

# Moving Beyond Motive-based Categories of Targeted Violence

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Risk and Infrastructure Science Center  
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## Abstract

Today's categories for responding to targeted violence are motive-based and tend to drive policies, practices, training, media coverage, and research. These categories are based on the assumption that there are significant differences between ideological and non-ideological actors and between domestic and international actors. We question the reliance on these categories and offer an alternative way to frame the response to multiple forms of targeted violence. We propose adopting a community-based multidisciplinary approach to assess risk and provide interventions that are focused on the pre-criminal space. We describe four capabilities that should be implemented locally by establishing and maintaining multidisciplinary response teams that combine community and law-enforcement components: (1) community members are educated, making them better able to identify and report patterns associated with elevated risk for violence; (2) community-based professionals are trained to assess the risks for violent behavior posed by individuals; (3) community-based professionals learn to implement strategies that directly intervene in causal factors for those individuals who are at elevated risk; and (4) community-based professionals learn to monitor and assess an individual's risk for violent behaviors on an ongoing basis. Community-based multidisciplinary response teams have the potential to identify and help persons in the pre-criminal space and to reduce barriers that have traditionally impeded community/law-enforcement collaboration.

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## 1 Existing Motive-based Categories

Increasing numbers of individuals in the United States are turning to extremist ideologies and mass casualty attacks, especially from domestic extremist, white supremacist, and anti-government groups (Kurzman and Schanzer 2015; Southern Poverty Law Center 2015). Some appear to have learned from terrorists how to act upon their personal predisposition toward violence. However, some of these terrorists likely learned from international drug cartels that high-visibility mass casualty attacks are an effective method of attracting public attention to a cause and influencing political decision making (Kenney 2007). One conclusion to draw is that motive-based categories are not necessarily as distinct as previously assumed, given the various ways in which extremist ideologies and mass violence tactics migrate and mutate. Another conclusion is that we may be entering a troubling new era in which extremist ideologies and mass casualty attacks could become endemic in the United States. The past 10 years have seen an escalating number of high-profile, deadly attacks (Perliger 2012). Digital tools are proliferating, putting them at the disposal of those who intend to promote mass violence. There are also many people whose individual characteristics may predispose them to involvement with potentially dangerous digital tools. The Federal Bureau of Investigation (FBI) reported that alarming numbers of young persons are involved with extremist ideologies—especially on-line—that could lead to deadly attacks (FBI 2014). The pool of those involved with extremist, potentially violent ideas has expanded and grown disturbingly younger.

Today's motive-based categories for responding to targeted violence tend to drive policies, practices, training, media coverage, and research (Figure 1). These categories are based on the assumption that there are significant differences between ideological and non-ideological actors, and between domestic and international actors.

Consider, for example, how the Muhammad Youssuf Abdulazeez shooting is being investigated as a possible terrorist act, whereas the Dylann Roof shooting was not. FBI Director Comey explained, “The only world I live in is when you bring charges against someone and charge them with something under a particular provision that is a terrorism statute, and so that’s the framework through which I look at it” (Reilly 2015). This framing method illustrates the limitations of current constructs of targeted violence, especially in terms of establishing a basis for intervention activities to stop targeted violence in the pre-criminal space where motives are often not clearly manifest.

Motive-based categories are limited in several respects that should raise concerns. The four main concerns are as follows: (1) there is a lack of robust empirical evidence that distinct individual risk factors are present for different types of criminal acts; (2) similar behavioral traits are being found across categories, especially in the pre-criminal phases; (3) the different ecological niches that drive behavior toward violent actions are becoming more similar to one another; and (4) motive-based categories can give rise to an unintended consequence: adding to the stigmatization of communities and provoking their resistance to cooperation and collaboration with law enforcement.

