Assessing and Managing the Risks in the Stalking Situation

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Stalking is a common social problem, often driven by psychiatric disorder in its perpetrators and productive of psychological and social damage in its victims. Assessing and managing the risks in the stalking situation is a task that frequently falls on the mental health professional. The concerns of risks in the stalking situation are not confined to violence but include psychosocial damage, chronicity, and recurrence, and, for the stalker, arrest and incarceration. This article outlines a structured approach to assessment and management involving domains based on the relationship between stalker and victim, the type of motivation driving the stalking, the stalker's risk profile, the victim's risk profile, and finally, the legal and mental health context. The assessment is closely linked to management strategies to counter specific ascertained risks and future hazards. These strategies will be limited, or facilitated, according to the current legal and mental health contexts that have a critical impact on the stalking situation.

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Actuarial risk assessment began with attempts to derive correlations that could contribute to evaluating the probabilities of future criminality across a wide range of offenders and contexts. Subsequent developments in the risk assessment literature have been directed toward applying clinical and nomothetic data, as well as probabilistic data, to more tightly defined groups such as sex offenders, perpetrators of domestic violence, and mentally disordered inpatients.[1–6] This article fits within this emerging literature and is directed to applying the knowledge and principles of risk assessment to the stalking situation.

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Stalking is a social problem that, because it is often associated with psychiatric disorder in its perpetrators and is productive of psychological distress in its victims, is encountered by a wide range of mental health professionals. Clinical management in the stalking situation demands a risk assessment determined primarily by the characteristics of the stalker and, to a lesser extent, by the victim's characteristics and behavior.[7–11] Risk assessments by mental health professionals should contribute to management approaches that reduce the ascertained risk. This need is just as true for those whose role is in preparing reports for courts and tribunals, as such evaluations influence not only whether mandated treatment occurs, but its likely nature. Few stalkers seek help voluntarily, and only a minority fit criteria for compulsory mental health treatment. As a result, many are managed on orders imposed by courts or parole boards. The ethics justification for such a clinical practice derives from the benefits accruing first to the stalker and secondarily to the victim.

Risk assessment in stalking situations is currently limited by a lack of prospective studies of representative samples. Clinicians and the legal decision-

makers do not, however, have the luxury of deferring action until such evidence emerges. They must, for the present, depend on integrating knowledge from stalking research, borrowing from the systematic studies of risk in other areas, and drawing on clinical experience. The paper begins with a discussion of the areas of risk for both stalking victims and stalkers before proceeding to the development of a Stalking Risk Profile. Areas that need further research are highlighted.

Types of Risk

When stalking first came to prominence, it was the perceived link with violence that led to its criminalization. Given this context, it is no surprise that the risk assessment literature on stalking has focused almost exclusively on assault. Most victims are not, in fact, assaulted.[12–14] Stalking, however, inflicts psychological and social damage as a result of chronic fear and intimidation, irrespective of the presence or absence of actual assault.[9,15–18] Stalking victims also usually want to know whether their harassment will ever end or, if it has stopped, whether it will recur. The assessment and management of risk should reflect these concerns.

Risk to victims of stalking encompasses three areas:

1. Whether the stalking will continue, or, if it has stopped, will recur;
2. Whether the victim will suffer significant psychological and/or social damage, which may include suicidal ideation or behavior;
3. Whether the stalking will escalate to physical and/or sexual assault.

Assessing and managing the stalker requires a primary focus on the risks presented to the victim, though it has to be kept in mind that stalkers are at risk from their own behavior. Stalkers usually see their problems in terms either of the recalcitrance and ill will of the victims or of third parties intruding to prevent the realization of their desires. Only the occasional stalker can see beyond the current fixation to the dangers inherent in the continuing pursuit. In reality, stalkers face several risks, including:

1. That their stalking will continue and become an all-consuming preoccupation undermining their social and psychological functioning;
2. That their actions will attract condemnation from their peers and, eventually, criminal sanctions.

There is a conflict between the stalker's desires and the victim's interests, but they are at one in being at risk of damage from the stalking situation. There can be a tragic symmetry between the victim forced to live an increasingly restricted life in a state of constant fear and the stalker's devoting all his or her time and resources to a futile and ultimately frustrating pursuit. Both the victim's and the perpetrator's lives can be laid waste. This is not to argue for equivalence between victim and perpetrator. In stalking, there are real victims and real perpetrators; one offends and the other is offended against. However, they share the chance of disaster. These perspectives, which encompass the risks to stalkers and victims, have the advantage for health professionals of minimizing the ethical dilemma concerning whose interests one is serving: the patient's or the victim's.

