

A View from the CT Foxhole: William Braniff, Director, Center for Prevention Programs and Partnerships, U.S. Department of Homeland Security

By Kristina Hummel and Samuel Bowles

William Braniff is the director of the Center for Prevention Programs and Partnerships (CP3) at the United States Department of Homeland Security. Within this capacity, he leads the Department's efforts to strengthen the country's ability to prevent targeted violence and terrorism. Braniff previously served as the START director and a professor of the practice at the University of Maryland, the director of practitioner education at West Point's Combating Terrorism Center, and an instructor in the Department of Social Sciences at West Point. Braniff is a graduate of the United States Military Academy. Following his Company Command in the U.S. Army, he attended the Johns Hopkins University School of Advanced International Studies where he received a master's degree in international relations. Braniff then served as a foreign affairs specialist for the National Nuclear Security Agency.

Braniff previously served as a member of the editorial board of the International Centre for Counter-Terrorism-The Hague, the RESOLVE Network Research Advisory Board, the Prosecution Project Advisory Board, the Hedayah Center International Advisory Board, and the Global Internet Forum to Counter Terrorism Independent Advisory Committee, as well as serving as a non-voting advisor to the Board of CHC Global. He was also a founding board member of We the Veterans and Military Families, an organization dedicated to strengthening American democracy.

CTC: You have been working in the terrorism studies and counterterrorism fields for more than 15 years, including time at the Combating Terrorism Center as Director of Practitioner Education, as Director of the University of Maryland's National Consortium for the Study of Terrorism and Responses to Terrorism (START), and in your current role as Director of DHS' Center for Prevention Programs and Partnerships (CP3). How would you characterize the arc and evolution of the terrorism studies field and the United States' approach to CT over the past decade and a half?

Braniff: I think you could argue that the decade after 9/11 was largely about integrating our special operations community with our intelligence community. We were trying to figure out how to find, fix, finish the enemy and then exploit and analyze data captured on the battlefield to increase our ability to action the next series of targets in a way that was as debilitating as possible to our adversaries.

The decade *after* the decade after 9/11, we started to really integrate our federal law enforcement efforts so that we could find, fix, finish, exploit, analyze, and prosecute here in the United States. This is in part because we weren't just focused on overseas

contingency operations; we were also focused on homegrown violent extremists here in the United States inspired by al-Qa`ida and its global movement, and then the Islamic State and its movement. Involving our federal law enforcement community became really essential.

In this decade, I would like to see us really turn our resources to prevention, not just responding to already mobilizing violent actors. Counterterrorism alone, no matter how exquisite, is reactive. It's not strategy. It's certainly not grand strategy. The closest thing we have to grand strategy in terms of decreasing the volume of targeted violence and terrorism over time is a public health-informed approach to prevention. It's not that I would like to integrate our public health community *into* the counterterrorism apparatus, but I would like to bring our public health-informed approach to targeted violence prevention to maturity here in the United States so that there is less need for traditional counterterrorism and law enforcement responses in the first place.

This proactive approach involves mental health professionals, behavioral health professionals, social workers, school counselors—individuals who already do violence prevention work, such as suicide prevention, prevention of violence against children, and intimate partner violence prevention. I would like to bring them into the targeted violence and terrorism prevention space as a way to decrease the volume of individuals who ever get to the point where they see violence as an attractive way to solve a particular problem, address a grievance, or advance a goal.

CTC: What are the advantages of a public health-informed approach to preventing terrorism and targeted violence?