## MOTIVE-BASED CATEGORIES

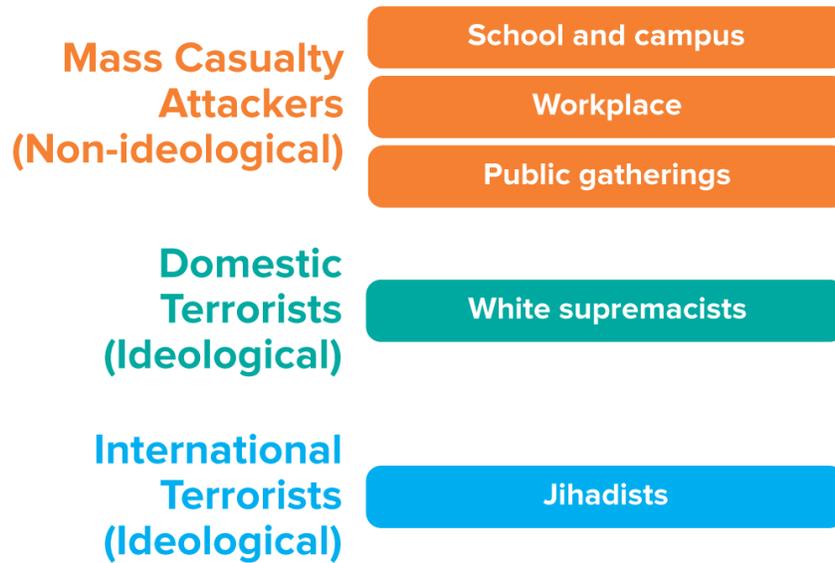


Figure 1 Motive-based Categories for Responding to Targeted Violence

We need to know more about the people who commit these acts of targeted violence in order to design effective intervention strategies. What individual characteristics, including psychiatric factors, explain their involvement in violence? How do these characteristics interact with the social environment to drive their particular acts of violence?

## 2 Emerging Research on Patterns of Risks for Violent Extremism

One approach to answering these questions is to look for a relationship between psychiatric issues and violent extremism. By psychiatric issues, we refer not to severe mental illness like schizophrenia, but to a spectrum of problems related to brain and behavior that may or may not rise to the level of a formal diagnosis, such as childhood abuse and neglect.

In *The Myth of Martyrdom*, Adam Lankford poked a hole in the rigidity of motive-based categories when he claimed that we falsely distinguish between suicide terrorists as rational political actors and suicidal rampage shooters as mentally disturbed loners (Lankford 2013). By definition they are all suicidal, he argued. However, Lankford's critics have pointed out that he does not have adequate data to support his claim and that he generally underestimates the role of social and organizational determinants (Funder 2014).

Prior research on the links between mental illness and terrorism has not demonstrated any clear relationships (McCauley, Moskalenko, and Van Son 2013). The predominant assumption in the terrorist field has been that such a relationship does not exist (Weatherston and Moran 2003). However, new research has revealed evidence that points toward a possible causal relationship, especially among lone offenders versus offenders who are part of a group or organization. Consider, for example:

- Mark Hamm and Ramon Spaaij found that 40% of lone wolf terrorists had identifiable mental health problems (Hamm and Spaaij 2015).
- Paul Gill found that 32% of lone wolves were diagnosed with mental illness (Corner and Gill 2015).
- Pete Simi found that among white supremacists, there were elevated rates of childhood physical abuse (45%), childhood neglect (46%), family substance abuse (49%), and mental illness (57%) (Simi 2015).
- Anton Weenink found that among persons who traveled from the Netherlands to Syria, there were high rates of individuals with histories of behavioral problems and disorders: 60% had psychosocial problems, 46% displayed problem behavior, and 6% had a diagnosed mental health problem (Weenink 2015).

Mental illness or psychosocial problems are never going to explain all cases of terrorism and non-ideologically motivated mass casualty attacks, but this emerging evidence indicates that there may be a significant population of potential offenders suffering from mental illness or psychosocial problems, which creates new opportunities for community-based intervention in the pre-criminal space. This calls for new explanatory models that do not rely solely on the motive of the offender.

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### 3 Proposed Models of Entering Terrorism and Mass Casualty Attacks

Progress requires the construction of explanatory models for conduct of terrorism and mass casualty attacks. These models need to include three broad phases of development for terrorists and mass casualty attackers: preexisting characteristics, active preparation, and violent behaviors. These models should be based on empirical data and should capture the complex interactions between brain and environment over time. They can build on the findings from neurocriminology (see Figure 2) (Raine 2013), which explains that neither the brain nor the environment explains everything; instead, some things can be explained by the interactions between brain and environment. These models should also include the following phenomenological levels: genetic risk, brain activity, physiology, behavioral processes, development, and social environment.

