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CTPHQ-PREVENT

Addendum to Policy & Guidance

Fascination with Extreme Violence and Mass-Casualty Attacks: Interim Referrals Policy

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USING THIS DOCUMENT

This document should be used in conjunction with the CTP-PREVENT Policy, the CTCO Guide and the Channel Duty Guidance.

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A message from SNC

Prevent colleagues continue to show a high level of risk management with cases that involve a clear CT ideology (XRW / Islamist). However recent Prevent Learning and Dignate reviews have highlighted an inconsistent awareness of risks within Prevent Subjects where CT ideology is either not present, or not clear. This interim policy seeks to provide clarity of violent behaviours which could indicate a risk or become triggers for radicalisation. There should be one consistent and proportionate threshold applied to Prevent activity across radicalisation concerns, it is important to consider the harm posed to the person, as well as whether accessing support through Prevent might stop potential wider societal harm committed by the person.

This cohort of Prevent Subject is categorised under '*Fascination with extreme violence or mass-casualty attacks*'. This category was agreed in early 2024 and is included as an ideological category on the PCMT. Prior to this, Subjects within this cohort were captured under the "*School Massacre Ideology*" category. The Dynamic Investigation Framework (DIF) had included "*fascination with mass-killings or school massacres*" since early 2019, right through to its replacement by the PAF in 2024.¹

Fascination may present itself in a number of ways, all of which are explored within this document. Such cases are recognised as carrying **heightened** risk and therefore require a structured approach within Prevent Case Management (PCM). An interest in mass-casualty attacks or acts of extreme or graphic violence can indicate a heightened risk of escalation to committing similar violence themselves, despite the absence of a CT ideology. From the date of this policy, Prevent officers must treat these referrals with the same level of diligence and risk management as referrals where there are clear concerns with terrorist ideologies. This document outlines the process from initial referral to case closure, ensuring consistency with existing Prevent policies and procedures.

The cases within this category **are Prevent Relevant** and therefore decisions on risk and the management of these cases should be treated accordingly. This has been the CTP-Prevent position since 2019, and remains as such to date. This policy will support CTCOs to identify an individual who may have a fascination with extreme violence or mass – casualty attacks, and who therefore may require Prevent / Channel management.

There is no definitive list of indicators to support the decision on whether someone falls under this category or not. CTCOs are required to collate and review all the information available, and decide, if the Subject is susceptible to being drawn into terrorism, and would a multiagency panel (Channel) be the best mechanism to support them, or **prevent** that from happening. If so, it is expected that the case would be taken to Channel. This policy has been devised to drive consistency in the assessment and progression of Prevent referrals within this category.

¹ These references are also contained in CTP-Prevent operational guidance on "extremism" that has been in place since 2019, and every iteration of the CTCO Guide has explored similar matters.

Heightened Risk

Prevent Subjects identified under the “*fascination with extreme violence or mass-casualty attacks*” category pose a very particular risk. Business Assurance and Prevent Learning Reviews (PLRs) have demonstrated that Subjects showing an interest in high-profile mass-casualty attacks or extreme and graphic violence, have in a significant number of cases, escalated towards planning or committing similar violence themselves. The absence of an obvious terrorist ideological motivation does not appear to lessen the potential risk. In fact, a fascination with mass-casualty attacks or extreme graphic violence may indicate a significant step along the radicalisation trajectory, and could be a precursor to the actual planning of such activities.

Any broader vulnerabilities demonstrated by the Subject need to be considered against this interest. Historically, for example, these cases have shown the Subjects need for identity and belonging, which in itself creates a vulnerability that could be exploited by radicalising influencers. This policy explores other vulnerabilities which could heighten risk factors within these referrals and should be considered.

These referrals must be given particularly careful consideration and must be retained past the PGA stage, wherever possible. Prevent officers must exhaust all lawful and proportionate avenues of investigation, to understand the reasons for the Subjects interest and the drivers and context behind their behaviour i.e. is it a result of their mental health, neurodivergent traits, or otherwise? As this would influence the different interventions and support they require. **Dismissing a referral due solely to an apparent lack of a connection to an extreme terrorist ideology is insufficient – the focus must remain on the behaviour and the risk of potential escalation to extreme violence, against themselves or others.**

Data available for the “*fascination with extreme violence or mass-casualty attacks*” cohort, as recorded on the PCMT, is limited to date. However, work is underway across the network to allow for a clearer understanding of the risk presented by this cohort. Of all Prevent cases across the network between January 2022 – December 2024, 2% were escalated. Within one region, this cohort totalled 31% of their referrals from January 2024 to the present. Of these, 84% were closed either at information gathering stage or earlier, and 15% were progressed to Channel, significantly less than Extreme Right Wing cases (23%) and Islamist Extremism cases (26%). Of note, 68% of the cases closed at information gathering were done so as ‘non-CT referred on’, indicating there were concerns within the case which required support elsewhere. This policy is to support Prevent staff in understanding the Prevent relevant risks within this cohort, to support them in making a decision on risk, specifically at the 36 decision making stage.