Braniff: Since the mid-1980s, the public health community has treated violence as a public health issue. Over the last three-plus decades, they've funded research into the underlying factors that either increase or decrease the likelihood of violence, they've created evidence-based violence prevention programs, and they've measured and evaluated the effectiveness of those programs. By building our targeted violence prevention work on top of the existing body of literature on violence prevention more broadly, we're really standing on three decades of evidence and practice. We're not starting over, and through measurement and evaluation of our programs, we can continue to improve that evidence base specifically as it relates to targeted violence and terrorism prevention. Additionally, these principles apply equally well to different forms of targeted violence that plague Americans, including terrorism, pre-meditated hate crime, and grievance-based violence like school shootings, making this an efficient approach. Further, it allows us to benefit from a highly skilled and experienced population of violence prevention



Center for Prevention Programs and Partnerships

| Levels of Prevention | Partner Examples | Programs |
|---|---|---|
| <p>Primordial Advocating to Prevent the Development of Risk Factors</p> | <p> Policy Makers</p> <p> State & City Government</p> | <p>Civic Engagement, Youth Resilience, Law Enforcement Community Engagement</p> |
| <p>Primary Fostering resilient communities</p> | <p> Public Health Workers</p> <p> School Admins & Social Workers</p> | <p>Training and Awareness, Bystander Training, Social Cohesion Programming</p> |
| <p>Secondary Providing services to people at risk</p> | <p> School Counselors</p> <p> Mental Health Providers</p> <p> BTAM Teams</p> | <p>Referral Services, BTAM, Intervention Services</p> |
| <p>Tertiary Supporting offenders to facilitate positive community re-entry</p> | <p> Judges, Prosecutors, Defense Attorneys</p> <p> Re-Entry, Parole & Probation Officers</p> | <p>Rehabilitation and Reintegration Services, Post-Attack Recovery</p> |

The public health-informed approach to prevention work utilized by DHS’ Center for Prevention Programs and Partnerships

providers^a for the first time. This approach is the fastest way to build our national capacity for targeted violence prevention. And that’s exactly what we’re doing.

CTC: Tell us about CP3’s mission. What are its goals?

Braniff: The mission of CP3 is, in short, to build the national capacity to prevent targeted violence and terrorism. To do so, we have five lines of effort. We have a research and content development team because our work is evidence based. We have field staff who build partner capacity through technical assistance. We have a grants program to provide financial assistance to partners. We have a strategic engagement team that builds strategic partnerships internationally, at the interagency level, and with other national-level organizations from different sectors. And we have a strategic communications team to help normalize a culture of targeted violence and terrorism prevention nationally.

It’s important to note that CP3 does not conduct interventions directly. We work with partners and build their capacity to do prevention work, ranging from societal-level interventions to individual-level interventions. From the public health community, we understand that there are interventions that operate at different levels and rely on different partners to achieve different goals, but

like a defense in depth, they work together to help reduce the risk of violence.

Primordial prevention is about creating laws, policies, or norms that decrease the likelihood of violence. We work with state governments to help them write targeted violence prevention strategies, for example.

Primary prevention is about building on the strengths of individuals, relationships, and communities so that individuals in those contexts are empowered. They don’t need violence as a solution to a problem, to advance an agenda, or to address a grievance. Primary prevention programs often occur at the community level. You can imagine a primary prevention program in a high school that helps build a mentorship program to decrease risk factors for violence like social isolation and bullying. In a primary prevention context, you’re not tackling violence directly, but you’re addressing risk and protective factors, typically through strengths-based programming, to decrease the likelihood of violence in the future.

Secondary prevention programs are safety nets. If an individual is at risk of engaging in violence, you wrap your arms around that person before they’ve committed any criminal act, create a case management plan to address whatever risk factors might be in their lives, and build protective factors to buffer against those outcomes. These are what people typically think of when you think of the word ‘intervention,’ similar to a suicide intervention. If someone exhibits concerning behaviors, for example, by ideating about ‘beating the Columbine score’ or ‘starting a racial holy war,’ there is an opportunity for an intervention. These verbal ideations occur frequently in instances of targeted violence. Eighty-three percent of school shooters leak their intention, 47 percent of mass casualty

^a Editor’s Note: According to the Center for Prevention Programs and Partnerships: “For the purposes of CP3, a prevention provider is a skilled and knowledgeable professional who directly or indirectly prevents violence by helping people develop the knowledge, attitudes, and skills they need to achieve safe, positive, healthy outcomes.”

attackers leak their intention, over 80 percent of the foreign fighters who join the Islamic State and other similar groups exhibit observable indicators like leakage.¹ CP3 supports the creation of non-punitive and multidisciplinary behavioral threat assessment and management (BTAM) teams to create these safety nets.