Risk of Continued or Recurrent Stalking

The longer stalking has lasted, the longer it is likely to persist. Nearly 50 percent of stalking situations amount to a short burst of intrusive behavior lasting only a few days and not extending beyond two weeks.[19] This form of harassment is typically perpetrated by a stranger. In contrast, stalkers who persist for longer than two weeks usually continue for many months. Persistence is reportedly high in workplace stalking and among professionals pursued by ex-patients and clients.[20–24] Those who continue to stalk over many years are in our experience either pursuing a quest for intimacy, often driven by erotomanic delusions, or are ex-partners unwilling to abandon the lost relationship.

The only published study investigating recidivism reported almost half of the sample reoffended, with most returning to stalking within 12 months.[25] The study's methodology would suggest that most, if not all, of the subjects had stalked their victims for longer than two weeks. Most likely to reoffend were the personality disordered, particularly if they were also substance abusers. An unexpected finding was that those with delusional disorder, despite their reputation for persistence, were less likely to reoffend. This could be explained by the more obviously mentally ill receiving treatment and even hospitalization during the follow-up period. Further research is needed to explore the factors that are related to persistence and recurrence.

Risk of Psychological and Social Damage

The longer the stalking lasts, the greater the potential damage to the victim.[19] The degree of fear and intimidation induced in the victim appears to be of significance, irrespective of whether a physical assault occurs, though these are not entirely independent variables.[9] Studies have failed to demonstrate a clear relationship between psychological damage and the nature of the prior relationship. Clinically, however, distress and disruption to victims are usually most obvious in ex-intimates pursued by their rejected partners, perhaps because of the higher levels of violence and intimidation combined with the complexity as well as the intensity of feelings stirred up in this situation.[26,27] The rate of suicidal ideation in stalking victims is high, but the number who progress to suicide is unknown.[17]

Risk of Threat and Violence

Between 30 and 40 percent of stalking victims are explicitly threatened.[14,16,17] Not unexpectedly, this figure is higher among stalkers referred by the court for forensic evaluation, with more than 60 percent of such stalkers issuing threats.[13,28,29] There is, in addition, the threat implicit in such behaviors as following, maintaining surveillance, and repeatedly approaching.[11] Explicit threats made by stalkers can be regarded as either instrumental, in that they are intended to manipulate the victim through fear, or spontaneous affective/reactive outbursts.[30] The victims most likely to be threatened are ex-intimates.[8,29,31] In most stalking situations, except where the target is a public figure, the presence of threats increases the risk of a progression to violence.[7,32–34] Even though most stalkers do not carry out their threats, all threats should be taken seriously, as they are distressing in and of themselves, and not enough is known to differentiate the empty threats from harbingers of assault.

Fear of violence is justified among victims of stalking, as from 10 to 33 percent are assaulted.[3,10] Physical assaults against victims are usually spontaneous acts that inflict bruises, abrasions, and lacerations.[13,14,16] Ex-intimates are the victim group at greatest risk of assault.[7,14,15,17,28,35] Rosenfeld and Harmon[10] reported that the variables associated with violence in their sample were: the stalker's being an ex-intimate; less than 30 years of age having less than a high school education; making prior threats; and being of minority race, with no significant differences between male and female stalkers. These findings are consistent with outcomes of previous studies.[7,36,37] Risks of assault are also reported to increase when the stalker has prior criminal convictions or a history of substance abuse.[13,38] Psychotic illness in the stalker reportedly decreases the risk of violence.[7,13,25,39,40] Care must be taken, however, as there is suggestive evidence that, when very serious or fatal violence occurs, it may involve a different pattern of risk factors with no association with either substance abuse or prior convictions.[41,42] McFarlane and her colleagues[43] investigated the prevalence of stalking in cases of attempted and successful femicide and estimated that more than 75 percent were stalked before the attack. While the evidence available indicates that a very low percentage of stalkers kill their victims,[8] a high percentage of those who have killed or attempted to kill women have stalked them beforehand. This apparent paradox may be explained by the dramatic difference between the base rate of stalking and that of homicide. The relative dearth of information concerning stalking-related homicide and other serious violent offenses indicates a need for further research.