What is a “Fascination with Extreme Violence or Mass-Casualty Attack” Referral?

This category is defined as:

‘Where an individual does not appear to have an identifiable ideology, but seems to have an unhealthy interest in committing extreme or mass violence, which makes them a concern for Prevent. This could include those interested in school massacres but also where violence is targeted at other settings or individuals. Previous Subjects in this cohort have shown interest in previous CT attacks across the world, even if the ideology appears to be mixed or confused. **A specific terrorist ideological motivation is not a necessary factor for this cohort.**

“Some individuals seek to support or enact TACT offences without a clear understanding of the ideology or cause they are ostensibly supporting. Therefore individuals whose ideological motivations are unclear, mixed or unstable, but who demonstrate a connection to, or personal interest in,

*extremism, terrorism or massacre, **should be given the same consideration for support** as those whose concerning ideological motivations are more consistent and obvious.” (Director for Prevent, RICU, JEXU, OSCT, Home Office, 2019, Mixed Unclear Unstable Ideologies in Prevent)*

What is “Fascination?”

“Fascination”, as used throughout this document, refers to what a Subject is particularly focused on, interested in and thinking about.

Fascination can present itself in a number of ways, including:

- Behaviour that indicates a keen interest, or even preoccupation, with something unhealthy;
- It is something ‘at the front of the mind’ of the person experiencing it;
- The Subject will ‘leak out’ their fascination in situations unrelated to the topic of the fascination itself, often without context and inappropriately;
- The Subject could deliberately manipulate a conversation to include their favoured topic, or it might ‘leak’ out of them spontaneously, in a manner that does not seem to entirely fit the conversation / situation at hand,
- And the Subject could be found researching the topic of their interest at times when it is inappropriate to do so, such as when they should be studying or working, or even in a context where they are likely to get into trouble for doing so, but they still do it anyway, demonstrating their almost obsessive interest.

The above behaviours can be presented as an isolated, one off event, for the ‘fascination’ element to be complete. If a singular event fits the above scenarios, then this **would** be considered as fascination under this category, and should be treated as potentially Prevent relevant, until all enquiry routes are exhausted to understand the rationale behind the incident or exhibited behaviours.

What is - Mass – Casualty attacks, or extreme Violence?

This policy specifically addresses a **fascination** by Subjects in **committing** mass – casualty attacks, or extreme violence with **or without** any known CT ideological connections. The procedures in this policy activate where a Subject has displayed a concerning, **or** “unhealthy,” **or** persistent fascination with **either or both** of the following criteria:

- **Mass-Casualty Attacks:** e.g.:
 - Active shooter attacks;
 - Interest in school-massacre or ‘spree killers’;
 - Creating hit-lists or ‘hate’ lists (including perceived bullies at a school as identified targets) or even diagrams of target venues;
 - Collecting detailed information about notorious mass-casualty attacks, or who defends such attacks or expressing desires to emulate such attacks, irrespective of the reason given;
 - Concerning statements, writings, or online activity indicating admiration for perpetrators of mass violence (i.e. forum posts praising mass-shooters or known terrorists);
 - Rampaging knifer attacks;
 - Vehicle-as-weapon “ramming” attacks;

- Improvised explosive attacks

Or,

- **Extreme Violence:** Acts of violence that when viewed, even if through the medium of a video, would likely prompt some level of “fight or flight” or trauma response in psychologically healthy individual, e.g.:
 - Viewing footage of real, graphic, gory, brutal or sadistic violence, such as videos of real beheadings, real murders, real torture videos, graphic videos of violent sex offences;
 - ‘Liking’, sharing or showing amusement concerning videos of graphic and extreme violence online, particularly beheading videos and torture videos;
 - Searching for weapons or explosives information;
 - Graphic, bloody videos of the deliberate and sadistic torture and unnecessary killing of mammals, particularly primates, but also dogs, cats, horses, cows, pigs, etc;
 - ‘Planning fantasies’ about carrying out such violence
- **Criminal Offences:** officers must be alive to the possibility that possession or downloading videos like these may be in themselves criminal offences.

If the topic of this fascinated and preoccupied behaviour is focused on terrorism, or committing mass-casualty attacks or extreme violence (as defined above), this would be a very strong indication that it is reasonable to suspect that the referral Subject may be vulnerable to being drawn into terrorism-related offending, or other high-harm offences. The richer intelligence picture provided by multi-agency information gathering will help unpack these issues in their contexts, either for adoption into Channel or PLP, or for more accurate onward signposting to other policing units or external agencies.