Then there's tertiary prevention, and these are the rehabilitation and reintegration efforts that occur after someone has engaged in some sort of violent extremism or predicate crime. In some instances, these are individuals coming out of prison. In other instances, these are people who are trying to exit violent extremist movements and need help in exiting. Tertiary prevention is really important from a risk reduction standpoint. We know who these individuals are, they are relatively small in number, and they're at the highest risk of engaging in a violent outcome. Investing in their rehabilitation and reintegration is cost-effective, pragmatic risk reduction. It's also socially challenging—think NIMBY^b—and not something that the U.S. has historically invested in. We are trying to change that.

CTC: What entities is CP3 collaborating with to pursue this public health-informed approach?

Braniff: One of the things that I'm really excited about at the Center for Prevention Programs and Partnerships is that as we have adopted a public health-informed approach to our work, we have hired an incredibly diverse set of professionals to improve our ability to collaborate. We have experienced former law enforcement and individuals with homeland security backgrounds. We also have trauma-informed child counselors and public health officials who have run public health programs at the city and state level. We have social workers. We have mental health professionals who spent their careers doing co-response with law enforcement. We have talented researchers and effective communicators. We've built a multidisciplinary team that reflects the multidisciplinary network of prevention providers that we're working with around the country.

We work every day with local offices of public health, mental and behavioral health professionals, social workers, school counselors, and select law enforcement partners like school resource officers and crisis intervention teams. We also work with national organizations that have local representatives like the Safe States Alliance,^c NGOs like the Strong Cities Network,^d and national



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communities of practice like the Prevention Practitioners Network.^e Just to give you a metric: In the first five months of this calendar year, we created 184 new partnerships with prevention providers around the country.

CTC: In your remarks at a CTC conference in April, you said the goal is to “get people help before they self-medicate on violence.” This necessarily means getting far enough upstream in the radicalization process to prevent bad outcomes. What are the challenges in getting sufficiently upstream?

Braniff: When we talk to partners around the country and explain our approach, generally speaking, we're getting a really warm reception. They are looking for violence prevention solutions. They understand that we're not securitizing the conversation; we're not trying to collect intelligence or get people into a prison pipeline. We're trying to improve the health and wellness of communities. So, while there are challenges, demand from American communities is not one of them. I'll give you an example: the Targeted Violence and Terrorism Prevention Grant Program. Over the last three years, we've had a more than linear increase in the demand for those grants, such that this last year we had 178 eligible applicants requesting \$99 million worth of funding for an \$18 million grant pool. We will fund about 20 percent of the organizations that are seeking to prevent violence in American communities.

While partner organizations are engaged, one challenge that we have is convincing individual Americans that targeted violence is preventable. You turn on the news every day, and it feels as if this violence is inevitable, that there's nothing that I can do about it, and that it's ubiquitous. And of course, if people think that, they can

b Editor's Note: NIMBY ('not in my backyard') is a term to describe opposition to a project or effort close to one's own neighborhood or community because it is considered undesirable.

c Editor's Note: A non-profit organization and professional association, "Safe States Alliance is composed of over 800 injury and violence prevention (IVP) professionals and students from across the country . . . Safe States members work in a variety of public health settings, including federal, state, and local government agencies; hospitals; non-profit organizations; and colleges and universities." "Join Us," Safe States Alliance, n.d.

