

## **Outcome and Efficacy of Interventions by a Public Figure Threat Assessment and Management Unit: A Mirrored Study of Concerning Behaviors and Police Contacts Before and After Intervention**

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**Specialized units for the assessment and management of concerning behaviors towards public figures have been set up in various jurisdictions. Their efficacy has been demonstrated descriptively and in terms of reduction in concern rates. This study of 100 consecutive cases from the Fixated Threat Assessment Centre (FTAC) in the UK uses a novel measure of outcome in the form of reduction in behaviors of concern and in police call-outs/stops, using data culled from police and health service records. It adopts a mirrored design, comparing individuals over 12-month and 2-year periods before and after FTAC intervention. It demonstrates significant reductions in both numbers of individuals involved in, and number of actual incidents of, concerning communication and problematic approach, as well as police call-outs/stops. Most results are consistent across subgroups with regard to gender, previous convictions, concern level, compulsory hospitalization and grievance-driven behavior. Such threat assessment units reduce risky behavior and save police time and, possibly, costs. Copyright © 2016 John Wiley & Sons, Ltd.**

The protection of public officials necessitates a variety of strategies, prime among which are physical protection of personnel and sites, and the prevention of harmful behaviors towards these through the gathering and analysis of forms of intelligence. Physical protection alone has repeatedly proven insufficient to prevent attack, in particular from the activities of isolated loners (Mullen, Pathé, & Purcell, 2009), now often referred to as “lone actors.” Renewed attention has been given over the past 20 years to the detection and evaluation of “warning behaviors” (James *et al.*, 2007; Meloy, Hoffmann, Guldimann, & James, 2012), in other words forms of action and utterance which point to a risk of harmful action on the part of an individual. The role of mental disorder in attacks on public figures has long since been established, beginning with the work of Laschi and Lombroso (1886) and Régis’ 80-case study of assassins (Régis, 1890; James, 2014). The high prevalence of psychosis in visitors to the White House and government buildings in the US was described by Hoffman (1943), Sebastiani and Foy (1965) and Shore *et al.* (1985). More recently, the role of mental disorder in the pursuit of celebrities and politicians in the USA was explored in detail in a report for the National Institute of Justice, prepared by Dietz and Martell (1989). In addition,

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the well-known Exceptional Case Study Project of 83 attacks, assassinations or “near-lethal approaches” in the USA (Fein & Vossekuil, 1998, 1999) found that 61% of perpetrators had a history of psychiatric problems, 43% had a history of delusional ideas and 10% had a history of violent command hallucinations. The situation has been well summarized by Dietz and Martell (2010, p. 344):

Every instance of an attack on a public figure by a lone stranger in the United States for which adequate information has been made publicly available has been the work of a mentally disordered person who issued one or more pre-attack signals in the form of inappropriate letters, visits or statements.

In an increasingly active research field, further detailed work on associations of concerning communications and approaches to public figures has been carried out in the USA (Scalora *et al.*, 2002a,b; Scalora, Baumgartner, & Plank, 2003; Schoeneman-Morris, Scalora, Chang, Zimmerman, & Garner, 2007; Schoeneman *et al.*, 2011) and in the UK (James *et al.*, 2007, 2008, 2009; 2010b,c; 2011, *et al.*, 2016a,b), among other places. (A summary of contemporary research can be found in Hoffman, Meloy, & Sheridan, 2014.) Recently, an overlap has become evident between the targeting of public officials and other forms of grievance-fuelled violence, including lone-actor terrorism, in terms of the importance of lone action, warning behaviors and mental disorder (e.g. Capellan, 2015; Corner & Gill, 2015; Gill, 2015; Lankford, 2012; McCauley, Moskalenko, & van Sohn, 2013).

In order to reduce the risk from lone individuals, dedicated threat assessment and management teams have been established in a number of countries by the policing and security organizations responsible for the protection of public figures. Such units have generally employed psychological and/or psychiatric expertise as well as policing skills in what, unusually for policing work, is largely a preventative role. Examples within the USA include the Capitol Police (Scalora *et al.*, 2002a; Scalora, Zimmerman, & Wells, 2008; Scalora & Zimmerman, 2015) and the Secret Service (Phillips, 2006, 2007, 2008), and outside the USA, the Fixated Threat Assessment Centre (FTAC) in the UK (James, Farnham, & Wilson, 2014), the Threat Assessment Unit of the Netherlands National Police Agency (van der Meer, Bootsma, & Meloy, 2012) and the Threat Assessment Unit of the Swedish Security Police (Mullen, Pathé & Purcell, 2009). Widespread interest in such approaches within Europe has led to the formation of the European Network of Public Figure Threat Assessment Agencies, an organization of policing and security agencies responsible for public figure protection, which was established to keep members abreast of new research findings and good practice within the field. Similar threat assessment units are now being piloted with regard to radicalization risk and lone-actor terrorism in the Netherlands and the UK.

The Fixated Threat Assessment Centre is unique among such threat assessment units in being jointly staffed by police officers and psychiatrists, psychologists and psychiatric nurses from the country’s National Health Service (NHS): it is also unusual in that it is a service that arose directly out of a research project (James, Farnham & Wilson, 2014). The presence of psychiatrists allows the diagnosis of mental illness and an analysis of its influence on motivation, risk and the potential management options. FTAC’s joint staffing enables access to both policing and medical records without breaking any duty of confidentiality, which aids significantly in risk assessment and management. Whereas the police alone are unable to engage directly and effectively

with psychiatric services, psychiatric staff have instant entry into local health care systems, which are easily identifiable as they are based on area of domicile. The FTAC intervention model is based upon catalyzing action from statutory services around the country, be they police, medical services, social services or housing. It encourages multi-agency responses which, in many cases, involve contact with the individual themselves and, not infrequently, with their families. In cases where a person is clearly mentally ill, risk management may involve compulsory or voluntary hospitalization. But in many cases FTAC will arrange a networked community response, which will involve both the monitoring of cases and practical interventions, such as the provision of a support worker, simple matters such as helping individuals obtain their rights in terms of social security benefits and, occasionally, rehousing. Such practical interventions can be surprisingly effective in reducing risk. After all, the importance of mental illness in terms of risk and its management is not limited to the experience of psychotic symptomatology: it also concerns difficulties in the correct interpretation of events and their significance, poor judgment, disinhibition and social isolation, which removes the moderating influence of personal relationships and peer groups.