Aggravating risk factors:

The concern and risk around a Subject can be escalated significantly, if the above is demonstrated, and they have any additional vulnerability, or risk indicators, such as:

- Extremist CT ideology is mentioned (i.e. has been written or videoed in a manifesto) **if a clear CT ideology is present, then this should be treated and categorised as that ideology and not under Fascination with extreme violence and Mass Casualty attacks;**
- If this Subject has repeatedly demonstrated behaviours and there have been multiple referrals into prevent;
- Previous Violent offending (including threats and intimidation) from the Subject (PAF);
- The Subject seems to be experiencing difficulty with emotional regulation, particularly with increasing anger or aggression;
- Any known diagnoses of psychopathy or antisocial personality disorder (ASPD);
- Subject has mental ill-health, or is neurodivergent;
- Subject has a history of domestic or sexual abuse;
- Subject has a history of self-harm;

- Disguised compliance / Sincerity of change has been demonstrated by the Subject at any point;
 - The Subject has articulated a grievance narrative where they are the victim of persecution, irrespective of whether the grievance can be evidenced or seems genuine;
 - The Subject demonstrates support for or expressing any extremist or hateful causes, ideas or beliefs that are harmful to others (PAF);
 - The Subject abandons previous activities, or has become fixated with a particular issue, viewpoint, or way of living that may be harmful to the individual or others (PAF);
- The Subject has access to, or technical proficiency, in using or making weapons (PAF).

The above list is not exhaustive, however has been formed from a combination of research from the Dignate cohort and PAF indicator, as to what could increase risk in Prevent Subjects within this category.

Recap: For Subjects to be Prevent relevant under this category, they need to demonstrate the following:

- *A fascination;*
- *This fascination needs to be regarding CT ideology, or committing either mass-casualty attacks, or extreme violence. Depending on the referral, this fascination alone could make a Subject prevent relevant;*
- *However, if coupled with any of the above aggravating risk factors (or others if appropriate), then this **must** be considered to raise the level of Prevent relevance of the case, and be treated as such in decisions of risk and case management.*

Cumulative Risk Factors: All risk factors and indicators within any section of the PAF need to be considered in relation to every other risk factors and indicator. Risk factors and vulnerabilities 'stack,' with each one potentially heightening the urgency or aggravating the risk presented by the referral Subject. No risk factor that officers identify in a Subject should be viewed in isolation from any others. Officers must explore in their assessments how the presence of one risk factor might aggravate or heighten another. For example, a neuro-divergent condition alone might not be a concern, nor anger issues alone, nor lower-level violent offending alone, nor a keen interest in WWII German history alone, nor the fact that the referral Subject is being persistently bullied at school (etc.) – none of these in isolation may be particularly concerning to a Prevent assessment, but taken together they would certainly act as 'aggravating risk factors' to a Prevent referral assessment.

3d Printers

With regards to Prevent referrals linked to schools or other educational settings, the choice of weapon in the UK has been either a blunt instrument such as a hammer, a knife, or most recently (May 2024) a piece of broken glass. Whilst these have caused injuries, they have been minimal in numbers. However, the production of firearms is becoming increasingly easier, faster and cheaper with the use of 3D printers. This could potentially create a much higher casualty count, should a successfully-produced firearm be used. **The production of firearms with a 3D printer would be Prevent relevant**, and further details can be located in the CTCO guide regarding this.

Prevent Relevance

“Prevent-relevance” is the term used to designate the issues that are of interest to CTP-Prevent officers, and it is **much broader** than “Pursue-relevance.”

Prevent-relevance encapsulates **all** the concerns of Pursue-relevance around terrorism offending and its immediate precursors. However, Prevent concerns often begin far ‘upstream’ of preparatory acts for the offences described in the Terrorism Act, looking at the various ‘push-and-pull’ factors that first prompt individuals upon a radicalisation trajectory.

Since 2019, Prevent-relevance has included Subjects who appear fascinated with mass-killings, or who seek out extreme and graphic violent imagery, even in the absence of an identifiable ideology.

Officers must refer to CTP-Prevent’s “Counter Terrorism Case Officer Guide” (CTCO Guide), which explores these issues throughout. Use the ‘**Search**’ or ‘**Find**’ functions in PDF and Word copies of the CTCO Guide, entering the following key terms to provide further detailed context for these themes²:

“**Unclear ideologies,**” “**mixed ideologies,**” “**massacre,**” “**mass violence,**” “**school shooting,**” “**violent content,**” and “**leakage.**”

Example Prevent case study – Previous Prevent case, to help demonstrate how positive interventions from Channel can divert vulnerable people from potentially violent attacks.