d Editor's Note: "The Strong Cities Network is an independent, apolitical, global network of more than 220 cities dedicated to addressing all forms and manifestations of hate, extremism and polarization that can lead to violence, within a human rights-based framework." "Information Guide," Strong Cities Network, July 2024.

e Editor's Note: "The Prevention Practitioners Network (PPN) is a national network of over 1,200 interdisciplinary professionals dedicated to using public health approaches to prevent hate-fueled violence." "Who are we?" Prevention Practitioners Network, n.d.

become resigned to the ‘fact’ that it’s just something that we have to live with. That is not the case. So, our first challenge is to convince Americans that targeted violence is preventable so that they will take an active role in prevention, including making referrals for individuals they are concerned about.

The second challenge is creating the capacity to conduct interventions: building and resourcing the behavioral threat assessment and management teams, creating and marketing the referral mechanisms, identifying clinicians who are willing to take a referral for a potential perpetrator of targeted violence, and managing those cases over time. For 20-plus years, we have held the public health community at arm’s length and said, ‘We’ve got it. This is homeland security, national security stuff.’ Now what we’re saying is, ‘We need your help. Targeted violence is not some exotic form of violence. The skills that you’ve developed for other forms of violence prevention are relevant and can be applied to targeted violence prevention because the underlying risk and protective factors are very, very similar. You have an essential role to play in this work.’

The third issue is convincing decision makers to allocate limited resources to prevention when it is hard to demonstrate that a specific prevention program prevented a specific number of incidents of violence. I believe we will overcome this challenge because the return on investment [ROI] for prevention is actually quite compelling. RAND has demonstrated that just the amount of money saved by engaging in fewer investigations, prosecutions, and incarcerations pays for prevention programs very, very quickly.² In addition to that, there’s the human and financial cost of violence averted. A mass casualty attack has direct and indirect costs that can measure in the hundreds of millions of dollars. And then there’s the positive return on investment from getting an individual access to services so that they can become more productive students, employees, and members of society.

The commissioner of the New York State Division of Homeland Security and Emergency Services, Jackie Bray, recently wrote an op-ed for the *New York Daily News* in which she recounts the last year of work that New York State has done in terms of prevention.³ We helped fund their initial behavioral threat assessment and management team, and we supported their state strategy development process. They now have behavioral threat assessment and management teams in every county and in New York City. They’ve conducted 1,200 interventions in less than a year, and she says that every one of those county behavioral threat assessment and management teams has recorded ‘saves,’ meaning lives saved. She recounts an example where an individual and that person’s family got access to support that they otherwise wouldn’t have had, and that now they’re thriving. She has also recounted publicly that in one of those instances, an individual had written a manifesto and had access to a stockpile of weapons. Convinced of the ROI of prevention, New York State now makes \$10 million of their own grant funding available per year to pay for their county-level programs. And I would argue they have covered the cost for their programs for the next three decades, let alone the lives that they’ve saved and improved.

Sharing those success stories and ensuring everyday Americans, violence prevention providers, and policymakers understand that this is a pragmatic, cost-effective, *and* scalable way to reduce risk is really important if we’re to overcome these three challenges.

CTC: Speaking of the Targeted Violence and Terrorism

“At the macro level, success is creating a culture of violence prevention in the United States akin to our culture of suicide prevention—having individuals understand that this form of violence is preventable and that they have a role play. That’s a cultural change, and it’s a really important one. We’re working to normalize targeted violence prevention, and that will go a long way to reducing the level of violence in the United States.”

Prevention Grant Program, can you walk us through what CP3 is looking for, broadly speaking, in terms of recipients of that funding?

Braniff: The Targeted Violence and Terrorism Prevention Grant Program is guided by our notice of funding opportunity, which spells out exactly what we’re looking to fund. We have priority categories that we announce each year to drive innovation in certain areas where we think the country needs to develop new promising practices. We also encourage applicants to apply for funds to replicate promising practices to increase the national capacity to prevent targeted violence.

