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ABSTRACT

The stalking literature to date has not focused on assessing and managing the risk posed by stalkers. This study explored the validity of the Structured Professional Judgement (SPJ) model of risk assessment in ex-intimate partner stalking cases and whether victim vulnerability factors (VVF$s$) add to the validity of the SPJ model. Criminal justice and mental health professionals ($N = 108$) completed an on-line file-based stalking risk assessment. Participants were randomly assigned a case history and to either the victim vulnerability condition or the non-victim vulnerability condition. Results provided evidence of components of the SPJ model (vis-à-vis risk management strategies). In addition, the results suggested participants found VVF$s$ useful in the risk assessment process. However, the victim information did not influence the number of risk factors identified nor the intensity or quality of the total risk management strategies. Possible explanations for these findings and the implications for risk assessment are discussed.

Keywords: stalking; risk assessment; victim vulnerability factors; structured professional judgment

Subject Terms: stalking-psychological aspects; stalking; risk assessment-methods; stalking victims; risk factors
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# TABLE OF CONTENTS

Approval .......................................................................................................................... ii
Abstract ............................................................................................................................ iii
Acknowledgements ........................................................................................................ iv
Table of Contents ........................................................................................................... v

## Introduction ................................................................................................................ 1
- Background and Definitional Issues ............................................................................... 3
- Risk Assessment .............................................................................................................. 6
  - Role of the Victim ......................................................................................................... 7
  - Victim Vulnerability Factors ....................................................................................... 9
- Types of Risk Assessments .......................................................................................... 10
- Stalking Assessment and Management Guidelines ...................................................... 13

## Decision-making Theories ....................................................................................... 15
- Behavioural Decision Research .................................................................................... 16
- Simon’s Decision Model ............................................................................................... 16

## Research Questions .................................................................................................. 17
- Validity of the SPJ Model .............................................................................................. 18
- Validity of the Victim Vulnerability Factors ................................................................. 18

## Method ...................................................................................................................... 19
- Overview ....................................................................................................................... 19
- Participants ................................................................................................................... 19
- Power ............................................................................................................................ 20
- Materials ...................................................................................................................... 20

### Part I: Narrative Development ........................................................................... 20
- Structure of the Narratives .......................................................................................... 22
- Content of the Narratives ........................................................................................... 23
- Conclusion of the Narratives ....................................................................................... 23
- Information in the Narratives ...................................................................................... 23

### Part II: On-line Survey ...................................................................................... 24
- Ethics of the Survey ..................................................................................................... 24
- Procedure .................................................................................................................... 25
- Design .......................................................................................................................... 30
- Data Analysis ............................................................................................................. 30

## Results ...................................................................................................................... 35
- Validity of the SPJ Model ............................................................................................. 35
- Validity of the Victim Vulnerability Factors ................................................................. 39
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exploratory Analyses</td>
<td>43</td>
</tr>
<tr>
<td>Discussion</td>
<td>45</td>
</tr>
<tr>
<td>Validity of the SPJ Model</td>
<td>45</td>
</tr>
<tr>
<td>Validity of the Victim Vulnerability Factors</td>
<td>51</td>
</tr>
<tr>
<td>Exploratory Analyses</td>
<td>58</td>
</tr>
<tr>
<td>Limitations</td>
<td>59</td>
</tr>
<tr>
<td>The Survey</td>
<td>59</td>
</tr>
<tr>
<td>The Narratives</td>
<td>60</td>
</tr>
<tr>
<td>The Design</td>
<td>60</td>
</tr>
<tr>
<td>Future Research</td>
<td>61</td>
</tr>
<tr>
<td>Conclusion</td>
<td>61</td>
</tr>
<tr>
<td>Appendices</td>
<td>65</td>
</tr>
<tr>
<td>Appendix A</td>
<td>65</td>
</tr>
<tr>
<td>Appendix B</td>
<td>66</td>
</tr>
<tr>
<td>Appendix C</td>
<td>77</td>
</tr>
<tr>
<td>Appendix D</td>
<td>85</td>
</tr>
<tr>
<td>Appendix E</td>
<td>86</td>
</tr>
<tr>
<td>Appendix F</td>
<td>95</td>
</tr>
<tr>
<td>Appendix G</td>
<td>125</td>
</tr>
<tr>
<td>Appendix H</td>
<td>126</td>
</tr>
<tr>
<td>Appendix I</td>
<td>127</td>
</tr>
<tr>
<td>Appendix J</td>
<td>128</td>
</tr>
<tr>
<td>Appendix K</td>
<td>130</td>
</tr>
<tr>
<td>Reference List</td>
<td>137</td>
</tr>
</tbody>
</table>
INTRODUCTION

Stalking is a pervasive but largely under-explored problem (O’Connor & Rosenfeld, 2004). Most of the stalking literature to date has focused on descriptions of stalkers, the nature of stalking, and victim mental health consequences (O’Connor & Rosenfeld, 2004). Comparatively, there is a paucity of research addressing the criminal justice response to stalking, particularly with regard to assessing and managing the risk posed by stalkers. Risk assessment in stalking cases is important because stalking is pervasive, it induces fear in victims, and it can lead to violence against the victim and his or her family and friends (Kropp, Hart, & Lyon, 2002).

Stalking is targeted violence against one particular individual instead of violence towards a random person or number of people (Kropp et al., 2002). In certain ways, the targeted nature of stalking decreases the complexity of risk assessment relative to general violence but increases it in other ways. It decreases the complexity because it is known that future violence will be directed toward a particular person (Kropp et al., 2002). It increases the complexity because there are different risk factors that are considered than in a risk assessment for general violence, such as victim factors that speak to the transactions between the perpetrator and victim (Kropp et al., 2002). It is not only the characteristics and behaviour of the perpetrator that are accounted for in a risk assessment, but also the interaction between the perpetrator and the victim. Intimate partner violence (IPV) is often the precursor to stalking once the victim leaves the relationship so IPV is the closest form of violence to stalking. There are several risk assessment tools that address IPV (e.g., SARA; Kropp, Hart, Webster, & Eaves, 1995). Although stalking, IPV, and general violence have partially overlapping risk factors, there
are enough unique factors to warrant separate risk assessment measures to manage stalkers and aid in the development of safety planning for victims.

This document begins with a general background on stalking, including prevalence rates and behaviours that constitute stalking. The next section discusses the risks posed to stalking victims, typologies of stalkers and why risk assessment measures are important in stalking cases. Different types of risk assessment measures are discussed and suggestions for increasing the validity of these measures are explored, specifically the utility of victim vulnerability factors as defined in the Stalking Assessment and Management Guidelines (SAM; Kropp, Hart, & Lyon, 2006).

This research addressed several questions relevant to aspects of the Structured Professional Judgment (SPJ) model of risk assessment (described below) and the evaluation of strategies that may increase the validity of the SPJ model. The SPJ model has been tested in terms of its predictive validity but not its criterion related validity. This type of validity compares the accuracy of one measure with another measure that has demonstrated validity. The summary risk ratings of SPJ measures generally has been demonstrated to be valid in terms of predictive validity (e.g., Kropp & Hart, 2000 ). It this study, the summary risk judgments would be compared to management strategies in the context of stalking. Criterion related validity of the SPJ model would be indicated by a relationship between the summary risk ratings (i.e., low, moderate, high risk) and the number of risk factors on the one hand, and the number of management strategies on the other in actual stalking cases. This is because the summary risk ratings reflect the amount of effort needed to impede the perpetrator’s current stalking behaviour (Kropp et al., 2006). The amount of effort is reflected in the number and type of risk management strategies that are then suggested based on the number and type of risk factors identified in a given case. Thus, a small number of risk factors will in many cases lead to
a small number of less restrictive risk management strategies. This, in turn, will typically correspond to a lower level of future risk for violence.

A second focus of this study was the victim vulnerability factors included in the SAM. Stalking is violence in a relationship so both individuals involved in the relationship are important to the risk assessment process. The perpetrator is committing the act of stalking but it is a particular victim who is the target. It is because of this relationship that victim vulnerability factors are important in research. This study explored several questions: (1) Do victim vulnerability factors help in (a) increasing the validity of the summary risk judgments for stalking cases and (b) implementing more appropriate risk management strategies beyond just using stalking behaviours and perpetrator risk factors? and (2) Do users find the victim vulnerability factors useful in conceptualizing risk scenarios, risk management strategies and the summary risk judgments in stalking cases?

Background and Definitional Issues

Several recent stalking prevalence studies in North America indicate that stalking is a serious concern. In the United States, estimates indicate that 8% of females and 2% of males have been the victims of stalking at some point in their lifetime (Tjaden & Thoennes, 1998). The Family Violence Survey in Canada reported that 11% of females and 7% of males were stalked between 1999 and 2004, which is the same rate as in British Columbia (Canadian Centre for Justice Statistics, 2005). These prevalence studies also provide information on the characteristics of stalking perpetrators. The vast majority of stalking perpetrators are males (Canadian Centre for Justice Statistics, 2005; Tjaden & Thoennes, 1998). In Canada, 90% of perpetrators in stalking cases sampled from police investigational files and in national victim surveys were male (Canadian Centre for Justice Statistics, 2000; Garrod, Ewert, Field, & Warren, 1995). Stalking
perpetrators are also more likely to be ex-intimate partners than acquaintances or strangers (Canadian Centre for Justice Statistics, 2005).

Stalking is not a new concept in the law or in the psychology literature. Following the death of the actress Rebecca Shaeffer at the hands of a stalker, Canada enacted anti-stalking legislation in 1993. The Canadian Criminal Code (section 264) (Criminal Code, 1985) criminalizes stalking behaviours as Criminal Harassment (see Appendix A). The main components of the criminal harassment legislation are: (a) a behaviour that would be considered criminal harassment (i.e., unwanted following), (b) that behaviour is repeated, and (c) the behaviour instills fear in the victim.

Although the Criminal Code definition of criminal harassment considers stalking behaviours and the victim’s perception of the stalking, it does not include the stalker’s motivation. This motivation may not be integral to charging a person with criminal harassment, but it is key for risk assessment and management. Part of the development of management strategies involves knowledge of the perpetrator’s motivation for stalking a particular victim. This knowledge can aid in tailoring management strategies to the specific case and the individuals involved (perpetrator and victim). Once the motivation is established, possible scenarios of future stalking behaviour can be developed and management strategies chosen to curtail the stalking behaviour.

Typologies of stalkers based on stalking behaviours are one possible way to understand stalkers’ motivations. The developers of the SAM (Kropp et al., 2006) posit a typology that includes stalkers who are known to the victim and those who are unknown to the victim. Stalkers who are known to the victim are more common and will be described here. This group includes: (a) erotomanic stalkers, (b) love obsessional stalkers, (c) grudge stalkers, and (d) ex-intimate partners (Kropp et al., 2002). The erotomanic stalker suffers from erotomania, a delusional disorder, and believes that the victim is in love with him or her. The best estimate of the prevalence of delusional
disorder in the general population is about 0.03% and in studies of clinical populations, it is 1-2% of admissions to inpatient mental health facilities (American Psychiatric Association (APA), 2000). Females are more likely to suffer from erotomania in clinical samples. In contrast, forensic samples indicate males are more likely to exhibit erotomania (APA, 2000).

The love obsessional stalker is someone who would be considered a casual acquaintance of the victim but develops a very strong amorous attachment to the victim. According to the Canadian Centre for Justice Statistics (2005), 12% of females were stalked by someone known to the victim by sight only, and 16% of males were stalked by someone known to the victim by sight only.

The grudge stalker does not have an intimate relationship with the victim. Instead, this stalker is an angry, resentful individual who is seeking retribution for some perceived wrong; the legitimacy of the perceived wrong is irrelevant. The exact prevalence of this type of stalker is unknown because the relationship between the stalker and the victim could fall into several categories (e.g., co-worker, friend).

Lastly, the ex-intimate stalker, the most common type of stalker, has a previous intimate relationship with the victim but uses the stalking behaviours to show control and ownership of the victim once the relationship has ended. In the study by the Canadian Centre for Justice Statistics (2005), 20% of female victims were stalked by either a current or an ex-intimate partner but only 11% of males were stalked by either a current or an ex-intimate partner. Although each type of stalker has a different motivation, any of them has the potential to escalate to violence.

Unfortunately, the precise base rate of violence in stalking cases remains uncertain (Kropp et al., 2002). In a review of the literature, the rate of violence over 13 published studies with 11 unique samples (1,155 individuals), was 39% (Rosenfeld, 2004). In comparison, the rates of serious violence among spousal assault cases in
Canada (i.e., choked victim; use of a weapon) were 23% for female victims and 15% for male victims in 2005 (Canadian Centre for Justice Statistics, 2005). The rate of spousal homicides in Canada between 1994 and 2003 was 18% of solved homicides (Canadian Centre for Justice Statistics, 2005). The above violence rates demonstrate the threat posed to victims of stalking. Therefore, it is important that professionals have the ability to assess the risk for recidivism and the risk for violence in stalking.

**Risk Assessment**

Risk assessment, and other prevention strategies, for all types of violence historically have focused on the perpetrator because it is the perpetrator who is engaging in the violent behaviour (Epstein, Bell, & Goodman, 2005). Research management and prevention in stalking is still in its infancy but much can be drawn from other related areas, such as IPV. Studies have demonstrated a relationship between IPV and stalking (Dutton, Kaltman, Goodman, Weinfurt, & Vankos, 2005), stating that stalking is an extension of IPV after the relationship has ended (Mechanic, Uhlmansiek, Weaver, & Resick, 2000). In the IPV realm, society pushed for zero tolerance criminal justice policies (e.g., pro-arrest policies) and batterer treatment programs (Goodman & Epstein, 2005). Although there is some evidence for the success of these initiatives (e.g., Barnett, 2000; Cattaneo & Goodman, 2003), pro-charge and pro-arrest policies often left victims frustrated and angry because these were blanket policies and not individualized (e.g., Brown, 2000). The IPV literature has begun to explore the importance of the role of the victim in risk assessment, especially his or her own perception of the risk posed by the perpetrator (Cattaneo & Goodman, 2003; Heckert & Gondolf, 2004; Weisz, Tolman, & Saunders, 2000). The role of the victim should be explored in conjunction with the perpetrator, but not overshadow the perpetrator’s behaviour and the harm being caused to the victim. Although the research is moving in
the right direction, the focus needs to be widened to incorporate the victim and the role the victim plays in risk assessment (Cattaneo, 2007; Goodman & Epstein, 2005).

**Role of the Victim**

Information from the victim and about the victim can both increase the victim’s safety and decrease the perpetrator’s risk for continued stalking and escalation. Stalking occurs in the context of a relationship between the perpetrator and victim (Kropp et al., 2002). In fact, it is the perpetrator’s desire to develop or maintain the relationship with the victim (against the victim’s will) that results in violence (Kropp et al., 2002). In this case, there is an interaction between the two parties so it is logical to explore risk factors for the perpetrator and victim in tandem. Victim vulnerability factors are those characteristics that render a victim more vulnerable to stalking by the perpetrator. One reason victim vulnerability factors are not included in clinical practice and research is the fear that these factors will be seen as laying blame on the victim and that he or she is somehow responsible for the violence – similar to blaming a rape victim because she was intoxicated (e.g. Cameron & Stritzke, 2003). Although the situation of an intoxicated rape victim is often used inappropriately in laying blame for a sexual assault (Holloway & Jefferson, 1998), the victim’s safety can be increased if the assessor knows this information and can suggest a plan to deter future victimization. In fact, research has demonstrated that the victim’s perception of his or her own risk is often accurate and is an important addition to risk assessment (e.g., Cattaneo & Goodman, 2003). The point is not to lay blame on the victim; it is the perpetrator who has committed the crime. Instead, victim vulnerability factors might be valuable in impeding the perpetrator’s access to the victim, protecting the victim, and preventing future violence. Victims’ assessments of their own risk were better predictors of future assaults than other risk factors (Heckert & Gondolf, 2004) and studies have shown that victims are likely accessing information
assessors do not have when assessing their own risk (Cattaneo, 2007). Therefore, victim vulnerability factors will potentially provide the assessor with more information about the interaction between the victim and perpetrator which will hopefully lead to both better informed safety plans for the victim and higher quality management strategies for the perpetrator.

Another reason victim vulnerability factors are not routinely considered in risk assessments is the worry that the focus will shift from the perpetrator to the victim when it is the perpetrator’s behaviour that needs managing. It is not a shift that is needed but an incorporation of victim vulnerability factors into the risk assessment process. Because stalking is an interaction between two people, the victim and perpetrator mutually influence each other through their actions. This has become more important in other similar violence areas such as intimate partner violence. It is increasingly being acknowledged in the literature that intimate partner violence is mutual and that women perpetrate violence at similar rates to men (e.g., Archer, 2000). If, for example, arguments involve the participation of both parties, this interaction is important from both a safety planning (usually women are injured more often; e.g., Tjaden & Thoennes, 2000) and a management perspective. Similarly, if a stalking victim is agreeing to meet and speak to the stalker out of fear, the victim may unwittingly reinforce the perpetrator’s behaviour because the perpetrator perceives the meeting as proof that the victim wishes to continue a relationship. This information may lead to higher quality management strategies for the perpetrator and a more detailed safety plan for the victim.

As outlined above, ex-intimate partner stalkers are the largest group of stalkers but they are not the only type of stalker who resorts to violence. Because research demonstrates that women generally suffer more serious injuries than men in the context of relationship violence (e.g., Tjaden & Thoennes, 2000), being aware of the dynamics of the stalking interaction and especially victim vulnerability factors is likely of the utmost
importance in preventing violence and securing the victim's safety. Hence, there are legitimate and empirically supported reasons to focus on factors associated with potential victims in terms of reducing risk.

**Victim Vulnerability Factors**

In terms of victim research, the stalking literature has not ventured beyond the mental health consequences of stalking. Information on victim vulnerability factors for stalking must be drawn from other areas of psychology, specifically the IPV and sexual violence literature but also more general areas as well, such as mentally ill populations. For instance, in a study of 936 patients across 16 mental health agencies, severely mentally ill people were victims of violent crime 11 times more often than the general public (Teplin, 2005), suggesting that certain features of mental disorder might elevate the odds of being victimized. Similarly, among 130 psychiatric patients in New Zealand, 87.7% of the sample reported a lifetime history of victimization (McFarlane, Schrader, Bookless, & Browne, 2006). In addition, participants reporting victimization had, on average, more previous psychiatric admissions suggesting that the psychiatric illness pre-dated some of the victimization.

In IPV, the literature has pointed to a variety of victim-related “protective” factors including employment, quality of life, social support, and availability of resources. In a review of articles published on factors related to re-abuse published between 1990 and 2003, social economic status was negatively related to re-abuse (Cattaneo & Goodman, 2005). Victim substance use was positively related to re-abuse in several studies, although studies defined substance use in varying ways so the overall results were mixed. The authors commented that it was a rare occurrence for studies to include demographic, personal, or psychological variables in relation to the victim. Bybee and Sullivan (2002) studied 278 women recruited from shelters and the courts who were
interviewed six times over a two year period. At the end of the follow-up, an initial increase in quality of life resulting from advocacy services led to an increase in social support and resources, which in turn was related to fewer reports of re-abuse. Miller and Krull (1997) reported results from three cities in the Midwest. In two of the cities (N = 1282), the longer the victim was unemployed, the higher the levels of re-abuse but this was not replicated in the third city (N= 1078).

Like IPV, sexual violence can also occur in the context of a relationship and consequently, this literature mentions victim vulnerability factors. In Finkelhor’s (1986) model of sexual offending, he posits that there are four factors that are necessary and operate in tandem, one of which was “factors that reduce victim resistance” such as poor self-defence strategies (Finkelhor, 1986). As such, victim vulnerability factors have been acknowledged in both the IPV and sexual offending literatures as being related to offending. It is thus a reasonable assumption that these may also be important factors to consider when assessing stalking risk.

Types of Risk Assessments

Victim vulnerability factors are part of the larger context of risk assessments and decision-making. In terms of decisions regarding offender violence risk, there is a continuum of types of decisions which range from complete unstructured, gut instinct to structured decisions which do not allow any clinical judgment. Traditionally, any decision made by clinicians without the use of structured guidelines has been referred to as unstructured decision-making. However, even clinicians who do not use published guidelines may still have their own guidelines which they follow including what risk factors he or she assesses. For the purpose of this document, I will be using unstructured decisions as it is described in the literature. Unstructured predictions are often referred to as clinical judgment (Meehl, 1954), whereas structured predictions can
be further divided into actuarial prediction (Meehl, 1954) and structured professional judgment (SPJ; Hart, 1998). In unstructured clinical judgment (UCJ) there are no rules for either the selection or combination of risk factors (Hilton, Harris, & Rice, 2006). The information is not organized according to guidelines. It is subjective and allows the decision maker to use discretion. Thus, it suffers from lower inter-rater reliability and less accuracy in the prediction of violence (Hart, 1998).

In contrast, structured decision-making, which includes actuarial measures and SPJ measures, provides rules and guidelines for the judgment of risk. Actuarial decisions are based on rules about combining data, which improves consistency and accuracy (Grove & Meehl, 1996; Hart, 1998). The algorithm or combination rules take into consideration the same risk factors for every person therefore not allowing unique characteristics of any particular situation to influence the summary risk prediction. The number generated in actuarial measures tends to compare the individual to group data. This does not provide useful or accurate information about the individual, although the standing of the person on risk factors within the actuarial measure does. Similarly, actuarial instruments are constructed to make predictions at a given time with a given population, capitalizing on variation due to sample characteristics (Hart, 1998). When this algorithm is applied to a new sample (i.e., when cross-validated), there typically is validity shrinkage (Hart, 1998).