The Subject was 15yo and arrested for committing a racially aggravated criminal damage. At the time of the arrest he made the comment “your people got killed by the man in the New Zealand Mosque attacks”. The local hate crime officer made a Prevent referral.

Due to the strange comment, a Prevent case was opened and assigned to a CTCO and the PGA was completed. In information gathering the CTCO liaised with the CAHMS, school, Social Workers and the Local Authority Prevent Lead. After asking the school to review their IT systems, it was discovered that the Subject had repeatedly searched extensively about American school shooter massacres, the dark web and weapons for two years on school systems. I3 (Open Source Internet) checks were conducted and revealed images of combat clothing and guns on his Facebook profile. The Subject was presented to Channel Panel due to his worrying school internet searches, his escalating behaviour into ‘real world’ criminal action and reference to a terrorist event. A belief that the Subject was vulnerable to being drawn into terrorism was formed due to the above, alongside his vulnerabilities of diagnosed severe OCD, SLCN, ADSD and autism.

The Subject was adopted to Channel and an Intervention Provider (IP) was commissioned. The IP built an excellent rapport and gained a greater understanding of the Subject behaviour and attitude. Although it appeared there was no extreme CT ideology, the Subjects concerning behaviour was triggered when he was socially isolated and bullied. His solution was to research school shooters and said if he could have got a gun, he might have done something similar himself.

Due to his age, the Subject was leaving school to join college and create new social interactions. Realising this could reignite concerning behaviour, the new college was introduced to the panel and measures were implemented before he joined, to assist with the transition and mitigate any risk. To provide wider and long term support, a local Autistic charity joined the panel, bringing valuable expertise and advice for the panel, the Subject, and his

² Officers should pay particular attention to the chapter headed: “**Prevent Relevance – What Should Police Look For?**” The section and page number for this chapter will vary depending on the version of the CTCO Guide officers may have to hand (the latest version is downloadable from the PCMT front page), but irrespective of this, it can be found as a hyperlink on the contents page or through a search function.

mum. The Subject remained in Channel for a year and provided him, and his mum with a greater understanding of his triggers and the support available to them both.

The Subject has not been referred again and the Prevent team received a public protection award. This is an example where a troubled young person, who was quietly on the path to potentially committing a violent attack on school students, had the right intervention, at the right time. Which supported both him and his family and allowed him to divert to a more positive future.

Enhanced Oversight for “Fascination” Cases

Inspector Oversight: A Prevent Inspector³ must be informed of every *“fascination with extreme violence or mass-casualty attack”* case, as soon as it has been identified, irrespective of what stage of the PCM process the case is currently at (PGA, information gathering, S.36, Channel, PLP). The Inspector must review the referral, the existing PCMT casefile, and the circumstances of any previous referrals concerning the same Subject, if applicable. The Inspector must discuss the case with the relevant CTCO Supervisor and agree an action plan within the PCMT casefile. The Prevent Inspector must also have sight of the case management and support plans for cases in Channel or PLP. All *“fascination with extreme violence or mass-casualty attack”* cases that have been adopted into PLP must be passed to the Inspector for pre-closure review. If the closure is deemed appropriate by the Inspector, that decision must be endorsed with a closing rationale for the action plan on the PCMT. In cases where ‘risk remains’ and are being closed in PLP, the closure must be agreed by the RPC, as per current policy.

Inspector Oversight (Pre-Closure): If a *“fascination with extreme violence or mass-casualty attack”* case is not being referred to Channel or PLP and is being considered for closure, it must be referred to the Prevent Inspector for pre-closure review. If the closure is deemed appropriate by the Prevent Inspector, that decision must be endorsed in writing, in order to close a multiple-referral case on the PCMT. This added layer of oversight ensures consistency and accountability in managing the risk posed by these complex cases.

(Note: The Prevent Inspector’s involvement in any closure decision remains mandatory in all scenarios. However a full rationale is required for these cases specifically.)

Managing “Fascination with Extreme Violence or Mass-Casualty Attack” Cases through PCM

Once a referral of this nature is received, it must progress through the standard PCM stages with the following additional considerations:

³ Or a more senior Prevent officer if no Prevent Inspector is available, up to and including the RPC.

FIMU Checks: As with all Prevent referrals, CTCOs cannot work on a “*fascination with extreme violence or mass-casualty attack*” referral until it has been deconflicted and assessed for “Pursue Relevance” by the FIMU. The FIMU will check the referral against intelligence systems, ensuring there are no immediate threats or conflicts with ongoing operations, and that any relevant intelligence from other units or agencies is considered. The fact that a referral involves a fascination with extreme violence does not remove the need for this step; it is essential to identify if the Subject is already known to law enforcement or intelligence for related concerns. **All FIMU assessment results must be recorded** on the PCMT as standard.