CP3 is looking for grantees who are diverse by every measure. Grantees are diverse geographically; they come from all over the country, from urban and rural settings. They are diverse in terms of the communities they represent and work with, whether those are religious communities or minority communities or the LGBTQ+ community. They are organizationally diverse, including state, local, tribal, territorial organizations as well as universities and non-governmental organizations. We think it’s really important to build capacity across the whole of society because all of these different organizations and actors can serve as prevention providers. They all have a role to play in this work, and in fact, none of them can do this work alone.

We enlist support from dozens of civil servants across the Department of Homeland Security and interagency to help us evaluate the grant applications according to a rubric. All of the grant applications that we select are made public. As grantees wrap up their work, we publish the results—the deliverables from those grants—on our Grantee Results website⁴ to ensure that we’re fostering transparency throughout that process.

CTC: When you consider targeted violence and terrorism prevention efforts, what does success look like to you and how would you define a successful outcome in this space?

Braniff: At the macro level, success is creating a culture of violence prevention in the United States akin to our culture of suicide prevention—having individuals understand that this form

of violence is preventable and that they have a role play. That's a cultural change, and it's a really important one. We're working to normalize targeted violence prevention, and that will go a long way to reducing the level of violence in the United States.

At a more tactical level, when we invest in primary prevention programs, we want to see that we've enhanced protective factors that we know from the research are associated with a decrease in the likelihood of violence. We want to know that we've helped establish meaningful relationships between youth and an adult, that we've decreased bullying, that we've increased social inclusion. We want to know that we've increased access to mental health, behavioral health, and social services. We want to know that communities have a greater level of awareness of behavioral indicators associated with targeted violence. There are a whole host of positive outcomes that can be measured, even if you can't prove that they have resulted in a specific act of violence *not* happening. Just like with diet and exercise, we know the benefits of health markers even if we understand that improvements in our health do not guarantee we will avoid a medical issue in the future.

In the context of secondary and tertiary prevention programs, we want to know that through case management we have increased access to protective factors and we've decreased risk factors for that individual and their social network. We also want to understand outcomes in that case: Did people get access to services? Did they have to be suspended or were they able to stay employed or stay in the classroom? Have they stopped exhibiting concerning behaviors, like fixating on violence? Did they receive an equitable outcome? These are, again, all measurable outcomes.

Just as it is important to define what success is, it is also important to define what failure isn't. It is important to reject the idea that if a prevention program isn't 100 percent successful, then it's a failure. We don't think like that in any other arena of risk reduction. We don't say that the fire department, fire safety codes, or smoke alarms are useless because there was a fire. We know that they help reduce the likelihood of fires generally. In the targeted violence and terrorism prevention space, we sometimes see these strawman arguments suggesting that if a prevention program doesn't work in one instance, then the whole enterprise is a failure. That is a really self-defeating double standard, and I would encourage us not to go down that road.

Instead, it's important to benchmark the success of prevention programs against the alternative—their absence. Data from START at the University of Maryland demonstrates that 57 percent of domestic violent extremist plotters who intend to kill or injure somebody succeed in killing or injuring someone.⁵ The success rate is really high for domestic violent extremist plots in part because the law enforcement community alone cannot conduct a disruption if someone has not yet broken the law or presented an imminent and likely threat. While they may not be successful every time, early and non-punitive interventions can fill that structural gap and save lives.

CTC: So often, effective intervention in specific cases involves bystander intervention. But as we know, very often, there is hesitancy from the bystander to get involved—fear of mistaken judgment, fear of negatively impacting someone's life, fear of retribution, and so on. How does CP3 work to overcome bystander hesitancy?

Braniff: That's a great question. Bystander hesitancy is a byproduct of individuals thinking they only have one option when they witness concerning behavior, and that is to call the police. What we're trying to do at CP3 is create non-punitive opportunities for multidisciplinary interventions in which the person you're concerned about gets access to help. If you're concerned about someone, you ask him a caring question: 'Are you thinking about hurting someone, or is there something else that's got you upset?' The question really is, can we create opportunities for non-criminal justice interventions before someone gets to the point of crossing a criminal threshold, hurting themselves, or hurting others?