As with other areas in which risk of violence is considered, the question of the availability and presence of weapons arises. In stalking cases, research suggests that there is a wide degree of variability in the reported presence of weapons, such as guns and knives.[7,40] Moreover, in some situations, objects other than knives and guns are used as weapons. Physical injuries in stalking cases occur rarely (i.e., in less than 15% of cases) and, when present, weapons are infrequently used.[12,14]

Clinical Information Base

Initial assessments of stalkers usually occur in the context of pre-sentence or parole board evaluations. Victims may be encountered in a wider range of contexts, many seeking help from general rather than forensic mental health professionals. Stalkers frequently lack insight into their behavior and tend to deny, minimize, and rationalize their actions. Victims often minimize the experience of stalking and overemphasize their own responsibility for the harassment, which should be of no surprise to anybody experienced in working with victims in other contexts. Conversely, the problem of false claims of stalking victimization cannot be entirely ignored.[44]

It is essential to assess collateral information from such sources as witness statements, victim impact reports, judges' sentencing remarks, and professional-to-professional contacts, confidentiality allowing. Attempts to contact the victim when assessing the stalker, or the stalker when assessing the victim are, in our opinion, best avoided. However skillfully managed, such contacts tend to be experienced by the victim as the professional's acting as an agent of the stalker and by the stalker as support for his beliefs that this is a misunderstanding within a mutual relationship rather than a unilateral imposition of unwanted attention. We will address this matter further when we discuss the consideration of the victim's psychological and social vulnerabilities.

A psychiatric and psychological evaluation is performed on all stalkers seen in our service.[41,45] As part of the assessment, we employ a battery of standardized tests that evaluates the individual's cognitive function, his or her experience and expression of anger, personality traits, self-image, acceptance of behavioral responsibility, and interpersonal attachment style.[41,45–50] The areas addressed in the clinical interview and psychological testing relate to concerns based on the theoretical factors pertaining to stalking (e.g., attachment) and other important considerations (e.g., cognitive capacity, anger/aggression, and personality).

Information gaps are inevitable, particularly when interviewing victims whose stalkers have not yet been brought before the courts. In many cases of persistent stalking, however, the victim is likely to know from direct knowledge, or by repute, something about the factors central to the stalker's risk profile. Extrapolations about the victim's risk profile based entirely on the stalker's account are hazardous but fortunately one can often obtain victim impact reports and victim statements.

A final caveat: risk in the stalking situation depends on the interaction, over what can be a long time, of a range of potentially fluctuating and interrelated factors. Risk changes as situations and people change. This is good news for the possible efficacy of management approaches directed at reducing risk. It is bad news for the stability of any given risk assessment that in practice must be repeatedly updated.[51]

Stalking Risk Profile

As already noted, the proper assessment and management of risks in the stalking situation requires the careful consideration of several domains of risk factors. The Stalking Risk Profile attempts to build on the work of Kropp and colleagues[11] by employing a structured professional judgment approach to risks in the stalking situation.

The Stalking Risk Profile incorporates five domains:

1. The nature of the relationship between the stalker and the victim;
2. The stalker's motivations;
3. The psychological, psychopathological, and social realities of the stalker;
4. The psychological and social vulnerabilities of the victim;
5. The legal and mental health context in which the stalking is occurring.

Domain One: Relationships in Stalking

Stalking is a drama played out between two people in a relationship of conflict and dissonance, albeit on occasion a relationship constructed entirely in the stalker's fancies and fantasies. Pathé[9] suggested that the potential relationships between stalker and victim can be that of prior intimates, friends and neighbors, casual acquaintances, professional contacts, workplace contacts, strangers encountered in day-to-day interactions, strangers who are public figures and celebrities, and secondary victims who have become entangled in the stalking because of their actual, or supposed, relationship to the primary victim. Those victim types are not mutually exclusive; for example, workplace and professional stalking usually involves non-intimate acquaintances. A more parsimonious division has been proposed into acquaintances, intimate and non-intimate, and strangers, who are either public figures or encountered in everyday interactions.[52] Research is needed to examine whether this compressed victim typology is sufficient for risk assessment purposes.

Ex-intimates are the stalking victims most likely to be threatened and assaulted. A history of domestic violence and/or jealousy before separation have been reported, in some but not all studies, to increase the risk of violence in this group.[12,34,53,54] At the other extreme, stranger stalkers present the lowest risk of assaulting their victims. Those who stalk celebrities to whom they have little if any access are unlikely to be able to perpetrate an assault, even if they have been threatening and intend their victim harm. The dramatic differences between the risks of assault for ex-