However, in terms of threat assessment, FTAC works along the same principles as most other threat assessment units in the public figure sector. The approach is a population-based one. Given that it is not possible to say with certainty who will behave in a dangerous manner in the future, the aim is prevention, not prediction. By the use of risk factors (i.e., characteristics or behaviors statistically associated with negative outcomes), it is possible to ascertain which individuals belong to the group at highest risk of dangerous behavior, from which those few who would actually go on to behave dangerously will arise. By intervening and treating the risk factors in the whole group, adverse outcomes can be prevented without knowing precisely which individuals would have gone on to engage in the behavior in question (James, Farnham & Wilson, 2014 pp. 303-4). Cases are flagged up to threat assessment units by the monitoring of communications, approaches and third-party information for the presence of various risk factors and warning behaviors. A range of management options can be adopted, involving a variety of agencies and interventions, including compulsory psychiatric treatment. The focus in the USA tends to be on the prevention of violence against public officials. However, the base rate of violence is low and there are other domains of risk which are also of importance and which occur with greater frequency: anxiety and distress to the public official and their families; official embarrassment; disruption of their public function and duties; persistence over time; escalation to more intrusive forms of behavior; and cost to the public purse in terms of policing and protection.

It is necessary in most countries to justify the sums expended on threat assessment and management by providing some evidence of outcome and efficacy. Except in those few cases where a person is interrupted in mid-act, it is not possible to prove that adverse outcomes would have occurred, had intervention not been undertaken. In consequence, particular strategies have to be adopted to illustrate the value of intervention. Threat assessment units are concerned principally with threat assessment, rather than risk assessment. Whereas risk assessment generally involves a review setting where there is little time pressure and large amounts of information, threat assessment concerns the making of quick decisions in response to limited information in an operational, real-time, dynamic setting. Rather than a nuanced judgment, its purpose is to triage cases into low, medium and high risk, in order to determine the level of immediate response. This is generally undertaken using specific, predetermined guidelines.

Scalora *et al.* (2002a) have advocated using the concept of levels of concern, rather than levels of risk, to describe the triage categories, given the paucity of information often available. Cases assessed as being of low concern can, for the present, be safely ignored. Those deemed to be of high concern require an urgent investigative and management response. Those deemed as being of medium concern require a thorough response, but not as a matter of urgency. The use of concern levels also provides a proxy means of assessing efficacy of intervention. Rather than attempting the impossible task of coming to some judgment as to what might have happened, had intervention not occurred, the level of concern can be measured both before and after intervention. If the intervention has succeeded in reducing the level of concern, then this is an illustration that, in practical terms, the intervention has been successful.

A further means of approximating efficacy is simply to describe the interventions that took place and their outcomes. For instance, one might infer that risk was likely to have been reduced if the outcome of intervention was, say, incarceration, compulsory hospital admission, liaison with family and treating physicians, or deportation. The efficacy of interventions by FTAC has been demonstrated in terms of both description of outcome and reduction in concern level (James, Kerrigan, Forfar, Farnham, & Preston, 2010a). However, both of these approaches to measuring outcome are broad-brush and give little idea of the detail of the individual's patterns of behavior pre- and post-intervention. For instance, with most cases presenting through concerning communication or approach, is there any evidence that intervention stops the behavior? Or, more realistically, given that many individuals engage repeatedly in such behaviors, is there any evidence that intervention reduces the number of incidents, or reduces their intrusiveness (e.g., through communication replacing approach)? Is there any evidence that intervention reduces the number of times that police are called out to deal with the individual, and hence the costs incurred? And do major differences between individuals, such as gender, presence of mental illness, concern level at initial assessment, motivation, or previous criminal convictions affect such outcomes? This paper reports a study of outcomes at FTAC, which aimed specifically to answer these questions.

## METHOD

### Study Sample

The sample comprised 100 consecutive cases which had been referred to FTAC and judged to be of moderate or high concern, according to criteria which have since been published in revised form (James, MacKenzie, & Farnham, 2014). The cases were referred by royal households, ministerial departments, the Houses of Parliament and agencies responsible both for protecting their personnel and for protecting the Government Security Zone, an area of the City of Westminster which contains the national parliament, ministries and the Queen's principal residence.

### Data Gathered

Sociodemographic data were gathered, including sex, age, domicile and employment status. Details of previous psychiatric history and of criminal convictions were assembled for each case. Numbers of incidents of concerning correspondence and

concerning approach were gathered, together with police records of contacts with each individual, both relating to criminal and non-criminal matters. Data on the details of FTAC intervention and the practical outcome were recorded. Motivation in each case was categorized, using the typology of Mullen *et al.* (2009).

## Study Design

A mirrored design was adopted which allowed the cases in the study group in effect to act as their own controls. Each case was compared with itself on a series of parameters for two paired time periods: 2 years before FTAC referral compared with 2 years after FTAC intervention; and 12 months before FTAC referral compared with 12 months after FTAC intervention. The parameters examined were, firstly, the numbers of concerning communications, the numbers of problematic approaches, and the numbers of concerning incidents of any kind; secondly, the numbers of police call-outs or stops for criminal matters, the numbers for non-criminal matters, those for matters relating to the application of mental health legislation, and finally the total number of call-outs or stops.

Firstly, the presence or absence of each type of incident was examined for each case in the periods before referral and after intervention: in other words, a yes/no answer was obtained for the occurrence of each type of incident in each period. Secondly, the relative numbers of each type of incident were examined as to whether, for each case, the number of incidents decreased or increased in the period after FTAC intervention compared with a similar period before FTAC referral.

Finally, an investigation was undertaken to ascertain whether the results still held true for specific subsets of the overall sample: males versus females; those who were compulsorily admitted to psychiatric hospital after FTAC intervention, (this being taken as a proxy for the presence of serious mental illness at presentation), compared with those who were not; those with and without a history of criminal convictions; those pursuing an idiosyncratic grievance or agenda, compared with other motivations; and high- versus moderate-concern level at initial assessment.