The answer is 'absolutely.' There is peer-reviewed research on behavioral threat assessment and management teams in schools by authors like Dewey Cornell, for example, who highlights that these programs have been running for many years with thousands of outcomes, and they result in fewer suspensions, fewer investigations, fewer incarnations, fewer incidents of violence, and more equitable outcomes for students of color.⁶ This is because these teams used structured protocols that reduce implicit bias, allow for early non-punitive interventions from helping professionals, and keep kids in school where they have a support system and access to resources. These programs work and gain traction over time.

In Colorado, there is a program called Safe2Tell. It's an anonymous tip line to support school communities. They triaged over 22,000 reports last year regarding a wide range of concerns, and they refer individuals who need support to trained professionals.⁷ The more that becomes a norm—non-punitive interventions, including when someone makes an offhand comment about engaging in an act of targeted violence—the more individuals will *turn* to these non-punitive opportunities. And that's really important—that we *normalize* targeted violence prevention.

When I was a kid, if I said, 'I don't know if I can deal with this anymore,' the common wisdom was 'don't ask Bill a question about suicide. You might push him over the edge.' It was a taboo topic, and we didn't talk about it. Today, when 83 percent of school shooters leak their intent, it's a taboo topic and people rationalize putting their head in the sand: 'I don't really take him seriously. I don't want to get him in trouble. He was probably just blustering.' If we can normalize interventions from care teams—teams that actually care about supporting these individuals—we can decrease bystander hesitancy.

CTC: One of the stated priority areas for the TVTP Grant Program is efforts that address exploitation of the online realm. In recent years, there's been increased focus in the CVE community on the gaming space as an environment that extremists can exploit, particularly via gaming adjacent platforms like Reddit, Discord, Twitch, and Steam. Do you share this concern over exploitation in the gaming space, and if so, how does CP3 think about gaming as a newer source of exploitation by bad actors?

Braniff: CP3 is primarily in the solution space. And so, when we look at games, we see an opportunity to create prevention programs. Games are a place where people have fun. They create relationships. They teach skills. So, the question is, are we going to compete for youth in those spaces and channel that opportunity into pro-social behavior, or are we going to cede that terrain and let a violent extremist recruiter use the same positive attributes of games to

convince people to engage in violent behavior? We do see gaming platforms as incredibly important given the market share that they possess and the amount of time that individuals—not just young people—spend playing games.^f But we see it as an opportunity for positive interventions, and that's how we invest our resources.

I have one employee who focuses on games and game-adjacent platforms as part of his responsibilities, and we have funded organizations through our Targeted Violence and Terrorism Prevention Grant Program that focus on the gaming space. For example, we fund an organization that helps to create Esports clubs in schools.^g Like other sports teams, these Esports clubs have a coach and each player has teammates. By creating an environment where youth have access to meaningful relationships with an adult mentor and peers, they can build a healthy culture around their gaming lifestyle.

CTC: Earlier, you mentioned that CP3 works to develop strategic international partnerships. What are those relationships, and how do they work?

Braniff: We work most closely, but not exclusively, with our Five Eyes^g partners; they each have offices similar to the Center for Prevention Programs and Partnerships. We share lessons learned and best practices. We try to create opportunities for practitioners in the United States to engage with practitioners in Canada, for example.

We also work closely with the Five RD network, which is the research and development arm of the Five Eyes partnership. Collectively, the DHS Science and Technology Directorate and their counterparts fund meaningful research that all of us benefit from as practitioners. CP3 takes a public health-informed approach to targeted violence prevention in large part due to research funded by DHS S&T and the Five RD network.

