Pilot 'Threat management'; ex-ante evaluation

Summary

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Reason for Research

In 2010, the pilot 'Threat Management' was introduced. This pilot focuses on (marginalised, troubled and fixated) individuals that threaten Dutch celebrities as a means of releasing their personal and psychological problems. The pilot phase initially concentrates on threateners of and threats against members of the Royal House and the Prime Minister. Over time the scope of the pilot will be expanded to other national celebrities holding a public position.

The goal of the pilot is to eliminate, reduce or mitigate outlined threats by means of a person-oriented approach where it is deemed necessary. To this end, a national pilot team is expected to come forward with a proposal for such an approach based on information gathered and analysed from different sources. This individual approach will be implemented regionally, for example in mental healthcare institutions (GGZ institutions) or Safety Centres. Then, the pilot team will monitor the progress and if necessary propose further interventions.

The most important promoter and producer of the pilot is the Netherlands Police Agency (KLPD), in collaboration with the National Coordinator for Counterterrorism and Security (NCTV). Other parties involved include the Royal Netherlands Military Constabulary (KMar), the Royalty and Diplomatic Protection Department (DKDB), the General Intelligence and Security Service (AIVD), regional police forces, the Public Prosecution Service (OM), the Dutch Mental Healthcare Association (GGZ), the Netherlands Institute of Forensic Psychiatry and Psychology (NIFP), as well as the Ministries of Security and Justice, the Interior, and Health, Welfare and Sport. The pilot will be evaluated after two years and if successful, the intention is to structurally develop this method.

Objective, Question and Research Methods

The Research and Documentation Centre (WODC) of the Ministry of Security and Justice has commissioned an assignment for an ex-ante evaluation to a research team of the Department of Criminal Law and Criminology of the Faculty of Law of Maastricht University. The objective of that research, of which the present report is a product, was threefold:

1) conducting a plan evaluation with the purpose of exposing and analysing the assumptions and objectives underlying the pilot;

2) determining potential bottlenecks that may occur during the execution of the pilot Threat Management;

3) developing indicators for the purpose of future process evaluation.

The objective has been fleshed out into five main questions and a large number of derived sub-questions. The first three main questions were related to exposing the ratio, objectives, methods and instruments of the pilot Threat Management and, in line with that, highlighting the differences with the previously applied approach. The research then concentrated on the questions concerning the potential of the pilot, the preconditions that have to be met in order to achieve the formulated objectives and the possible bottlenecks in the future regarding the execution of this form of 'Threat Management'. The analysis, based on an extensive literature study and a limited number of interviews with experts, showed insights that have ultimately been transformed into 25 performance indicators to be used in future process evaluations.

Success and Failure Factors

The basic principle and objectives of the pilot Threat Management have been converted into various policy documents and work processes. In order to create a basis that is as broad as possible within the various organisations involved, these steps can be

considered as positive. However, the emphasis on protocollation also has a downside. Protocollation suggests that the pilot Threat Management is predominated by a *programmed strategy*. Such a strategy often leads to social partners to only superficially comply with government policy and not actually commit. The end result is that collaborations are officially established, but that partners are still working at cross-purposes, are insufficiently led by a common interest and do not realise that they are interdependent for the success of the project. A complicated circumstance in the framework of the pilot Threat Management is also that the point of view from which the various parties perceive the underlying problems differs considerably. Although the pilot team stresses that the pilot is primarily focused on offering care, the dominant presence of investigative services in the national pilot team may, especially amongst psychiatrists and psychologists, easily lead to a different perception, that is that the care for individual patients is ultimately of secondary importance to increasing security. Such a perception may have a negative influence on the willingness within GGZ institutions to provide information on individuals in the framework of the pilot Threat Management.