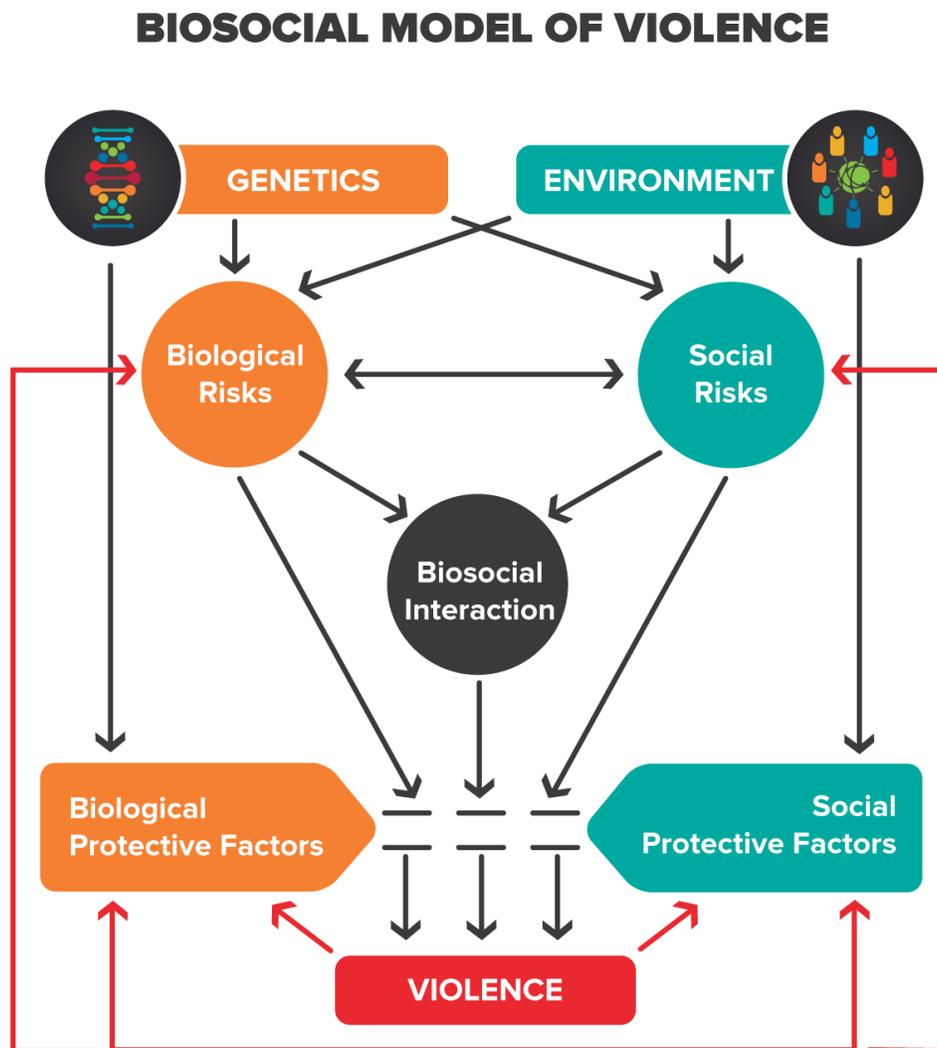


Figure 2 Biosocial Model of Violence (Raine 2013)

The models should also take into account the findings from neurocriminology that development is a major factor in explaining windows of vulnerability, such as to trauma (early childhood) or to recruitment (mid to late adolescence) (Raine 2013). Development is especially important today, given the concern about children and adolescents becoming involved in violent extremism. Children and adolescents cannot be regarded as simply small adults. Developmental processes have too often not been a focus of the prior research on terrorism.

Explanatory models also need to go beyond formulating risk as just a property of the individual. Our prior research on Somali-Americans described how risk could also be understood to be a property of the community and family (Weine et al. 2009). We looked at risk from the vantage point of opportunity structure, which is defined as opportunities for behavior that are provided by a given social environment. We introduced an opportunity structure model of risk based on our empirical findings (see Figure 3). This model claimed that there are three levels of risk that interact with one another: (1) youth's unaccountable times and unobserved spaces, (2) the perceived social legitimacy of violent extremism, and (3) contact with recruiters or associates. This risk structure was powerful enough that it was able to draw in some of the communities' best and brightest young members.