The length of the FTAC intervention varied between cases. The figures recorded are for the periods before the referral to FTAC and after the FTAC intervention was completed. The counts of the numbers of incidents and behaviors do not include those that precipitated the referral to FTAC, nor do they include any behaviors undertaken whilst the FTAC intervention was being undertaken. The before and after comparison periods are not adjusted for time at liberty. This is because a real-world comparison was desired, with deprivation of liberty a legitimate means of preventing further approach. It was also recognized that it is difficult legally to prevent either prisoners or compulsorily detained psychiatric patients in the UK from corresponding with political representatives, indicating that liberty is not necessarily a prerequisite for engaging in concerning behavior. However, in order to check for possible effects of deprivation of liberty (in effect, compulsory hospitalization) as an outcome of FTAC intervention, the study outcomes were compared between those who were compulsorily admitted and those not.

## Sources of Information

Other than information gathered through an examination of evidence relating to the presentation and that gleaned from interview, the following sources of information were consulted:

- The UK national, computerized database of registration with general practitioners (GPs; family doctors), held by the Department of Health – in the UK’s NHS, each citizen is registered with a GP who is the main portal for access to specialist care and who receives summaries of all specialist care undertaken at hospitals within the UK on his/her patients.
- Information held by general practitioners on the psychiatric status of their patients – in the UK, confidentiality arrangements are such that a doctor may share with other doctors and health care staff confidential details about their patients when the professional to be shared with has a legitimate involvement in the patient’s care. Given that the medical and nursing members of the FTAC team are employed by the NHS and financed by the Department of Health to provide medical input to those coming to the attention of FTAC, criteria for sharing confidential information were met.
- Summaries of previous care in psychiatric hospitals – the same confidentiality criteria apply to psychiatrists sharing information as apply to GPs. Psychiatric hospitals have strictly defined catchment areas, so that the responsible hospital can be ascertained from a person’s address. Where individuals have been treated out of area, summaries are automatically sent to the psychiatric service responsible for their domicile and to their GP. When an individual signs on with a new GP, the previous GP records are automatically identified by a unique personal number and forwarded to the new GP.
- Information held on each individual in the Police National Computer – this is a national database, available to all police forces and associated agencies in the UK. It contains details of all previous convictions and cautions for criminal offenses, as well as details of impending court cases, motoring convictions and driving license records.
- Police criminal intelligence databases – these contain contact records of each police call-out, stop or reported incident relating to an individual, whether or not it was related to criminal matters or resulted in criminal charges. Examples of non-criminal incidents might be welfare checks, victim reports or assistance in executing orders under the Mental Health Act. There are 45 territorial police forces in the UK. In addition, the Metropolitan Police Service, which is responsible for boroughs in London, has national responsibilities for counter-terrorism and for protection. Each force has its own intelligence database. For this study, the database for the area in which the person was domiciled was consulted, as well as the intelligence database for the Metropolitan Police Service. In addition, the database of the British Transport Police (BTP) was consulted, the BTP being a special police force responsible for policing UK railway and light railway networks (the core of the transport infrastructure) and the London Underground.
- The FTAC computer database – this is a bespoke database for the use of FTAC alone. It is “air-gapped,” in other words, not accessible outside the FTAC offices through any form of computerized connection. It contains details of current and former cases referred to FTAC and follow-up information provided to FTAC through its own enquiries or volunteered by other agencies.
- The correspondence logs used by the principal royal palaces and by the Prime Minister’s correspondence offices – whereas these do not cover the full range of referral sources for the cases in the study sample, many communications are copied to multiple recipients, of whom the Queen and Prime Minister are the most popular.
- The individual records of the agency or office that referred each case.

## Statistical Procedures

Information was extracted from the various data sources and transferred into a data pro forma. The pro formas were then entered into a computerized database and analyzed using the Statistical Package for the Social Sciences (SPSS), version 21 (IBM Corp., 2012). Nonparametric tests were used to compare paired data. For dichotomous data, the McNemar test was used, with a two-sided exact test where numbers were small. For ranked, non-binary data, the Wilcoxon signed-rank test was used: this examined the difference in scores for an individual between periods, taking into account not only the signs of the differences, but also their magnitude. To examine differences between groups on categorical variables, Pearson's chi-squared ( $\chi^2$ ) analyses were used and odds ratios (ORs) were calculated, with 95% confidence intervals. The effect size ( $\phi$ ) (Siegel & Castellan, 1988) was also calculated for each measure of association, because effect sizes enable interpretation of the data beyond, and independently of, the information provided by  $p$ -values and take into account the reduced power of uneven sample sizes. Independent  $t$ -tests were used to compare the means of samples of interval data, incorporating Levene's test for homogeneity of variance.

## Multiple Testing

This study was exploratory in nature, rather than hypothesis-driven. As such, multiple testing was used. Standard methods to correct for multiple testing are "highly conservative" (Altman, 1991, p. 211), risking type II errors in modest samples, particularly where interrelated families of questions are used, as here. Accordingly, no corrections to significance values were made to compensate for multiple testing; caution should be exercised in interpreting  $p$ -values greater than 0.01.

## RESULTS

### Characteristics of the Sample

Of the 100 cases, 78% were male and 22% female. The range in age was from 20 to 69 years (mean 41.2, SD 10.2). Only 3% were known currently to be in employment. Thirty per cent were not currently registered with a GP (family doctor), which is unusual in the UK's NHS. Fifty-four per cent had previous criminal convictions in the UK, 30% of all cases having convictions for violent offenses. Eighty-one per cent had been known to psychiatric services in the past, but 49% of all cases had fallen out of care.

The behavior leading to the index referral to FTAC concerned approach alone in 50% of cases and communications alone in 18% of cases. In the remaining 31% of cases, the episode leading to referral involved both communication and approach. At presentation, 88% of cases showed some evidence of mental illness. There were no significant differences between the sexes in any of the above parameters.

Cases were classified in terms of motivation according to the classification of Mullen *et al.* (2009), which identified nine different motivational types in those who engage in inappropriate or threatening communications or approaches towards public figures. Fifty per cent of cases were pursuing a personal grievance or agenda. Of the remainder,

the largest proportions fell into the categories of those with delusions of identity (17%), those in whom the exact motivation was unclear (probably also to the individuals themselves; 16%), and those suffering from delusions of persecution (13%). Intimacy seekers (those who believed that they either had, or were entitled to, an intimate relationship with the prominent person in question) constituted only 7% of the sample. Those who were pursuing a personal grievance or agenda were significantly less likely to have presented to FTAC through approach alone [40% vs. 60%,  $\chi^2 = 4.083$ ,  $p = 0.043$ ,  $\phi = -0.204$ , OR = 0.437 (0.194–0.981)].