Prevent Gateway Assessment (PGA): All referrals must be assessed for relevance on a case-by-case basis, looking at the content and context, whilst being cognisant of the reliability of the source of the referral. Even if the referral lacks a clear CT ideological element, the reviewing officer must evaluate the information for any relevant risk factors mentioned in this policy, paying particular attention to indications of intent, capability, or planning of violence. The reliability and source of the referral should be considered, but the absence of an extremist ideology should not be a reason to disregard other Prevent-relevant risk factors.

The referral Subject’s name and address must be checked against PCMT records. Care and attention must be made to ensure that the correct spellings are entered for any PCMT search. If mandatory PCMT checks reveal that a referral Subject has been referred to Prevent previously, the interim multiple-referral policy comes into effect, particularly if previous referrals never made it past the PGA stage into Information Gathering or PLP.⁴ Subjects displaying this type of concern, who have been referred in multiple times, **must** be carefully considered before closure pre-channel or pre - PLP. This category is complex, and therefore it can be difficult for the referrer to detail their concerns in writing, or it could be misunderstood by the CTCO reviewing the referral. **If this Subject has repeatedly demonstrated behaviours for multiple partners to refer into Prevent, then the question needs to be asked ‘why’ – what is happening with this individual. We can only truly answer this, by moving the case beyond PGA and into information gathering.**

A concerning fascination with terrorism, mass-killings or school massacres, in the absence of a unifying CT ideology or narrative reason for this interest, may also be indicative of a Subject who requires support through Prevent. If these cases are being given proper consideration, then it would be fair to suggest that ‘may’ and ‘suspicion’ are fairly level terms. As a result, it is likely the test for information gathering will be met. A decision to close a “*fascination with extreme violence or mass-casualty*” referral at PGA stage should be the exception rather than the rule, and applies only where it can be clearly demonstrated that it is reasonable to believe that there is no Prevent-relevant concern present at all.

(Example: If a student is referred for frequently expressing interest in school shootings but claims it is merely for a research project, the case should still advance to information gathering to verify this claim, rather than closing outright.)

NB: if close family members (particularly parents) referred the Subject to Prevent, this indicates a heightened concern from the outset and particular care should be taken while assessing such referrals for vulnerability, risk and threat⁵.

⁴This might indicate previous-assessor error, or that the Subject is adept at hiding vulnerabilities and risks from authorities.

⁵Ostensibly, it is a greater ‘step’ for a close family member / parent to refer a loved-one to police as a radicalisation risk. This consideration may be particularly relevant if the referral also comes from a community or group that has stated a lack of trust in Prevent (or police in general) for whatever reasons.

Information Gathering and Section 36 Decision: Even if the contents of the referral have already provided the standard of a “reasonable belief” of a “vulnerability to being drawn into terrorism” (CTSA 2015, s.36), multi-agency information gathering must still take place. This is to ensure that all relevant information can be gathered to complete a comprehensive PAF to present to the Channel Panel, or to make a fully informed decision to refer the case into PLP.

All “*fascination with extreme violence or mass-casualty attack*” cases in the information gathering stage **must** be put forward for full ‘open source’ Internet Intelligence Investigation (i3) checks. These i3 checks should be completed in line with the CTP-Prevent Internet Investigation Intelligence Policy. However, other CT Units may be utilised to perform these checks if required. In such circumstances, the details of the Subject and all other relevant information/intelligence must be shared with the individual conducting the checks. A record of the information shared must be made on the PCMT. A clear direction to search for *Prevent relevant information* must be given. This is to ensure the non-Prevent officer has sufficient information to conduct a thorough and effective search and is directed to broaden their focus beyond indicators of TACT offending. Many individuals in this category leave a significant digital footprint that can significantly inform the risk assessment process. All information gathered should be documented in the PCMT case file. All i3 results, including what was searched and what platforms searched, must be recorded on PCMT.

Making the s.36 decision:

Alongside this, the usual processes for multi-agency information gathering apply and the s.36 decision must be made in the usual way. It is important for the CTCO to articulate to the panel the seriousness of the individual’s fascination with committing mass-casualty violence and why it is a public protection concern, even absent of a known extremist ideology. CTCOs should consider the information available within this document which highlights the Prevent risks Subjects within this category pose, and should consider the following when making s.36 decisions:

- Where there is an interest in massacre or violence, alongside a grievance, there is probably reasonable risk the person is vulnerable to being drawn into terrorism;
- Violence plus grievance is likely to lead to an interest in ideology;
- There is a natural overlap in methodology and attack planning, between Self-Initiated Terrorist and Subjects within the ‘*fascination with extreme violence or mass-casualty attack*’ cohort;
- Within this cohort of referrals, there are often multiple and complex risk factors present, which can often be best understood and managed, through a multi-agency setting, where the most appropriate partners can support in decision making to reduce the risk the individual poses to themselves, and others.
- CTCOs are encouraged to consider, when making a s.36 decision, if a Channel Panel or PLP will be the most effective pre-emptive approach to **stop** this person from being drawn into terrorism now or in the near future; is the Subject currently demonstrating vulnerabilities or risks, which could make them susceptible to being drawn into terrorism? Are they operating within the right setting for them to be drawn into terrorism i.e. online (dark web) or certain individuals? If so, what intervention is required to prevent this from happening?