## **RISKS FOR TEENAGE BOYS AND YOUNG MEN**



Figure 3 Opportunity Structure Model of Risk

A grave concern today is that violent and nonviolent extremist organizations like the Islamic State of Iraq and Syria (ISIS) and the Council of Conservative Citizens are enhancing the opportunity structure for creating terrorists and mass casualty attackers via their digital activities.

Their social media messaging creates opportunity structures for certain pre-violent behaviors and for the transition to committing violent acts. These are messages so powerful that they can operate digitally without any face-to-face contact. It appears that a wide range of fairly common preexisting youth vulnerabilities are being exploited by this digitally enhanced opportunity structure. Based upon experience with communities and law enforcement and upon prior studies (Weine and Ahmed 2012), those vulnerabilities include: (1) psychological vulnerabilities of the youth-adult transition; (2) dysfunctional family environment and disconnection from community; (3) social media and internet overuse, including a strong interest in viewing materials associated with past mass casualty attacks; (4) untreated mental illness; (5) feelings of exclusion from opportunities; (6) the experience or perception of victimization; (7) the experience of a series of work and other life failures; and (8) lack of adult involvement with and supervision of young persons. This does not mean that all persons with the aforementioned vulnerabilities actually present risks for violence. Some, of course, may just need support, guidance, opportunities, and possibly mental health care. Yet as noted earlier, a significant number of non-ideologically motivated and ideologically motivated mass casualty attackers have also demonstrated these vulnerabilities. If there is a nexus of mental health issues and involvement in extremism or mass casualty violence, these vulnerabilities and risks must be addressed in the pre-criminal space using new strategies that go beyond traditional law enforcement or mental health approaches.

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## 4 Combined Community-Law Enforcement Intervention Capabilities

Nearly every week, community members or law enforcement identify persons who they are concerned may be at risk of committing acts of targeted violence. Research on bystanders has shown that although the majority of attackers had revealed their intentions to friends, family, or associates, those bystanders did not inform law enforcement or seek help or intervention. Furthermore, many of these incidents emerge in a manner that traditional, federally managed intelligence and national security-based prevention capabilities are ill-suited to detect.

Police Chief Ron Haddad of Dearborn, Michigan has argued that we should be paying more attention to pre-attack behaviors, especially those involving mental illness and psychosocial problems (Barrett 2015). He has called for expanding prevention and intervention activities well beyond law enforcement and instead depending on community-based mental health professionals, faith leaders, educators, and others.

One key challenge that local leaders face is how best to bring together law enforcement, mental health professionals, faith leaders, educators, community advocates, parents, and peers to assess risk and develop intervention strategies specific to the pre-criminal space. Success requires all stakeholders to move beyond a strict “identify and arrest” approach. Instead, strategies should include an emphasis on intervention in the pre-criminal space that goes beyond criminal justice approaches and focuses also on detecting risks and getting persons help.

A growing number of jurisdictions are exploring how to expand multidisciplinary violence prevention efforts to incorporate detection and mitigation of potential mass casualty violence. For example, the Safety Net Collaborative in Cambridge, Massachusetts, aims to “foster positive youth development, promote mental health, support safe school and community environments, and limit youth involvement in the juvenile justice system through coordinated prevention, intervention, and diversion services for Cambridge youth and families” (Safety Net Collaborative 2015). This program has become one of the foundations of the Boston Strategic Plan to Counter Violent Extremism, which was produced through the White House-led Three Cities Countering Violent Extremism initiative (U.S. Department of Justice 2015).

Innovative programs such as the Safety Net Collaborative draw upon existing science information in public health, mental health, and criminology, which supports the development of multi-level strategies in the pre-criminal space that aim to stop movement toward committing violent acts. These include (1) early prevention, such as early childhood support (e.g., weekly home visits) for at-risk youth (Bilukha et al. 2005); (2) prevention, such as parenting education and support interventions among those facing challenges to parenting (e.g., refugee and immigrant new arrivals) (Pantin et al. 2003); (3) counter-narrative or alternative-narrative initiatives that aim to disrupt digitally enhanced opportunity structures and reduce susceptibility to extremist narratives (Briggs and Feve 2013); (4) interventions for individuals with mental health or psychosocial problems that make them vulnerable to violence (e.g., providing linkages to care or multimodal treatment of internet addiction or other diagnoses or psychosocial issues) (York et al. 2012); and (5) bystander training that aims to empower bystanders to identify

persons at risk, strengthen protective resources, and provide linkages to care and law enforcement if necessary (Pollack, Modzeleski, and Rooney 2008).