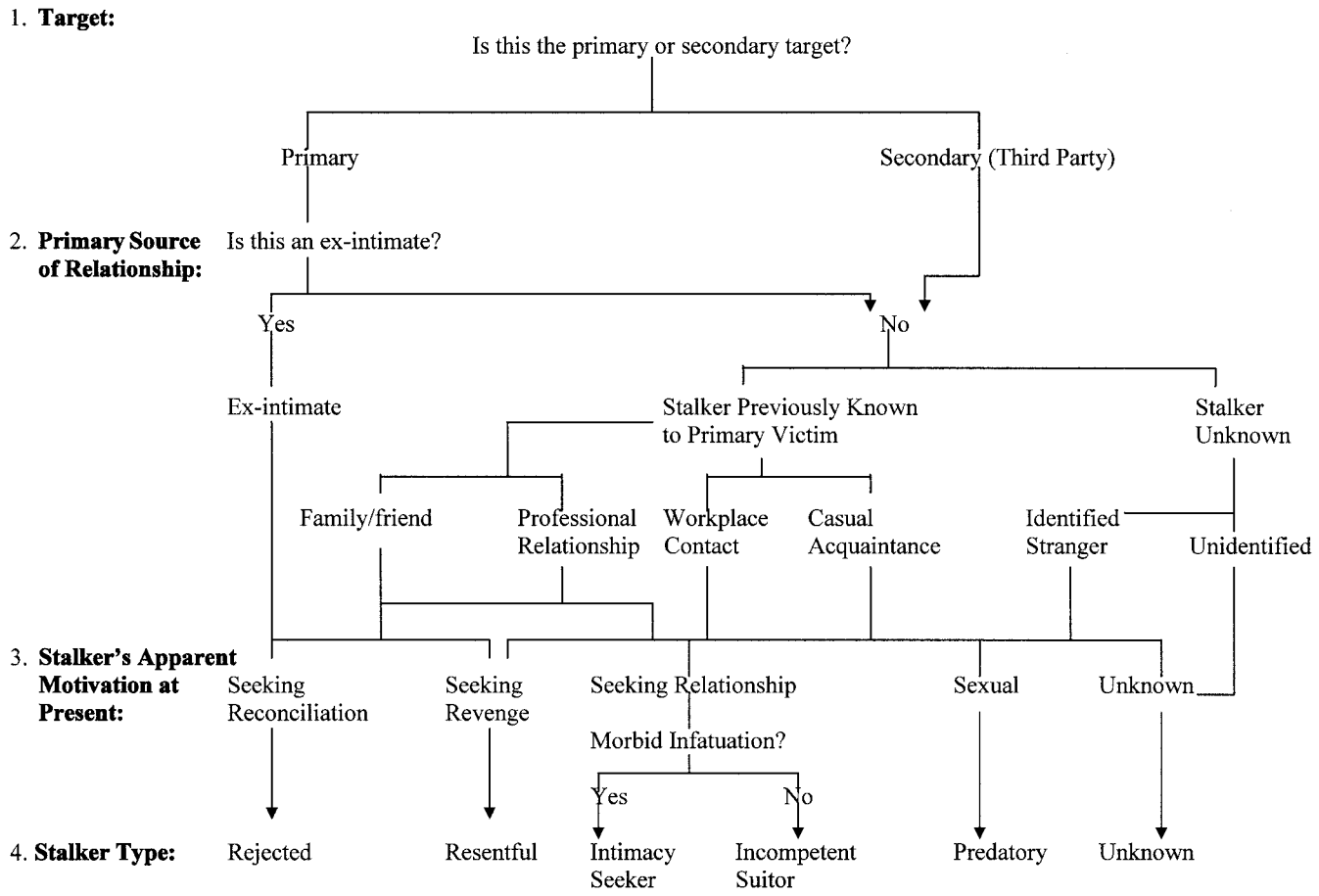

Figure 1. Establishing stalker type on the basis of limited information from the victim.

intimates and strangers, particularly those who are public figures, account for a significant amount of variance in this area.

Although no systematic data yet exist on relationship and the other types of risk, related research and our clinical impressions suggest some broad generalizations. Persistence seems higher among ex-intimates and lowest among strangers, with the exception of the small minority fixated on public figures. The social and psychological damage in our experience is greatest among those stalked by ex-intimates and those pursued by work or professional contacts. Recurrence in the same relationship is highest in ex-intimates but recurrence with a new victim is highest in those who have pursued strangers.

Domain Two: Motivation of Stalkers

On the basis of our clinical experience, we believe the stalker's motives, which both initiate and sustain the pursuit, to be central to risk assessment. Several stalker classifications have been proposed that encompass, to a greater or lesser extent, the stalker's motivations.[11,38,55–59] In this article, we employ the typology of Mullen and colleagues.[13] Assignment of stalkers to their probable type can occur even with the limited information usually available to victims (Fig. 1). Considerable research shows that the typologies of stalkers have important implications for understanding the stalker, his or her behavior, and motivations.[7,8,10–12] Thus, the starting point of any assessment of risk in stalking situations requires a careful consideration of the type of stalker.