[Appendix A](#) details two recent case studies, which were adopted and managed through the Channel process. Both received interventions specific to their needs. As a result, both were considered to have the right support processes in place, and were safely exited from the system. Neither were discovered to have CT ideological concerns and, with the right

intervention at the right time, neither have come to notice to CT police since. This demonstrates how Channel can be applied to support this cohort of Prevent Subjects.

The usual process for s.36 decisions must be applied by the CTCO and Supervisor, using the above information and guidance to support them.

CT Clinical Consultancy Service (CCS) Referral: If the CTCO, or the CTCO Supervisor, or the Prevent Inspector reasonably suspects for any reason that the referral Subject may have a mental health problem – be it any form of mental ill health or neurodiversity issue – the case must also be referred to the CCS. The suspicion must be based on something tangible, be it a diagnosis, or an admission by the Subject or a family member, or a behaviour that the Prevent officers have observed or deduced after gathering all relevant information from partners and assessed the information through the Prevent Assessment Framework (PAF). Referrals to the CCS are made after S.36 decision to retain a case in Prevent (Channel or PLP), or if a case moves straight from the PGA stage into PLP. In some circumstances, referrals can be made prior to this if the CTCO articulates clearly why CCS consultancy is necessary for a fully informed S.36 decision to be made, or if the CT risk is so clearly evident that S.36 decision is a formality and there is an imperative for addressing the mental ill health or neurodiversity aspect before it is made formally. For more detailed guidance on CCS referrals, please refer to the “CTP-Prevent referrals to the CCS - Referral criteria and timing” document.

Visiting the Subject: If, based on the intelligence available during the Information Gathering stage, the decision is made that the case **does not** meet the 36 threshold, officers must consider a contact visit to the Subject. Particularly if the Subject has not recently been visited during previous referrals into Prevent.

If it is deemed proportionate and necessary within the context of the case, officers should visit the Subject to allay any residual concerns and provide signposting to any further support that may be relevant within the circumstances.⁶ Where all intelligence gathering has been completed but there is still insufficient evidence to progress to Channel or PLP, then a contact visit should be completed to ensure there is no additional information to help meet the s.36 threshold of belief. If no visit is to be made then justification must be provided on the PCMT. *Unless, there is an exceptional operational necessity for a visit the Subject earlier (i.e. urgent safeguarding risk), in which case the CTCO supervisor must provide written explanation and authorisation on PCMT.* The visit provides officers an opportunity to identify risks that may have been too complex or subtle for the referring partner to articulate on a referral form. By visiting the Subject we can increase the likelihood that all concerns have been mitigated and all management opportunities have been exhausted. Visits do not necessarily have to take place at the Subject’s home address, although benefits of this should be established on case-by-case basis.

When it’s not proportionate, given the complexities of the case and / or the Subject i.e. the Subject is mentally unwell and the person in charge of their care advises that it’s not in their best interest to have a visit from police. Or, in cases involving children, consider the voice of the child and the impact of the visit, best practice would be to allow the most appropriate statutory partner to visit the Subject. CTP are expected to write Prevent relevant questions, and request the person conducting the visit to ask them on CTP behalf (making it clear to the subject that these are written by CT Prevent). It is expected that this should only occur by exception, and in these cases, justification for partner visit should be completed by a supervisor.

Whether the visit changes the officer(s) assessment of the Prevent-relevant risk or not, the details of the pre-visit planning and post-visit debrief must be recorded in the PCMT casefile, along with a case management update or closing rationale to the Inspector’s action plan. If,

⁶ Always consider any guidance documents that may be relevant, such as suicide awareness and other support mechanisms.

as a result of the visit, the CTCO feels that the intelligence meets the threshold of a positive 36 decision to be made, then the case must be referred to channel or PLP, as per normal policy / guidance. If the visit doesn't change the decision to close, then the Prevent Inspector must be sighted on this decision prior to closure.