On the basis of these prior knowledge and emerging best practices, we propose establishing multidisciplinary teams at a local level that combine community and law enforcement components and have four levels of capability.

- (1) **Community-level pattern detection:** educate community members in identifying indicators and patterns associated with an increased risk for violence, and make them aware of how to inform those responsible for conduct of a formal threat assessment where indicated.
- (2) **Individual risk assessment:** train community-based professionals to assess the risk of individuals for violent behavior.
- (3) **Intervention capability:** teach community-based professionals to implement strategies that directly intervene at the level of causal factors.
- (4) **Monitoring and assessment:** teach community-based professionals to monitor and assess an individual's risk for violent behaviors as intervention efforts proceed and measure the impact the program as a whole is having on priority outcomes.

Some of these capacities exist in some communities, for example, as part of law enforcement efforts to address school shooters through the formation of special prevention-intervention teams (O'Toole 2000) or threat assessment teams (Goode 2013). However, combined community-law enforcement interventions have not been developed in the vast majority of localities.

In the realm of countering violent extremism (CVE) policy and practice, policymakers and practitioners intended to not be too law-enforcement-focused and to engage with a range of community-based practitioners and non-law-enforcement government agencies. However, CVE remains largely bound to criminal justice approaches and has only begun to explore ways to involve other multidisciplinary professionals, including those from mental health and education (Weine et al. 2015). Recently, there have been increasing numbers of calls from law enforcement and community advocates to conduct interventions through multidisciplinary response teams. At the White House Summit on Countering Violent Extremism, Vice President Biden called for mobilizing “mental health resources” to stop persons from becoming violent extremists (Weine and Ellis 2015). The Los Angeles CVE strategic plan spoke of building “Off-Ramps” designed “to provide rehabilitative care to individuals who are moving down a path toward committing illegal activity” (Los Angeles Interagency Coordination Group 2015). FBI leadership recently wrote that “the key to countering violent extremism is to steer would-be attackers down a positive, productive path before they cross over from radical thinker to radical extremist. To accomplish CVE success, there must be cooperation between law enforcement from all levels and an ongoing dialogue with communities that stands on a firm foundation of trust” (FBI 2014). These strands need to be pulled together into fully articulated best practices for multidisciplinary response teams.

## 5 Building Multidisciplinary Response Teams

The overall purpose of multidisciplinary response teams is to identify, assess, refer to appropriate care and support, and monitor would-be attackers. These community-based teams draw upon multidisciplinary professionals and frameworks. Prior research has demonstrated that the fields of mental health and education, including both community-based practitioners and lessons learned from those fields, are uniquely poised to contribute to effective intervention activities for targeted violence (Weine et al. 2015). This research identified the following best-practice strategies for establishing and maintaining these multidisciplinary response teams.

- Form multidisciplinary response teams that include mental health, public health, education, religious, legal, and law-enforcement expertise.
- Cross-train the multidisciplinary response team members in all necessary skills and best practices, especially threat and risk assessment.
- Build knowledge, awareness, response skills, and program awareness among key community advocates and providers through education and training activities.
- Hold regular multidisciplinary conferences for law enforcement personnel, academics, educators, clinicians, community advocates, and others.

There is likely to be resistance from several different sources to forming these teams. Some will favor the more traditional law enforcement approaches of investigate, arrest, and prosecute. It is important for these entities to understand the need for additional strategies in the pre-criminal space where “arrest and prosecute” strategies do not necessarily work. Others will question whether these strategies stigmatize the very communities that they intend to help. It is important for these entities to understand that the emphasis is on “violence prevention” — that these programs are not surveillance by another name and that such programs can be conducted in ways that do not single out any particular community or compromise civil liberties. In all cases, there must be a clear and compelling public awareness strategy for explaining the multidisciplinary teams in the public discourse, and these explanations must be able to withstand efforts to mischaracterize them.

The following are some suggestions based on findings from our ongoing research on best practices for addressing violent extremism (Weine et al. 2015).