The outlined method in the framework of the pilot Threat Management does not only show signs of a programmed, but also an *exploring* strategy, particularly regarding the person-oriented approach. There is considerable room for the input of regional partners during the development of this approach. For example, GGZ representatives are given ample opportunity to contribute the experience they have acquired during assertive outreach to the development of a person-oriented approach in order to deal with so-called 'care avoiders'. Furthermore, it is the endeavour to seek alliance with already existing collaborations, such as Safety Centres. It is still unclear, however, if the parties joined in such a collaboration embrace this idea.

With regard to the three main components of the work process, a number of success and failure factors have been examined. Firstly, it has been stressed that there needs to be sufficient clarity at all levels about the pilot's target group. There seems to be a consensus within the national pilot team, but whether the same goes for the regional partners is a question that cannot be answered yet at this stage. If diverging

definitions are employed, it may result in different pilot partners focusing on different types of threateners. It may also lead to what is called in literature as '*net widening*': interventions being used in cases for which they are, strictly speaking, not intended. In any case, steps have been taken in policy documents to reduce this risk and to attain the clearest possible definition of the target group. The communication to the various pilot partners should give the best possible explanation of the chosen operational definition.

Risk assessment is heavily dependent on the reliability and completeness of the information the analysis is based on, and the validity and reliability of the risk assessment instrument used. First, to start with the last aspect: There was no instrument available during the start of the pilot Threat Management that was specifically aimed towards fixated threateners, although it is the intent to develop such an instrument. To date, the pilot team has mostly employed experiences acquired by the use of risk assessment instruments developed in the field of psychology and psychiatry for the purpose of assessing the risk of violent behaviour in persons suffering from mental disorder and in the context of stalking.

Since medical and/or behavioural information is important for the assessment of a threat and the execution of the person-oriented approach, the exchange of this kind of information is a vital element in the collaboration. Exchanging medical information, however, is subject to boundaries, both legally and professionally. The most important legal question that is likely to confront the persons involved, concerns medical professional confidentiality. It is plausible that, in view of the patient's privacy and the principle that whosoever may trust physicians to remain silent on that which has become known to them, a number of carers may hold a reluctant, possibly even hesitant, approach towards the exchange of information with third parties (investigative bodies in particular). Another important aspect relating to professional confidentiality is that all parties involved possess sufficient knowledge of the boundaries that psychiatrists and other practitioners are subject to and the circumstances under which professional confidentiality can be breached. A lack of knowledge in this area may result in conflict and ignorance. The last-mentioned danger is not imaginary in the light of

differences in professional opinion and value between investigators and medical professionals. These differences may lead to parties not being able to relinquish their one-dimensional view of the work of their intended partners and, as a result of that, mostly pay lip service to the collaboration instead of wanting to put anything into practice.

Another potential bottleneck is that only a limited amount of employees of the collaborating organisations possesses the required knowledge and experience. It is of great importance that knowledge and experience is more widely safeguarded in the organisations involved. In any case, project leaders and experts who change workplaces should be stimulated to transfer their knowledge and experience by any means to colleagues occupying their position in the collaboration.

Insights and experiences that have already been acquired in specific custom care programmes can be used during the development of the person-oriented approach in the framework of the pilot Threat Management. These programmes, such as the Assertive Community Treatment (ACT), have already proven their effectiveness under certain conditions, but they are also relatively expensive. The consequences of possible additional cutbacks in healthcare can also affect the pilot Threat Management, albeit that the number of cases that are picked up per year and per region is not very large. Financial preconditions are therefore also of indirect influence to the question to be answered in future assessments about whether the person-oriented approach has reduced the threat or made it controllable.

Answering the last-mentioned question will be a matter of adequately analysing the target group's response to the interventions in the framework of the pilot. As of yet, one of the most important assumptions underlying the pilot Threat Management is that collaborating partners can subtly or heavy-handedly prevail upon confused/frustrated threateners to undergo treatment. The results of the present research show that this assumption is well-founded. Nevertheless, the possibility needs to be taken into account that the frustrations, and therefore also the threats, of parts of the target group will only increase as a result of the interference in their lives in the framework of the pilot.