Structured professional judgment (SPJ), alternatively, allows for some discretion in the final decision but provides structure as well. These guidelines suggest what risk factors should be considered, coded, and collected, but it does not mandate specific numeric rules for making the final decision (Douglas, Webster, Hart, Eaves, & Ogloff, 2001; Hart, 1998). Instead, the summary risk decision is left to the human decision-maker, based on knowledge of the individual case. SPJ measures also tend to take into consideration dynamic risk factors or those risk factors that can fluctuate over time.
Since these factors are changeable, risk management strategies can be implemented to reduce risk. Therefore SPJ measures are tied to risk management strategies. In addition, based on the risk, needs, responsivity theory (Andrews, Bonta, & Hoge, 1990), the suggested management strategies should complement the risk factors identified in the case. The management strategies should also relate to the summary risk judgments (low, moderate, high) tendered in SPJ measures. The definition of low risk in the SPJ framework is a person who is not in need of management strategies beyond the routine whereas high risk indicates an individual who is in urgent need of a management plan and may require immediate supervision. The point of suggesting risk management strategies is to change those circumstances that will either increase or decrease the individual's risk therefore the strategies should directly address each relevant risk factor. In general, the greater the estimated risk, and the more risk factors that are present, the more intensive risk management should be. This is an assumption of SPJ models, but to date no study has tested whether evaluators actually do recommend or implement a greater number or intensity of risk management strategies for higher as opposed to lower risk cases.

As mentioned before, stalking is a targeted crime requiring unique risk assessment strategies. There are already several risk assessment measures for violence, including those for general violence (HCR-20, Webster, Douglas, Eaves, & Hart, 1997; Violence Risk Appraisal Guide, Harris, Rice, Quinsey, 1993), for spousal violence (Danger Assessment, Campbell, 2006; Spousal Assault Risk Assessment, Kropp et al., 1995), and for sexual violence (Risk for Sexual Violence Protocol, Hart, Kropp, Laws, Klaver, Logan & Watt, 2003; Sexual Violence Risk-20, Boer, Hart, Kropp, & Webster, 1997; STATIC 99, Hanson & Thornton, 1999). In stalking, the only published
risk assessment measure currently used is the SAM (Kropp et al., 2006), which is an SPJ measure.

**Stalking Assessment and Management Guidelines**

This study focused on the utility of victim vulnerability factors for assessing risk of stalking and managing violence and on ways to provide more structure for SPJ instruments to increase validity. For this study, the risk factors and victim vulnerability factors were culled from the SAM. Since the SAM is an SPJ instrument, the items are rationally based on a review of the empirical literature. The SAM was developed for use by police officers, probation officers, correction officers, and clinicians. The SAM is comprised of five parts: (a) perpetrator risk factors, (b) victim vulnerability factors, (c) scenarios, (d) risk management strategies, and (e) risk judgments (see Appendix B for the SAM). The perpetrator risk factors are those variables that contribute to a perpetrator’s risk for stalking violence such as prior stalking, mental illness, or substance abuse. The victim vulnerability factors are factors that help to inform safety planning for the victim (e.g., is the victim firm with the stalker? are there children in the home?). The presence of each of the risk factors and victim vulnerability factors are assessed using three response choices: N= risk factor is definitely absent; ? = risk factor is partially or possibly present; Y= risk factor is definitely present. This coding is usually done for the current stalking incident and for previous incidents with the same victim or other stalking victims. But for this study, “current” was operationalized as the current stalking incident and “past” referred to the stalking of previous victims and not to previous incidents with the same victim.

The SAM includes a section for scenarios – hypothetical situations – generated by the rater to help determine the possible future behaviours of the stalker (i.e., if the police do not intervene what might the stalker do next?). The scenarios are based on the
anticipated future nature, severity, imminence, frequency and continuation of the stalking. Based on the risk factors identified and the scenarios generated, the rater is asked to suggest risk management strategies that address monitoring, treatment, supervision, and victim safety planning for that case. Lastly, summary risk judgments on the SAM are broken down into several areas: (a) case priority, (b) continued stalking, (c) serious physical harm, (d) reasonableness of the victim’s fear, and (e) immediate action required. The response choices for the first three classes of judgments are “low”, “moderate” and “high risk”; for reasonableness of fear the response choices are “too high”, “appropriate”, and “too low”; and for immediate action required the response choices are “none” and “emergency”.

The SAM is unique among risk assessment measures in its use of victim vulnerability factors, which, as reviewed above, hold promise for enhancing the understanding of stalking risk and its assessment and management (see Appendix C, Table 1 for the victim vulnerability factors). The Ontario Domestic Abuse Risk Assessment (ODARA; Hilton, Harris, Rice, Lang, Cormier & Lines, 2004) – an actuarial risk assessment measure for spousal assault – does have a section for victim characteristics, although it just skims the surface of victim vulnerability. The ODARA includes questions about whether there are young children in the home, if the victim has access to a phone and transportation and if she has any problems with alcohol. The SAM’s victim vulnerability factors not only provide more information to conduct a comprehensive risk assessment, but offer information that might shed light on the perpetrator’s motivation. Stalking is a crime of persistence and invasion. If the victim is unwittingly facilitating the perpetrator’s access to him or her or being inconsistent in the “go away” message, this may change the management strategies, victim safety planning, and future stalking scenarios. Because the victim vulnerability section is
unique to the SAM, it is important to explore what, if anything, these factors add to the risk decision.

As mentioned above, the SAM is an SPJ instrument and the SPJ model is just one school of thought in the matter of risk assessment. Many decision-makers still choose to use actuarial methods of risk assessment or rely on unstructured clinical judgment and do not use structured guides. With the exception of the HCR-20, there are not as many traditional "prediction" studies using SPJ instruments that determine the accuracy of the measure to predict a particular outcome, usually a type of violence. This could be because several of the SPJ measures are newer than actuarial measures and therefore there has not been the opportunity to be subjected to research. It could also be explained by institutional policies. Many institutions mandate the use of actuarial assessments and thus researchers have access to actuarial data. Lastly, it could be a function of the SPJ model. If the SPJ guidelines are being used correctly, the measure should not predict violence because recidivism will have been lowered through management strategies. The lowered recidivism rate is the accomplishment for these studies and not the accuracy of the measure to predict the outcome. Measures such as the SARA do not have many "prediction" studies and thus assessors may not see SPJ instruments as helpful in assessing risk. This study was interested in determining the utility of the risk factors and structure of the SAM and whether the addition of the victim vulnerability factors enhanced its usefulness (e.g., validity).

Decision-making Theories

Researchers are constantly working to improve existing risk assessment measures to increase their value in managing violence. This is why actuarial measures and SPJ measures were constructed – to improve upon the reliability and validity of unstructured clinical judgment. But, there is still room for improvement with SPJ
measures. As is true with actuarial methods, it is still possible for users of the SPJ measures to either underestimate or overestimate a person's risk. This can lead to poor inter-rater reliability and lower validity. However, there are theories that point to various possibilities to increase structure and thus increase reliability and validity. Two such theories are behavioural decision theory or the area of Behavioural Decision Research (BDR) and Simon's Decision Model.

**Behavioural Decision Research**

The goals of BDR "are to describe and explain judgment and choice behaviour and to determine how knowledge of the psychology of decision-making can be used to aid and improve decision-making behaviour" (Payne, Bettman, & Luce, 1998, p. 304). From BDR, one can suggest ways to introduce more structure to risk assessment while staying within a SPJ framework. One area of research points to adding an optimal amount of available, relevant, high quality, attribute information to aid decision-makers (Payne et al., 1998). In stalking risk assessment, victim vulnerability factors act as the relevant, high quality, attribute information that is added to provide additional substantive guidance and increase structure.

**Simon's Decision Model**

A second theory that can be applied to increase the validity of risk assessment tools is the decision-making model posited by Simon (1960). There are three phases in this model: (1) intelligence, (2) design, and (3) choice. In the intelligence phase, the environment is explored to identify situations that require a decision. In the design phase, decision-makers attempt to increase the information search scope (ISS), which in the case of stalking risk assessment consists of recalling examples of factors that are related to stalking violence and/or recidivism. In addition, decision makers are attempting
to expand the solutions design scope (SDS), which consists of evaluating how the risk factors are related to stalking violence and/or recidivism (i.e., which factors are relevant and critical to the summary risk judgments). Including victim vulnerability factors increases the ISS since it provides decision-makers with more factors that are related to stalking and expands the number of factors, which could be relevant and critical for risk management and to the summary risk judgments.

To date, the SAM is the only risk assessment for stalking and the literature in general on risk assessment in stalking is lacking which highlights the importance of studies to address the prevention and management of stalkers. Although there is a large literature on risk assessments generally, SPJ measures have not had as much research attention. These measures improve upon the unstructured clinical approach but still are subject to problems with validity. Both behavioural decision research and Simon’s model point to ways to increase the structure of these instruments thereby increasing the validity of the summary risk judgments. Additional quality information, in the form of victim vulnerability factors, is a promising new area to address this validity issue but to date has not been studied.

**Research Questions**

The current study explored the criterion related validity of one assumption of the SPJ model (i.e., management), the utility of victim vulnerability factors for making risk decisions, and the importance of victim vulnerability factors in influencing the summary risk ratings and risk management strategies in stalking cases. In addition, this study explored whether validity vis-à-vis the intensity and quality of risk management strategies were increased by providing more structure (i.e., information on victim vulnerability factors) for the summary risk judgments.
Validity of the SPJ Model

1. *Is there a positive relationship between the number of risk factors identified and the number of risk management strategies?*

2. *Does the total number of risk factors reflect the final summary risk judgments of low, moderate, and high such that higher risk cases are associated with a greater number of risk factors than lower risk cases?*

3. *Does the intensity of risk management strategies reflect the summary risk ratings of low, moderate, and high such that higher risk judgments are associated with more intense risk management strategies than lower risk judgments?*

Validity of the Victim Vulnerability Factors

1. *Do the victim vulnerability factors influence the number of risk factors identified in the narratives such that there are a higher number of risk factors identified in the victim vulnerability condition?*

2. *Do the victim vulnerability factors influence the number of risk management strategies suggested to address the risk factors identified in the narratives such that there are more risk management strategies suggested in the victim vulnerability condition?*

3. *Are there more high quality risk management strategies (defined in the Method section below) in the victim vulnerability condition than in the non-victim vulnerability condition?*

4. *Did the participants find the victim vulnerability factors more useful in the victim vulnerability condition than in the non-victim vulnerability condition when creating scenarios, suggesting risk management strategies and rating the perpetrator’s risk?*
METHOD

Overview

In this study, criminal justice and mental health professionals who in the course of their employment have the opportunity to conduct risk assessments read a stalking narrative and completed an on-line survey. This on-line survey asked participants to identify the risk factors that appeared in their narrative, develop risk scenarios and risk management strategies, and formulate summary risk judgments. This study had two parts: for Part I, 20 narratives were developed from ongoing and closed ex-intimate partner stalking cases. The narratives were de-identified to protect the identity of both the perpetrators and victims. For Part II, participants completed an on-line survey based on the narratives in Part I. Simon Fraser University Ethics approved the project and the procedure was approved by the Vancouver Police Department based on de-identifying and modifying the narratives (Appendix D).

Participants

Participants in this study were 108 criminal justice and mental health professionals who either conducted risk assessments in their careers or program of research or who were familiar with intimate partner or stalking violence. Criminal justice professionals included police officers (12%), probation and parole officers (5.6%), lawyers (4.6%), and other, which included private security personnel and paralegals (1.9%). Mental health professionals included psychologists (58.3%), psychiatrists (2.8%), nurses (3.7%), social workers (2.8%), and other (9.3%), which included forensic sexologists, graduate students, and marriage and family counselors. Males comprised
50% of the sample. The average age of participants was 43.88 (SD = 11.03).

Participants were recruited from around the world including Canada (27.8%), the United States (46.3%), Australia (5.6%), the United Kingdom (6.6%), and Sweden (4.6%). The remaining 4.9% included the Netherlands, Germany, Sweden, Singapore, and Spain. See Appendix C for demographic information.

The response rate was impossible to discern because of the large overlap among organizations and e-mail lists. In addition, several organizations were cognizant of the confidentiality of its memberships and sent the letter on my behalf thus I am unaware of the number of potential participants who received the letter. However, approximately 50% of those who replied to the recruitment letter stating their interest in participating in the study actually completed the survey.

Power

This study employed a one-way ANOVA as the main analytic framework. Because no previous validity studies of decision-making tools have used the risk management strategies as the outcome, power calculations were based on observation of a moderate effect size. Alpha was set to .05. In order to achieve power of .80 and a medium effect size ($f = .25$) a sample size of 64 participants per group was required for a total sample size of 128 participants.

Materials

Part I: Narrative Development

Ten ongoing and closed ex-intimate stalking cases were chosen to develop narratives. Based on each of these ten cases, two narratives were created: one that included victim vulnerability information and one that did not include victim vulnerability information. Of the ten narratives, five were derived from ongoing criminal harassment
cases from the Domestic Violence and Criminal Harassment Unit (DVACH), a specialized unit of the Vancouver Police Department (VPD). The remaining five were derived from recently closed cases selected from the files of a local clinical forensic psychologist with expertise in stalking and IPV. Cases with a male perpetrator stalking his female ex-intimate partner within a dating, common-law, or marital context were selected as the basis for the narratives. As previously stated, there are several types of stalking but ex-intimate stalking cases are the most common (Kropp et al., 2002). Therefore, all of the cases at both the VPD and from the psychologist were this type of case. In addition, choosing one type of case decreases the potential for irrelevant sources of variance due to different types of cases. Cases were excluded if they involved: (1) a falsified allegation of criminal harassment as concluded during the investigation, (2) a severely mentally ill victim (e.g., psychotic disorder, mood disorder with psychotic features), and (3) a delusional offender who believed he was an ex-intimate partner of the victim.

The DVACH unit handles the most serious criminal harassment cases in Vancouver. The unit has three dedicated detectives and two part-time detectives for criminal harassment cases who carry between 15 and 20 cases each at a time. At any one point in time, approximately five of these cases are active. Each week (beginning in March 2006), newly investigated cases were reviewed by the researcher at DVACH to determine if they met the inclusion and exclusion criteria for the study. If a case met the criteria then the resultant narrative was continuously updated with new information until the active investigation on the final narrative had concluded (i.e., the stalker was no longer actively stalking the victim but the case was still open). Open cases were chosen because although the police files are thorough, investigators may not include all of the details in the police reports. Therefore, the researcher could speak to the police about the case and even ask investigators to gather particular information that was lacking in
the file (e.g., childhood history of the perpetrator). In addition, all cases had charges being pursued by the Crown prosecutor.

The cases from the community psychologist were ones referred for a forensic assessment by the court system. As such, narratives were created from the psychologist's final report as well as reflecting information in the offender's original file. The amount of information included in the police files and the psychologist's final report did differ both between these two sources and between individual narratives. Plausible information was added to the narratives which served the dual purpose of both further de-identifying the narratives and equalizing the amount and quality of the information across narratives.

**Structure of the Narratives**

The information in each narrative was arranged in the format of a pre-sentence report based on specific guidelines set out for forensic assessments (Melton, Petrila, Poythress, & Slobogin, 2007); that is, the information was detailed thematically, and then chronologically structured within the relevant themes. The final composed narratives (Appendix E) began with a short introduction to the pre-sentence report and a synopsis of the current criminal harassment charges. The introduction explained that the participant was being provided with a pre-sentence report for the purpose of conducting a risk assessment. In addition, it detailed the information reviewed to develop the report. In the synopsis, the relationship between the perpetrator and victim was introduced as well as the current charges or convictions. The purpose of the introduction was to orient the participants to the task of developing a risk assessment and to orient them to the survey software.
Content of the Narratives

The body of each narrative included information on several dimensions relevant to risk assessment and pertaining to the perpetrator, including his: (a) psychosocial history, (b) general criminal history, (b) substance abuse history, (c) mental health history, (d) personal relationship history (both intimate and non-intimate), (e) prior involvement in criminal harassment cases (if applicable), and (f) the current criminal harassment case. The ten narratives that included additional details regarding victim vulnerability factors also contained the following information on the victim, including her: (a) psychosocial history, (b) relationship history, (c) substance abuse history, and (d) mental health history.

Conclusion of the Narratives

When completing a risk assessment, one has the option of omitting risk factors if there is insufficient information to code that risk factor. At the conclusion of the narrative participants were informed that all applicable details pertaining to both the perpetrator and the victim were provided in the narrative. The purpose of this statement was to ensure that participants would complete the survey without any omissions (i.e., feel important information was lacking and, therefore, the factor was not codeable).

Information in the Narratives

Once the case information was arranged into the pre-sentence report format for each narrative, it was de-identified to protect the confidentiality of the perpetrator and the victim. Beyond the differences in case information due to the different origins of the 10 narratives (police vs. clinician), because each case and each investigation was unique, the amount of available information for each case varied which was then reflected in the narratives. Therefore, as mentioned above, in sections where there was no information
or a paucity of information, realistic mock information was included in an attempt to ensure consistency in the quantity of information across narratives. There was a threshold of information that had to be met in each section of the narratives; however, beyond this minimum, each narrative varied in the quantity of information within a four to five page limit.

**Part II: On-line Survey**

In the second phase of the study, the participants were asked to complete an on-line survey based on their assigned narrative (details of the procedure are below). The survey was created using the Remark Survey software and was uploaded to a secure website hosted by Simon Fraser University (Appendix F). The on-line survey was divided into several sections: (a) introduction and demographic information, (b) nature of stalking, (c) perpetrator and victim factors, (d) victim vulnerability factors, (e) risk scenarios, (f) risk management, (g) summary risk judgments, and (h) decision-making process.

**Ethics of the Survey**

To preserve confidentiality of the participants, the website was password protected. The passwords were generated using a random number generator (www.random.org). Since there were 20 narratives (10 with and 10 without victim vulnerability factors), the random number generator was used to produce a random sequence of 1 to 20. This was generated 25 times to produce 500 participant narrative assignments in which each narrative had an equal opportunity of being assigned. Each number was then given either a “NV” or “V” designation to distinguish between the two victim vulnerability conditions. Extra digits were added to each password so the
password was approximately 7 characters long. As participants volunteered to complete the survey, they were assigned the next password according to a pre-established order.

**Procedure**

To solicit participants, a recruitment letter (Appendix G) for participation was provided to the various criminal justice and mental health professional organizations and the facilitators of e-mail lists (see Appendix H for the list of organizations). This recruitment statement asked for participants who have experience working with cases where either stalking or intimate partner violence was known or suspected to have occurred. The e-mail was sent to Undisclosed Recipients in order to ensure the confidentiality of participants. The recruitment statement also offered participants a free publication of an assessment guide or companion manual published by the Mental Health Law and Policy Institute (MHLPI) at Simon Fraser University, upon completion of the study.

A month after the initial recruitment letter was e-mailed to participants, a reminder e-mail was distributed (Appendix I). In this letter, participants were informed the web-based survey was still available on-line and that there were still publications available. In addition, it requested that participants contact me if they were no longer able to complete the survey. After the first month, a reminder e-mail was sent every two weeks until the end of the study.

After the recruitment letter was either sent by the professional organization, e-mail list facilitator or the researcher, those individuals who were interested in participating in the study e-mailed the researcher. Then participants were sent a return e-mail with the survey link, password, the narrative as an attachment (in PDF format) and instructions directing the participant to download and read the narrative and then follow the link to the survey.
The survey required between one and three hours for participants to complete. Participants completed the survey and then e-mailed me with their password, their free MHLPI publication choice, and an address where to send it. Once participants completed the survey, the password was rendered void so there would be no duplicate data from any one participant. Participants were allowed to pause throughout the survey (except on those pages with open ended questions) and return to finish the survey at their leisure. Participants were warned that it was not possible to return to a page once they had proceeded to the next page. This was because the purpose of the study was slowly revealed throughout the survey and being able to return to a completed page would possibly bias the results.

After completion, the anonymous results were e-mailed to me by the web-survey software and were saved to the server. The data were then downloaded to the secure server at Simon Fraser University and saved as a Statistical Package for the Social Sciences (SPSS) file (SPSS Inc., 2008).

**Introduction and Demographic Information**

Once participants consented to complete the web-based survey, they were provided with an overview of the study. Participants were reminded to read the narrative e-mailed to them and were instructed that they would be asked to assess the perpetrator’s risk for several dimensions of future stalking behaviours. Criminal harassment and stalking were both defined for the participant based on the definition provided in the SAM. The next section provided an overview of the survey software including use of the “Pause” function and an admonishment not to use the “Back” function in their internet browser. Next, participants were asked basic demographic questions and questions about their experience with stalking cases, risk assessments in
stalking cases, and risk assessments for other types of crime. No participant was excluded for lack of risk assessment or stalking experience.

The remaining sections of the web-based survey all followed a similar pattern; for each topic of interest, the first survey page asked open-ended questions and the second survey page asked parallel close-ended questions. The close-ended questions were procured from the SAM since it has already identified risk factors related to future stalking and stalking violence.