The rejected stalker commences stalking after the breakdown of an important relationship that was usually, but not exclusively, sexually intimate in nature. The stalking reflects a desire for either reconciliation or revenge for rejection or a fluctuating mixture of both. The stalking is sustained, at least in part, by becoming a substitute for the lost relationship.

The intimacy seeker desires a relationship with someone who has engaged his or her affection and

who he or she is convinced already does, or will, reciprocate that love despite obvious evidence to the contrary. This group targets strangers, professional contacts, and acquaintances. They are prominent among celebrity stalkers. The stalking is sustained by the intrusions becoming, in the mind of the stalker, manifestations of a mutual relationship, often the only relationship in an otherwise empty life.

The incompetent suitor also engages in stalking to establish a relationship; however, unlike the intimacy seeker, he or she is simply seeking a date or a sexual encounter. This group comprises the socially and interpersonally inept who often combine a sense of entitlement to a relationship with an indifference to their targets' feelings. They usually gain few satisfactions from their approaches and so they usually rapidly abandon the pursuit. Unfortunately, they are prone to turning their unwanted attentions to new victims.

The resentful stalker sets out to frighten and intimidate the victim to exact revenge for an actual or supposed injury. The harassment is sustained by the satisfaction the stalker obtains from the sense of power and control. This group frequently issues overt and covert threats but rarely resorts to physical violence, though again, there are rare and terrible exceptions—for example, several workplace massacres have been the culmination of a campaign of resentful stalking.[20]

The predatory stalker's behavior, when the pursuit is preparatory to an assault, usually sexual, involves information gathering, rehearsal and/or fantasizing about the attack, and voyeuristic gratification. The stalking is covert so as not to alert the victim to the impending attack, but some predatory stalkers derive pleasure from making the victim aware of being watched without revealing his or her own (the stalker's) identity. Although this applies to only a small percentage of stalkers, some elements of such predatory stalking are not uncommon among those who commit serious sexual offenses.[8]

These stalking types are not always mutually exclusive, but the typology can provide a useful frame of reference for clinicians, at least until a classification based on a better empirical base emerges. Our experiences suggest the typology is broadly associated with various levels of risk in each of the areas of concern. The rejected are at high risk in all areas, whereas the incompetent are at risk largely for making threats and for recurrence of the behavior in a new relationship. Intimacy seekers are persistent, prone to recidivism with the same victim, and rarely assault, but if they fixate on those to whom they can gain direct access, they are at best a nuisance and at worst a source of considerable psychological and social stress. Health professionals should be particularly wary of this group because, when thwarted, they can make mischievous and damaging complaints.[24] The resentful create considerable disruption and distress in their victims' lives by a combination of harassment and veiled threats but rarely assault or persist for long periods. In the predatory, the risk is focused on the high probability of assault. In addition, the typology interacts with diagnosis; for example, the presence of a psychotic illness with persecutory delusions is likely to increase the risk of violence in the resentful, probably because of heightened fear and anger. But a psychotic illness associated with erotomanic delusions may well decrease the risk of violence in intimacy seekers, as they know, evidence to the contrary notwithstanding, that they are loved and eventually success will be theirs.

Domain Three: Stalker's Psychological, Psychopathological, and Social Status

Domain three requires the consideration of a range of risk factors emanating from the stalker's psychological, psychopathological, and social status. In keeping with contemporary approaches to violence risk assessment generally,[1] it is useful to review these considerations with respect to the historical, current clinical, and future hazards.

Consideration of Historical Risk Factors

The historical or static risk factors of relevance to the stalker are a mixture of specific and general risk factors present in the stalker's history that are likely to increase the level of risk of ongoing stalking and related harm. As discussed previously, when considering the risks in the stalking situation, one must be mindful of the range of possible risks, including, for example, the risk of violence. Therefore, the general factors considered cover the usual areas of concern in violence risk assessments: history of violence, prior antisocial conduct, substance abuse, psychiatric history, personality disorder, and social and relational instability. In addition, consideration of factors such as whether the stalker has used weapons in the past or has access to weapons is important, depending on the specific situation. In assessing the range of general risk factors, we find it useful to use elements of struc-

tured professional judgment risk assessment schemes such as the HCR-20[1] and the Spousal Assault Risk Assessment.[4] When used, such measures can be considered a necessary but not sufficient consideration of risk. If violence risk measures suggest high levels of risk of violence, it may be true that regardless of the details in the stalking situation, the stalker may be at risk of violent behavior. However, it is not sufficient merely to rely on violence risk assessment schemes, as they do not take into account the factors specific to the stalking situation. The stalking-specific elements to be considered are:

1. History of previously stalking others (prior patterns of behavior are likely to be repeated);
2. Number and nature of stalking methods (the more versatile, the more likely to persist and inflict damage);
3. Breaches of restraining, intervention or court orders (these increase all types of risk);
4. Trespass and other illegal intrusive activities such as hacking into victim's computer (alerts to probability of further illegal and potential violent intrusions and of itself increases impact on the victim);
5. Whether the frequency and intrusiveness of stalking is escalating or waning.

