Actor Terrorism. Database Workshop", Countering Lone-Actor Terrorism Series No. 3, Royal United Services Institute for Defence and Security Studies, 2015, p. iv.

What then, does a percentage of 35 tell us about the population of lone actor terrorists: are they more confronted with these kind of problems than others, or not? As already explained, there is a need for an accurate benchmark to compare to our findings. The data most appropriate for a comparison is compiled by the World Health Organization (WHO). The WHO stated that "27% of the adult population (18-65) had experienced at least one of a series of mental disorders in the past year (this included problems arising from substance abuse, psychoses, depression, anxiety, and eating disorders)".[9] This includes a wide range of disorders. It must be noted that not all of them can be linked to violence. The Institute of Medicine reported that "[m]ost patients with stable mental illness do not present an increased risk of violence" and it also adds that "[m]ental illness may increase the likelihood of committing violence in some individuals, but only a small part of the violence in society can be ascribed to mental health patients".[10] Therefore, we should refrain from making any causal claims about the relation between mental health disorders and violence. Clinicians have also noted that we should not adopt "the simplistic notion that (…) mental illness could act as a marker for potential assassins, when psychotic illnesses affect nearly 1% of the population (i.e. are relatively common) and assassins are extraordinarily rare".[11] Whereas there might be a few exceptional cases where mental health disorders might have indeed contributed to the violent act, the above-mentioned statements clearly warn us not to approach the question of lone actor terrorism from a mental health perspective. To put it simply, we should not regard those who are seeking mental help as a "pool" of potential lone actor terrorists. Similarly, it would also be rather absurd to start identifying potential lone actor terrorists by screening or paying close attention to the entire male population within the European Union (as 96% of the lone actor terrorists are male). Focusing simply on those who are seeking mental help would not only be inaccurate and probably yield little results, but it could also have serious ramifications. It could stigmatize those being in therapy and deter people who need help from seeking it, which could have serious consequences for the individual and his or her environment.

In conclusion, the benchmark of the WHO does enable us to judge the correlation between mental health disorders and lone actors as compared to the general population. When comparing our figure of 35% with the 27% provided by the WHO, we do not see a large difference. Another finding is that there are wide differences between the ideological groups – right-wing extremist, left-wing and anarchist, single issue, religiously-inspired, and other - which raises the following two questions:

1. What is the difference between "mental health cultures" in the different countries in our database?

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9. World Health Organization, Data and statistics, accessed on December 4, 2015, http://www.euro. who.int/en/health-topics/noncommunicable-diseases/mental-health/data-and-statistics.
10. Marie E. Reuve and Randon S. Welton, "Violence and Mental Illness", Psychiatry (Edgmont), vol. 5, no. 5 (May 2008), http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2686644/.
11. It must be noted that this statement was made in the context of those who threaten dignitaries in the United Kingdom. See: James, D.V., Farnham, F.R. & Wilson, S.P. "The Fixated Threat Assessment Centre: Implementing a joint policing and psychiatric approach to risk assessment and management in public figure threat cases". In: J. Reid Meloy & J Hoffman (eds.) International Handbook of Threat Assessment. New York: Oxford University Press, 2014, p.9.

2.   What is the difference in "mental health cultures" between the different sub-groups in our database?

These are just two particular questions that we think should be asked by those interpreting the results with the aim of formulating certain policies or strategies to deal with the issues. We can already point to a figure by the WHO saying that "[a]bout two-thirds of people suffering mental disorders will never seek help because of discrimination and the stigma attached to such conditions".[12] This last point is particularly relevant when looking at the data within particular sub-groups. We found, for instance, that the percentage of mental health disorders within the religiously-inspired group (24%) is even a bit lower than the figure presented by WHO. Here we must take into account that there might have been factors leading to higher or lower bars for inclusion in both cases. In the next section on trust and transparency, we will further reflect on this.

Other Variables

Some other areas also showed interesting results when focusing on particular sub-groups instead of the aggregate data. The average age of all perpetrators was 29.7 years old. This effectively refutes the idea that perpetrators of lone actor violence are very young and can often still be found in (high) schools. When focusing more closely on sub-groups within the database, we find some interesting results. For instance, the combination of certain age groups and ideologies showed a clear pattern: the older perpetrators (40+) in our database were in almost half of the cases (47%) motivated by a right-wing ideology whereas the younger perpetrators were in almost half of the cases (47%) religiously-inspired.

In sum, in order to be able to accurately interpret and work with the data, it is important to have appropriate benchmarks and also to identify relevant sub-groups where results might be more specific and thus relevant for policy recommendations.

Policy Recommendations: Trust and Embeddedness

In the previous section we outlined why we need benchmarks to compare to our data. Our data on mental health disorders, combined with the observations by the WHO, and some comments received by mental health practitioners during the workshops of this project, helped us to identify the area of trust and transparency. When looking at the sub-groups, we found a large difference between the ideological groups and the score on the indication of a mental health disorder. For all clearly defined ideologies (religiously-inspired, right-wing and single issue) we found scores below the overall average (respectively 24%, 28% and 33%). The score that highly deviated from the average was found in the group "other", where we found a figure of 70%. The group "other" is inherently different from the other ideologies listed: it is the group with the least well-defined ideology, with perpetrators who often "cut and paste" from different sources to form their own particular subset of ideological influences. Also, 63% of the school

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12.   World Health Organization, Data and statistics, accessed on December 4, 2015, http://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/data-and-statistics.

shooters within this group also were reportedly suffering from a mental health disorder. This data could lead to several conclusions. It could be argued that those with a more vague ideology or a mix of different ideologies are perhaps less ideologically motivated but more often motived by personal frustration. To some extent, this shows similarities to what researchers from the Fixated Threat Assessment Centre called a "highly personalised quest for justice".[13] Secondly, it could also be said that these differences are perhaps not really reflecting differences within the actual prevalence of mental health disorders within different sub-groups, but rather reflect different "mental health cultures". For instance, it is widely known that within certain communities, there is a taboo on openly speaking about mental health problems. Especially in some religious communities as well as many extremist scenes, this is simply seen as "not done". This is not surprising, given the fact that the World Health Organization reported that two-thirds of those with a mental health disorder never seek help, which could also mean that people are less prone to speak about mental health problems to their friends and family. Also, national differences should be taken into account here as well, by also taking into account reports made by others.