- Focus on communities’ desires to provide alternatives to arrest, prosecution, and incarceration.
- Change the conversation to be about strengthening communities, rather than securitizing and surveilling them.
- Shift the emphasis to developing healthy, resilient communities that are resistant to a spectrum of violent threats.

- Empower communities to define for themselves their most crucial concerns regarding targeted violence and to generate solutions that will build healthy and resilient communities.

The use of non-law-enforcement-centered intervention strategies has the potential to identify and help persons in the pre-criminal space and to topple barriers that have impeded community/law-enforcement collaboration. However, more work needs to be done to understand communities' concerns, to be more responsive to those concerns, and to better explain why this effort focuses on community-based violence prevention and therefore will positively impact the community. The following are some additional suggestions based on findings from our prior and ongoing research.

- Maintain collaborative networks of community members, educators, mental health professionals, and law enforcement to ensure availability of resources.
- Design and implement initiatives in partnership and in continued close collaboration with communities.
- Give communities and their youth a voice in how to prioritize and organize actions intended to make them strong.
- Promote leadership and ownership of initiatives by community-based agencies and individuals.

Further work is needed to build best practices for community-based multidisciplinary teams.

## 6 Build Evidence to Examine and Support New Programs and Policies

Moving beyond motive-based categories and responding to targeted violence with multidisciplinary response teams requires new research in several areas.

One priority is the need for formative and impact program evaluations. Only now are these being conducted for the CVE Pilot Programs in Los Angeles, Minneapolis–St. Paul, and Boston, which began several years ago. Including formative program evaluation strategies in the early phases of a program is the preferred approach, because these types of evaluations have the explicit intention of strengthening program development on the basis of empirical evidence. It follows that program evaluation should be part of any intervention program from the very start.

Another priority area for new research is to study individual and environmental risk factors and pathways common to different forms of targeted violence, as well as peer, family, and community protective resources that can mitigate these risks. Significant advances in the ways mental health issues are studied in targeted-violence research are necessary to catch up with cutting-edge psychiatric science.

One helpful insight comes from Tanya Luhrmann, who wrote, “social experience plays a significant role in who becomes mentally ill, when they fall ill, and how their illness unfolds. We should view illness as caused not only by brain deficits but also by abuse, deprivation and inequality, which alter the way brains behave” (Luhrmann 2015). This is important because many young persons are exposed to the kinds of social adversities that could result in widespread vulnerability to extremist propaganda and involvement in violence.

Another important innovation in psychiatric science is RDoC (research domain criteria), a strategy for unpacking the established symptom-based diagnostic categories and instead trying to identify causes of mental illness (National Institute of Mental Health 2015; Stahl 2013). This approach establishes data-driven categories on the basis of constructs that are diagnostically agnostic and are based in a known brain circuit for which there is evidence, such as acute threat, loss, and frustrative non-reward. Such constructs could be highly relevant for investigating susceptibility to extremism by applying neuroscience methods. The implication is that persons who are drawn to online extremism and plotting mass casualty attacks may have a brain circuit abnormality that in part explains their susceptibility; this could be manifest in a diagnosable mental illness or it could fall short of a clinical threshold for mental illness, but still be detectable through non-invasive methods.

The research implication is that instead of designing study samples based on motives, perhaps we should think across motives and instead design studies examining different positions in the pathways to terrorism and mass casualty attacks, such as addressing the following research questions:

- What accounts for heightened susceptibility to extremist ideology/recruitment?
- What triggers the transition into active preparation for violence?

- What triggers the transition to attempting or committing crimes of terrorism or mass casualty attacks?

Research designs could include compilation of data-driven categories of terrorism or mass casualty attacks that are linked with known brain circuits such as (1) addiction, (2) victimization, or (3) suicidality. The findings from these studies would likely inform prevention, assessment, and intervention strategies by better characterizing the underlying abnormalities and change processes that prevention and intervention programs can address.

## **7 Conclusion**

This paper questions the reliance on motive-based categories and offers an alternative way to frame the response to targeted violence. We propose adopting a multidisciplinary approach to assessing risk and to developing intervention strategies that are focused on the pre-criminal space. We describe four levels of capability that should be in place at the local level and that can be achieved by establishing and maintaining multidisciplinary response teams that combine community and law enforcement components.

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