Consideration of Current Clinical Risk Factors

As with the historical risk factors, the current clinical risk factors are divided into those relevant when considering general risk for violence and related harm, and those specific to the stalking situation. Again, measures such as the HCR-20[1] are useful, but not sufficient, for the consideration of general clinical risk variables. The general factors include current mental state, substance abuse problems, treatment responsiveness, lack of insight, and negative attitudes. While factors such as mental illness and the presence of personality disorder are considered with historical risk factors, care must given to the determination of the extent to which such factors are of concern currently.

The stalking-specific current clinical factors to be considered consist of:

1. Attachment style (those dismissive of intimacy in our experience are more likely to be violent, whereas a secure attachment style, often claimed by intimacy seekers, frequently indicates a loss of contact with reality that is predictive of persistence);
2. Attitude toward victim (any capacity for empathic concern is reassuring except in the resentful whose behavior is reinforced by a knowledge that they are causing suffering);
3. State trait anger (violent behavior is associated with both poor control of anger and by failure to acknowledge angry emotions);
4. Level of social competence (giving up stalking is in many cases dependent on the ability to move on to new relationships);
5. Presence of deviant sexual arousal patterns (of specific relevance to predatory stalking);
6. Poor verbal skills (makes management even more difficult as well as predisposing to physical rather than verbal expressions of feelings and frustrations);
7. Locus of behavioral control (externalizers appear more likely to recidivate).

Consideration of Future Hazards

Building on the information obtained in considering historical and current clinical risk factors of both a general and stalking-specific nature, we then consider the future hazards that are likely to exist. As with other areas of behavior, the past risk factors and current clinical functioning with respect to risk contribute to an understanding of the factors that are likely to be of concern in the future, and the extent to which the factors are likely to be of concern. Again, this encompasses general and stalking-specific risk factors, though there is considerable overlap between the two, with the stalking-specific carrying more weight. They include:

1. Likely future contact with the victim (for example, shared child custody or work environment, that will, unless adequately managed, predispose to persistence and recurrence);
2. Feasibility of plans for avoiding stalking recidivism;
3. Underlying triggers to stalking unresolved (for example, stalker living in proximity to victim or retaining extensive memorabilia of lost relationship);
4. Continuing social instability and unemployment (unstructured and spare time invites a return to the preoccupations and ultimately the renewed stalking of the victim);
5. Social isolation (reduces the chances of developing nondeviant attachments as well as reducing the all important feedback from friends and family about the unacceptable nature of the stalker's behavior);

Table 1 The Stalker's Clinical Risk Factors and Future Hazards Specific to the Stalking Situation

Risk Factor	Management Possibilities
Clinical	
Attitudes toward, and beliefs about, the victim that sustain stalking	Appropriate legal interventions; CBT* and focused psychotherapies aimed at such areas as abandoning love, accepting loss, confronting misperceptions
The conviction that the stalker is right to engage in stalking	Enhancing victim empathy; confronting false attributions using CBT
The refusal to engage in any therapy, or conform to legally imposed restrictions on access to the victim	Ultimately confronting stalker with consequences (e.g. through breaching parole, referring back to court, etc.); employing motivational interviewing strategies to assist the stalker to appreciate the need for intervention
Social incompetence	Social skills training, therapies aimed at enhancing self-efficacy
Paraphilia	Sex offender program incorporating CBT with or without pharmacotherapy, as indicated
Future hazards	
Likely future contact with the victim	Every effort should be made to enforce a total ban on direct contact or direct communications
Lack of a feasible set of plans for avoiding a recurrence of stalking	Ensure structured plan around avoiding provocations and using protections against stalking; CBT to assist the stalker to overcome the compulsion to stalk
The underlying precipitants remain unresolved	Focused psychotherapy aimed at the areas identified in the formulation; social skills training for the inept; assistance abandoning the relationship; the treatment of paraphilias using CBT with or without pharmacotherapy, as indicated
Continuing instability to obtain residence and/or employment	Assistance obtaining housing; career counseling and active employment rehabilitation as indicated and appropriate
Continuing social isolation	Use of clubs, day centers, recreational counseling, domestic pets
Likely low level of compliance with legal restraints on contact with victim	Ensure knowledge of consequences of breaches and never collude, implicitly or explicitly, with avoiding those consequences
Likely low level of cooperation with any treatment program	Use of compulsory community treatment orders either imposed by court or as part of mental health legislation

*CBT, cognitive behavioral therapy.