Nature of Stalking

In this section, participants were asked to list up to 10 risk factors related to the perpetrator’s stalking behaviours in the assigned narrative (i.e., nature, severity, imminence, and frequency of stalking behaviours). Participants were not provided with examples, as the purpose of the open-ended sections was to promote brainstorming of risk factors. On the next two pages of the survey, participants were provided with 10 “nature of stalking” risk factors from the SAM along with behavioural indicators for each risk factor. Participants were asked to rate the presence of each risk factor on a three-point scale defined as: “No”, there is no evidence in the case that the risk factor is present, “?”, there is partial or possible evidence in the case that the risk factor is present, and “Yes”, there is evidence present in the case that the risk factor is present. In some narratives, the perpetrator stalked a previous victim. Participants were asked to rate if the risk factor was present in the current case of criminal harassment or present in any past case of criminal harassment of a different victim.

Perpetrator and Victim Factors

Participants were also asked to think about the characteristics of the people involved in the narrative and identify up to 10 major risk factors for stalking. This item
was purposely vague as to whether it referred to the perpetrator or the victim. This was because the purpose of this study was to determine whether participants would spontaneously include risk factors pertaining to the victim in addition to perpetrator characteristics, or if only perpetrator characteristics would be listed. On the subsequent two pages of the survey, 10 perpetrator risk factors from the SAM along with behavioural indicators for each risk factor were provided. Participants were asked to rate them on the same 3-point scale described above.

**Victim Vulnerability Factors**

Participants were asked to list up to 10 victim vulnerability factors in the case. Victim vulnerability factors were defined for participants as characteristics of the victim that make him or her more vulnerable to stalking and less able to protect him or herself from the perpetrator. On the following two pages of the survey, participants were provided with 10 victim vulnerability factors from the SAM with behavioural indicators. Participants were asked to rate each risk factor on the same 3-point scale described above.

**Risk Scenarios**

Following the section on risk factors, participants were asked to generate up to three scenarios of the possible future stalking behaviours of the perpetrator. Participants were told to develop a detailed description for each of the scenarios in terms of the nature, severity, imminence, frequency or duration, and likelihood of stalking. Similar to the risk factor sections, the open-ended questions regarding the scenarios were followed by close-ended questions regarding the scenarios. Participants were provided with three possible scenarios and were asked to rate the plausibility of each scenario on a 6-point scale ranging from "extremely implausible" to "extremely plausible." The three provided
scenarios were: (a) the stalker continues in his same pattern of stalking and does not escalate his behaviour toward the victim (frequency or severity), (b) the stalker escalates his stalking behaviour, which results in serious harm to the victim, and (c) the stalker ceases stalking the victim.

**Risk Management**

In the risk management section, participants were asked to generate up to three risk management plans, one for each of the three previously generated scenarios. Each plan needed to address four types of risk management strategies. The four types of risk management strategies were: (a) monitoring/surveillance, (b) control/supervision, (c) treatment/assessment, and (d) victim safety planning. For the close-ended questions, participants were provided between five to eight risk management strategies in each of the four sections (e.g., monitoring/surveillance) and were asked to rate whether he or she would suggest each strategy (Yes, would suggest the strategy, Possibly would suggest the strategy, or No, would not suggest the strategy).

**Final Risk Judgments**

The next section of the web-based survey asked participants to provide overall risk judgments for case prioritization, continued stalking, and future risk for serious physical harm. Each risk judgment was rated as either “low,” “moderate,” or “high.” Definitions for “low,” “moderate” and “high” were provided at the top of the survey page.

**Decision-making Process**

The final section of the survey asked participants to rate the utility of victim vulnerability factors (e.g., how useful were the factors) in developing the future scenarios, the risk management strategies, and deciding on summary risk judgments in the narrative. This section deviated from the previously established pattern by asking
close-ended questions first and then open-ended questions. The utility of the victim vulnerability factors was first rated on a 10-point scale ranging from "not at all useful" to "extremely useful." Participants were then asked to comment on how the victim vulnerability factors were useful, if at all. Finally participants were asked to list those victim vulnerability factors which were the most useful in the narrative, what other victim factors they consider in their own cases and if there was any more information in general which would have been useful to know in the narrative. Once participants completed the final page, they were informed that the survey was completed and were asked to e-mail their password and publication choice to the researcher (kreeves@sfu.ca).

Design

This was a two-group experimental between-subjects design. The single independent variable had two levels: victim vulnerability factors x no victim vulnerability factors.

Data Analysis

Participants were asked to rate the presence or absence of risk factors both in the present and in the past. The "current" rating referred to the present case and the "past" rating to any stalking of a previous victim. The analyses in this study focused solely on the "current" ratings because these are the ones based on the current case. Each risk factor was rated with a 0, 1, 2 indicating absent, possibly/partially present, and present, respectively. For the analyses, the 0 and 1 ratings (i.e., absent and possibly/partially present, respectively) were collapsed and compared to the 2 (i.e., present) rating.

When checking the data for outliers, a pattern was discovered for one of the narratives ("Richard" and "Marissa"). There were either very few or no nature of stalking
factors or perpetrator risk factors identified in 7 out of 11 occurrences of this narrative. After exploring these cases more thoroughly, it was determined that these participants treated Richard’s new eight month long relationship (for which there was extremely minimal information) as the current relationship for the purpose of coding the presence or absence of “current” factors. The relationship with Marissa, the stalking victim, was coded in the past. This discrepancy was problematic for the analyses involving comparisons between the risk factors and the summary risk judgments as well as comparisons between the risk factors and risk management strategies. In those analyses, the participant’s original ratings (i.e., the “current” ratings) were used in the analyses. This was because if the “past” ratings were used (i.e., the ratings for Marissa), it would not match with the risk management strategies or the risk judgments which it seemed were based on the “current” ratings (i.e., the ratings for the new girlfriend). Therefore, the original nature of stalking and perpetrator risk factor “current” ratings were used in the analyses for the first two research questions for the validity of the SPJ framework questions and the first three research questions for the validity of the victim vulnerability factors. In all other analyses, variables addressing the victim vulnerability factors were used and these factors were only coded in the present.

Validity of the SPJ Model

One objective of the present study was to evaluate the criterion related validity of the management assumption of the SPJ model treating the risk management strategies as outcomes in stalking cases. One purpose of the SPJ model is to reduce risk based on identifying risk factors in a particular case and suggesting relevant risk management strategies to address those risk factors in order to prevent future violence. In order to address the first hypothesis (relationship between the number of risk factors and the number of risk management strategies) and third hypothesis (the intensity of the
management strategies will reflect the summary risk judgments) for the validity of this aspect of the SPJ model, both the number of risk factors identified and the intensity of the risk management strategies were used in the following analyses. Intensity was defined as both the number of risk management strategies as well as the level of restriction of the strategies. The level of restriction was the amount of restriction imposed on the perpetrator (e.g., routine monitoring vs. no contact order vs. civil commitment). The amount of restriction was divided into low, moderate and high categories and was weighted with a 0, 1, and 2 respectively. See Appendix J for the risk management strategies in each restriction category.

Not only should the identified risk factors reflect the suggested risk management strategies, but the number of risk factors should reflect the final summary risk judgments. To address the second hypothesis (relationship between the risk factors and the summary risk judgments), the focus was on three of the five summary risk judgments: (a) case prioritization, (b) continued stalking, and (c) serious harm. Each summary risk judgment was rated as low, moderate or high and was given a weight of 0, 1, or 2 respectively.

Validity of the Victim Vulnerability Factors

The validity of the victim vulnerability factors was also assessed using the risk management strategies as the outcome in stalking cases. To address whether there will be higher quality risk management strategies in the victim vulnerability condition, the quality of the risk management strategies was evaluated. The quality of the strategies was operationalized as the appropriateness of the strategies, meaning the risk management strategies were logically connected to the risk factors that were identified (e.g., problems with substance abuse should lead to a recommendation of substance abuse treatment). The appropriateness was rated at a "general level," meaning the risk
management strategy neutralized the risk factor but was not specific to any one factor (e.g., detainment). Appropriateness was also rated at a "specific level," meaning that the essence of the particular risk factor was addressed by the management strategy. The appropriateness of the risk management strategies for each case was determined rationally and based on research linking clinical and criminal justice strategies to certain risk factors (Douglas & Kropp, 2002; Kropp, Hart, Lyon, & Lepard, 2002). The list of possible risk management strategies for each risk factor is located in Appendix K. For each risk factor that had a general and/or specific risk management strategy suggested, a score of 1 was given by the researcher and a score of 0 was given if a general and/or specific risk management strategy was not suggested. Then the proportion of identified risk factors that were addressed by a general strategy was calculated as well as the proportion of identified risk factors that were addressed by a specific strategy. Victim vulnerability factors were only included in the proportion of specific strategies because there were no general strategies available that would address all of the victim vulnerability factors.

Because the above coding criteria were subjective, an objective, expert rating was also used to judge the quality of the risk management strategies. The expert was provided with the same list of management strategies that participants were given in the survey. Management strategies indicated by participants were matched to the expert's suggested strategies in the same cases. This expert is a forensic psychologist who has 15 years of experience conducting risk assessments and specializes in cases of IPV and stalking. He has co-developed several SPJ risk instruments including the SAM. The original coding of the risk management strategies was: 'No', would not suggest the strategy (score of 0); 'Possibly' would suggest the strategy (score of 1); and 'Yes', would suggest the strategy (score of 2). Similar to the coding for the presence or absence of the risk factors, the 0 and 1 responses were collapsed. A score of 1 was given to
participants if their suggested management strategies matched those recommended by the expert and a 0 was given if there was no match. Then the proportion of correctly matched strategies was calculated for each participant.

Inter-rater Reliability

Inter-rater reliability was calculated on the quality of the risk management strategies. One graduate student rated all of the cases and a second graduate student rated a random sample of 20 cases for three outcomes: (a) whether the participants' suggested risk management strategies matched the expert rater's suggested risk management strategies; (b) whether participants suggested general risk management strategies to address the identified risk factors in the case and (c) whether participants suggested specific risk management strategies to address the identified risk factors in the case. More thorough descriptions of these ratings are found below in the Data Analysis section. A kappa coefficient was calculated for each of these three outcomes. There was perfect agreement between the two raters on the match between the expert and the participant for all of the 25 risk management strategies, kappa = 1.00 (see Appendix C, Table 2). However, kappa could not be calculated for one management strategy due to a lack of variability (i.e., there was perfect agreement). For the general strategies, the kappa coefficients ranged between .74 – 1.00 with a mean kappa of .99 (see Appendix C, Table 3). For the specific strategies, the kappa coefficients ranged between .64 – 1.00 with a mean kappa of .94 (see Appendix C, Table 4).
RESULTS

Validity of the SPJ Model

The first set of questions addresses the validity of one aspect of the SPJ model:
1. *Is there a positive association between the number of risk factors and the number of risk management strategies identified?* To answer this question, a Pearson correlation was conducted and results revealed a significant positive correlation between these two variables, \( r = .331, p < .001 \). The number of risk factors and the number of management strategies was further broken down into (a) perpetrator risk factors and perpetrator management strategies and (b) victim vulnerability factors and victim safety planning strategies. The results revealed a significant, positive association between the number of perpetrator factors identified and the number of perpetrator risk management strategies suggested in the case, \( r = .288, p = .002 \).

The victim vulnerability risk factor total score had a positively skewed distribution and thus was transformed using a logarithmic function. This new variable was used in all subsequent analyses. On examination of the scatter plots between both the raw victim vulnerability total risk factor score and the victim safety planning total score, as well as the transformed victim vulnerability total score and the victim safety planning total score, it was determined that the association between these variables might not have been linear. Therefore, curve estimation was conducted to determine the association. However, the linear, quadratic, and cubic curves were all significant for both the raw and transformed victim vulnerability variable. Confidence intervals around the difference between the \( R^2 \) values revealed no significant difference between the linear and
quadratic curve [CI (-3.68, 3.76)], the linear and cubic curve [CI (-3.68, 3.76)], and the cubic and quadratic curve [CI (-3.72, 3.72)] for the raw victim vulnerability variable and the victim safety planning variable. The same association was found with the transformed variable. Confidence intervals around the difference between the \(R^2\) values revealed no significant difference between the linear and quadratic curve [CI (-3.72, 3.72)], the linear and cubic curve [CI (-3.70, 3.74)], and the cubic and quadratic curve [CI (-3.70, 3.74)]. Thus, for simplicity, it was determined there was a linear association between the number of victim vulnerability factors and victim safety planning strategies, so a Pearson correlation was conducted. The results revealed a significant positive association between the transformed total number of victim vulnerability factors identified and the number of victim safety planning strategies suggested for the case, \(r = .311, p = .001\).

2. Does the total number of risk factors reflect the final summary risk judgments of low, moderate, and high such that higher risk cases are associated with a greater number of risk factors than lower risk cases? Participants made three types of final judgments: (a) case prioritization, (b) continued stalking, and (c) serious harm. To answer this question for each of the final judgments, an independent sample t-test was conducted for case prioritization and pair-wise comparisons for continued stalking and serious harm. For case prioritization, participants only identified cases as moderate \((N = 30)\) and high risk \((N = 77)\); thus, an independent sample t-test was conducted for this summary judgment. The results revealed a large and significant difference between the mean number of risk factors identified in the moderate prioritization cases \((M = 11.53, SD = 6.14)\) and in the high prioritization cases \((M = 17.52, SD = 4.89)\), \(t(105) = -5.29, p < .001, d = 1.09^1\).

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1 According to Cohen's (1988) guidelines, a \(d\) of .30 is a small effect size, .50 is a medium effect size, and .80 is a large effect size.
For the continued stalking summary risk judgment, cases were identified by participants as low ($N = 4$), moderate ($N = 25$) or high ($N = 79$). Because there were a priori hypotheses regarding the associations among these variables, pair-wise comparisons using the Tukey HSD statistic were conducted. The results revealed a large and significant difference between the mean number of risk factors identified in cases rated as a low risk for continued stalking ($M = 4.25, SD = 6.55$) and cases rated as a moderate risk for continued stalking ($M = 13.16, SD = 5.08$), $\text{Tukey}_{HSD} = -8.91, p = .007, d = 1.53$ and between low risk cases and cases rated as a high risk for continued stalking ($M = 17.14, SD = 5.32$), $\text{Tukey}_{HSD} = -12.89, p < .001, d = 2.17$. In addition there was a large and significant difference between the mean number of risk factors identified in cases rated as a moderate risk for continued stalking ($M = 13.16, SD = 5.08$) and cases rated as a high risk for continued stalking ($M = 17.14, SD = 5.32$), $\text{Tukey}_{HSD} = -3.98, p = .004, d = .77$.

A Tukey pair-wise comparison was also conducted to determine if there were a greater number of risk factors for higher ratings of serious harm. The distribution of the ratings was as follows: rating of low ($N = 23$), moderate ($N = 41$) and high ($N = 44$). The results revealed a large and significant difference between the mean number of risk factors identified in cases rated as a high risk for serious harm ($M = 16.93, SD = 6.54$) and low risk cases ($M = 12.13, SD = 6.11$), $\text{Tukey}_{HSD} = -4.80, p = .004, d = .76$. In addition, there was a moderate and significant difference between the mean number of risk factors identified in cases rated as a low risk for serious harm ($M = 13.65, SD = 4.70$) and cases rated as a moderate risk for serious harm ($M = 16.48, SD = 4.33$), $\text{Tukey}_{HSD} = -4.36, p = .011, d = .63$. There were no significant differences between the mean number of risk factors identified in cases rated as a moderate risk for serious harm ($M = 16.48, SD = 4.33$) and cases rated as a high risk for serious harm, ($M = 16.93, SD = 6.54$), $\text{Tukey}_{HSD} = -.44, p = .93$. 

37
3. Does the intensity of risk management strategies reflect the summary risk ratings of low, moderate, and high such that higher risk judgments are associated with more intense risk management strategies than lower risk judgments? Intensity was operationalized as both the total number of risk management strategies and the level of restriction of the management strategies. To answer this question, an independent sample t-test was conducted for case prioritization because participants only rated cases as moderate and high risk. The results revealed a significant and moderate-large difference between the mean number of risk management strategies suggested in cases rated as a moderate priority ($M = 14.23, SD = 5.20$) and those cases rated as high priority ($M = 17.62, SD = 4.17$), $t(105) = -3.51, p = .001, d = .72$.

Similar to the above comparisons between risk factors and risk judgments, pairwise Tukey comparisons were conducted for risk for continued stalking and risk for serious harm. Results revealed a significant and moderate-large difference between the mean number of management strategies in cases rated as a moderate risk for continued stalking ($M = 14.84, SD = 3.78$) and cases rated as a high risk for continued stalking ($M = 17.61, SD = 4.22$), $Tukey_{HSD} = -2.77, p = .018, d = .70$. In addition, a significant and large difference was found between the mean number of management strategies suggested in cases rated as a low risk for continued stalking ($M = 9.00, SD = 8.98$) and cases rated as a high risk for continued stalking ($M = 17.61, SD = 4.22$), $Tukey_{HSD} = 8.61, p = .001, d = 1.30$. Lastly, there was a significant difference between cases rated as low risk ($M = 9.00, SD = 8.98$) and cases rated as moderate risk for continued stalking ($M = 14.84, SD = 3.78$), $Tukey_{HSD} = -5.84, p = .037, d = .92$.

For serious harm, results revealed a significant moderate difference between the mean number of management strategies in cases rated as low risk for serious harm ($M = 14.87, SD = 6.25$) and cases rated as a high risk for serious harm ($M = 17.93, SD =$
3.93), Tukey_HSD = -3.06, p = .029, d = .60. There were no significant differences between cases rated as a low risk for serious harm and a moderate risk nor between cases rated as a moderate risk for serious harm and a high risk for serious harm.

To address the association between the level of restriction of the risk management strategies and the summary risk ratings, chi-square tests were conducted. The level of restriction was categorized into low restriction (e.g., victim record communication from perpetrator), moderate restriction (e.g., probation), and high restriction (e.g., detain). However, all participants identified only moderate and high restrictive management strategies. There were no significant differences in the intensity of management strategies between cases rated as low, moderate and high on case prioritization ($\chi^2 (1, N = 107) = 2.18, p = .140$), continued stalking ($\chi^2 (2, N = 107) = 3.32, p = .191$), and serious harm ($\chi^2 (2, N = 107) = 2.40, p = .301$).

**Validity of the Victim Vulnerability Factors**

The next set of analyses addressed the validity of the victim vulnerability factors within the SPJ framework.

1. *Does the number of risk factors differ by condition such that there are a greater number of risk factors in the victim vulnerability condition than in the non-victim vulnerability condition?* To answer this question, an independent sample *t*-test was calculated, comparing the number of risk factors by membership in the victim vulnerability group (*n* = 51) or the non-victim vulnerability group (*n* = 57). The results for the number of risk factors was not significant (non-victim vulnerability group $M = 16.47$, $SD = 4.92$; victim vulnerability group $M = 16.71$, $SD = 4.70$, $t(105) = -.250, p = .803, d = .05$). Because there was no main effect for condition, the interaction between condition and case was tested. The main effect for case was significant ($F (9, 88) = 3.66, p = .033$) but the interaction effect was not significant ($F(9, 88) = 1.18, p = .32$). Due to a small
sample size relative to the number of case conditions, the cases were condensed into low, moderate, and high case prioritization based on my ratings of the narratives. There was a significant main effect for case prioritization, $F(2, 102) = 33.81, p = .029$, but there still was not a significant interaction effect, $F(2, 102) = .554, p = .576$, suggesting that the original null interaction was not due to low power.

The risk factors were then broken down further into victim vulnerability factors. The independent $t$-test revealed a significant difference (unequal variances assumed) between the transformed number of victim risk factors endorsed between the victim vulnerability group ($M = .49, SD = .23$) and the non-victim vulnerability group ($M = .351, SD = .31$), $t(102) = -2.72, p = .008, d = .51$. The raw means were $M = 1.91, SD = 2.32$ for the victim vulnerability group and $M = 2.51, SD = 1.74$ for the non-victim vulnerability group.

2. **Does the number of risk management strategies differ by condition such that there is a greater number of risk management strategies suggested in the victim vulnerability group than in the non-victim vulnerability group?** To answer this question, an independent sample $t$-test was calculated but there were no significant differences between the mean of the risk management strategies in the victim vulnerability group ($M = 17.04, SD = 4.77$) and in the non-victim vulnerability group ($M = 16.30, SD = 4.66$), $t(106) = -.816, p = .416, d = .16$. Because there was not a significant difference for the total risk management strategies by group, the interaction between group and case was explored. The main effect for case was not significant ($F(9, 88) = .279, p = .965$) but the interaction between case and condition was significant ($F(9, 88) = 2.66, p = .009$). This indicates that victim vulnerability factors impacted risk management strategies, but only in certain cases. Similar to the risk factor analysis above, the cases were condensed into low, moderate, and high case prioritization based on my ratings of the narratives and
entered into the generalized linear model instead of the 10 condition case variable. There was not a significant main effect for case prioritization, $F(2, 102) = .616, p = .619$ nor a significant interaction effect, $F(2, 102) = 1.46, p = .236$.