During Visits: officers must be aware that a visit by CTP may in some cases trigger concerning behaviours in some vulnerable or otherwise "dangerous" people. If a Subject's Prevent issue involves belief in conspiracy theories around the State or Police, a visit by CTP may serve to convince a Subject that they are indeed being "watched" and are right to be paranoid. In some cases, a visit might make the Subject a flight risk. For **mistaken, misinformed** or **malicious** referrals to Prevent, a visit from CTP may be perceived as unnecessarily intrusive by the wrongly identified Subject. As such, CTCOs and supervisors must risk assess any visit before it takes place, utilising CTP specialist knowledge as well as the Police safeguarding considerations common for all other forms of ad hoc operational visits to potentially vulnerable members of the public. Where possible, CTCOs should wear BWVs to safeguard the Prevent Subject and Prevent staff completing the visit. Consider whether it is safe to visit - what are the potential risks? When considering the referral Subject or any family members at the same address, CTCOs should consider the following throughout the visit, and must write up everything relevant that they observed on the PCMT:

- **Appearance:** What can be observed immediately about the persons present and their demeanour prior any detailed conversation? Is there something about their appearance that is unusual or gives rise for concern? Do they look ill, unsettled, anxious? Do they seem to possess any hitherto unknown disabilities or special needs? Are their eyes glazed and dilated or large and staring? Do they appear injured or "out of sorts", e.g.: bleeding or bruising, or do they appear under the influence of any intoxicating substances?
- **Behaviour:** Is there something about their behaviour that is unusual or gives rise for concern? What are they doing physically and is it in keeping with the situation? Is their behaviour excitable, irrational, manic, or it is slow and furtive? Do they appear to be suffering from a panic attack? What is their body language telling you? Do they seem to be in distress? Are they displaying any subtle (or acute) signs of stress, fear or anger, if so, is it towards you, someone else in the house, or does it seem to be just in general?
- **Communication and Mental Capacity:** Is there something about the way that they communicate that is unusual or gives rise for concern? Is their speech slurred, slow or fast? Are they babbling or meandering aimlessly in what they are saying? Do they seem to understand what you are saying to them?
- **Environment/ Circumstances:** Is there something about the environment that is unusual or gives rise for concern? Is the premises clean and in good order, or is it chaotic, filthy or filled with a lingering bad smell? Are there any other people present who might be vulnerable (like children) or a risk to the Subject or yourselves? Are there any extremist signs or memorabilia in view? Does the Subject or anyone in the household have extremist or obviously racist tattoos on display? Are there weapons, drugs or other dangerous or illegal items on view? Does anything at all give rise to concern?
- **Danger:** Are they taking a deliberately intimidating or aggressive posture towards you or anyone else present? Do they seem to have trouble controlling their anger? Is there a risk of danger or any kind of harm to themselves, to anyone else in the vicinity, to someone not physically present with you, or to yourself?

After the visit the CTCO should update any 'come to notice' report, or create a new one if one isn't already on the system.

Disguised Compliance: prior to a visit, the possibility of disguised or false compliance (sincerity of change) must ALWAYS be considered and risk assessed on the PCMT. Several learning reviews have involved officers visiting Subjects who went on to commit offences or harm themselves. Officers often came away from the visit satisfied to close a case, based primarily upon what the Subject said or how the Subject behaved during the visit, but in spite of numerous risk factors and radicalisation indicators that had flagged up in their assessments prior to the visit. Although it is acknowledged that uncertainty is an inherent feature of operational decision making, the willingness to make decisions in conditions of uncertainty is a core professional requirement of all members of the police service. Officers must maintain an investigative mind-set and professional curiosity around anything said to them by a Subject or the Subject's family. Although officers must always behave in a respectful, professional and even empathetic manner when visiting Subjects, nothing said should be taken at face value. All uncertainties and apparent contradictions must be recorded for documentation onto the PCMT casefile, and they must be assessed against the facts and intelligence available of the case and its broader context.

Professionalism and Compliance: By adhering to the above, the closure process maintains accountability and ensures that the individual does not simply disappear from all radar screens. Every closed case of this nature should leave behind a documented trail of what was done and who (if anyone) will pick up remaining concerns, to prevent the risk of the Subject resurfacing later without support or oversight.

Channel and Police Local Process (PLP): Due to no changes being made in regards to mandating all cases to be referred to channel, and CTCOs making their own Section 36 decision, the usual policies and procedures for Channel and PLP still apply. If the Channel Panel decline to adopt the case, or the case is adopted but the referral Subject (or their legal guardian) declines to give consent for the Channel support plan, then the case will be transferred into PLP for assessment and management if necessary. If there is nothing further that CTCOs can achieve with the case in PLP, providing there is agreement by the CTCO Supervisor, Prevent Inspector, the case may be closed from Prevent. It is important for the CTCO to articulate to the panel the seriousness of the individual's fascination with mass-casualty violence and why it is a public protection concern, even absent a known extremist ideology. Note: if a case is closed as 'Risk Remains' in PLP, then this would require sign off from the RPC, as per current guidance and policy.