CTC: When you look at the domestic threat landscape, what keeps you up at night more? Is it the threat from domestic violent extremists? Or the threat from homegrown violent extremists? Or do you not view the threat landscape that way, in that you're trying to prevent violence from as many individuals as you can irrespective of the type of ideology they've ascribed to?

Braniff: It's more the latter. The Center for Prevention Programs and Partnerships is intended to prevent targeted violence, and targeted violence is a broader categorization of violence that would include terrorist actors, whether they are motivated by a foreign designated terrorist organization or a domestic violent extremist movement. But we're also addressing premeditated hate crimes

and grievance-based violence like many acts of school or workplace violence. That's a really broad spectrum of violence. One of the virtues of a public health-informed approach to violence prevention is it's not predicated on any specific ideology, grievance, or bias. It's really looking at underlying risk and protective factors before they manifest as any of the above. The value here is that when individuals have better coping skills, healthy relationships, and are part of communities that are more empowered, you're decreasing the likelihood of any one of those violent outcomes. Individuals who don't have access to those protective factors might wind up self-medicating on this bias, that ideology, or that grievance. But that fixation usually comes as part of a process; it's not necessarily the impetus for why the person starts down a pathway to violence.

That being said, we engage with communities around the country and listen to the things that they're concerned about. A lot of what our partners care about are the more frequent forms of violence, whether those are school shootings and instances of workplace violence, acts of premeditated hate crime or domestic violent extremism. International terrorism and homegrown violent extremism are just much less frequent forms of violence in the United States.

CTC: You are an Army veteran and a West Point graduate. You served as a founding board member of We the Veterans and Military Families, which is a nonpartisan, non-profit organization with a mission to “empower the veteran and military family community to strengthen America.”⁹ One of the organization's projects is Vet the Vote. Can you tell us about that initiative and your work for the veterans community?

Braniff: When explaining the public health-informed approach to targeted violence prevention, one of the things I mentioned is that we can take a strengths-based approach. We can invest in building the protective factors that crowd out the attractiveness of violence as a solution, and We the Veterans and Military Families has a similar philosophy. They are building on the strengths of the veteran and military family population to strengthen American democracy, harnessing their patriotism, professionalism, and sense of civic duty. In the face of anti-democratic threats against our volunteer poll workers, Vet the Vote simply asks veterans and military family members to volunteer to help their neighbors vote and make sure our elections run smoothly. And veterans and military family members have answered. They've agreed that this is a great way to serve their local community and to continue serving the nation out of uniform. It's positive. It's empowering. And the results have spoken for themselves. In three months in 2022, We the Veterans and Military Families recruited 65,000 poll workers, which was half of the national shortage at the time.

I did it in 2022, and it's the closest I've felt to putting the uniform back on, to be honest. It was really nice way to connect with my sense of public service and my community. And even though I recused myself from the board of We the Veterans when I took this job at DHS, I have signed up to Vet the Vote again this election, and I'm not alone. Already, We the Veterans and Military Families has recruited over 140,000 poll workers¹⁰—making this form of public service a new norm in our community, and ensuring we'll never have a shortage of poll workers in the future. It's a testament to the fact that when you ask veterans and military family members to serve in a positive way, they deliver. **CTC**

^f Editor's Note: “There are approximately 3.32 billion active video gamers worldwide [and today,] the video game market is worth an estimated \$282 billion.” Josh Howarth, “How Many Gamers Are There? (New 2024 Statistics),” Exploding Topics, June 11, 2024. For more on extremist exploitation of gaming-adjacent platforms, see Kristina Hummel and Madeleine Biscaichip, “A View from the CT Foxhole: Jessica White and Galen Lamphere-Englund, Co-Conveners, Extremism and Gaming Research Network,” *CTC Sentinel* 16:3 (2023).

^g Editor's Note: The Five Eyes (FVEY) is an intelligence alliance of Australia, Canada, New Zealand, the United Kingdom, and the United States.

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