### **Reduction in Number of Cases Engaging in Concerning Approach and Concerning Communication following FTAC Intervention**

Table 1 sets out the results of a mirrored comparison of the cases in the sample according to whether or not they had engaged in communication, approach or either of these in the 12 months and the 2 years before the episode leading to the FTAC referral, comparing these with the numbers so doing in the respective 12 months and 2 years after the end of the FTAC intervention. The results are given for the whole sample, and then for each form of presenting episode (i.e., presentations involving approach only, both approach and communication, and communication only). Ninety-seven per cent of cases had engaged in one or more concerning communications or approaches in the 2 years before the particular activities which led to referral. In other words, only 3% were exhibiting concerning behavior for the first time within the parameters of the study period.

The great majority of those who presented through approach had done so before, as was the case with those who presented through both communication and approach. Similarly, the great majority of those whose presentation involved communication (with or without approach) had communicated previously. On the other hand, only 16.7% of those presenting through communication alone had made approaches in the previous 2 years, and only 17.6% of those presenting through approach alone had communicated in the previous 2 years. This indicates a consistency of behavior within each presentation type, which suggests that the manner of presentation may be a useful parameter to consider in such samples.

The table also compares the percentage of cases engaging in each type of behavior in the periods before FTAC referral with the percentage who engaged in such behavior in the period after intervention. The percentage change was highest for approach incidents, with a percentage reduction for the whole sample of 73.3% between 12-month periods and 66.2% between 2-year periods. The percentage reduction in approach cases was highest in those presenting with both approach and communication (83.3% at 12 months). The percentage reduction in the proportion of cases engaging in communication was 26.5% at 12 months for the whole sample. In cases presenting with approach alone, the proportion of cases engaging in communication actually went up by 62.3% after FTAC intervention for the 12-month comparison period, whilst approach behavior went down 68.8% in the same period. This indicates that a proportion of cases switched from approach to the generally less concerning activity of communication.

Paired tests showed that the reduction in the number of cases engaging in each type of behavior in the 12-month and 2-year mirrored periods was highly statistically significant ( $p < 0.001$ ) for approach and for a category combining both types of behavior



Table 1. Proportions of cases that engaged in approach, communication or either of these: comparison of 12-month and 2-year periods before and after Fixated Threat Assessment Centre (FTAC) intervention

Concerning behavior	Whole sample (numbers of cases) (%) (N = 100)			
	2 years before	2 years after	Percentage reduction	McNemar test ( $\chi^2$ , p)
Communication	51	40	21.6%	NS
Approach	77	26	66.2%	46.173, 0.000
Either	97	50	48.5%	43.184, 0.000
	12 months before	12 months after		
Communication	49	36	26.5%	4.361, 0.037
Approach	75	20	73.3%	51.158, 0.000
Either	97	46	52.6%	46.173, 0.000

Table 1. (Continued)

Concerning behavior	Presentations involving approach only (%) (N = 51)			
	2 years before	2 years after	Percentage reduction	McNemar test ( $\chi^2$ , p)
Communication	9 (17.6%)	13 (25.5%)	-44.4%	NS
Approach	48 (94.1%)	18 (35.3%)	62.5%	28.033, 0.000
Either	49 (96.1%)	22 (43.1%)	55.1%	25.037, 0.000
	12 months before	12 months after		
Communication	8 (15.7%)	13 (25.5%)	-62.3%	NS
Approach	48 (94.1%)	15 (29.4%)	68.8%	31.030, 0.000
Either	49 (96.1%)	21 (41.2%)	57.1%	26.036, 0.000

Table 1. (Continued)

Concerning behavior	Presentations involving approach and communications (%) (N = 31)			
	2 years before	2 years after	Percentage reduction	Binomial distribution, exact p (two-sided)
Communication	26 (83.9%)	16 (51.6%)	38.5%	0.013
Approach	26 (83.9%)	7 (22.6%)	73.1%	0.000
Either	31 (100%)	17 (54.8%)	45.2%	0.000
	12 months before	12 months after		
Communication	25 (80.6%)	14 (45.2%)	44.0%	0.003
Approach	24 (77.4%)	4 (12.9%)	83.3%	0.000
Either	30 (96.8%)	16 (51.6%)	46.7%	0.000

Table 1. (Continued)

Concerning behavior	Presentations involving communications alone* (%) (N = 18)		
	2 years before	2 years after	Percentage reduction
Communication	16 (88.9%)	11 (61.1%)	31.3%
Approach	3 (16.7%)	1 (5.6%)	66.7%
Either	17 (94.4%)	11 (61.1%)	35.3%
	12 months before	12 months after	
Communication	16 (88.9%)	9 (50%)	43.8%
Approach	3 (16.7%)	1 (5.6%)	66.7%
Either	17 (94.4%)	9 (50%)	47.1%

\*Subsample sizes are too small for significance testing.  
NS, not significant.

(approach and/or communication). The decrease in communications at 12 months was significant to a lesser degree ( $p = 0.037$ ); the figure for communications at 2 years was not statistically significant. These figures appear to reflect a change in behavior from approach to communication in a proportion of the cases. In the subgroups presenting through approach only and through both approach and communication, there were likewise highly significant reductions in the number of individual cases engaging in approach and the number engaging in a combined category of approach or communication ( $p < 0.001$ ). The increase in the proportion of approach-only cases engaging in communication was not statistically significant in the small subgroups involved. The decrease in the proportion of the approach/communication presentations engaging in communication was significant at 2 years at the 0.013 level and at 12 months at 0.003. The number of communication-only presentations was too small for significance testing, although the percentage reductions were of the same order as for the whole sample and for the other presenting subtypes. Overall, the proportions engaging in any form of concerning behavior after the FTAC intervention were approximately half those for the period before FTAC referral.

It is of note that differences in the number of cases engaging in concerning approach or communication were larger for the 2-year period before FTAC referral than for the 12-month period, but not proportionately so. Possible reasons for this will be discussed later in this paper.

