# Violence Risk Assessment of Stalkers



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# **CPC Definition of Stalking**

Any person who willfully, maliciously, and repeatedly follows or willfully and maliciously harasses another person and who makes a credible threat with the intent to place that person in reasonable fear for his or her safety, or the safety of his or her immediate family.

California Penal Code § 646.9. Stalking. 1990. Amended 2002.



# Stalker Typology













# Stalker Typology

- Multiple Classifications
  - Stalking is not in DSM-IV
  - Reflect qualities of what is being classified
  - Reflects needs of who is doing classification
    - i.e. Law Enforcement, Mental Health Professionals, Domestic Violence Advocates







# Stalker Typology

Rejected Stalker
Intimacy-Seeking Stalker
The Incompetent Suitors
Resentful Stalker
Predatory Stalker

Mullen (2003) Multiple Classifications of Stalkers and Stalking Behavior Available to Clinicians Psych Annals 33(10):650 656



# **Rejected Stalker**

- Breakup of close relationship (sexual/emotional)
- Motivation:
  - Reconciliation
  - Revenge
- Stalking behavior substitute for lost relationship, sustained
- Most likely to inflict violence
- Possessiveness/extreme dependence
- Personality Disordered/non-psychotic
- High number of threats (90% of cases)
- High prevalence of violence (59% of cases)



# Intimacy-Seeking

- Pursuing love they see target as ideal partner
- Persist in repeated approaches oblivious to
  - negative responses
- Lonely people
- Usually strangers
  - Occasionally MD, teachers, JDs misinterpret professional relationship
- Usually major mental disorder
  - Delusional Disorder / Psychosis
- Long-Term
- Low risk of violence but can be very violent





# **Incompetent Suitors**

- Impaired social and courting skills
- Approaches targets in manor that guarantees rejection
- Sense of entitlement to relationship
- Not in "love", just desire a date
- Usually short-term, strangers
- No major mental illness intellectually impaired
- Most common type





# **Resentful Stalker**

- Motivated by fright and distress in victim
- Appears to be revenge motivated
  - Usually feel deeply wronged themselves
  - Striking back
- Victim exemplifies past oppressors
- Typically acquaintances
  - Work / medical / lawyers
- Some psychotic / mostly suspicious, oversensitive
  - Obsessive / ruminative
- Also violent (29% of cases)



# **Predatory Stalker**

- Behavior is means to an end
- Attacks usually sexual





- Leaves notes / hang-ups / enter homes to leave mark
- High prevalence of paraphilias (Sexual Sadism)
- Stranger victims



Why are Psychiatrists & Psychologists involved in predicting violence?





# **Practical Risk Assessment**

- Prior to 1966 little attention was paid to clinical risk assessment
- **1966 Johnnie K. BAXSTROM v. HEROLD** 383 US 107 US SUPREME COURT NY
- Baxstrom prisoner in prison psychiatric hospital
- Civilly committed at end of sentence
- Left in prison hospital because state hospital didn't want him
- Writs were dismissed, transfer requests denied
- USSC Holdings:
  - Other civilly committed pts had right to hearing
  - Commitment beyond term without judicial determination that he is dangerously mentally ill violates equal protection





Facts:

- Prosenjit Poddar and Tatiana Tarasoff
- Started dating
- Mr. Poddar unfamiliar with mores of America became depressed and saw psychologist, Dr. Moore.







- Mr. Poddar revealed intent to get gun and kill Tatiana.
- Psychologist asked UCPD to hospitalize
- Poddar was discharged
- Moved into house
- Tatiana returned from vacation
- Then stalked and killed



"When a therapist determines...that his patient presents a serious danger of violence to another, he incurs an obligation to use reasonable care to protect the intended victim against such danger. The discharge of this duty may require the therapist to take one or more of various steps. Thus, it may call for him to warn the intended victim, to notify the police, or to take whatever steps are reasonably necessary under the circumstances." – Tarasoff v. UC Regents



Assessing risk of violence
 Assessment takes

 into account risk factors
 Here and Now
 Like weather forecasting



- Needs to be updated, may not be right
- Pretty good for immediate future
- Not good for long term



- Approach
  - Distinguish static from dynamic risk factors.
  - Static
    - Demographic and past history
    - Unchangeable
  - Dynamic
    - Access to weapons, psychotic symptoms
    - Active substance abuse, living conditions