The total number of risk management strategies was further broken down into victim safety planning strategies and an independent sample t-test was conducted. The results revealed no significant differences between the mean of the victim safety planning strategies in the non-victim vulnerability group ($M = 4.30, SD = 1.83$) and in the victim vulnerability group ($M = 4.84, SD = 1.88$), $t(106) = -1.52, p = .130, d = .29$. Because there was not a significant difference for the total risk management strategies by group, the interaction between group and case was explored. Neither the main effect for case ($F(9, 88) = .880, p = .574$) nor the interaction effect were significant, $F(9, 88) = 1.53, p = .151$. The condensed case variable (low, moderate, and high) was entered into the generalized linear model instead of case. There was a significant main effect for case prioritization, $F(2, 102) = 73.30, p = .013$, but there was not a significant interaction effect, $F(2, 102) = .118, p = .966$.

3. *Are there more high quality risk management strategies in the victim vulnerability condition than in the non-victim vulnerability condition?* To answer this question, an independent sample t-test was used to test whether there was a higher proportion of risk factors identified by participants that were subsequently linked to either general or specific management strategies in the victim vulnerability group compared to the non-victim vulnerability group. There was not a significant difference between the mean proportion of general management strategies in the non-victim vulnerability group ($M = .51, SD = .45$) and in the victim vulnerability group ($M = .53, SD = .43$), $t(104) = -.182, p = .856, d = .05$. There was also not a significant difference between the mean proportion of specific management strategies in the non-victim vulnerability group ($M = .94, SD = .41$) and in the victim vulnerability group ($M = .93, SD = .42$), $t(104) = .121, p = .907, d = .03$. The interaction between group and case was explored and there was not a significant main effect for case prioritization, $F(9, 88) = 1.53, p = .151$, nor a significant interaction effect, $F(9, 88) = .120, p = .998$.
Since the above procedure of identifying high quality risk management strategies was subjective, the expert rater described above also suggested risk management strategies for all 20 cases. As such, the strategies indicated by participants were compared to the expert and a score was given based on the number of correct matches. The proportion of correctly matched risk management strategies was then calculated and also an independent sample t-test was calculated to compare the mean between the victim vulnerability and non-victim vulnerability group. There was no statistically significant difference in the proportion of correctly matched risk factors between the non-victim vulnerability group ($M = .64, SD = .13$) and the victim vulnerability factor ($M = .65, SD = .12$), $t(106) = -.415, p = .679, d = .08$.

In addition to assigning scores for the correct number of expert matched strategies, when the expert and participant did not match, a relevance score was assigned. If the participant suggested a strategy not suggested by the expert, a score of 1 was assigned to indicate the participant suggested an irrelevant strategy. If the mismatch was due to the expert suggesting a strategy that the participant did not suggest, a relevance score of 0 was assigned meaning the participant did not suggest an irrelevant strategy. An independent sample t-test was calculated to assess the difference in mean relevance scores between the victim and non-victim vulnerability groups. There was no significant difference between the mean number of irrelevant strategies in the victim vulnerability group ($M = 6.29, SD = 3.64$) and the non-victim vulnerability group ($M = 7.11, SD = 4.29$), $t(106) = 1.05, p = .295, d = .21$.

4. Did the participants find the victim vulnerability factors useful when creating scenarios, suggesting risk management strategies and rating the perpetrator’s risk? Participants
were asked to rate on a scale from 1 (not at all useful) to 10 (extremely useful) the extent to which they found victim vulnerability factors useful when creating narratives, suggesting risk management strategies, and rating the risk of the perpetrator in the case. To answer this question, three independent sample t-tests were conducted. For the risk scenarios, there was a significant difference between the mean usefulness rating for the non-victim vulnerability group \( (M = 5.39, SD = 2.81) \) and the victim vulnerability group \( (M = 6.53, SD = 2.64) \), \( t(106) = -2.17, p = .032, d = .42 \). For suggesting risk management strategies, there was no significant difference between the mean usefulness rating for the non-victim vulnerability group \( (M = 5.68, SD = 3.02, p = .400) \) and the victim vulnerability group \( (M = 6.04, SD = 3.02) \), \( t(106) = -.606, p = .546, d = .12 \). For the summary risk judgments, there was no significant difference between the mean usefulness rating for the non-victim vulnerability group \( (M = 5.32, SD = 2.65) \) and the victim vulnerability group \( (M = 5.76, SD = 2.83) \), \( t(106) = -.851, p = .397, d = .16 \).

**Exploratory Analyses**

A logistic regression was calculated to determine which set of risk factors (nature of stalking, perpetrator, or victim vulnerability) would predict the summary risk judgments of case prioritization, continued stalking, and serious harm. In addition, the logistic regression was used to determine if victim vulnerability factors would add incremental validity beyond the nature of stalking and perpetrator risk factors.

For case prioritization, in the first block of the logistic regression the nature of stalking and perpetrator risk factors were entered. In the second block, victim vulnerability factors were entered. The first model was significant, \( \chi^2 (2, N = 107) = 23.30, p < .001 \), Nagelkerke \( R^2 = .28 \). Perpetrator risk factors was a significant predictor in the model, \( B = .36, Wald = 9.96, OR = 1.43 \). The second model was also significant \( \chi^2 \)
(3, N = 107) = 25.51, \( p < .001 \), Nagelkerke \( R^2 = .31 \). Only the perpetrator risk factors were a significant predictor in the second model, \( B = .32 \), Wald = 7.90, \( OR = 1.38 \).

For continued stalking, participants rated cases as low, moderate, and high but only four cases were rated as low risk. For the purpose of this analysis, the low risk cases were included in the moderate risk category. In the first block the nature of stalking and perpetrator risk factors were entered. In the second block, victim vulnerability factors were entered. This model was also significant, \( \chi^2 (2, N = 108) = 18.33, p < .001 \), Nagelkerke \( R^2 = .23 \). Nature of stalking risk factors was a significant predictor in the model \( B = .20 \), Wald = 5.84, \( OR = 1.22 \) as was perpetrator risk factors, \( B = .21 \), Wald = 3.98, \( OR = 1.24 \). Next, victim vulnerability factors were added to the model. This model was also significant, \( \chi^2 (3, N = 108) = 18.34, p < .001 \), Nagelkerke \( R^2 = .23 \). Both nature of stalking risk factors, \( B = .20 \), Wald = 5.56, \( OR = 1.22 \) and perpetrator risk factors, \( B = .20 \), Wald = 3.86, \( OR = 1.24 \) were significant but victim vulnerability factors was not a significant predictor.

For serious harm, the division between the three risk levels (low, moderate, high) was more evenly split but for comparison purposes, low risk cases were combined with moderate risk cases. In the first block the nature of stalking and perpetrator risk factors were entered. In the second block, victim vulnerability factors were entered. The first model was not significant, \( \chi^2 (2, N = 108) = 5.25, p = .07 \), Nagelkerke \( R^2 = .06 \). The second model with victim vulnerability factors was significant, \( \chi^2 (3, N = 108) = 7.99, p = .05 \), Nagelkerke \( R^2 = .10 \), although the change in \( R^2 \) between the two models was not significant. However, none of the predictors were significant contributors to the model.
DISCUSSION

The focus of this research was the criterion related validity of the management aspect of the SPJ model and the possible role of victim vulnerability factors in increasing the validity of the summary risk judgments and increasing the quality of the risk management strategies in stalking cases. Although the SPJ model is an improvement upon earlier risk assessment models, there is still room for over or under-estimating risk in a given case. Other research areas and theories point to providing assessors with additional information to aid in increasing the validity of SPJ instruments (Payne et al., 1998; Simon, 1960). Because stalking is relationship violence, assessing the perpetrator and victim in tandem is a logical step in the risk assessment process. Thus, the addition of victim vulnerability factors to the risk assessment process is important. But, both the validity of the SPJ model vis-à-vis the risk management strategies (Dvoskin & Heilbrun, 2001; Douglas & Kropp, 2002) and the victim vulnerability factors are largely untested. Hence, this study proposed to do so with criminal justice and mental health professionals from around the world using an online risk assessment based on actual stalking cases.

Validity of the SPJ Model

1. Is there a positive association between the number of risk factors identified and the number of risk management strategies?

As hypothesized, the more risk factors (nature, perpetrator, victim factors) that participants identified in the narrative, the more risk management strategies participants suggested to address those factors. This association held true for the perpetrator factors and for victim vulnerability factors. This is the first such empirical demonstration of this
SPJ assumption. The participants' suggestions of risk management strategies to address identified risk factors also is in line with the risk principle from the risk, needs, responsivity principles (Andrews, Bonta, & Hoge, 1990). The risk principle proposes that those cases that are deemed higher risk are in need of higher level risk management strategies and lower risk cases are in need of less intense management strategies. The need and responsivity principles propose individualizing management strategies for each case based on risk factors and abilities of offenders, instead of a set management plan for all offenders.

This set of findings provides evidence in support of the management aim of the SPJ model. The focus of SPJ instruments is the prevention of future violence (Hart, 1998); thus, one would expect the association between the number of risk factors identified and risk management strategies suggested. An increasing number of risk management strategies in response to an increasing number of risk factors indicates an individualized approach to managing risk – which is a key assumption of SPJ (Douglas & Kropp, 2002).

2. Does the total number of risk factors reflect the final summary risk judgments of low, moderate, and high such that higher risk cases are associated with a greater number of risk factors than lower risk cases?

These analyses included three summary judgments: (a) case prioritization, (b) continued stalking, and (c) serious harm. Case prioritization was defined for participants as the amount of effort needed to impede the perpetrator from stalking the victim. Cases rated by participants as high risk had a correspondingly significantly higher number of risk factors identified than those cases rated by participants as moderate risk, thus confirming the hypothesis. As stated above, this finding is also a demonstration of SPJ assumptions. Unfortunately, moderate and high risk cases could not be compared to low
risk cases as participants did not rate any of the cases as low prioritization. Based on the researcher’s ratings of the 10 narratives, two cases were identified as low risk so participants appeared to be over-estimating the risk for those low risk cases as opposed to correctly identifying all cases as moderate or high risk. This over-estimation could be due to a general reluctance of professionals to rate a case as low risk and thus accept the responsibility of the person being possibly released with a minimal management plan in place (Douglas, Cox, & Webster, 1999).

The hypothesis was also supported for the continued stalking summary risk judgment. Participants identified a significantly larger number of risk factors in those cases they rated as a moderate risk for continued stalking than those cases rated as low risk. Participants also identified a significantly larger number of risk factors in cases rated as high risk as compared to cases rated either as moderate or low risk for continued stalking.

Lastly, a similar pattern resulted for the serious harm summary risk judgment. Participants identified significantly more risk factors in those cases they rated as a high risk for serious harm than in those cases rated as a low risk for serious harm and in those rated as a moderate risk for serious harm compared to cases rated as a low risk. However, participants identified the same number of risk factors in those cases rated as a moderate risk for serious harm as in those cases rated as a high risk. Due to the serious nature of this risk judgment, even though professionals may have accurately classified the offender as either moderate or high risk based on the risk factors present, professionals may have over-estimated the amount of management needed and thus identified the same number of strategies for both moderate and high risk cases.

A second alternative explanation for this finding is one involving the under-estimation of risk. It was suggested above that professionals might have over-estimated risk due to a fear of releasing someone who would recidivate. But, professionals may
also under-estimate risk to avoid restricting a person's liberties to the extreme (civil commitment or detention) and thus may temper a high risk rating and choose moderate risk instead (Douglas et al., 1999). This underscores the policy and moral contours to clinical risk assessment.

Most of the findings in this section confirm the validity of the management assumption of the SPJ model in stalking cases. These findings are also in line with studies of other SPJ measures. Although participants were not encouraged to add the number of risk factors present in the case, studies on the HCR-20 dividing the total score into low, moderate, and high scores have found these actuarial divisions to predict future violence (Gray, Snowden, MacCulloch, Philips, & MacCulloch, 2004). In addition, it seems to be a logical conclusion that a perpetrator with fewer risk factors will be a lower risk than a perpetrator with numerous risk factors. There are exceptions to this rule including those cases where the few risk factors are very serious in nature (e.g., several cases of past violence in the relationship, severe escalation, and numerous supervision violations) and would lead to a high risk rating.

3. Does the intensity of risk management strategies reflect the summary risk ratings of low, moderate, and high such that higher risk judgments are associated with more intense risk management strategies than lower risk judgments?

Intensity of the risk management strategies was defined as both the number of strategies as well as the restriction level (i.e., low, moderate or high) of the management strategies.

Number of Strategies

The hypothesis for this research question was confirmed for the priority, continued stalking, and serious harm summary risk judgments. Participants identified a significantly larger number of risk management strategies in those cases they rated as
high risk compared to those cases they rated as moderate risk. This pattern was repeated for the continued stalking summary risk judgment. Participants identified a significantly larger number of risk management strategies in cases rated as high risk than those cases rated as a moderate risk for continued stalking and those rated as a low risk for continued stalking. In addition, participants identified a significantly larger number of risk management strategies for those cases they rated as a moderate risk than for those cases they rated as a low risk for continued stalking.

Overall, in addition to participants identifying a smaller number of risk factors for less serious risk cases, participants also identified a smaller number of risk management strategies in lower risk cases. This confirms the validity of the SPJ model which endorses an approach of identifying relevant risk factors, deciding on how to manage these risk factors and then based on the level of effort needed to impede the perpetrator’s behaviour, rating the person’s risk for future stalking, future harm, and case prioritization (Douglas & Kropp, 2002).

Level of Restriction

Participants only suggested strategies that were considered moderately restrictive (e.g., no contact order, probation) or highly restrictive for the perpetrator (e.g., commitment or detainment) despite some cases being rated as a low risk for continued stalking and serious harm. One reason could be that in the majority of cases, approximately half of the 30 risk factors were identified in the cases, and therefore participants felt the need to suggest moderate or high restriction strategies to manage those risk factors. This explanation confirms the management assumption of the SPJ model because participants were matching the restriction level of the risk management strategies to the number of risk factors identified in line with the prevention focus of SPJ.

Another reason for the lack of low restriction strategies is a misinterpretation of the guidelines for the summary risk judgments. Participants might have been suggesting
strategies that were appropriate for the identified risk factors in line with the SPJ model. However, when deciding on their summary risk ratings, participants may have based these judgments on the case with those strategies in place instead of considering the perpetrator's risk if no risk management strategies were implemented. Thus, cases rated as low risk were perhaps initially considered moderate risk but with the safety of implementing several moderate or high restriction strategies, participants consequently lowered their overall risk rating.

In terms of the association between the level of restriction of the risk management strategies suggested and the summary risk judgments, the expected number of low, moderate and high restriction risk management strategies was not significantly different from the observed number for all three of the summary risk judgments. This indicates participants were suggesting equal numbers of low, moderate, and high restriction risk management strategies regardless of the perpetrator's case priority, risk for continued stalking, and risk for serious harm toward the victim. This could be due to a lack of power to run these tests because there were several cells with fewer than 30 cases. Another explanation could be that participants were suggesting all of the possible risk management strategies that could be implemented in a case. In actuality, when working on a case, professionals may start with lower level strategies and then implement more restrictive strategies if the lower level ones are not successful in curbing the stalking behaviour. In this study, participants were suggesting low restriction strategies along with moderate and high restriction strategies. However, for the analyses, the restriction was coded based on the highest level of restriction therefore even if low and moderate restriction strategies were suggested, the case would be coded based on the moderate restriction.

In summary, the criterion related validity of the management assumption of the SPJ model of risk assessment for stalking cases was largely confirmed in terms of the
association between the total number or risk factors, the total number of risk management strategies and the judgements of level of risk (low risk compared to high risk). This pattern was sometimes absent when comparing low to moderate or moderate to high risk.

**Validity of the Victim Vulnerability Factors**

A second focus of this study was the victim vulnerability factors included in the SAM. Because stalking is relationship violence, it is important to assess the perpetrator and victim in tandem (Kropp et al., 2002; Goodman & Epstein, 2005). The importance of the victim in the risk assessment process is beginning to be discussed in the IPV literature (Cattaneo & Goodman, 2005; Goodman & Epstein, 2005) but has not been studied in stalking to date. Through the additional of victim vulnerability factors, a fuller picture of the stalking behaviour can be conceptualized. This additional information can add structure to SPJ instruments, possibly increasing the validity of the risk management strategies and the summary risk judgments. Behavioural decision research (Payne et al., 1998) and Simon’s decision model (1960) lend theoretical support for the victim vulnerability factors providing additional substantive guidance. This study sought to study the role of victim vulnerability factors in the stalking risk decision process by exploring both the utility of the factors and whether they do increase the validity of the risk management strategies and summary risk judgments.

1. **Does the number of risk factors differ by condition such that there are a greater number of risk factors identified in the victim vulnerability condition than in the non-victim vulnerability condition?**

   This hypothesis was not confirmed for the total number of risk factors identified because participants identified a similar number of risk factors whether or not the
participant was randomly assigned a narrative with or without victim vulnerability information. This could be because the number of nature of stalking risk factors and the number of perpetrator risk factors should not change based on the amount of victim vulnerability information. Only the number of victim vulnerability factors should change. In fact, participants did endorse significantly more victim vulnerability risk factors when they were given the victim vulnerability information than when they were not privy to this information. But, the difference between the two groups based on 10 risk factors changing instead of 30 risk factors changing might not have been large enough to lead to a significant difference between the two groups. Thus, the hypothesis is confirmed only for the total number of victim vulnerability factors. This confirms that the experimental manipulation worked.

In addition, although there was not a main effect for condition (victim vulnerability information or not), it did matter which case the participant was assigned. The number of total risk factors identified was influenced by the level of case prioritization (low, moderate, or high) as rated by myself. Participants identified more risk factors in high risk cases than in moderate and low risk cases. This is further confirmation of the criterion validity of an assumption of the SPJ model.

2. Does the number of risk management strategies differ by condition such that there is a greater number of risk management strategies suggested in the victim vulnerability group than in the non-victim vulnerability group?

This hypothesis was not confirmed for all of the risk management strategies or for victim safety planning strategies in particular because participants suggested the same number of risk management strategies in spite of either being given information on victim vulnerability factors or not. The risk management strategies can be separated into the victim safety planning strategies and perpetrator risk management strategies. The only
information that was different between the two groups was the victim vulnerability information, which is why it was hypothesized that the number of victim safety planning strategies would be higher in the victim vulnerability condition. A possible explanation for this null result is that professionals want to help victims. The large majority of participants in this study were familiar with stalking and/or IPV cases indicating they would also be familiar with the mental health consequences of such cases. Therefore, they might have assumed that all victims would be in need of support regardless of the presence or absence of victim vulnerability information. In addition, many of the victim safety planning strategies were general strategies (e.g., supportive therapy or access to social services) and participants may have felt that all victims could benefit from such services regardless if they reported experiencing any problems. Lastly, if victim vulnerability information was not included, participants could potentially glean such information about the victim from the interaction between the victim and perpetrator in the narrative, thus suggesting risk management strategies based on that information.

The results also did not support the hypothesis that the victim vulnerability information influenced the number of perpetrator risk management strategies suggested by the participants. Instead, participants may have been considering victim vulnerability factors when selecting risk management strategies but the stalking behaviour may have already been addressed with a perpetrator risk management strategy. Therefore, the additional victim vulnerability information would not change the number of perpetrator management strategies. For example, a victim who continues to answer the phone when the perpetrator is calling may inadvertently reinforce that behaviour. A no contact order would address the perpetrator’s communication with the victim so the information about the inconsistent behaviour would not result in a new perpetrator management strategy. But this finding does not indicate that victim vulnerability information is not useful in stalking risk assessment. It may be that the measure in this study (i.e., the number of
risk management strategies) was not sensitive enough to detect the usefulness of victim vulnerability factors for stalking risk management strategies.

Further analyses indicated an interaction between case and condition for the number of risk management strategies identified in each case. The number of risk management strategies suggested by participants in the two conditions varied depending on which narrative the participant was assigned. This indicates an individualized approach to suggesting risk management strategies based on each case.

Similar analyses for victim safety planning strategies specifically indicated that the number of victim safety planning strategies suggested by participants was influenced by the level of case priority as rated by the researcher and not the participants. This may indicate that professionals continued to focus on the perpetrator’s behaviour and risk factors and safety planning for the victim was seen as a separate entity from risk assessment. Safety planning may be considered an activity to be completed once the perpetrator’s risk has been explored and management strategies suggested.

3. Are there more high quality risk management strategies in the victim vulnerability condition than in the non-victim vulnerability condition?

This hypothesis was not confirmed. The quality of the strategies was operationalized as the appropriateness (both at a general and specific level) of the strategies, meaning the risk management strategies were logically connected to the risk factors that were identified. The proportion of general and specific strategies suggested did not differ based on membership in the victim or non-victim vulnerability group. In addition, the proportion of matched participant and expert risk management strategies and the number of irrelevant strategies did not differ based on group membership. The results did not change when just considering victim safety planning strategies. However, the average proportion of matched specific strategies to risk factors was .93 (range .52 – 1.00; 2 participants did not match any specific management strategies to their identified
risk factors). Indeed, 62% of participants identified specific strategies for each risk factor identified in the case (proportion of 1.00). Even though there were no statistically significant differences between the conditions, participants were demonstrating the need and responsivity principles through matching strategies to perpetrators (Andrews et al., 1990).