### **Reduction in the Number of Episodes of Concerning Approach and Communication following FTAC Intervention**

Table 2 sets out results for the total numbers of concerning approaches and concerning communications in the mirrored periods under study. It concerns the whole sample, and the manner of presentation is not considered. Whereas Table 1 concerns individuals engaging in concerning behaviors of different types before and after the FTAC intervention, the results in Table 2 look at the different frequency with which each individual engaged in concerning behavior in the period after intervention compared with the period before referral. In other words, Table 2 takes account of reductions in the frequency of the behaviors under study, rather than simply looking at their presence or absence.

The upper half of the table looks at the mirrored periods for the whole sample. For the period before and the period after, it gives the mean number of communications, approaches and a category of the two combined, together with the range and total sum of different incidents in each category. It illustrates a decrease of 57% in the number of communications over 12 months, a decrease of 75.7% in number of approaches and a decrease of 63.9% overall. The figures for the 2-year period are of the same order (59.3%, 66.2% and 64.4%, respectively). The Wilcoxon signed-rank test takes account of the number of negative ranks (cases where the number of incidents for an individual has gone down), the number of positive ranks (cases in which the number for an individual has gone up) and cases where the numbers are tied. The results show highly significant differences between the before and after periods for each of the three categories in both the mirrored periods.

The second part of the table concerns only cases where the behavior in question (communication or approach) had occurred in the periods before the incident leading to the FTAC referral. In other words, it looks at the reductions in numbers of particular

Table 2. Follow-up of 100 cases: numbers of approaches and communications before and after Fixated Threat Assessment Centre (FTAC) intervention

Whole sample	12 months before						12 months after						Positive ranks	Negative ranks	Wilcoxon Z	p	
	Mean	Range	Sum	Mean	Range	Sum	% decrease in total sum	Mean	Range	Sum	% decrease in total sum	Positive ranks					Negative ranks
Communication*	3.33	0-91	330	1.43	0-28	142	57.0%	1.79	0-37	177	59.3%	36	36	-2.799	0.005		
Approach	1.95	0-13	193	0.47	0-10	47	75.7%	0.73	0-11	72	66.2%	67	67	-6.139	0.000		
Either*	5.34	0-91	523	1.93	0-28	189	63.9%	2.38	0-39	231	64.4%	78	78	-5.727	0.000		
	2 years before						2 years after										
Communication*	4.39	0-94	435	1.79	0-37	177	59.3%	1.79	0-37	177	59.3%	38	38	-2.916	0.004		
Approach	2.15	0-13	213	0.73	0-11	72	66.2%	0.73	0-11	72	66.2%	65	65	-5.878	0.000		
Either*	6.61	0-94	648	2.38	0-39	231	64.4%	2.38	0-39	231	64.4%	75	75	-5.586	0.000		
	12 months before						12 months after										
	Mean	Range	Sum	Mean	Range	Sum	% decrease in total sum	Mean	Range	Sum	% decrease in total sum	Positive ranks	Negative ranks	Wilcoxon Z	p		
Communication* (N = 49)	6.88	1-91	330	2.69	0-28	129	60.9%	2.69	0-28	129	60.9%	7	36	-3.644	0.000		
Approach (N = 75)	2.57	1-13	193	0.61	0-10	46	76.2%	0.61	0-10	46	76.2%	4	67	-6.194	0.000		
	2 years before						2 years after										
Communication* (N = 51)	8.7	1-94	435	3.12	0-37	156	64.1%	3.12	0-37	156	64.1%	9	38	-3.839	0.000		
Approach (N = 77)	2.77	1-13	213	0.93	0-11	71	66.7%	0.93	0-11	71	66.7%	5	65	-5.933	0.000		

\*One outlier has been excluded from the items involving communications. Through computerized faxing, he communicated around 49,000 times in 12 months. Inclusion of this case, whilst giving the correct results for this sample, skews the figures, giving a figure for percentage reduction in numbers of communications and in total behaviors that is in excess of 99%.

behaviors only in those individuals who had engaged in them before the referral episode. In doing so, it avoids using cases where the behavior did not occur either before or after the episode precipitating FTAC intervention, or cases where those who had previously engaged in approach downgraded their behavior to communication. This provides a more precise view of the differences in those who had engaged in a particular behavior, by excluding consideration of those who had not engaged in the behavior. The results show a lower number of positive ranks and higher statistical significance in terms of the reduction in numbers of communications, compared with the figures for the whole sample in the first part of the table.

### Reduction in the Number of Cases in the Sample with Incidents Requiring Police Action

Table 3 summarizes the contacts between the individuals in the sample and the police in the periods under study in terms of police call-outs and stops. It presents figures for contacts involving law-breaking activity (“criminal”), those not involving law-breaking (such as those concerned with the subject’s welfare, = “non-criminal”), and those involving police participation in assessments or the execution of warrants under the Mental Health Act 1983 and its equivalents in Scotland and Northern Ireland. As with Table 1, the comparison here concerns whether or not there were any contacts in the periods before FTAC referral and the periods after FTAC intervention, rather than their number. The table shows the percentage reduction in the proportion subject to such contacts in the relevant periods before and after intervention. It also details the significance of the changes in individual cases from police contacts to no police contact between the mirrored periods. In both the 2-year and 12-month before-and-after comparisons, the decrease in cases involving any police contact was significant for criminal, non-criminal and overall contacts, but not for those involving mental health legislation. Given that the percentage reductions in contacts involving such legislation was as great as for the other categories, it is likely that the absence of significance here is attributable to small sample size. The percentage reduction in any police contact was 39.6% for the 2-year mirrored periods and 47.5% for the 12-month periods.

Table 3. Proportion of cases in the sample with incidents requiring police action

	2 years before	2 years after	Percentage reduction	McNemar test ( $\chi^2$ , $p$ )
Criminal	30	17	43.3%	6.036, 0.014
Non-criminal	26	11	57.7%	6.759, 0.009
Mental Health Act	12	6	50%	NS
Any	48	29	39.6%	9.257, 0.002
	12 months before	12 months after		
Criminal	24	13	45.8%	Exact, two-sided, 0.043
Non-criminal	21	8	33.3%	Exact, two-sided, 0.011
Mental Health Act	9	3	66.7%	NS
Any	40	21	47.5%	8.304, 0.004

NS, not significant.