Social Isolation & Lower Barriers to Mental Health Services

It is interesting to look at this also in light of the figures on social isolation. Contrary to some of the widespread notions about "lone actors", such as that they are lonely, recluse, and living detached from society, we found that the majority is far from being isolated. In the religiously-inspired group, we saw that the percentage of those socially isolated was very low (9%). Especially when these perpetrators were part of a religious community, they often have strong ties to their fellow believers. It is then also this group that is most likely to notice any change in behaviour, or mental health problems. It is thus not only desirable from an ethical point of view to lower barriers to mental health services. The existence of mental health services that are culturally and religiously sensitive is an important step towards building trust and lowering the threshold to seek help. This should first and foremost be a goal in itself, as improving the accessibility of mental health for those is need is a noble effort, and unfortunately still is a very pressing issue as we see reflected in the figure of the WHO. This does not mean, however, that it could not also be beneficial in light of countering lone actor violence. Removing taboos on certain issues such as mental health problems also increases the chances of "suspicious" cases being noticed or notified, although it must again be stressed that this should not be the starting point to approach the issue. This could both mean that mental health practitioners have the opportunity to help those who would normally not have entered their room. It could also result in families and relatives feeling safe to speak out if they get signs of potentially violent behaviour. As we have seen in the data, in some cases those acquaintances might have had been able to alert mental health services.

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13.   James, D.V., Farnham, F.R. & Wilson, S.P. "The Fixated Threat Assessment Centre: Implementing a joint policing and psychiatric approach to risk assessment and management in public figure threat cases". In: J. Reid Meloy & J Hoffman (eds.) International Handbook of Threat Assessment. New York: Oxford University Press, 2014, p.9.

Although focusing on removing taboos and encouraging openness and transparency about mental health problems is one of the areas where progress could be made, we should keep in mind that the figures we have found do not seem to point at an unusually high prevalence of mental health disorders among lone actors. We must still keep in mind that the real rate might be somewhat higher due to a possible lack of reporting.

Ultimately, the most important and most equipped "detectors", however, are not the mental health practitioners or the local police officers, but family, friends, and colleagues who can make the most accurate judgement about whether or not a person is "at risk". Against this backdrop, it is also relevant to briefly highlight the role that social care and social workers could play. They could also serve as sensors in communities to detect where individuals might cross the line into any type of violent behaviour. It must be noted here that there are also clear limits to what can be expected in this regard. Many lone actors were not known to either social care or mental health services, which makes this less feasible.

Policy Recommendation: Multi Agency Approach for Preventing and Identifying Potential Lone Actors

An often-mentioned recommendation in many domains of counterterrorism policy is the need for a multi-agency approach. Few would doubt that this is an important step but it is rarely specified what this exactly means and how this should be attained. Recording and exchanging every piece of information about every individual within certain services would probably do more harm than good: it would be an unfeasible approach and it raises ethical questions about the right to privacy of individuals. Still, some areas can be identified where perhaps more effort should be focused on improving these information-exchange procedures. A striking observation in our dataset was that out of the fifteen perpetrators who legally possessed fire-arms, eight of these 15 individuals were also indicated to have suffered from a mental health disorder. Two different conclusions can be drawn from this. The first is that these eight perpetrators who were affirmatively indicated as having suffered from a mental health disorder might not all have been known to mental health services. This again reaffirms the plea made for more openness and trust within certain communities, which could have resulted in those perpetrators being noticed. Secondly, for those who were known to mental health services, it raises questions about the effectiveness of information-exchange between those responsible for legal gun permits and those within the mental health sector. Rather than having a broad approach of focusing on everyone within the mental health sector, specifically focusing on those with a known history of mental health issues who also aim for a legal gun permission is perhaps more beneficial. It is precisely in such areas where we might have the highest chance of detecting and preventing lone actor terrorism.

Some centres and services in a number of countries could serve as a good example or best practice of designing such a multi-agency approach. The earlier mentioned Fixated Threat Assessment Centre (FTAC) in the UK brings together police and social and mental health practitioners, such as psychiatric nurse practitioners who work on both separate and shared servers to both guarantee privacy as well as information-sharing. Whereas this particular

example relates to those who threaten dignitaries, Also, "Team Threat Management" (Team Dreigingsmanagement) of the Dutch National Police tries to bring together these different kinds of expertise in order to accurately assess the risk of certain individuals. It must be noted that both examples relate to a multi-agency approach of agencies involved cases of individuals who are already seen as posing a potential threat.

Conclusion

In this policy paper, we have formulated some overall recommendations relating to our data on personal variables of 120 perpetrators of lone actor terrorism. We feel it is more appropriate for the professionals working in the different sectors, such as the mental health sector, to design and evaluate concrete policies. As scholars studying these 120 cases of lone actor terrorism, however, we hope to have been able to pinpoint some areas where we feel improvements can be made, or areas that should be taken into account when trying to interpret data. We have specifically outlined the importance of benchmarking and looking at different sub-groups, and we have pointed to trust and openness and a multi-agency cooperation approach as two particular examples of how we could move forward in the complex challenge of countering lone actor terrorism.

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