Many of the risk management strategies could address a number of risk factors, increasing the chances of correctly matching a strategy to a risk factor. This may account for the null result between the two groups both for the number of expert matched strategies and the proportion of specific matched strategies. Because more than one strategy could be a match for a risk factor, it increased the ease of matching with the expert and matching a specific strategy to a risk factor. This was especially true for victim management strategies that were more general in nature (e.g., supportive counselling) and could address several different needs of a victim. In addition, participants were not specifically asked which strategy they would suggest for any given risk factor. Instead this information was inferred. If asked for each identified risk factor, participants might have also suggested a victim management strategy to curb a perpetrator’s behaviour based on victim information in the narrative (e.g., a suggestion of psycho-education for the victim not to contact the perpetrator in order to prevent him from contacting her via e-mail). The design of the current study did not allow for such an analysis.

A second explanation for the null result for risk management strategies between the two groups is that general strategies were most likely suggested based on the behaviour of the perpetrator, not on the information about the victim that varied between the conditions. The general strategies were highly restrictive (i.e., commitment or detainment) and would most likely only be suggested in the case of threats and violence on the part of the perpetrator. It is unlikely that the victim’s behaviour alone would lead to
the deployment of these restrictive general strategies. In fact, it is more likely that participants relied on the perpetrator’s behaviour when suggesting commitment or detainment.

4. Did the participants find the victim vulnerability factors useful when creating scenarios, suggesting risk management strategies and rating the perpetrator’s risk?

Participants in the victim vulnerability group did find the victim vulnerability factors significantly more useful when creating future risk scenarios than those in the non-victim vulnerability group. It is important to note that when all participants were considering the possible future trajectory of the stalking behaviour, they were considering the victim’s role in the interaction and finding the victim vulnerability factors useful. It is the future scenarios that allow assessors to explore what they are worried may happen in the future, the motivation for the stalking behaviour, the possibility of harm, and the plausibility of the scenario. Although an earlier finding suggested that the victim vulnerability factors did not account for any additional variance in the summary risk judgment beyond the nature of stalking and perpetrator factors, it does not negate the utility of the factors in the decision process. Including victim information potentially provides a fuller picture of the context in which the stalking is occurring and should then inform strategies to manage the stalking. This then directly feeds into suggesting management strategies and rating risk.

Participants found the victim vulnerability factors equally useful in both conditions when suggesting management strategies. This seems counter-intuitive since only one condition was specifically provided with victim vulnerability information. The first possible explanation is that victim vulnerability factors were already addressed once the perpetrator’s behaviour was managed in which case knowing information about the victim would not change those management strategies. Participants may still have found
the information useful in conceptualizing how the perpetrator needed to be managed but not above the perpetrator information alone. A second possible explanation is that participants were assuming characteristics about the victim based on information already in the narrative under the description of the relationship between the perpetrator and victim. In this case, even if no additional victim information was available (i.e., the non-victim vulnerability condition), participants found some information to identify at least one victim vulnerability factor. This suggests that the victim vulnerability factors, irrespective of the amount of information available or the number identified, were useful in suggesting risk management strategies. Lastly, participants were told that all information about the victim was included in the narrative regardless of what condition the participant was assigned. Thus, knowing that the victim did not have victim vulnerability factors could be just as important as knowing that victim vulnerability factors are present when considering risk management strategies. Alternatively, informing participants that all of the information was included could have cued participants that evidence of the presence of the victim vulnerability factors was present in the narratives, providing evidence of the above explanation that participants were inferring information that was not actually present in the narrative.

Participants found the victim vulnerability factors equally useful in both conditions when rating the risk for the case. Participants rated most or all cases as either moderate or high risk for all three summary risk judgments, so it could be that the sheer number and nature of the perpetrator factors outweighed the contribution of the victim vulnerability factors. Again, participants could still find victim vulnerability factors useful but not above perpetrator risk factors. Another explanation is that all participants would have suggested the same general victim management strategies no matter what because of an obligation for helping professionals to support victims of stalking.
In summary, participants reported victim vulnerability factors as generally useful in assessing stalking risk and they did identify more victim factors in the victim vulnerability condition. But, having additional information about the victim did not significantly influence the total number of risk factors identified or the quality or intensity of the risk management strategies. This does not necessarily indicate a lack of validity for the victim vulnerability factors. Instead, it could reflect the limitations of the study.

Exploratory Analyses

Overall, victim vulnerability factors did not explain additional variance in any of the summary risk judgments above the nature of stalking and perpetrator risk factors. Perpetrator risk factors were a significant predictor of case prioritization such that a high case prioritization was associated with an increase in the number of perpetrator risk factors when holding the nature of stalking risk factors constant. When victim vulnerability factors were added to the model, perpetrator risk factors remained a significant and only predictor. In the model for continued stalking, both the nature of stalking risk factors and perpetrator risk factors were significant predictors. High risk cases were associated with an increase in the number of those risk factors. When victim vulnerability factors were added to the model, it was not a significant predictor but both the nature of stalking and perpetrator risk factors remained significant predictors of stalking case prioritization. One explanation is that the number of perpetrator risk factors present in the case indicated to participants a high enough level of risk that victim vulnerability factors did not need to be taken into account to determine stalking case prioritization.

The model for serious harm, which included the nature of stalking, perpetrator, and victim vulnerability factors was a significant model, but none of the individual predictors were significant. This indicates that these factors all contributed to ratings of
the serious harm judgment but none of the predictors contributed more than any other predictor. It suggests participants are considering all of the available information when considering risk for serious harm to the victim. This is encouraging information - it is important for risk assessments to consider all available information about the stalking interaction in order to increase the accuracy and usefulness of the management strategies. One additional explanation is that because victim vulnerability factors are just recently being introduced to risk assessment, assessors are not yet trained to consider or may not routinely consider victim vulnerability factors during the course of a risk assessment.

Limitations

The Survey

There were a number of limitations regarding the functioning of the software used to develop the survey. First, five cases were lost due to a malfunction with the "Pause" button. The software only allows the user to download completed data and thus cases that were lost to software malfunctions were not retrievable. Participants were asked if they would be amenable to beginning the survey again with the same narrative but most declined. The one participant who agreed has yet to complete the survey. All five participants were still offered a free MHLPI publication. Participants also reported problems with malfunctioning passwords or problems accessing the website but these problems were easily handled.

In addition, although having the option to pause the survey was useful given that the participants were very busy, it also allowed for long gaps between pausing and continuing the survey. Consequently, participants reported they forgot some of their previous answers especially when suggesting risk management strategies. Participants
also reported that the survey was long and this resulted in memory loss regarding risk factors identified.

Specific to the development of the survey (and not the Remark software), in retrospect the instructions in the survey could have been clearer in places. In particular, participants found the definition of “past” and “current” when rating the risk factors ambiguous. For one narrative in particular, participants were using the “past” option instead of the “current” option when rating the nature of stalking risk factors and sometimes the perpetrator risk factors. It was determined that the “current” ratings should be used for most of the analyses because it appeared participants based their risk management and risk judgments on those “current” ratings.

The Narratives

Although the narratives rated by participants were based on actual stalking cases, the information was already summarized for participants. In the course of conducting risk assessments, it is the assessor’s job to gather and summarize the relevant information. Because this option was removed for this study, it may have diluted some of the results, especially comparisons between the two conditions because all of the pertinent information was highlighted in both conditions. In particular, victim vulnerability information could still be gleaned from the narratives regardless of group membership and participants possibly were cued to look for this information. The additional information in the victim vulnerability condition may not have been enough to lead to differences in the total number of risk factors and risk management strategies.

The Design

There were also some limitations related to the research design. Participants were not asked to suggest a risk management strategy for each risk factor but instead to
suggest risk management strategies for the case. Many management strategies could address more than one risk factor, which might have accounted for the null findings between the two conditions. The victim safety planning strategies were fewer in number and were more general in nature thus it was easier to address victim vulnerability factors without actually matching a strategy to a factor.

In addition, the overall sample size was less than the 128 needed for power of .80, in the case of a moderate effect size ($f = .25$). For those results which were not significant, Cohen’s $d$ ranged from $.05$ to $.29$ (small effect sizes). Therefore, all moderate and large effects were detected but power was still a problem because the sample size was not large enough to detect any of the small effects.

**Future Research**

This study is the first to attempt to quantify the match between risk factors and risk management strategies. It also used ex-intimate partner stalkers, the most common type of stalker so these results can apply to a large portion of the stalking population. However, future studies should include a wider variety of stalkers. Because there is a previous relationship between the perpetrator and victim in ex-intimate cases, it is possible that the victim vulnerability factors will influence risk differently in the other types of stalking cases. In addition, even though this study employed narratives based on real stalking cases, it is an analog study. Future studies should be conducted in the field with the SAM. This will allow researchers to determine which risk management strategies were actually employed and how successful these strategies were in impeding the stalking. In addition, researchers can determine the influence of victim vulnerability risk factors on successful and failed risk management strategies.

Future studies should continue to explore the role of victim vulnerability factors in risk assessment in stalking cases but also in other areas such as IPV. Studies should
include a condition in which participants are not asked to identify victim vulnerability factors at all and are not provided with any victim information. In this case the comparison between victim and non-victim vulnerability conditions would be more pure by allowing a more thorough exploration into the influence and utility of victim vulnerability factors. The type of factors can also be improved upon. A wider variety of victim vulnerability factors and a wider range of severity of the factors should be employed. This would allow researchers to determine whether victim vulnerability factors make a difference when identifying risk factors and risk management strategies. A third option is to study the predictive validity of the victim vulnerability factors and determine how they contribute to risk reduction in actual cases.

The SAM already includes victim vulnerability factors. It might be useful for the SAM to highlight example cases where victim vulnerability factors played a key role in determining risk management strategies and in rating the final summary risk judgments. This will provide assessors with a framework of how victim information can enhance the risk assessment process. Participants reported that victim information was important in creating scenarios, developing risk management plans and rating the perpetrator's risk thus future research should explore these factors in other types of violence such as IPV.

In the open-ended section of the survey, participants explained how the victim vulnerability factors were useful in the decision-making process. The answers reflected the purpose of the factors namely to bring the interaction between the perpetrator and victim to the attention of the assessor and how considering the victim's behaviour is an asset when deciding on risk management strategies. Future studies can further explore the role of victim vulnerability factors and how exactly they influence the risk decision process.
Conclusion

Despite some limitations to the study, this is still valid and important work that is the beginning of a new area of research into the management of violence. This study employed real stalking case histories rated by professionals from around the world who conduct risk assessments as part of their work. As such, this increases the generalization of this study beyond a single group of people although caution should be used since the majority of participants were psychologists. In addition, this research is the first to specifically study assumptions of the SPJ model using risk management strategies as the outcome and confirm the criterion related validity of this component of the model. The results indicated that participants were tailoring management strategies to the number and type of risk factors identified and this in turn mapped onto the summary risk judgments in stalking cases. The results also provided evidence of the usefulness of the victim vulnerability factors. The vast majority of the participants were never trained in the use of the SAM or victim vulnerability factors, yet they were still able to identify these factors and use them effectively during the risk assessment process. Participants may not have identified more risk management strategies in the victim vulnerability condition and the victim vulnerability factors may not have increased the quality of the management strategies but this might have been due to the design of the study and not the factors themselves. However, participants found them useful in all aspects of the decision process, regardless of the number of victim vulnerability factors identified in the case, which is promising. It does appear that perpetrator risk factors are still regarded as more important in rendering summary risk judgments. This most likely reflects the history of risk assessment, especially the traditional focus on perpetrators and the fear of victim blaming. Training on victim vulnerability factors is needed and case studies that highlight the role of victim vulnerability factors in the risk assessment
process. Hopefully, this information can increase the use and usefulness of victim vulnerability factors.
APPENDICES

Appendix A

Criminal Code s. 264

(1) No person shall, without lawful authority and knowing that another person is harassed or reckless as to whether the other person is harassed, engage in conduct referred to in subsection (2) that causes that other person reasonably, in all the circumstances, to fear for their safety or the safety of anyone known to them. (2) The conduct mentioned in subsection (1) consists of:

(a) repeatedly following from place to place the other person or anyone known to them;

(b) repeatedly communicating with, either directly or indirectly, the other person or anyone known to them;

(c) besetting or watching the dwelling-house, or place where the other person, or anyone known to them, resides, works, carries on business or happens to be; or

(d) engaging in threatening conduct directed at the other person or any member of their family
## Appendix B

### Stalking Assessment and Management Worksheet


#### Step 2: Factors Present

<table>
<thead>
<tr>
<th>Nature of Stalking: Consider the pattern of behavior comprising the current offence.</th>
<th>Presence</th>
</tr>
</thead>
</table>
| N1. Communicates about victim | Current
  - Y  ?  N
  - Previous
  - Y  ?  N |
| N2. Communicates with victim | Current
  - Y  ?  N
  - Previous
  - Y  ?  N |
| N3. Approaches victim | Current
  - Y  ?  N
  - Previous
  - Y  ?  N |
| N4. Direct contact with victim | Current
  - Y  ?  N
  - Previous
  - Y  ?  N |
<table>
<thead>
<tr>
<th></th>
<th>N5. Intimidates victim</th>
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<tbody>
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<td>Current</td>
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<td></td>
<td>&quot;Y&quot;? &quot;N</td>
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<tr>
<td></td>
<td>Previous</td>
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<tr>
<td></td>
<td>&quot;Y&quot;? &quot;N</td>
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<tr>
<th></th>
<th>N6. Threatens victim</th>
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<td>Current</td>
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<td></td>
<td>&quot;Y&quot;? &quot;N</td>
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<td></td>
<td>Previous</td>
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<tr>
<td></td>
<td>&quot;Y&quot;? &quot;N</td>
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<tr>
<th></th>
<th>N7. Violent toward victim</th>
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<tbody>
<tr>
<td></td>
<td>Current</td>
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<td></td>
<td>&quot;Y&quot;? &quot;N</td>
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<td></td>
<td>Previous</td>
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<td></td>
<td>&quot;Y&quot;? &quot;N</td>
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<tr>
<th></th>
<th>N8. Stalking is persistent</th>
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<tr>
<td></td>
<td>Current</td>
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<td></td>
<td>&quot;Y&quot;? &quot;N</td>
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<tr>
<td></td>
<td>Previous</td>
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<td></td>
<td>&quot;Y&quot;? &quot;N</td>
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<tr>
<th></th>
<th>N9. Stalking involves supervision violations</th>
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<tbody>
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<td>Current</td>
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<td></td>
<td>&quot;Y&quot;? &quot;N</td>
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<td>Previous</td>
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<td></td>
<td>&quot;Y&quot;? &quot;N</td>
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</table>
N10. Stalking is escalating

<table>
<thead>
<tr>
<th></th>
<th>Current</th>
<th>Previous</th>
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<tbody>
<tr>
<td></td>
<td>Y</td>
<td>?</td>
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<td></td>
<td>N</td>
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</table>

Other Considerations Related to the Nature of the Stalking

<table>
<thead>
<tr>
<th></th>
<th>Current</th>
<th>Previous</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Y</td>
<td>?</td>
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<tr>
<td></td>
<td>N</td>
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</tbody>
</table>

**Perpetrator Risk Factors:** Consider the psychosocial functioning and background of the perpetrator.

<table>
<thead>
<tr>
<th>P1. Angry</th>
<th>Current</th>
<th>Previous</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Y</td>
<td>?</td>
</tr>
<tr>
<td></td>
<td>N</td>
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<table>
<thead>
<tr>
<th>P2. Obsessed</th>
<th>Current</th>
<th>Previous</th>
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<tbody>
<tr>
<td></td>
<td>Y</td>
<td>?</td>
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<td></td>
<td>N</td>
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<table>
<thead>
<tr>
<th>P3. Irrational</th>
<th>Current</th>
<th>Previous</th>
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<tbody>
<tr>
<td></td>
<td>Y</td>
<td>?</td>
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<tr>
<td></td>
<td>N</td>
<td></td>
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<tr>
<td></td>
<td>Unrepentant</td>
<td>Intimate relationship problems</td>
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<tr>
<td>---</td>
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<td>---------------------------------</td>
</tr>
<tr>
<td>P4</td>
<td><img src="image" alt="Table" /></td>
<td><img src="image" alt="Table" /></td>
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</tbody>
</table>

- **P4. Unrepentant**
  - *Current*
    - Y  \(\sim\)  N
  - *Previous*
    - Y  \(\sim\)  N

- **P5. Intimate relationship problems**
  - *Current*
    - Y  \(\sim\)  N
  - *Previous*
    - Y  \(\sim\)  N

- **P6. Non-intimate relationship problems**
  - *Current*
    - Y  \(\sim\)  N
  - *Previous*
    - Y  \(\sim\)  N

- **P7. Distressed**
  - *Current*
    - Y  \(\sim\)  N
  - *Previous*
    - Y  \(\sim\)  N

- **P8. Substance use problems**
  - *Current*
    - Y  \(\sim\)  N
  - *Previous*
    - Y  \(\sim\)  N
<table>
<thead>
<tr>
<th>P9. Employment and financial problems</th>
<th></th>
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<tbody>
<tr>
<td>Current</td>
<td>Y</td>
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<tr>
<td>Previous</td>
<td>Y</td>
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<table>
<thead>
<tr>
<th>P10. Criminality</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>Y</td>
</tr>
<tr>
<td>Previous</td>
<td>Y</td>
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<table>
<thead>
<tr>
<th>Other Considerations Related to the Perpetrator</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>Y</td>
</tr>
<tr>
<td>Previous</td>
<td>Y</td>
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</table>

**Victim Vulnerability Factors:** Consider the psychosocial functioning and background of the victim

<table>
<thead>
<tr>
<th>V1. Inconsistent behavior toward perpetrator</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td>Y</td>
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</table>

<table>
<thead>
<tr>
<th>V2. Inconsistent attitude toward perpetrator</th>
<th></th>
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<tbody>
<tr>
<td>Current</td>
<td>Y</td>
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<tr>
<td></td>
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<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>
| **V3. Non-intimate relationship problems** | *Current*  
Y? N |
| **V4. Inadequate access to resources** | *Current*  
Y? N |
| **V5. Intimate relationship problems** | *Current*  
Y? N |
| **V6. Employment and financial problems** | *Current*  
Y? N |
| **V7. Distressed** | *Current*  
Y? N |
<table>
<thead>
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<th></th>
<th></th>
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<tbody>
<tr>
<td></td>
<td><strong>Current</strong></td>
<td><strong>Current</strong></td>
<td><strong>Current</strong></td>
<td><strong>Current</strong></td>
</tr>
<tr>
<td></td>
<td>&quot;Y&quot; &quot;?&quot; &quot;N&quot;</td>
<td>&quot;Y&quot; &quot;?&quot; &quot;N&quot;</td>
<td>&quot;Y&quot; &quot;?&quot; &quot;N&quot;</td>
<td>&quot;Y&quot; &quot;?&quot; &quot;N&quot;</td>
</tr>
</tbody>
</table>

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72
### Step 3: Risk Scenarios
Identify the most likely scenarios of future stalking

<table>
<thead>
<tr>
<th>Nature</th>
<th>Scenario #1</th>
<th>Scenario #2</th>
<th>Scenario #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>• What kind of stalking is the perpetrator likely to commit?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>• Who are the likely victims?</td>
<td></td>
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<tr>
<td>• What is the likely motivation — that is, what is the perpetrator trying to accomplish?</td>
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</table>

<table>
<thead>
<tr>
<th>Severity</th>
<th>Scenario #1</th>
<th>Scenario #2</th>
<th>Scenario #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>• What would be the psychological harm to victims?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• What would be the physical harm to victims?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Is there a chance that the stalking might escalate to serious or life-threatening violence?</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Imminence</th>
<th>Scenario #1</th>
<th>Scenario #2</th>
<th>Scenario #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>• How soon might the perpetrator engage in stalking?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Are there any warning signs that might signal that the risk is increasing or imminent?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frequency/Duration</th>
<th>Scenario #1</th>
<th>Scenario #2</th>
<th>Scenario #3</th>
</tr>
</thead>
<tbody>
<tr>
<td>• How often might the stalking occur — once, several times, frequently?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Is the risk chronic or acute (i.e., time-limited)?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Likelihood**
- In general, how frequent or common is this type of stalking?
- Based on this perpetrator's history, how likely is it that this type of stalking will occur?

**Step 4: Management Strategies**
Identify strategies for managing stalking risk

<table>
<thead>
<tr>
<th></th>
<th>Scenario #1</th>
<th>Scenario #2</th>
<th>Scenario #3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Monitoring</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- What is the best way to monitor warning signs that the risks posed by the perpetrator may be increasing?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- What events, occurrences, or circumstances should trigger a re-assessment of risk?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Treatment</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- What treatment or rehabilitation strategies could be implemented to manage the risks posed by the perpetrator?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Which deficits in psychosocial adjustment are high priorities for intervention?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Supervision</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- What supervision or surveillance strategies could be implemented to manage the risks posed by the perpetrator?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- What restrictions on activity, movement, association, or communication are indicated?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Victim Safety Planning
- What steps could be taken to enhance the security of the victim?
- How might the victim’s physical security or self-protective skills be improved?

### Other Considerations
- What events, occurrences, or circumstances might increase or decrease risk?
- What else might be done to manage risk?

### Step 5: Conclusory Opinions
Provide opinions and recommendations regarding overall risk

#### Case Prioritization
- What level of effort or intervention will be required to prevent further stalking?
- To what extent is this opinion limited in light of information that is unclear, unavailable, or missing?

#### Continued Stalking
- What is the risk that the stalking will continue in the future?
- To what extent is this opinion limited in light of information that is unclear, unavailable, or missing?