## Reduction in the Number of Incidents Requiring Police Action

An analysis is set out in Table 4 of the changes in numbers of incidents involving police call-outs or stops between the periods under study. The analysis takes into account the changes in numbers of incidents for each individual in the study sample between mirrored periods. The table also presents the percentage decrease in the overall number of incidents involving police. (This differs from Table 3, which presents the percentage decrease in numbers of individuals involved.) There were significant decreases in criminal and non-criminal incidents between both sets of periods. The decrease in incidents concerning the Mental Health Act, although 60% between the 2-year periods and 70% between the 12-month periods, did not reach significance. In terms of reductions in the total number of incidents involving police call-out or stop, the decrease was 57.1% between the 2-year periods and 62.5% between the 12-month periods. Using paired tests, the reductions in total number of police call-outs/stops for the 100 individuals were significant at the  $p < 0.001$  level for both mirrored periods.

## Investigation of Possible Influence of Particular Characteristics upon Outcomes

The possible effect of the presence or absence of particular characteristics of the study cases on outcome was examined, specifically of sex, compulsory psychiatric admission as an outcome (a proxy for severity of mental illness, and marker for deprivation of liberty), motivation being pursuit of a grievance, initial concern level and past criminal convictions. This was investigated in several ways. First, these characteristics were examined as to whether or not there were any significant differences in their proportions in each of the behavior groups (communication, approach, both combined) and in each of the police call-out/stop groups (criminal, non-criminal, Mental Health Act and total) in either the before or after 12-month and 2-year groupings, considered separately. These correspond to the groups used in the paired results considered in Tables 1 and 3. However, they are each considered separately for each 12-month and 2-year period, without any form of intergroup comparison.

There were no significant differences in any of these groupings in sex or initial concern level. Specific differences emerged in terms of being motivated by the pursuit of a grievance. These concerned communications and applied to both before and after periods. Those pursuing an agenda/grievance were more likely to have communicated in the 2 years before FTAC referral [64% vs. 39.6%,  $\chi^2 = 5.850$ ,  $p 0.016$ ,  $\phi = 0.244$ , OR = 2.713 (1.198–6.145)], in the 12 months before referral (62.0% vs. 36.7%,  $\chi^2 = 5.880$ ,  $p 0.015$ ,  $\phi = 0.245$ , OR = 2.719 (1.201–6.156)], in the 12 months after FTAC intervention (56.0% vs. 16.7%,  $\chi^2 = 16.303$ ,  $p 0.000$ ,  $\phi = 0.408$ , OR = 6.364 (2.480–16.329)], and in the 2 years after FTAC intervention (60.0% vs. 20.8%,  $\chi^2 = 15.552$ ,  $p 0.000$ ,  $\phi = 0.398$ , OR = 5.700 (2.323–13.984)]. There were no significant associations between pursuing an agenda and any of the other variables. Considering the presence or absence of previous criminal convictions, the only significant difference was within the group “any police call-outs/stops in the 12 months after FTAC intervention,” a higher proportion of those with previous convictions being involved in police call-outs/stops [76.2% vs. 23.8%,  $\chi^2 = 5.270$ ,  $p 0.022$ ,  $\phi = 0.230$ , OR = 3.453(1.153–10.340)].

Table 4. n100 case follow-up: number of incidents in which police action required (i.e. police call-out or stop)

	12 months before				12 months after				Positive ranks	Negative ranks	% decrease in total sum	Wilcoxon Z	p
	Mean	Range	Sum		Mean	Range	Sum						
Criminal incidents requiring police action	0.52	0-10	52		0.23	0-6	23		9	20	55.8%	-2.261	0.024
Non-criminal incidents requiring police action	0.35	0-4	35		0.09	0-2	9		5	19	74.3%	-2.994	0.003
Mental Health Act incidents requiring police action	0.10	0-2	10		0.03	0-1	3		3	9	70.0%	-1.807	NS
Total number of incidents requiring police action	0.96	0-10	96		0.36	0-6	36		10	35	62.5%	-3.569	0.000
	2 years before				2 years after								
	Mean	Range	Sum		Mean	Range	Sum						
Criminal incidents requiring police action	0.73	0-11	73		0.33	1-9	33		10	25	54.8%	-2.451	0.014
Non-criminal incidents requiring police action	0.46	0-4	46		0.17	1-4	17		7	24	63.0%	-2.851	0.004
Mental Health Act incidents requiring police action	0.15	0-3	15		0.06	0-1	6		6	12	60.0%	-1.641	NS
Total number of incidents requiring police action	1.33	0-11	133		0.57	0-11	57		11	41	57.1%	-3.700	0.000

There were significant associations between compulsory admission as an outcome and the occurrence of any police call-outs/stops in the 12 months before FTAC referral [64.1% vs. 35.9%,  $\chi^2 = 5.493$ ,  $p = 0.019$ ,  $\phi = 0.236$ , OR = 2.679 (1.164–6.165)] and with criminal call-outs/stops in the 2 years before FTAC referral [66.7% vs. 33.3%,  $\chi^2 = 5.077$ ,  $p = 0.024$ ,  $\phi = 0.226$ , OR = 2.759 (1.125–6.765)], in the 12 months before referral [65.6% vs. 30.4%,  $\chi^2 = 4.828$ ,  $p = 0.028$ ,  $\phi = 0.221$ , OR = 2.978 (1.099–8.074)] and in the 12 months after [76.9% vs. 23.1%,  $\chi^2 = 4.504$ ,  $p = 0.034$ ,  $\phi = 0.213$ , OR = 4.017 (1.033–15.624)].

Paired McNemar tests were then performed separately on subgroups comprising those with each of the particular characteristics under consideration and those without, i.e. males: females; those pursuing an agenda: those not pursuing an agenda; those compulsorily admitted: those not compulsorily admitted; those with previous convictions: those without previous convictions; those classified as being of high initial concern: and those classified as being of moderate initial concern. For each of these groups, paired tests were performed on whether or not each individual was engaged in concerning approach, concerning communication, either of these behaviors, or had occasioned any form of police call-out/stop. Separate paired tests were undertaken comparing the 12 months before and after FTAC involvement and the 2 years before and after FTAC involvement. The fact and direction of change were the same for each comparison in all groups and corresponded to the findings for the whole sample, set out in Table 3. In terms of the disparities vis-à-vis the whole sample in whether the differences reached statistical significance, four results were of note. The reduction in the numbers experiencing police call-outs/stops in the mirrored periods did not reach significance in those who were not compulsorily detained, in females, and in those deemed of high initial concern. The latter two subgroups involved small numbers (22 and 24, respectively). Among those not pursuing an agenda, the decrease in concerning communications in both paired periods was statistically significant, in contrast to the figures for other subgroups and for the sample as a whole.