6. Level of future compliance with restrictions on access to victim;

7. A willingness to accept that stalking indicates that the stalker has a problem that requires treatment.

Consideration of the historical and current clinical hazards presents a comprehensive picture of the stalker's overall psychological, psychopathological, and social status. Moreover, the information forms the basis for judging the extent to which the stalker's makeup is indicative of an increased level of ongoing risk for general or stalking-specific behavior.

The areas of clinical risk factors and future hazards are, we believe, best conceptualized in terms of the risk and its associated reduction strategy. To emphasize that essential association, brief examples of some of the risk factors and management strategies we employ and find effective are tabulated in tandem (Table 1). The range of factors and options provided are not exhaustive and are intended to provide clinicians and services with an idea of the range of risk factors and strategies available for helping to address them.

Domain Four: Victim's Psychological and Social Vulnerabilities

As stated earlier, stalking involves a dyad of perpetrator and victim. In most cases, though not all, the victim knows the perpetrator. Thus, a consideration of future stalking risk necessarily must include an examination of the victim and the victim's psychological and social vulnerabilities. As the focus of this article is on the assessment and management of future risk in the stalking situation, we briefly note the range of factors that must be considered when evaluating ongoing risks in the stalking situation. The proper assessment and treatment of stalking victims is much more involved and cannot be covered in adequate detail here.[9]

Stalking laws among jurisdictions vary in several dimensions, including whether the victim must have experienced fear. Some stalking statutes use an objective standard in which the stalker's actions are judged against whether he or she would reasonably cause fear. In other jurisdictions, statutes require that the victim either feared for his or her own safety or for the

Table 2 The Clinical Risk Factors and Future Hazards in the Victim That Aggravate Risks Presented by Stalkers

Risk Factors	Potential Management
Clinical	
Unwillingness to make use of legal protection	Advice and practical assistance in accessing police and other legal protection, advocacy when indicated
Unwillingness to engage in therapy and take advice	Encouragement to join stalking survivor groups and provision of information about stalking
Future hazards	
Anything that will compel ongoing contact with the stalker (e.g. joint custody of children, shared work environment)	Strongly encourage total ban on direct contact or direct communication; provide direction for services to assist with managing any potential for contact
Initiating contact with the stalker, out of guilt or just an inability to leave well enough alone, or through misguided efforts to negotiate an end to the harrassment	Counseling and information on stalking; stalking survivor groups; reinforcing no direct contact, no direct communications
Continuing to reject the use of legal protection and therapeutic support, or abandoning the services that have previously failed	Counseling to restore confidence in services and to provide active advocacy with law enforcement agencies and increased security
Becoming caught up in attempting to fight back rather than reduce risk	Information and counseling on hazards of this approach; counseling aimed at managing anger more constructively

safety of others (e.g., family members). Given the difference in how the statutes operate and whether they are based on a subjective or objective appraisal of fear, clinicians require various information about the victim. In all cases in which such information is available, though, the clinician requires a good understanding of the nature of the behavior and its effect on the victim.

We have mentioned that in our experience it is unwise for the clinician who is assessing the stalker to contact the victim and that it is equally unwise for the clinician who is working with the victim to contact the stalker. This does not mean that we do not believe it is critical for information about the victim to be obtained and made available to the clinician. In our work this information comes most often in victim impact statements, records of police interviews with victims, and clinical reports of victims who have been assessed and/or treated.

As with stalkers, we have found that it is useful to consider the historical, current clinical, and future hazards relevant to the victim. Significant among them is the historical or static risk factors of relevance. These represent a mixture of general and specific vulnerabilities in the victim. The general involve preexisting vulnerabilities to depressive and anxiety reactions as well as the levels of interpersonal and social support available. The specific factors pertain to victims' current and past experience of stalking behaviors and the nature of the relationships to their tormenters.

In Table 2 we set out the relevant clinical risk factors and future hazards pertaining to victims' psychological and social vulnerabilities. As with stalkers, such dynamic risk factors and hazards are considered in tandem with examples of potential management strategies.