#### Serious Physical Harm
- What is the risk that the stalking will involve or escalate into serious or life-threatening physical harm?
- To what extent is this opinion limited in light of information that is unclear, unavailable, or missing?
<table>
<thead>
<tr>
<th>Reasonableness of Fear</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Given the totality of circumstances, how reasonable is the victim's level of fear?</td>
<td>□ Too high&lt;br&gt; □ Appropriate&lt;br&gt; □ Too low</td>
</tr>
<tr>
<td>• To what extent is this opinion limited in light of information that is unclear, unavailable, or missing?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Immediate Action Required</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Does the person pose any imminent risks? What preventive steps were or should be taken immediately?</td>
<td>□ None&lt;br&gt; □ Emergency</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case Review</th>
<th></th>
</tr>
</thead>
</table>
| • When should the case be scheduled for routine review (re-assessment)? | Date for review: 
| • What circumstances should trigger a special review (re-assessment)? |  |
Appendix C

Table 1. Victim Vulnerability Factors

Victim Vulnerability Factors
- Inconsistent behaviour toward perpetrator
- Inconsistent attitude toward perpetrator
- Non-intimate relationship problems
- Inadequate access to resources
- Intimate relationship problems
- Employment and financial problems
- Distressed
- Substance use problems
- Unsafe living conditions
- Concerns related to dependents

Table 2. Kappa coefficients for inter-rater reliability for the expert/participant match

<table>
<thead>
<tr>
<th>Risk Management Strategy</th>
<th>n</th>
<th>Kappa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitoring Surveillance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record communication from perpetrator</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Direct contact b/t police and perpetrator</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Direct contact b/t police and victim</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Circulate photo of perpetrator</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Report to law enforcement</td>
<td>20</td>
<td>*</td>
</tr>
<tr>
<td>Change phone and e-mail</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Supervision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tell perpetrator contact unwanted</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>No contact order</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Restrictions (e.g. weapons)</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Mental health commitment</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Detain in custody</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Assessment/Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substance use treatment</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Individual psychotherapy</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Risk Management Strategy</td>
<td>n</td>
<td>Kappa</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>----</td>
<td>-------</td>
</tr>
<tr>
<td>Hospitalization/crisis intervention</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Domestic violence treatment</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Medication</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Links to social services</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td><strong>Victim Safety Planning</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase security at victim's home/work</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Supportive counselling</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Mental health counselling</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Change of residence</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Victim substance use counselling</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Links to social services for victim</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Remove identifying information from records</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Special visitation arrangements for children</td>
<td>20</td>
<td>1.00</td>
</tr>
</tbody>
</table>

* A kappa coefficient could not be calculated because there was no variability however there was perfect agreement between the two raters.
Table 3. Kappa coefficients for inter-rater reliability for whether a general strategy was suggested for each risk factor identified.

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>n</th>
<th>Kappa</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nature of Stalking Risk Factors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicates about the victim</td>
<td>20</td>
<td>0.74</td>
</tr>
<tr>
<td>Communicates with the victim</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Approaches the victim</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Direct contact with the victim</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Intimidates the victim</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Threatens the victim</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Violent toward the victim</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Stalking is persistent</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Stalking involves supervision violations</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Stalking is escalating</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td><strong>Perpetrator Risk Factors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angry</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Obsessed</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Irrational</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Unrepentant</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Intimate relationship problems</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Non-intimate relationship problems</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Distressed</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Substance Use Problems</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Employment and financial problems</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Criminality</td>
<td>20</td>
<td>1.00</td>
</tr>
</tbody>
</table>

*Victim vulnerability factors are not included because there were no general strategies for this group of risk factors.
Table 4. Kappa coefficients for inter-rater reliability for whether specific strategies were suggested for each risk factor identified.

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>n</th>
<th>Kappa</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nature of Stalking Risk Factors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicates about the victim</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Communicates with the victim</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Approaches the victim</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Direct contact with the victim</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Intimidates the victim</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Threatens the victim</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Violent toward the victim</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Stalking is persistent</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Stalking involves supervision violations</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Stalking is escalating</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td><strong>Perpetrator Risk Factors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angry</td>
<td>20</td>
<td>.86</td>
</tr>
<tr>
<td>Obsessed</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Irrational</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Unrepentant</td>
<td>20</td>
<td>.89</td>
</tr>
<tr>
<td>Intimate relationship problems</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Non-intimate relationship problems</td>
<td>20</td>
<td>.89</td>
</tr>
<tr>
<td>Distressed</td>
<td>20</td>
<td>.90</td>
</tr>
<tr>
<td>Substance Use Problems</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Employment and financial problems</td>
<td>20</td>
<td>.76</td>
</tr>
<tr>
<td>Criminality</td>
<td>20</td>
<td>.78</td>
</tr>
<tr>
<td><strong>Victim Vulnerability Factors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inconsistent behaviour toward the perpetrator</td>
<td>20</td>
<td>.90</td>
</tr>
<tr>
<td>Inconsistent attitude toward the perpetrator</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Non-intimate relationship problems</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Inadequate access to resources</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Intimate relationship problems</td>
<td>20</td>
<td>.64</td>
</tr>
<tr>
<td>Employment and financial problems</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Distressed</td>
<td>20</td>
<td>1.00</td>
</tr>
<tr>
<td>Substance Use Problems</td>
<td>20</td>
<td>.77</td>
</tr>
</tbody>
</table>
Unsafe living conditions 20 1.00
Concerns related to dependents 20 .83

Table 5: Sample Characteristics by Condition

<table>
<thead>
<tr>
<th>Condition</th>
<th>Non-Victim Vulnerability</th>
<th>Victim Vulnerability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Age: 43.12, SD: 11.31</td>
<td>Age: 44.73, SD: 10.76</td>
</tr>
<tr>
<td>Gender</td>
<td>Male: 29, Female: 28</td>
<td>Male: 25, Female: 26</td>
</tr>
<tr>
<td>Profession (Mental Health)</td>
<td>Psychology: 34, Psychiatry: 0, Social Work: 2, Nursing: 3, Other: 3</td>
<td>Psychology: 29, Psychiatry: 3, Social Work: 1, Nursing: 1, Other: 7</td>
</tr>
<tr>
<td>Profession (Criminal Justice)</td>
<td>Police Officer: 7, Lawyer: 2, Probation Officer: 5, Other: 2</td>
<td>Police Officer: 6, Lawyer: 3, Probation Officer: 1, Other: 0</td>
</tr>
<tr>
<td>Risk assessments</td>
<td>No: 8, Yes: 49</td>
<td>No: 8, Yes: 43</td>
</tr>
<tr>
<td>conducted on stalking or IPV cases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Years of Risk Assessment Experience</td>
<td>M: 7.21, SD: 6.34</td>
<td>M: 9.39, SD: 7.19</td>
</tr>
<tr>
<td>Number of Stalking cases</td>
<td>M: 7.81, SD: 9.10</td>
<td>M: 8.55, SD: 9.59</td>
</tr>
</tbody>
</table>

Note. No statistically significant differences were found between the experimental groups for age, years of experience in the current profession, or years of violence risk assessment experience.
Table 6: Number of Participants for each Case and Condition

<table>
<thead>
<tr>
<th>Case Number</th>
<th>Non-Victim Vulnerability</th>
<th>Victim Vulnerability</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>2</td>
<td>7</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>3</td>
<td>6</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
<td>9</td>
<td>13</td>
</tr>
<tr>
<td>6</td>
<td>3</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>8</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>8</td>
<td>6</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>9</td>
<td>5</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>10</td>
<td>8</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total Number in each Condition</strong></td>
<td><strong>57</strong></td>
<td><strong>51</strong></td>
<td><strong>108</strong></td>
</tr>
</tbody>
</table>

Table 7: Number of Management Strategies by Condition

<table>
<thead>
<tr>
<th>Condition</th>
<th>Non-Victim Vulnerability</th>
<th>Victim Vulnerability</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitoring/Surveillance</td>
<td>$M = 4.61$ SD = 1.52</td>
<td>$M = 4.57$ SD = 1.49</td>
<td>$M = 4.59$ SD = 1.50</td>
</tr>
<tr>
<td>Supervision</td>
<td>$M = 3.54$ SD = 1.05</td>
<td>$M = 3.53$ SD = 1.12</td>
<td>$M = 3.54$ SD = 1.08</td>
</tr>
<tr>
<td>Assessment/Treatment</td>
<td>$M = 3.84$ SD = 1.74</td>
<td>$M = 4.10$ SD = 1.75</td>
<td>$M = 3.96$ SD = 1.74</td>
</tr>
<tr>
<td>Victim Safety Planning</td>
<td>$M = 4.30$ SD = 1.83</td>
<td>$M = 4.84$ SD = 1.88</td>
<td>$M = 4.55$ SD = 1.87</td>
</tr>
<tr>
<td>Total Risk Management</td>
<td>$M = 16.30$ SD = 4.66</td>
<td>$M = 17.04$ SD = 4.77</td>
<td>$M = 16.65$ SD = 4.70</td>
</tr>
</tbody>
</table>
### Table 8: Mean and Standard Deviation of Risk Factors by Condition

<table>
<thead>
<tr>
<th>Condition</th>
<th>Non-Victim Vulnerability</th>
<th>Victim Vulnerability</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nature of Stalking Risk Factors</td>
<td>$M = 7.02$, $SD = 3.18$</td>
<td>$M = 6.76$, $SD = 2.87$</td>
<td>$M = 6.90$, $SD = 3.03$</td>
</tr>
<tr>
<td>Perpetrator Risk Factors</td>
<td>$M = 6.44$, $SD = 2.67$</td>
<td>$M = 6.88$, $SD = 2.30$</td>
<td>$M = 6.65$, $SD = 2.50$</td>
</tr>
<tr>
<td>Victim Vulnerability Factors</td>
<td>$M = 1.91$, $SD = 2.32$</td>
<td>$M = 2.51$, $SD = 1.74$</td>
<td>$M = 2.19$, $SD = 2.08$</td>
</tr>
<tr>
<td>Total Number of Risk Factors</td>
<td>$M = 16.47$, $SD = 4.92$</td>
<td>$M = 16.71$, $SD = 4.70$</td>
<td>$M = 16.58$, $SD = 4.80$</td>
</tr>
</tbody>
</table>

### Table 9: Percentage of Low, Moderate, and High for Case Priority by Condition

<table>
<thead>
<tr>
<th>Condition</th>
<th>Non-Victim Vulnerability</th>
<th>Victim Vulnerability</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Risk</td>
<td>*</td>
<td>*</td>
<td>*</td>
</tr>
<tr>
<td>Moderate Risk</td>
<td>31.6% (18)</td>
<td>24.0% (39)</td>
<td>28.0% (30)</td>
</tr>
<tr>
<td>High Risk</td>
<td>68.4% (12)</td>
<td>76.0% (38)</td>
<td>72.0% (77)</td>
</tr>
<tr>
<td>Total</td>
<td>100.0% (57)</td>
<td>100.0% (50)</td>
<td>100.0% (107)</td>
</tr>
</tbody>
</table>

* None of the participants rated any of the cases as low risk for case priority

### Table 10: Percentage of Low, Moderate, and High for Continued Stalking by Condition

<table>
<thead>
<tr>
<th>Condition</th>
<th>Non-Victim Vulnerability</th>
<th>Victim Vulnerability</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Risk</td>
<td>5.3% (3)</td>
<td>2.0% (1)</td>
<td>3.7% (4)</td>
</tr>
<tr>
<td>Moderate Risk</td>
<td>21.1% (12)</td>
<td>25.5% (13)</td>
<td>23.1% (25)</td>
</tr>
<tr>
<td>High Risk</td>
<td>73.7% (42)</td>
<td>72.5% (37)</td>
<td>73.1% (79)</td>
</tr>
<tr>
<td>Total</td>
<td>100.0% (57)</td>
<td>100.0% (51)</td>
<td>100.0% (108)</td>
</tr>
</tbody>
</table>
Table 11: Percentage of Low, Moderate, and High for Serious Harm by Condition

<table>
<thead>
<tr>
<th>Condition</th>
<th>Non-Victim Vulnerability</th>
<th>Victim Vulnerability</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Risk</td>
<td>17.5% (10)</td>
<td>25.5% (13)</td>
<td>21.3% (23)</td>
</tr>
<tr>
<td>Moderate Risk</td>
<td>38.6% (22)</td>
<td>37.3% (19)</td>
<td>38.0% (41)</td>
</tr>
<tr>
<td>High Risk</td>
<td>43.9% (25)</td>
<td>37.3% (19)</td>
<td>40.7% (44)</td>
</tr>
<tr>
<td>Total</td>
<td>100.0% (57)</td>
<td>100.0% (51)</td>
<td>100.0% (108)</td>
</tr>
</tbody>
</table>
Dear Kim:

Re: The Decision-making and Stalking Risk Study
- Appl. #37634

American Psychology-Law Society
Grant title: APLS Grants-in-Aid
Title Change

In response to your request dated July 24, 2007, I am pleased to approve, on behalf of the Research Ethics Board, the title change from, "Decision-making and Stalking Risk: The Reliability and Validity of the Stalking Assessment and Management Guide (SAM)", in the research protocol of the above referenced Request for Ethical Approval of Research originally approved on March 2, 2007.

If there is an adverse event, the principal investigator must notify the Office of Research Ethics within five (5) days. An Adverse Events form is available electronically by contacting dore@sfu.ca.

Please note that all correspondence with regards to this application will be sent to your SFU email address.

Best wishes for continued success in this research.

Sincerely,
Appendix E

Dennis and Diane (without Victim Vulnerability Information)

You have been provided with a pre-sentence report on Dennis for the purpose of completing a risk assessment on him. The report writer reviewed information from police records, statements by the perpetrator, victim, and witnesses when available as well as any available mental health information. The report below is a compilation of all the sources reviewed.

Synopsis

Dennis is a 65 year old Caucasian male who has been arrested for an 810 Peace Bond (a criminal restraining order) and Uttering Threats against his wife, Diane, a 52 year old Middle Eastern woman. He is currently remanded to a local forensic psychiatric hospital. Dennis and Diane were married for eight years. Diane sought a divorce in October 2006.

Early Life

Dennis was born in Romania and grew up with both of his parents, two brothers and two sisters. He described his childhood as “normal”; his family did not have a lot of money but his parents worked very hard and the children were willing to help out when they could either by doing chores or taking on jobs. He did not report witnessing or experiencing any violence as a child. In 1977, Dennis moved to Canada at the age of 27 years old alone.

Education

Dennis completed grade 10 in Romania and then left school in order to earn money for the family. While in school, Dennis reported he did not have any problems with other students or teachers. He stated that although he was not a very good student, he was not in any special classes (e.g., special education or remedial classes). He did not have any suspensions or expulsions.

Employment

Dennis worked odd jobs after dropping out of school. He worked a paper route in Romania for three years and then worked in construction until he came to Canada. He decided to leave Romania because he felt he could have a better life in Canada.

When he arrived in Canada, Dennis spoke very little English. He was able to secure employment as a mail sorter at one of the main postal branches in British Columbia. He worked there for the past 30 years. He had to stop working recently (December 2006) when he started having problems with his hips and then he was diagnosed with skin cancer.

Dennis reported that his sick pay, holiday pay, and medical leave have been exhausted at his place of work. He claimed he has been unable to obtain any support for the last several months from welfare, unemployment, disability for his medical condition or the hospital where he is being treated. Before his arrest in May 2007, he was supporting
himself by begging for money. He lived out of his car because he does not have money for rent.

During the subsequent criminal investigation, it came to the attention of the detectives that Dennis is eligible for retirement and for his pension from working at the post office. Thus, welfare denied him benefits because he could be drawing his pension. However, Dennis stated he does not want to collect his pension because Diane would “end up taking the money” from him. Dennis and Diane divorced and the judge ruled that Dennis needed to pay spousal support to Diane. Dennis stated he would rather live out of his car than work and have Diane take his money from him.

Substance Use

It is unclear when Dennis started using alcohol. Dennis did not wish to discuss his substance use except to blame Diane. When Dennis and Diane were married, Dennis claimed Diane encouraged him to drink beer every day. He reported that in 2002, after drinking four beers in 30 minutes, Diane started shouting and attempted to run from the house. The police came and arrested Dennis because he was drunk and he was given an 810 Peace Bond. He does not feel he has a problem with drinking and he can “either take it or leave it.”

Other Criminal History

Dennis does not have a criminal record other than the issued 810 Peace Bond in 2002.

Mental Health

Dennis felt persecuted by the government and the health care system. He stated the hospital told him that they would help him financially and with housing but they lied. He also felt that social assistance was purposefully not helping him.

Dennis was diagnosed with depression and prescribed anti-depressants. However, Dennis refused to take the medication or acknowledge that he suffers from depression. When Dennis was first placed in jail on May 27, 2007, for the current charges, he was put on suicide watch since he refused to eat or talk to any jail personnel. Since that time, Dennis has returned to the regular jail population and has been cooperating with jail personnel.

In addition, the doctor and nurse at the hospital informed police that Dennis is suffering from skin cancer, but it is operable and he will make a complete recovery.

Non-intimate Relationships

Dennis stated he does not have any family here in Canada. He said no longer knows where in Romania his immediate family resides and he does not have any contact information for his immediate family. Dennis admitted to infrequent contact with a cousin but he refuses to ask this cousin for information regarding his family.

Here in Canada, Dennis has friends but he has become socially isolated from them since his divorce. Dennis claimed they are ashamed to associate with him now that he is homeless. His friends told police that they would like to help out Dennis with a place to
stay and money for food but he refused their help. His friends felt Dennis was trying to garner sympathy with the court so the judge would reverse the divorce ruling and Dennis would not have to pay spousal support to Diane.

Other Intimate Relationship History

Dennis reported having two previous serious relationships, both in Romania. The first was with the daughter of close family friends and it lasted for one year. It was expected the two of them would be married when they turned 18. However, when the young woman was 16, she was diagnosed with cancer and died a year later. The second relationship was when Dennis was 25 years old and it lasted two years. He met a woman while on a construction job in Romania. Although the relationship was serious, Dennis wanted to move to Canada but his common-law partner did not want to leave her family so the relationship dissolved. Dennis denied any violence in either relationship. Dennis denied any short term or casual sexual relationships.

Relationship with the Diane

Dennis met Diane in 1998 over dinner. They were introduced through mutual friends and exchanged phone numbers. They dated for approximately 6 months and then were married. Dennis helped Diane obtain her Canadian Citizenship since she is originally from the Middle East. Their marriage was rocky from the beginning. Most of their arguments centred around financial problems. According to Dennis, as soon as he married Diane, his money started to disappear. He claimed Diane put her name on his credit cards and bank accounts and sent money to the Middle East. He reported that Diane has a large family who own several businesses in the Middle East and she sent approximately $300,000 of his money to the Middle East to help finance these businesses. Dennis felt Diane robbed him and now he does not have money for medicine or for a place to live. Diane claimed that she and Dennis spoke about her sending money back home to her family and Dennis agreed to help her family financially.

According to Diane, Dennis verbally (threats), emotionally (putting her down), and sexually abused her. In 2002, Diane stated she raised the subject of a separation which enraged Dennis. In response to her suggestion he pushed her down on the couch, choked her, and threatened to kill her family. Diane stated she was so afraid that she started screaming and attempted to run out of the house but Dennis grabbed her. Neighbours heard the altercation and called the police. Dennis was served with an 810 Peace Bond for this incident. Diane referred to two incidents of sexual abuse where Dennis would force sexual acts on Diane after she refused. None of these incidents was reported to the police.

In October 2006, Diane sought a divorce. The judge ruled in Diane’s favour and stated Dennis had to pay monthly spousal support to Diane. She reported she has never received any payments.

After the divorce from Diane in the fall of 2006, Dennis started phoning Diane asking her to leave him alone and to stop trying to take his money. He called at least once a day and sometimes up to three times a day. Dennis’ last contact with Diane was on December 15th, 2006 when he called Diane demanding that she return to the judge and request that the alimony payments be discontinued.
Beginning in January 2007, Dennis was being seen by Dr. Lowe at a medical clinic for rehabilitation after surgery on his hips. During treatment, Dennis stated he felt like a victim because his ex-wife stole his money and kicked him out of the house. Dr. Lowe saw Dennis a second time in April 2007 for a check-up. At this time, Dennis made further statements about his anger toward his ex-wife. Dr. Lowe spoke with Dennis one last time on May 28, 2007. During this visit, Dennis stated he was planning on staying with Diane since he had nowhere else to live. Dr. Lowe had the impression that Dennis knew where Diane lived and he had the “impression that Dennis might hurt his ex-wife”. But Dennis did not actually make a direct statement to this effect. As Dr. Lowe was saying goodbye to Dennis, Dennis became agitated and stated “I’m going to my wife’s house, and I’m not going to be responsible for what I do. Then, I’m going to hurt myself.” Dr. Lowe referred Dennis to a psychiatrist, Dr. Sloan, because of this change in mood and his statement regarding hurting himself and Diane. The psychiatrist subsequently assessed Dennis and Dennis repeated his intention to kill Diane. Dr. Sloan gave Dennis three chances to recant his statements but Dennis insisted he would kill Diane. Dr. Sloan could not find evidence of a mental disorder therefore he could not certify Dennis under the Mental Health Act so Dr. Sloan decided to call the police.