Case Closure: If the CTCO, the CTCO Supervisor and the Prevent Inspector all believe that in the specific context of the referral, it should be closed, the reasons for this must be fully explained in the closure rationale in conjunction with the Prevent Inspector's action plan and endorsement. Onward signposting for any unresolved safeguarding or crime prevention issues is mandatory, irrespective of what stage the case is closed from PCM. The details of any non-Prevent policing teams or safeguarding organisations that the Subject has been referred on to must be included in the closing rationale of the case. This is particularly relevant if violence or self-harm have been mentioned in the referral, with documented signposting to other policing teams and/or Child and Adolescent Mental Health Services (CAHMS)⁷ being a requirement. The following is the minimum expected when signposting risks outside of Prevent on closure:

- Recording the handoff (signposting) agency **for all referrals** on PCMT.
- Where no additional information sharing restrictions have been placed on the case (potentially including insider-threat cases or cases that are now under Pursue investigation), and bearing in mind data protection rules, the referral originator must be contacted with the referral outcome, along with a request for re-referral should concerns re-emerge/continue. This is particularly important if the Subject was referred by an educational establishment.

⁷Or adult mental health services, where relevant.

- Notification via an intelligence report to the relevant local policing team for all referrals where the Subject has **threatened violence, planned violence or committed any violence or threatened, planned or committed any hate based offences** – ensuring the policing teams are sighted on any public protection concerns.
- Referral to relevant investigation teams around any offences concerning the unlawful possession, downloading or distributing of illegal images or videos – e.g. extreme violence or animal cruelty videos, etc.

Please see below two condensed case studies involving Subjects referred in for '*Fascination with extreme violence or mass-casualty attacks*' concerns. These cases highlight some of the interventions and decision-making involved to support the Subject and mitigate CT concerns, thereby providing a successful exit out of the Channel program.

Case A

Adam was referred to Prevent due to ongoing concerns around him researching weapons, home-made bombs, and school shootings on the dark web. He had demonstrated a lack of awareness around the potential outcomes of acting on these interests. He was known to have a number of dependencies and had historic poor mental health, which was being successfully managed at the time and was awaiting an ASC assessment. Adam was looking to broaden his social inclusion, was aware of how his dependencies negatively impacted his mental health, and had some existing support locally to find employment.

Adam was adopted into Channel. Through multi-agency discussions on the Channel Panel, it was established that, although Adam was an adult, his cognitive level was significantly lower. As such, interventions were modified and adapted to take this into account. An intervention provider (IP) was commissioned to unpick and challenge the concerns from his referral, particularly around his use of the dark web. An IP was identified with specialities in Mixed, Unclear and Unstable ideologies, who also had similar sporting interests and a background suitable to allow a rapport to be quickly established. Further vulnerabilities were identified during these interventions, with mental health and social care providing additional assistance to address these, while the IP provided context and counter narratives to some of the material Adam had engaged with.

After a number of IP sessions, the IP advised that the risk of radicalisation had been fully explored regarding threat and vulnerability. The right support was now in place for Adam going forward and a lead professional was now in place. The Panel agreed that, though Adam remained a vulnerable and impressionable young person, the correct agencies were now in place via mental health and social care to continue to support him.

The concerns associated with radicalisation had significantly reduced. As such, he was closed to Channel with a support strategy in place from key partners, to assist with remaining vulnerabilities.

Case B

The Subject was an unaccompanied 15-year-old Iranian asylum seeker. While in foster care placement, the Subject was reported to have exhibited concerning behaviours, including an interest in weapons, violence, and killing. He made comments which included anti-western themes, such as "blowing-up England". The Subject was believed to be accessing material of concern via his mobile device.

The case had an allocated Social Worker, who was involved in the Channel process post-adoption. The Channel process was able to determine some background to the case through the involvement of the Home Office Immigration Team. Information gathering also determined that the Subject had been diagnosed with psychosis and that CAMHS were involved in supporting him.

An Intervention Provider (IP) was commissioned with the requisite language skills. During the course of subsequent IP sessions, an insight into the Subject's background was established. This uncovered contextual information regarding the Subject's need for identity and belonging. Many of the initial concerns regarding an interest in weapons and violence were examined and found to be connected with the Subject's previous life in a politically unstable region. It was established that there was an absence of ideological motivation and no apparent intent to cause harm.

Concurrent support was established via mental health services, social services, Active 8 and education - these provided increased protective factors. Weekly interventions with CAMHS ensured that appropriate medication was being taken. Active 8 provided support to ensure that the Subject attended school. The case was closed to Channel, following mitigation of the initial concerns.