Secondly, it was investigated as to whether there were any significant differences in terms of numbers of occurrences of communications, approaches or types of police call-out/stop (these groups corresponding to those in Tables 2 and 4) in respect of any of the characteristics under consideration (i.e., sex, previous convictions etc.). Each behavioral variable was considered separately for each 12-month and 2-year period. There were no differences with pursuit of an agenda or initial concern levels. There were some differences with gender. Men wrote significantly more concerning communications in the 12 months after FTAC intervention ( $t = 2.667$ ,  $p = 0.009$ ). Women showed significantly fewer police contacts after FTAC intervention, as follows: number of criminal incidents requiring police call-out/stop in the 12 months after FTAC intervention ( $t = 2.995$ ,  $p = 0.004$ ) and in the 2 years after FTAC intervention ( $t = 2.506$ ,  $p = 0.014$ ), and total number of incidents requiring police call-out/stop in the 2 years after FTAC intervention ( $t = 2.219$ ,  $p = 0.029$ ). There were some significant differences in numbers of police call-outs/stops in the periods after FTAC intervention in those compulsorily admitted: specifically, they were responsible for more police call-outs/stops over criminal matters in the 12 months after FTAC intervention ( $t = -2.245$ ,  $p = 0.029$ ), and a greater overall number of police call-outs/stops in the 12 months after FTAC intervention ( $t = -2.108$ ,  $p = 0.039$ ). Those with previous convictions were involved in significantly more overall police call-outs/stops in the 2 years

prior to FTAC intervention ( $t = -2.446$ ,  $p = 0.017$ ) and in the 12 months prior ( $t = -2.211$ ,  $p = 0.03$ ).

Finally, paired Wilcoxon signed-rank tests were conducted on subgroups comprising those with the particular characteristics under consideration and those without, i.e., males: females; those pursuing an agenda: those not pursuing an agenda; those compulsorily admitted: those not compulsorily admitted; those with previous convictions: those without previous convictions; those classified as being of high initial concern: and those classified as being of moderate initial concern. For each of these groups, paired tests were performed on the number of times that each individual engaged in concerning approach, concerning communication, in either of these behaviors, or occasioned any form of police call-out/stop. Separate paired tests were undertaken comparing the 12 months before and after FTAC involvement and the 2 years before and after FTAC involvement. With the exception of the high initial concern group, all the changes in the parameters between periods were significant for approach, total numbers of concerning behaviors, and total police incidents. For the first two of these, significance levels were all at  $p = 0.000$ . In the high initial concern group, the decrease in the number of police call-outs/stops was not significant for either of the mirrored comparisons. For the moderate concern sample (the remainder, which constituted three-quarters of the whole sample), the decrease in numbers of police call-outs/stops was significant at the  $p = 0.000$  level. The decrease in the number of concerning communications was significant in all subgroups except those of high initial concern, those compulsorily admitted and those without previous convictions.

Examining the inter-relations of the subgroups that differed in the results above from the sample taken as a whole, the group deemed of high initial concern was significantly associated with compulsory admission [ $\chi^2 = 4.631$ ,  $p 0.031$ ,  $\phi = 0.220$ , OR = 2.929 (1.076–7.971)], but not with previous convictions. Those with previous convictions were significantly more likely to be convicted of a criminal offense in the 12 months and 2 years after FTAC intervention [ $\chi^2 = 6.538$ ,  $p 0.011$ ,  $\phi = 0.257$ , OR = 1.152 (1.037–1.280) and  $\chi^2 = 19.094$ ,  $p 0.000$ ,  $\phi = 0.439$ , OR = 1.514 (1.248–1.837), respectively]. Smaller proportions of women were deemed of high concern or were compulsorily admitted, but these differences did not reach statistical significance. As regards high concern, 28.2% of men were classified as such, compared with 10% of women.

## DISCUSSION

This study comprises a detailed and intricate exploration of approach and communication behaviors and of police call-outs/stops before and after the intervention of a threat assessment and management unit. Such studies are difficult to conduct, given the need for comprehensive access to sets of police and health service databases and the multiplicity of police forces and health providers. The access to comprehensive data provided by the configuration of FTAC and by the shape of UK confidentiality regulations is unusual. There do not appear to be any similar published exercises with which to compare the results.

In the study sample, mental illness was a prominent feature. This is in line with case series from other public figure threat assessment units, such as that for the United States Congress (Schoeneman *et al.*, 2011) and the Dutch Royal Family (van der Meer *et al.*, 2012), the relation between mental illness and the behaviors under study being



similar across countries and, indeed, historical periods (James, Farnham & Wilson, 2014). One characteristic of the case sample studied here which is probably unusual concerns case disposal: UK mental health legislation, in permitting compulsory hospital admission in the interests of a person's health, rather than only on the grounds of harm to self or others, probably results in a greater proportion of cases being managed by that route. However, the comparison of outcomes in terms of concerning behaviors and police contact shows almost no differences between those who were compulsorily admitted and those who were not. This indicates that removal of liberty through compulsory hospitalization was not a determining factor in terms of outcome. This in turn suggests that the high rate of compulsory admission in this sample is not a barrier to generalizability of results.

The first general point to emerge from the results is that concerning communications and approaches are rarely one-off events, but rather are part of a pattern of behavior. Only 3% of the sample were not recorded as having previously engaged in concerning behavior in the 2 years before the incident which led to FTAC referral. Likewise, in the 2 years after FTAC intervention, 50% of the sample had engaged in further concerning communications or approaches. This emphasizes that it would be unrealistic to expect that the intervention of a threat management unit will result in difficult behaviors ceasing. After all, in many cases these are linked to chronic mental disorder and the characteristic of such disorders is that they persist, waxing and waning both as part of the disease process and in response to periods of treatment. Rather, the task of the threat assessment unit is to manage risk, as opposed to eradicating it. Half of the cases in the study did, in fact, cease from targeting the prominent figures or sites that were their focus, or at least did so during the 2-year follow-up period, although there is no way of being sure that their attentions were not simply transferred elsewhere. In addition, there are indications in the current study that intervention can also be successful in decreasing the intrusiveness or seriousness of individuals' behaviors. For, among those whose referral to FTAC involved only approach, the proportion engaging in approach over the 12 months after intervention decreased by 68.8%, whilst the proportion of these cases that engaged in concerning communication increased by 62.3%.