The police took Dennis to the station to be interviewed. During the interview with detectives, Dennis described his frustration that Diane had taken everything from him but that he is the one that looks like the “bad guy.” Dennis said he did not tell the physicians that he wanted to kill Diane but that now he has to go to Diane’s to sleep because he needs help and she is supposed to help. Dennis further stated that when the psychiatrist asked him if he would kill Diane, Dennis replied, "I don't know, I am not responsible. I am getting crazy. I cannot handle it anymore. I don't know what will happen.” Detectives continued to question Dennis regarding his intent toward Diane. Dennis stated that if he saw Diane that day he did not know what he would do but that he has never hurt anyone before. The detectives asked Dennis three times whether he would hurt Diane and Dennis’s reply was consistent, “I do not know the future”. He stated that he was very angry at Diane as she “destroyed his life” and he is now homeless. Dennis said he wanted Diane to leave him alone and he is not sure of his response if she does not leave him alone. He is unsure whether or not he will hurt himself. At first, Dennis told police that he knew Diane’s address but later in the interview he denied knowing this information.

After the interview Dennis was officially arrested for Uttering Threats and an 810 Peace Bond.

All information regarding the nature of the stalking in this case is contained in this report. There is no further information to indicate that Dennis or Diane have other problems beyond those described in this report.
Dennis and Diane (with Victim Vulnerability Information)

You have been provided with a pre-sentence report on Dennis for the purpose of completing a risk assessment on him. The report writer reviewed information from police records, statements by the perpetrator, victim, and witnesses when available as well as any available mental health information. The report below is a compilation of all the sources reviewed.

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Dennis completed grade 10 in Romania and then left school in order to earn money for the family. While in school, Dennis reported he did not have any problems with other students or teachers. He stated that although he was not a very good student, he was not in any special classes (e.g., special education or remedial classes). He did not have any suspensions or expulsions.

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After the interview Dennis was officially arrested for Uttering Threats and an 810 Peace Bond.

All information regarding the nature of the stalking in this case is contained in this report. There is no further information to indicate that Dennis has other problems beyond those described in this report.

**Victim Information**

The police interviewed Diane about her relationship with Dennis. During the entire interview, Diane became very emotional whenever she had to recount her past with Dennis. She was visibly shaking and crying when she had to describe the incidents of the sexual abuse and the physical assault she endured during her marriage to Dennis. Diane provided a written statement describing the incidents mentioned above and she states she still fears Dennis. Diane was very upset by Dennis's behaviour as she feared Dennis but she did not call the police when he would assault her.

She currently has a stable job though she misses several days a month because she thinks she sees Dennis outside. She knows that he is currently at the Forensic
Psychiatric Hospital but swears she sees him and assumes he has escaped. Her employer is very understanding but hopes that Diane begins to improve soon.

Diane is uncertain if Dennis is aware of her living situation. She currently lives alone in a house that is set back from the street. She does have an alarm system and automatic lights around the property.

There is no further information to indicate that Diane has other problems beyond those described in this report.
Appendix F

Survey

Informed Consent: Research Disclosure

Contact Person/Principal Investigator:
Kim Reeves
Simon Fraser University
Department of Psychology
8888 University Drive
Burnaby, British Columbia
Canada, V5A 1S6

Senior Supervisor:
Dr. Kevin Douglas
Simon Fraser University, Department of Psychology

The university and those conducting this study subscribe to the ethical conduct of research and to the protection at all times of the interests, comfort, and safety of participants. This form and the information it contains are given to you for your own protection and to ensure your full understanding of the procedures, risks, and benefits described below.

You are being invited to participate in a research project

Approximately 180 police officers, criminal justice professionals and mental health professionals with a specialization in violence risk assessments will be invited to participate in this research project. The purpose of the current study is to investigate the process of decision-making regarding risk in stalking cases.

Participation in this study involves reading one case history and completing a questionnaire consisting of questions regarding the factors presented in the case history. In addition, this study asks the participant to make a series of risk estimates, generate future risk scenarios and suggest appropriate management decisions. Your participation in this study will require approximately 60-90 minutes. Your participation in this project is completely voluntary.

All identifiable information gathered will be kept confidential to the full extent permitted by law

Your identity will remain confidential. A master list of names with email addresses will be kept in a locked cabinet at Simon Fraser University (SFU). Your study materials, which will contain no identifying information, are collected through and stored on a secured SFU web server. When the final report of our findings is completed, no identifying information will be included, and findings will be reported only in summary terms (i.e., group averages).
As per SFU's Ethics Review Board regulations, I must inform you of the limitations of the confidentiality agreement. The limitations of confidentiality include any information that suggests that you are a serious danger to yourself or another person and/or any information regarding the occurrence or risk of abuse or neglect of a child or elderly person. In either case, the appropriate authorities will be contacted and provided with certain information related to this risk. Other than this, your responses will remain confidential. In our experience, the risk of this occurring in this study is less than minimal.

There are less than minimal risks in this research

Due to the voluntary nature of your research participation, your freedom to withdraw from the study at any time, and the non-personal nature of the information collected about you, there are less than minimal anticipated risks associated with this project. Although there is always a possibility of accidental disclosure of your research data (i.e., through breaches of computer or physical storage security), this has never happened to the principal investigator or her supervisor, and the risk of this occurring in the present research is less than minimal.

There are several benefits of participating in this research

Your participation in this research project will assist us to determine how certain risk factors and decision-making strategies may influence a stalking risk assessment specifically and violence risk assessment more generally. The information provided in this study will assist with furthering our knowledge of stalking risk assessment and risk management.

In addition, for completing this study you will receive a free manual published by the Mental Health, Law and Policy Institute (Simon Fraser University). In order to obtain this manual, you will be required to email the Principal Investigator (Kim Reeves: kreeves@sfu.ca) with your password, manual choice, and mailing address. Your password will be used to confirm that you have completed and submitted your answers. The password confirmation list is separate from the submitted data and your responses will remain anonymous.


Permission for the Study

Permission was sought and obtained from the Domestic Violence and Criminal Harassment Unit of the Vancouver Police Department, the Association of Threat Assessment Professionals, Canadian Association of Threat Assessment Professionals, the American Psychology-Law Society and the International Association of Forensic Mental Health Services to contact you with information regarding this study.

Clicking on the "I accept" button on the bottom of this screen signifies that you have received a copy of this consent form describing the procedures and that you voluntarily
agree to participate in the study. By filling out this questionnaire, you are consenting to participate in this study.

Questions and Contacts

If you have any questions about this research study, you may contact Kim Reeves at Simon Fraser University, at 604-268-7239 or Dr. Kevin Douglas (Senior Supervisor) at Simon Fraser University at 604-268-7050.

If you have any questions about your rights as a participant in research, or about the responsibilities of researchers, or if you have any questions, concerns or complaints about the manner in which you were treated during this study, please contact Dr. Hal Weinberg, Director, Office of Research Ethics at 778-782-6593 or hal.weinberg@sfu.ca.

Copies of the results of this study upon its completion can be obtained by contacting:

Kim Reeves
Department of Psychology
8888 University Dr.
Burnaby, BC V5A 1S6

☐ I agree ☐ I disagree

INTRODUCTION

BEFORE GOING ANY FARTHER, PLEASE BE SURE THAT YOU READ THE CASE HISTORY ATTACHED TO THE E-MAIL WITH THE LINK TO THE SURVEY AND YOUR PASSWORD.

Thank you for agreeing to participate in the Decision-making and Stalking Risk Study.

You are being asked to review the case of an individual who has been charged or is under investigation for criminal harassment or other offences in the context of criminal harassment. In Canada, criminal harassment is the Criminal Code offence which describes stalking behaviour. Stalking is defined as "unwanted and repeated communication, contact, or other conduct that deliberately or recklessly causes people to experience reasonable fear or concern for their safety or the safety of others known to them."

You are being asked to complete a risk assessment on this person. You have been provided with a modified pre-sentence report for the individual.

The case information has been provided as a PDF email attachment. You may print it out, review the content, and/or make notes as you desire. When you are ready to commence the survey, it is recommended that you have a copy of the case information with you to assist with your decisions.

When you have answered all of the questions on one page, press the 'Proceed' button to
move to the next page; you will be unable to return to a page once it has been submitted.

** DO NOT use the arrow keys (i.e., Back, Forward) on your web browser to navigate through the survey (you will receive an error message and be required to sign in again in order to continue with the study)**

The 'Pause' button allows you to pause in the middle of the survey and return to that page at a later time. If you press 'Pause' you will be prompted to input your email address. You will then be sent an email with the link to continue the study from where you stopped. You will be required to re-enter your password when you return to the study. There are four pages that do not have a 'Pause' button. You will be warned on the bottom of the previous page that if you do not have sufficient time to continue, you should pause as you will not be able to do so once you move to the next page.

If you have any questions while completing this questionnaire or if you experience any technical difficulties, please contact Kim Reeves at kreeves@sfu.ca. When you have completed the study, please email Kim Reeves in order to obtain your free manual. Please include your password in the email as this will be used to confirm that the survey has been completed and submitted.

**Participant Background Information**

Please complete the following demographic information.

1. What is your age?

2. What is your sex?
   - Male
   - Female

3. English is my first language:
   - Yes
   - No

4. If you are a mental health professional, please indicate your profession by choosing one of the choices below:
   - Psychiatrist
   - Psychologist
   - Social Worker
   - Nurse
   - Other
   - If other, please specify:

5. If you are a criminal justice professional, please indicate your profession by choosing one of the choices below:
   - Police Officer
   - Lawyer
   - Probation Officer
   - Private Detective
   - Consultant
   - Other
   - If other, please specify:
6. Do you conduct risk assessments on cases that are suspected to or do involve stalking or intimate partner violence?
   Yes
   No

7. How many years of experience do you have in your current profession?
8. How many years of risk assessment experience do you have?
9. How many risk assessments do you conduct in a year (approximately)?
10. How many stalking cases have you worked on during your career?
11. In what country do you conduct most of your risk assessments?
12. Have you received previous training on the Stalking Assessment and Management Guide (SAM)?
   Yes
   No

INSTRUCTIONS FOR COMPLETING THE QUESTIONNAIRE

IDENTIFYING RISK FACTORS

Now you will be asked to identify risk factors in the case which you feel are related to the risk for continued stalking and stalking violence. Stalking violence is defined as "actual, attempted, or threatened harm to a person or persons" within the context of the pattern of stalking behaviours (Webster, Douglas, Eaves, & Hart, 1997). Below are instructions regarding the coding of the presence or absence of risk factors.

**Presence of Risk Factors**
The presence of risk factors is coded using a simple 3-point response format that reflects the certainty of your opinion.

- The code "Y" indicates that, on the basis of the case information gathered, you conclude there is evidence that the risk factor is definitely or conclusively present.
- The code "?" indicates that, on the basis of the case information gathered, you conclude there is possible or partial evidence that the risk factor is present.
- The code "N" indicates that, on the basis of the case information gathered, you conclude there is no evidence of the risk factor.

**Time Frame**
For some risk factors, you will be asked to code if the risk factor is present currently or in the past.

- "Current" reflects the status of factors during the most recent pattern of stalking behaviour (e.g., the current victim).
- "Past" reflects their status during past stalking targeted at different primary victims.

On the next several pages, you will be asked to identify the presence or absence of risk factors related to the nature, frequency, imminence, and seriousness of the stalking in your case.
NATURE OF STALKING RISK FACTORS

In this section, based on the information you have reviewed so far, what do you think are the major (primary, most important) risk factors related to what the perpetrator has done in this case (i.e., nature, severity, imminence, and frequency of stalking behaviours)? Please briefly type up to 10 risk factors into the boxes below. If you identified no major risk factors, please write "none" in the first space provided.

When you have identified all of the major risk factors please press 'Proceed' to move on to the next section. Do not use the arrow keys on your web browser.

Risk Factor 1________________________
Risk Factor 2________________________
Risk Factor 3________________________
Risk Factor 4________________________
Risk Factor 5________________________
Risk Factor 6________________________
Risk Factor 7________________________
Risk Factor 8________________________
Risk Factor 9________________________
Risk Factor 10_______________________
Nature of Stalking: Consider the pattern of behaviour comprising the current offence.

When you have identified all of the major risk factors please press 'Proceed' to move on to the next section. Press 'Pause' if you need a break from completing the survey. Do not use the arrow keys on your web browser.

Based on the definitions below, please decide if there is information in the narrative to support that the risk factor is present, partially or possibly present or not present based on the following coding rules:

Y: Evidence of the risk factor is present

? : Possible or partial evidence is present

N: No evidence is present

The same coding criteria are used for past stalking victims.

---

N1. Communicates about victim

Definition

Invasion of the victim's privacy or reputational harassment:

- Making inquiries
- Malicious gossip
- Defamation

<table>
<thead>
<tr>
<th>Current</th>
<th></th>
<th>Past</th>
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</thead>
<tbody>
<tr>
<td>Y</td>
<td>?</td>
<td>N</td>
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</table>

N2. Communicates with victim

Definition

Remote contact with the victim:

- Telephone
- Voice-mail
- Faxes
- E-mail
- Letters, cards
- Deliveries

<table>
<thead>
<tr>
<th>Current</th>
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<th>Past</th>
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<tbody>
<tr>
<td>Y</td>
<td>?</td>
<td>N</td>
</tr>
</tbody>
</table>
N3. Approaches the victim

Definition

Seeks close physical proximity to victim:

- Following
- Watching
- Drive-by/walk-by
- Taking photographs
- Intercepting communications
- Trespassing
- Theft of property
- Visits to work

Current
? Y N
Past

N4. Direct contact with victim

Definition

Face-to-face contact with the victim:

- Talking
- Pursuit
- Touching

Current
? Y N
Past

N5. Intimidates victim

Definition

Behavior clearly intended to induce fear in the victim:

- Verbal abuse (insults, curses)
- Vandalism
- Accosting (yelling, cursing, vague threats)
- Physical intimidation
- Harm to pets

Current
? Y N
Past
N6. Threatens victim

*Definition*

Explicit and credible threats of physical harm:

- Utterances
- Brandishing weapons

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<td>Y</td>
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Current  
Past

N7. Violent toward victim

*Definition*

Physical harm to victims:

- Use of weapons
- Physical injury
- Sexual assault

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<td>Y</td>
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</table>

Current  
Past

N8. Stalking is persistent

*Definition*

Perpetrator has devoted considerable time and effort to stalking:

- Long-term
- High intensity
- Despite changes in context
- Despite consequences

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<td>Y</td>
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</table>

Current  
Past
N9. Stalking involves supervision violations

**Definition**

Perpetrator has continued stalking even despite warning or orders from police, courts, and corrections:

- Violation of no-contact (protection, no-go) order
- Violation of bail, probation, parole
- Violation of instructions from law enforcement

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<td>Current</td>
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<td>Past</td>
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N10. Stalking is escalating

**Definition**

Pattern of stalking obviously is worsening over time:

- Increasing in frequency
- Increasing in severity

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<td>Current</td>
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</table>

**MAJOR OVERALL RISK FACTORS FOR STALKING**

In this section, just thinking about the characteristics of the people involved, what do you think are the major (primary, most important) risk factors for stalking? Please briefly type up to 10 risk factors into the boxes below. If you identified no major risk factors, please write "none" in the first space provided.

When you have identified all of the major risk factors please press 'Proceed' to move on to the next section. Do not use the arrow keys on your web browser.

Risk Factor 1
Risk Factor 2
Risk Factor 3
Risk Factor 4
Risk Factor 5
Risk Factor 6
Risk Factor 7
Risk Factor 8
Risk Factor 9
Risk Factor 10
Perpetrator Risk Factors: Consider the pattern of behaviour comprising the current offence and any past behaviour.

When you have identified all of the major risk factors please press 'Proceed' to move on to the next section. Press 'Pause' if you need a break from completing the survey. Do not use the arrow keys on your web browser.

Based on the definitions below, please decide if there is information in the narrative to support that the risk factor is present, partially or possibly present or not present based on the following coding rules:

Y: Evidence of the risk factor is present

?: Possible or partial evidence is present

N: No evidence is present

The same coding criteria are used for past stalking victims.

P1. Angry

Definition

Perpetrator is extremely angry:

- Unresolved dispute or conflict with victim(s)
- Unresolved problems in relationships with other people
- Violent thoughts, images, urges, fantasies, or plans
- Anger may be persistent or may fluctuate over time

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<th>Current</th>
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<th>?</th>
<th>Y</th>
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<tbody>
<tr>
<td>Past</td>
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</table>

P2. Obsessed

Definition

Perpetrator spends an excessive amount of time thinking about the victim:

- Preoccupied, over-focused, or dependent on victim
- Constantly talks about victim
- Has recurrent thoughts, images, or fantasies about the victim
- Keeps journals, shrines
- Neglects daily routine or habits
- Obsession may be amorous or angry in nature

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<thead>
<tr>
<th>Current</th>
<th>N</th>
<th>?</th>
<th>Y</th>
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<tbody>
<tr>
<td>Past</td>
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</tbody>
</table>
P3. Irrational

**Definition**

Perpetrator's speech or thought processes are strange, confused, or grossly illogical:

- Grossly distorted, unrealistic interpretation of events
- Grossly self-centred (self-absorbed, egocentric)

Current

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<th>Y</th>
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<tbody>
<tr>
<td>Past</td>
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</table>

P4. Unrepentant

**Definition**

Perpetrator denies the stalking, or believes it is not serious or even justified:

- Minimizes or denies own actions
- Minimizes or denies victim's fear
- Places blame on others (e.g., victim, system)
- Attitudes that support or condone stalking (e.g., proprietariness)

Current

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<tbody>
<tr>
<td>Past</td>
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</tbody>
</table>

P5. Intimate relationship problems

**Definition**

Perpetrator fails to establish or maintain stable intimate relationships:

- Long-term singlehood
- Multiple relationship breakdowns
- Serious relationship conflicts (e.g., repeated infidelity, spousal violence)

Current

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<tr>
<th></th>
<th>Y</th>
<th>?</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past</td>
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</tbody>
</table>
P6. Non-intimate relationship problems

**Definition**

Perpetrator fails to establish or maintain stable relationships with family, friends, or acquaintances:

- Little social contact
- Poor social skills
- Conflictual relationships
- Relationships with people who exert a negative influence (e.g., antisocial peers)

Current
Past

Y  ?  N

P7. Distressed

**Definition**

Perpetrator is very upset, and may even be experiencing mental or emotional problems:

- Anxious, dependent
- Depressed, vulnerable, unable to cope
- Suicidal thoughts, images, urges, fantasies, or plans

Current
Past

Y  ?  N

P8. Substance use problems

**Definition**

Perpetrator has had employment, financial, health, relationship, or other problems related to the use of alcohol or drugs:

- Misuse of alcohol
- Misuse of prescription drugs
- Misuse of illicit drugs

Current
Past

Y  ?  N
P9. Employment and financial problems

*Definition*

Perpetrator fails to establish or maintain stable employment:

- No vocational training or employment
- Long periods without vocational training or employment
- Frequent changes in or poor performance at school or work (e.g., being fired or asked to leave school, tardiness or absenteeism)

Y ? N

Current
Past

P10. Criminality

*Definition*

Perpetrator exhibits general antisocial attitudes and behavior, including:

- Antisocial behaviour that is persistent, frequent, or diverse
- Attitudes that support or condone antisocial behavior
- Associates with antisocial peers

Y ? N

Current
Past

**MAJOR VICTIM VULNERABILITY FACTORS FOR STALKING**

Victim vulnerability factors are characteristics of the victim which make him or her more vulnerable to stalking and less able to protect him or herself. These are not victim blaming factors but factors that increase the perpetrator's risk for stalking. Based on the information you have reviewed so far, what do you think are the major (primary, most important) VICTIM VULNERABILITY factors for stalking apparent in this case? Please briefly type up to 10 risk factors into the boxes below. When you have identified all of the major risk factors please press 'Proceed' to move on to the next section. If you identified no major risk factors, please write "none" in the first space below. Do not use the arrow keys on your web browser.

Victim Factor 1
Victim Factor 2
Victim Factor 3
Victim Factor 4
Victim Factor 5
Victim Factor 6
Victim Factor 7
Victim Vulnerability Factors: Consider the pattern of behaviour comprising the current offence.

When you have identified all of the major risk factors please press 'Proceed' to move on to the next section. Press 'Pause' if you need a break from completing the survey. Do not use the arrow keys on your web browser.