- Interventions
  - Pharmacotherapy
  - Substance Abuse treatment
  - Psychosocial intervention
  - Removal of available weapons
  - Increased supervision



# "You know what you know based on what you know."

-Dr. Robert Larsen

Quality of Risk Assessment = Quality of available information



- In assessment, psychiatrists look for mental disorders
- Connection is debatable
- Most violence is committed by people WITHOUT psychiatric diagnosis





People at high risk do not always commit violent acts

People who commit violent acts may not be considered high risk





# **Stalkers**

#### Prevalence Varies

	TABLE 1.			
Frequencies	of interpersonal viole	nce amo	ng	
	samples of stalkers			

Study	N	Location	Frequency (%)
Harmon et al. <sup>5</sup>	175	New York	46
Mullen et al. <sup>6</sup>	145	Australia	36
Schwartz-Watts and Morgan <sup>7</sup>	42	South Carolina	48
Meloy et al. <sup>8</sup>	65	San Diego	46
Palarea et al.9	135	Los Angeles	76
Boon and Sheridan <sup>10</sup>	124	Britain	27
Brewster <sup>11</sup>	187	Philadelphia	46

Meloy (2003) When Stalkers Become Violent: The Threat to Public Figures and Private Lives - Psych Annals 33(10):658-665



 Strong relationship between stalking and violence
 Aggression is not >30% in the most violent groups of non-stalkers
 Rejected Stalker is most commonly

violent - 55% to 89%





- Affective / impulsive / reactive
  - Fight or flight response
  - Imminent threat rejection
  - High affective response
- Predatory Violence
  - Premeditated / planned
  - Absence of imminent threat
  - Goals: money, power, dominance, sexual gratification, revenge

Different neuronal pathways



- Private figure violence
  - Typically affective / impulsive violence
  - Prior sexual intimates
  - Assaults without weapon
  - Generally no serious physical injury
  - No psychotic diagnosis
  - Direct threats common
  - Motivation rejection, humiliation, rage
  - Frequent Violence



- Most public figure violence
  - Predatory, planned, purposeful
  - Use of weapon, usually firearm
  - Direct threats uncommon
  - Motivation varies
  - Unknown frequency



# Predictors of Stalking Violence





# **Prior Sexual Intimacy**

 Most predictive of stalking violence
 In one study, correctly classified 90% of stalkers as violent or nonviolent

In another study there was a moderate relationship



# Drug or Alcohol Abuse

Assault predicted by drug abuse Physical injury 50-80% involved in violent crimes are under the influence of alcohol at the time of the offense Stimulant Drugs Cocaine, amphetamines, and PCP Disinhibition and paranoia Cocaine – men commit crime, women victimized





from The Publisher Gro



# History of Criminality

Prior convictions for interpersonal violence variably correlated

Criminal and Court records

- Age at 1<sup>st</sup> arrest highly correlated with criminality
- Each prior episode increases risk
- Four previous arrests the probability of fifth is 80%

(Borum et al., 1996)



# Threats

Presence of threats is very common esp. with prior sexual intimates In private individuals: False Positive - 41% to 75% False Negative - 13% to 23% Public figures Only 1 in 10 attacks preceded by threat



# Threats, cont.

- Weaker correlation then expected
- Making threat increases risk but more attention should be paid to behavior of stalker
- Given low prevalence of murder (0.25%) among stalking victims, risk factors important in prevention
- Threats + Stalking powerful predictor of murder of female victim by prior sexual intimate



# Threats

- Increased risk:
  - Threatening to harm children if victim left
  - Frightening victim with weapon
  - Leaving scary notes on car
  - Threatening to kill victim
  - Following or spying on victim
  - Frightening or threatening family
- Decreased risk:
  - Hurting a pet
  - Leaving threats on answering machine



## Absence of Major Mental Disorder

- Consistent finding
- Schizophrenia, etc. negatively correlated with stalking violence
- Symptoms can also be addressed



# **Risk Assessment Summary**



- Consider Risk Factors
  - Prior sexual intimacy
  - Drug or alcohol abuse
  - History of Criminality
  - Threats
  - Absence of Major Mental Disorder
- Risk assessment is like predicting weather
  - Better for proximal events
  - Needs to be updated frequently



# **Practical Risk Assessment**



# Questions and Comments