The question arises as to whether, or to what degree, changes in behavior over time can be attributed to one particular intervention. The chosen follow-up periods were limited to 12 months and 2 years, because other factors are likely to come into play or increase in prominence, the longer the period considered. The interventions undertaken by FTAC, as outlined earlier, generally constituted significant events for the persons concerned, often involving a number of agencies and affecting several different areas of an individual's life (James *et al.*, 2010a; James, Farnham & Wilson, 2014). It was our view that the most likely reason for the changes observed in individuals' patterns of behavior after the FTAC intervention was the intervention itself.

The individual subjects in the study, through the mirrored design, acted as their own controls. Whereas this is an elegant means of dealing with the impracticability of having a non-intervention control group, it does not entirely remove the question as to whether it was the nature of the intervention that produced the changes in behavior. In other words, was a threat assessment and management unit really needed? Or might simple police intervention have produced a similar result? Two points here are worthy of note. Many of the concerning behaviors did not in themselves constitute criminal offenses and so would not have been likely to engender police involvement. Secondly,

48% of the cases had been subject to police call-outs or stops in the 2 years prior to referral and 40% in the 12 months prior to referral. Yet, this had not prevented subsequent behaviors of concern which had been sufficient to require a different course of action, namely referral of the case to FTAC. This underlines the fact that FTAC was created in large part because simple policing had proved insufficient as an intervention in cases of concerning attention to public figures.

This study illustrates that, following FTAC intervention, the proportion of individuals engaging in concerning behaviors decreased by around a half, and the numbers of incidents of concerning behaviors decreased by around 65%. This is substantial. It does not directly equate with a reduction in risk or concern level, with regard to which the efficacy of FTAC interventions has previously been demonstrated (James *et al.*, 2010a). However, it reflects such reductions, approach after all being a prerequisite for most forms of attack. The reduction in concerning behaviors is also important because such behaviors can cause anxiety and disruption, and reduction of these is a worthwhile aim in itself. Concerning behaviors also have a cost in terms of the use of resources. The latter point is illustrated by the matter of police call-outs/stops. The highly significant reductions both in numbers of cases provoking police call-outs/stops (47.5% in the 12-month comparisons, 39.6% with those of 2 years) and in total number of police call-outs/stops (62.5% with the 12-month periods, 57.1% with the 2-year) translate into a saving in police time which equates, at least potentially, with a reduction in policing costs.

This study examined possible influences of the presence or absence of a series of characteristics on the study results: sex; compulsory psychiatric admission as an outcome (a proxy for severity of mental illness, as well as a marker for deprivation of liberty); pursuit of a grievance; initial concern level; and past criminal convictions. Few significant differences were found, and where differences were apparent, these exhibited a degree of internal consistency. The lack of significance in the decrease of police contacts in those with previous convictions and in women probably reflects basic criminological constants: those with previous convictions are more likely to offend and so come into contact with police than those without; likewise, more men are arrested than women. The fact that the decrease in police contacts was not significant in those deemed to be of high concern may be a reflection of the categorization and of factors that caused it to be allocated. And those pursuing an agenda/grievance were presumably more likely to correspond because the nature of their mission concerned the pleading of a case.

A point that stands out in the results is that the total numbers of people engaging in concerning behaviors and the total numbers of such behaviors were greater for both sets of 2-year periods than for the 12-month periods, but not proportionately so. It is not clear why this is the case, although there are a number of possible interpretations, and the reasons may be different for the 2-year periods before FTAC involvement and for those afterwards. For the periods before, one interpretation would be that the behavior, which had to have a starting point in each individual, led in relatively short order to official attention, or at least did so when it became repetitive. For the periods afterwards, it might be that the intervention continues to have an effect and leads the behavior to peter out eventually or, at least, leads individuals to express their dissatisfactions or emotions in a different way. For those with mental illness, this might represent an accumulative effect from continued treatment.

## Limitations

The sample size in this study was limited to 100 consecutive cases requiring intervention. It is clear that a greater number would have been preferable for the analyses of subgroups, as evidenced by the wide confidence intervals for the ORs. It is possible that small numbers may have led some significant associations to have been missed. However, sample size does not, of course, detract from the significant associations that did emerge from the statistical analyses.

There can be no guarantee that some instances of concerning communication or approach may not have been recorded. This seems likely, in particular in terms of communications. However, this would only be of importance to the associations identified, if there had been a change in recording practice at some point during the study. There was no such change in terms of practices and procedures. It might be hypothesized that, once behaviors had given rise to concerns, this would have sensitized those receiving or observing them to take note and therefore engage in more complete and accurate accounting. In addition, FTAC engaged in some follow-up exercises with completed cases and this would be likely to have increased information flow. Yet, there was a significant fall in both communications and approaches in the follow-up periods. If a sensitization to referred cases did occur, it would simply mean that the significance of the changes observed in the study was even more marked than in the results presented earlier.

## CONCLUSION

The results of this study provide another small piece in the jigsaw of achieving an understanding of the problem of concerning communications and problematic behaviors towards public officials. The results emphasize the repetitive nature of the behavior and the fact that threat management is a process, not a one-off event. The study demonstrates that threat assessment units are effective in reducing concerning behaviors and police call-outs/stops. This is important in justifying their existence. In showing that their activities are likely to have an effect in reducing police time spent in dealing with this population, the results also raise the possibility that threat assessment units might actually be cost-neutral. This form of study is difficult to conduct, but its replication in another jurisdiction is desirable. It would be advantageous for such further study to be undertaken in a threat assessment unit whose procedures incorporated strict referral criteria and routine follow-up at specified time points, matters that have recently been incorporated into FTAC working practices, but which were not at the time this study was undertaken.

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