Based on the definitions below, please decide if there is information in the narrative to support that the risk factor is present, partially or possibly present or not present based on the following coding rules:

Y: Evidence of the risk factor is present

?: Possible or partial evidence is present

N: No evidence is present

---

V1. Inconsistent behaviour toward perpetrator

Definition

Victim’s behaviour toward the perpetrator and in response to the stalking interfere with self-protective behavior:

- Unassertive
- Contacts perpetrator directly or indirectly
- Sends “mixed messages”

Current

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
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<th>N</th>
</tr>
</thead>
</table>

---

V2. Inconsistent attitude toward perpetrator

Definition

Victim’s opinions or beliefs about the perpetrator and the stalking interfere with self-protective behavior:

- Minimizes or denies perpetrator’s actions
- Minimizes or denies danger
- Places blame on self
- Feels perpetrator’s actions are partially justified

Current

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>?</th>
<th>N</th>
</tr>
</thead>
</table>
V3. Non-intimate relationship problems

**Definition**

Victim fails to establish or maintain stable relationships with family, friends, or acquaintances:

- Little social contact
- Poor social skills
- Conflictual relationships
- Relationships with people who exert a negative influence (e.g., antisocial peers)

**Current**

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>?</th>
<th>N</th>
</tr>
</thead>
</table>

V4. Inadequate access to resources

**Definition**

Victim lacks the knowledge, ability, or motivation to access resources such as legal counsel, advocacy, and shelter:

- Unaware of laws, legal rights, and legal remedies
- Unaware of existing resources
- Reluctant to use resources
- Appropriate resources are not available

**Current**

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>?</th>
<th>N</th>
</tr>
</thead>
</table>

V5. Intimate relationship problems

**Definition**

Victim is unable or unmotivated to spend time with others:

- Intimate relationship problems
- Little contact with friends, family
- Little social or recreational activity
- Poor social skills

**Current**

|   | Y | ? | N |
V6. Employment and financial problems

Definition

Victim fails to establish or maintain stable employment:

- No vocational training or employment
- Long periods without vocational training or employment
- Frequent changes in or poor performance at school or work (e.g., being fired or asked to leave school, tardiness or absenteeism)

Current

Y  ?  N

V7. Distressed

Definition

Victim is very upset, and may even be experiencing mental or emotional problems:

- Traumatized by stalking
- Anxious, dependent
- Depressed, vulnerable, unable to cope
- Suicidal thoughts, images, urges, fantasies, or plans

Current

Y  ?  N

V8. Substance use problems

Definition

Victim has had employment, financial, health, relationship, or other problems related to the use of alcohol or drugs:

- Misuse of alcohol
- Misuse of prescription drugs
- Misuse of illicit drugs

Current

Y  ?  N
V9. Unsafe living situation

Definition

Victim's living circumstances do not provide adequate security:

- Inadequate physical security at work or home
- Lacks support from others at work or home
- Insecure transportation
- Emergency services not readily available

Current

Y ? N

V10. Concerns related to dependents

Definition

Victim's responsibilities caring for dependents (e.g., young children, elderly, handicapped) hinder self-protection:

- Unable to change residence
- Legal obligations require contact with perpetrator (e.g., custody/access arrangements)

Current

Y ? N
INSTRUCTIONS FOR COMPLETING THE RISK SCENARIOS

Determining which risk management strategies are appropriate in a given case depends critically on the risks posed by the individual. In this step I am asking you to speculate about what might happen in the future in light of the factors identified as present, and create possible future scenarios.

On the following page you will be asked to create up to three scenarios or possible stalking projections. For your scenarios, you should develop a detailed description in terms of the nature, severity, imminence, frequency or duration, and likelihood of stalking.

STALKING SCENARIOS

In this section, please tell us what are you worried or concerned that the perpetrator might do in this case. Please identify up to 3 scenarios. Below are questions to help you in creating these scenarios. You do not need to answer each question. Your scenario should read like a story of what the perpetrator might do in terms of the nature, severity, imminence, frequency/duration, and likelihood of that particular scenario.

Please press 'Proceed' to move on to the next section. Press 'Pause' if you need a break from completing the survey. Do not use the arrow keys on your web browser.

Nature

- What kind of stalking is the perpetrator likely to commit?
- Who are the likely victims?
- What is the likely motivation - that is, what is the perpetrator trying to accomplish?

Nature Scenario #2

Nature Scenario #3
Severity

- What would be the psychological harm to victims?
- What would be the physical harm to victims?
- Is there a chance that the stalking might escalate to serious or life-threatening violence?

Severity Scenario #2

Severity Scenario #3

Imminence

- How soon might the perpetrator engage in stalking?
- Are there any warning signs that might signal that the risk is increasing or imminent?

Imminence Scenario #2

Imminence Scenario #3

Frequency/Duration

- How often might the stalking occur - once, several times, frequently?
- Is the risk chronic or acute (i.e., time-limited)?

Frequency Scenario #2

Frequency Scenario #3
Likelihood

- In general, how frequent or common is this type of stalking?
- Based on this perpetrator's history, how likely is it that this type of stalking will occur?

Likelihood Scenario #2

Likelihood Scenario #3

RATINGS OF SCENARIOS

Now that you have described your concerns about what the perpetrator might do in the future, please rate the plausibility of each scenario for your case.

Once you have rated each outcome press 'Proceed' to move on to the next section. Press 'Pause' if you need a break from completing the survey. Do not use the arrow keys on your web browser.

The perpetrator continues to stalk the victim using the same techniques he has utilized in the past. He does not escalate his behaviour.

How plausible is it that this scenario will occur in this case?

<table>
<thead>
<tr>
<th>Extremely Implausible</th>
<th>Very Implausible</th>
<th>Somewhat Implausible</th>
<th>Somewhat Plausible</th>
<th>Very Plausible</th>
<th>Extremely Plausible</th>
</tr>
</thead>
</table>

The perpetrator continues to stalk the victim but he begins to escalate his behaviour. He has more direct contact with the victim or he threatens the victim frequently, and this culminates in serious harm to the victim.

How plausible is it that this scenario will occur in this case?

<table>
<thead>
<tr>
<th>Extremely Implausible</th>
<th>Very Implausible</th>
<th>Somewhat Implausible</th>
<th>Somewhat Plausible</th>
<th>Very Plausible</th>
<th>Extremely Plausible</th>
</tr>
</thead>
</table>
The perpetrator decreases his stalking behaviour due to a management strategy being employed. He gradually stops contacting the victim until he no longer contacts her at all.

How plausible is it that this scenario will occur in this case?

Extremely Implausible  Very implausible  Somewhat implausible  Somewhat plausible  Very plausible  Extremely plausible

INSTRUCTIONS FOR RISK MANAGEMENT STRATEGIES

The strategies are based not only on consideration of the stalking that might occur under each scenario of stalking you identified, but also on the relevance of various factors identified as present in this case.

There are four areas of risk management: Monitoring/Surveillance, Control/Supervision, Assessment/Treatment, and Victim Safety Planning.

- Monitoring/Surveillance refers to minimally intrusive strategies which involve surveillance as opposed to control or restriction of liberties (e.g., contacting the perpetrators to "check-in").
- Control/Supervision focuses on restrictions of the individual's rights (e.g., "no contact").
- Assessment/Treatment focuses on rehabilitative efforts for the stalker (e.g., individual treatment).
- Victim Safety Planning focuses on minimizing the psychological and physical impact of continued stalking despite monitoring, controlling, and treating the perpetrator (e.g., increasing security at victim's residence).
CASE MANAGEMENT PLAN

Earlier you created up to 3 possible futures for this case. Please identify strategies for managing stalking risk for those 3 scenarios. Please type your risk management strategies in the spaces below.

When you have identified all of your management strategies please press 'Proceed' to move on to the next section. Press 'Pause' if you need a break from completing the survey. Do not use the arrow keys on your web browser.

Monitoring/Surveillance

- What is the best way to monitor warning signs that the risks posed by the perpetrator may be increasing?
- What events, occurrences, or circumstances should trigger a reassessment of risk?

Monitoring for Scenario #2

Monitoring for Scenario #3

Control/Supervision

- What supervision or surveillance strategies could be implemented to manage the risks posed by the perpetrator?
- What restrictions on activity, movement, association, communication are indicated?

Control/Supervision for Scenario #2

Control/Supervision for Scenario #3
Treatment

- What treatment or rehabilitation strategies could be implemented to manage the risks posed by the perpetrator?
- Which deficits in psychosocial adjustment are high priorities for intervention?

Treatment for Scenario #2

Treatment for Scenario #3

Victim Safety Planning

- What steps could be taken to enhance the security of the victim?
- How might the victim's physical security or self-protective skills be improved?

Victim Safety for Scenario #2

Victim Safety for Scenario #3

Other Considerations

- What events, occurrences, or circumstances might increase or decrease risk?
- What else might be done to manage risk?
Please choose from the following risk management strategies. Please check all relevant strategies.

When you have identified all of the risk management strategies please press 'Proceed' to move on to the next section. Press 'Pause' if you need a break from completing the survey. Do not use the arrow keys on your web browser.

<table>
<thead>
<tr>
<th>MONITORING/SURVEILLANCE</th>
<th>Yes</th>
<th>Possibly</th>
<th>No</th>
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<tbody>
<tr>
<td>Have the victim, family, friends keep a record of all communication (e.g., phone calls, e-mails, messages) between the perpetrator and victim</td>
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<tr>
<td>Direct contact between the police and the perpetrator by phone and in-person (e.g., interviews)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Direct contact between the police and the victim by phone and in-person (e.g., interviews)</td>
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<tr>
<td>Circulate photo of the stalker at the victim's workplace and/or residence</td>
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<tr>
<td>Have perpetrator report to police, probation, parole, or bail officer</td>
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<tr>
<td>Change phone number and e-mail address of victim but keep old ones active</td>
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<thead>
<tr>
<th>SUPERVISION</th>
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<tbody>
<tr>
<td>Tell perpetrator that the contact is unwanted (e.g., warning letter by police, victim communicates information)</td>
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<tr>
<td>No contact/communication condition with the victim and/or her family and friends (e.g., Restraining order, Personal Protective order, Peace Bond)</td>
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<tr>
<td>Restrictions (e.g., residential, substance use, weapons)</td>
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<tr>
<td>Mental Health commitment (e.g., civil commitment, order for forensic/psychiatric assessment, Mental Health Act)</td>
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<tr>
<td>Detain in custody (e.g., arrest, incarceration)</td>
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<tr>
<th>ASSESSMENT/TREATMENT</th>
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<tbody>
<tr>
<td>Substance Use Treatment</td>
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<tr>
<td>Individual Psychotherapy (e.g., anger management, personality disorders)</td>
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<tr>
<td>Hospitalization/Crisis Intervention</td>
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<tr>
<td>Domestic Violence Treatment (e.g., healthy relationships, respect, family counselling)</td>
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<tr>
<td>Medication</td>
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<td>---------------------------------------------------------------------------</td>
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<tr>
<td>Provide links to social services agencies (e.g., housing,</td>
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<tr>
<td>food, vocational counselling)</td>
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<tr>
<td>Psychological Assessment</td>
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<tr>
<td><strong>VICTIM SAFETY PLANNING</strong></td>
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<tr>
<td>Increase security at the victim's home and/or workplace</td>
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<td>(install a DVERS emergency alarm which is hooked up to</td>
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<td>the police department, give the victim's residence 911</td>
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<td>priority status, use alternative routes to and from residence)</td>
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<td>Supportive/advocacy counselling (e.g., education about stalking and</td>
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<td>reactions to stalking, develop a safety plan)</td>
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<td>Mental Health counseling</td>
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<td>Change of residence (e.g., refer to a shelter, move to a new building/</td>
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<td>neighbourhood)</td>
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<td>Substance use counselling</td>
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<td>Provide links to social services agencies (e.g., housing,</td>
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<td>food, vocational counselling)</td>
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<td>Remove identifying information from public records (e.g., utility bills)</td>
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<td>safety of the victim</td>
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</table>
Overall Risk Judgments

For the following areas (case prioritization, continued stalking, and serious physical harm) please indicate if the risk is low, moderate or high.

When you have made your overall risk judgements please press 'Proceed' to move on to the next section. Press 'Pause' if you need a break from completing the survey. Do not use the arrow keys on your web browser.

Low Risk

- Indicates that the assessor believes the individual is at no risk, or very low risk, for violence.

Moderate Risk

- Indicates that the assessor believes the individual is at somewhat elevated risk for violence.

High Risk

- Indicates that the assessor believes the individual is at high risk, or very elevated risk for violence.

Priority

What level of effort or intervention will be required to prevent further stalking?

Low indicates that there is no need for a particular management plan or to monitor the individual closely for changes in risk. Moderate indicates a risk management plan should be in place with at least a mechanism for systematic reassessment in place. High indicates an urgent need for a risk management plan with at a minimum supervision and treatment strategies plus regular reassessment.

☐ Low
☐ Moderate
☐ High

- How confident are you in the accuracy of this answer? (Please provide a percentage from 0% to 100%)

________________________________________
**Continued Stalking**

- What is the risk that the stalking will continue in the future?
  
  - Low
  - Moderate
  - High

- How confident are you in the accuracy of this answer? (please provide a percentage from 0% to 100%)

**Serious Physical Harm**

- What is the risk that the stalking will involve or escalate into serious or life-threatening physical harm?
  
  - Low
  - Moderate
  - High

- How confident are you in the accuracy of this answer? (please provide a percentage from 0% to 100%)
FINAL QUESTIONS

Now that you have finished answering questions about risk factors, scenarios, management and decision-making in stalking cases, I would like to ask some questions specifically about victim vulnerability factors.

To what extent did you find thinking about victim vulnerability factors useful in developing future scenarios in this case? Please rate the usefulness on a scale from 1 to 10 where 1 is Not at all Useful, 5 is Somewhat Useful and 10 is Extremely Useful.

1 2 3 4 5 6 7 8 9 10

In what way did you find thinking about victim vulnerability factors useful in developing future scenarios in this case?

To what extent did you find thinking about victim vulnerability factors useful in developing risk management strategies in this case? Please rate the usefulness on a scale from 1 to 10 where 1 is Not at all Useful, 5 is Somewhat Useful and 10 is Extremely Useful.

1 2 3 4 5 6 7 8 9 10

In what way did you find thinking about victim vulnerability factors useful in developing risk management strategies in this case?

To what extent did you find thinking about victim vulnerability factors useful in determining overall risk (case prioritization, continued stalking, serious harm) in this case? Please rate the usefulness on a scale from 1 to 10 where 1 is Not at all Useful, 5 is Somewhat Useful and 10 is Extremely Useful.

1 2 3 4 5 6 7 8 9 10

In what way did you find thinking about victim vulnerability factors useful in determining overall risk (case prioritization, continued stalking, serious harm) in this case?

Which victim vulnerability factors did you find the most useful when thinking about this case?

In your profession, which victim vulnerability factors, either those mentioned here or others, do you find the most useful when thinking about stalking risk in your own cases?
What additional information (either victim vulnerability or other) would you have liked in this case to help in developing scenarios, risk management strategies or determining overall risk?
Appendix G

Recruitment Letter

Dear Madam/Sir,

I am a Master's student in the Department of Psychology at Simon Fraser University currently working on my thesis under the supervision of Dr. Kevin Douglas and Dr. Stephen Hart. I am recruiting criminal justice (mental health) professionals who work with cases where either stalking or intimate partner violence is suspected or known to have occurred, and who can read and write in English, to participate in an on-line research project. The focus of the study is on the process of decision-making in risk assessment cases involving stalking or intimate partner violence. Participation in this study will involve reading one case history and making a series of risk estimates and case management decisions. The study can be completed on-line and will require approximately 60-90 minutes of your time. A free Mental Health, Law and Policy Institute (SFU) publication is available for first 150 participants to complete the survey (e.g., Stalking Assessment and Management Guide, HCR-20, HCR-20 Companion Guide, Risk for Sexual Violence Protocol).

If you are interested in participating in this study or would like to obtain further information, please contact Kim Reeves at kreeves@sfu.ca. This study has been approved by the Simon Fraser University Office of Research Ethics.

Sincerely,

Kim Reeves
Appendix H

List of Organizations for Recruitment

Association for Threat Assessment Professionals
American Psychology-Law Society, Division 41 of the American Psychological Association
British Columbia Criminal Justice Association
Canadian Association for Threat Assessment Professionals
Clinical Psychology Division of the Canadian Psychological Association
Criminal Justice Division of the Canadian Psychological Association
Consortium for the Applied Research and Evaluation in Mental Health
European Association of Psychology and Law
Family Services of Greater Vancouver
International Association of Forensic Mental Health Services
International Society of Clinical Psychology
Northern Networking Events
Probation Officer's Association of Ontario
Society of Clinical Psychology, Division 12 of the American Psychological Association
The Domestic Violence and Criminal Harassment Unit of the Vancouver Police Department
The Threat Assessment Course hosted by the Vancouver Police Department
Appendix I

Reminder Letter

Good Morning,

You recently volunteered to participate in an on-line research project concerning stalking and intimate partner violence risk assessment. I just wanted to let you know that the survey remains on-line and there are free manuals still available! I realize that it can be difficult to find a free hour or so to complete the survey so I wanted to inform you that the survey can be paused throughout and an e-mail will be sent to you with a link back to the survey where you left off. You can pause multiple times. Should you require the web link, case history, or your password, please contact me and I will be happy to send them. If you feel that you are no longer able to participate in this study, please let me know and I will update my records.

Please feel free to contact me if you have any questions or concerns (kreeves@sfu.ca). Thank you again for your assistance on this project.

Thank you,

Kim
Appendix J

Risk Management Strategies

Monitoring Surveillance

Have the victim, family, friends keep a record of all communication (e.g., phone calls, e-mails, messages) between the perpetrator and victim.

Direct contact between the police and the perpetrator by phone and in-person (e.g., interviews).

Direct contact between the police and the victim by phone and in-person (e.g., interviews).

Circulate photo of the stalker at the victim's workplace and/or residence.

Have perpetrator report to police, probation, parole, or bail officer.

Supervision

Tell perpetrator that the contact is unwanted (e.g., warning letter by police, victim communicates information).

No contact/communication condition with the victim and/or her family and friends (e.g., Restraining order, Personal Protective order, Peace Bond).

Restrictions (e.g., residential, substance use, weapons).

Mental Health commitment (e.g., civil commitment, order for forensic/psychiatric assessment, Mental Health Act).

Detain in custody (e.g., arrest, incarceration).

Assessment/Treatment

Substance Use Treatment

Individual Psychotherapy (e.g., anger management, personality disorders).

Hospitalization/Crisis Intervention

Domestic Violence Treatment (e.g., healthy relationships, respect, family counselling).

Medication

Provide links to social services agencies (e.g., housing, food, vocational counselling).

Victim Safety Planning

Increase security at the victim's home and/or workplace (install a DVERS emergency alarm which is hooked up to the police department, give the victim's residence 911 priority status, use alternative routes to and from residence).

Supportive/advocacy counselling (e.g., education about stalking and reactions to...
stalking, develop a safety plan)

Mental Health counselling

Change of residence (e.g., refer to a shelter, move to a new building/neighbourhood)

Substance use counselling

Provide links to social services agencies (e.g., housing, food, vocational counselling)

Remove identifying information from public records (e.g., utility bills)

Special arrangements for visitation with the children to maximize safety of the victim
## Appendix K

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Origin of Risk Management Strategies</th>
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<tr>
<td>Communicates about victim</td>
<td>No contact order Record communication from perpetrator Tell perpetrator contact unwanted</td>
</tr>
<tr>
<td>Communicates with victim</td>
<td>No contact order Record communication from perpetrator Change phone and e-mail of the victim Remove identifying information from records Direct contact b/t police and perpetrator Direct contact b/t police and victim Tell perpetrator contact unwanted</td>
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<tr>
<td>Approaches victim</td>
<td>No contact order Increase security at victim’s home/work Remove identifying information from records Direct contact b/t police and perpetrator Direct contact b/t police and victim Circulate photo of perpetrator</td>
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<td>Direct contact with victim</td>
<td>No contact order Increase security at victim’s home/work</td>
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130
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<th>Risk Factors</th>
<th>Origin of Risk Management Strategies</th>
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<td>Remove identifying information from records  Direct contact b/t police and perpetrator  Direct contact b/t police and victim  Circulate photo of perpetrator</td>
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<tr>
<td>Threatens victim</td>
<td>No contact order  Increase security at victim’s home/work  Change of residence  Remove identifying information from records</td>
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<td>CBT</td>
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<td>Weapons restrictions</td>
<td>Weapons restrictions</td>
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<td>Individual treatment</td>
<td>Individual treatment</td>
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<td>Drug/alcohol restrictions</td>
<td>Drug/alcohol restrictions</td>
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<td>Incarceration</td>
<td>Incarceration</td>
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<tr>
<td>Intensive supervision</td>
<td>Intensive supervision</td>
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<td>Corrections based violence treatment</td>
<td>Psycho-educational programme  Anger management</td>
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<tr>
<td>Violent toward victim</td>
<td>No contact order  Increase security at victim’s home/work  Change of residence  Remove identifying information from records  Mental health commitment  Detain in custody  Change of residence  Remove identifying information from records  Report to law enforcement</td>
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<td>Risk Factors</td>
<td>Origin of Risk Management Strategies</td>
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<td></td>
<td>Report to law enforcement</td>
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<tr>
<td>Stalking is persistent</td>
<td>Mental health commitment  Detain in custody  Increase security at victim's home/work  Change of residence  Remove identifying information from records  Report to law enforcement</td>
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<td><strong>Stalking involves supervision violations</strong></td>
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<td></td>
<td>Incarceration  Incarceration  Mental health commitment  Detain in custody  Increase security at victim's home/work  Change of residence  Remove identifying information from records  Report to law enforcement</td>
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<td></td>
<td>Intensive supervision  Intensive supervision  Medication  Direct contact b/t police and perpetrator  Domestic violence treatment</td>
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<td></td>
<td>Correctional recidivism programme  Discourage reliance on future no-contact orders  Direct contact b/t police and perpetrator  Domestic violence treatment</td>
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<td>Stalking is escalating</td>
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<td>Crisis intervention  Increase security at victim's home/work  Change of residence  Remove identifying information from records  Report to law enforcement</td>
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<td>Increased supervision  Increase security at victim's home/work  Change of residence  Remove identifying information from records  Report to law enforcement</td>
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## Risk Factors and Origin of Risk Management Strategies

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HCR-20, PCL:SV, and OGRS. *Journal of Consulting and Clinical Psychology*, 72, 523-530.