Domain Five: Legal and Mental Health Context

The risks in stalking are critically dependent on the social and legal context in which the behavior occurs. Laws and practices vary broadly across countries and within jurisdictions. Thus, the protection available to victims and the legal practices and options for dealing with stalkers vary accordingly. Similarly, the mental health laws, available services, and practice conventions affect the services available to stalkers and victims. It is impossible, therefore, to discuss in detail the specific legal protection for victims and the level of mental health services available to victims and perpetrators. Clinicians must familiarize themselves with the stalking laws and the mental health laws and services available in the jurisdictions in which they work. As there is often a distance between written laws and practice, they must understand how, in practice, stalkers are dealt with and exactly what legal sanctions and services are employed. Clearly, when considering the risk of future stalking, clinicians must be able to have a good understanding of the methods and strategies available for dealing with the stalker. Similarly, stalking victim support services are important in ensuring that stalk-

ing victims receive treatment and support to assist them in dealing with the potential for ongoing stalking behavior.[9]

Strong anti-stalking legislation is, we believe, the bedrock on which risk reduction for victims rests, though those laws have to be understood and sympathetically applied by the police and judiciary. More research is needed that explores the actual practices for dealing with stalkers and what options are most effective. The best anti-stalking laws include provision for the mandatory mental health assessment of all those convicted of stalking and for their compulsory treatment if indicated.[60,61] Sensibly, police forces would do well to have units that deal with stalking offenses. Serving in such units should require officers to be trained to understand and appreciate the nature of stalking. Mental health professionals must be trained, and, of equal importance, funded to provide appropriate services to victims and perpetrators. There should be a coordination of services available in mental health and corrections, accompanied by community-based reintegration and management services. Sadly, to our knowledge no jurisdiction has yet reached the point of the active enforcement of good anti-stalking legislation, backed up by adequate mental health provisions for victims and stalkers.

Integration and Formulation

Consistent with the principles of structured professional judgment, the purpose of this approach is not just to fit individuals into some category of level of risk, let alone apportion them a numerical risk rating. Rather it is to consider on a case-by-case basis the risk factors and future hazards that exist so as to improve management and prevent risks from being realized. If clinicians follow the process described herein, they will have a good understanding of the nature of the relationship between the stalker and the victim, the stalker's motivations, the general psychological, psychopathological, and social realities of the stalker, the circumstances of the victim, and the legal and mental health context of the jurisdictions. Armed with this information, the clinician next commences a process of integrating the information to arrive at a formulation for the stalker's behavior and future risks and the likelihood that extant policies and services will be sufficient to ameliorate those risks in the immediate and longer term.

The integration process is first and foremost a needs analysis and the formulation of a management plan for identified risks. The nature of the relationship and the number of risk factors present will translate into the general level of risk the stalker represents. Consideration of the specific risks, based on the information gathered, will enable the clinician to identify the specific areas of concern.

Second comes an assessment of whether the chances of serious harm to the victim are so imminent, or so difficult to manage effectively, that the initial intervention with the stalker should involve control and containment via the powers of the mental health legislation or criminal courts. Again, clinicians must be familiar with the legal and mental health contexts in which they work, and it must be considered in appraising the likelihood of managing the risks identified. The level of urgency for interventions, the need for compulsory powers to ensure compliance, and even the practicality of the service's being involved at all in the case, have all to be evaluated as part of the process of formulation. Risk assessments all too readily become essays in the generation of fear, with all identified factors increasing apprehension. Stalkers can evoke disproportionate fear, even in experienced forensic mental health professionals. Although several members of our staff have been stalked, it has never been by anyone referred for stalking. That being said, appropriate measures and training to protect staff and their privacy are essential.[9,24]

The formulation should, in our view, always be shared with the patient, except in those circumstances in which their level of mental disorder makes it impossible. Part of the therapeutic process is sharing with stalkers and victims the assessment of what is driving the behavior, what the risks inherent in that behavior may be, and how best to manage the risks.

Conclusions

Stalking is a complex behavior potentially associated in the victim with psychological, social, and physical damage, and in the stalker with risks of social and psychological disruption. The effective assessment of risks in the stalking situation requires coming to grips with the actual risks inherent in the conduct as well as the nature of the stalker and victim and the legal and mental health environment in which the drama unfolds. Only a detailed and flexible risk assessment process that takes the different

forms of potential damage into account can provide a basis for management that reduces the potential harm to the victim and the stalker. Though stalking research is at too early a stage in its development to provide the clinician with a firm evidence base for assessment and management, it is at least possible to apply systematically and sensitively what is known so as to improve the outcomes for stalkers and their victims. As mentioned repeatedly, it is incumbent on both clinicians and researchers to continue with efforts to understand and validate risk assessment and management approaches for this important and unique type of victimization.

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