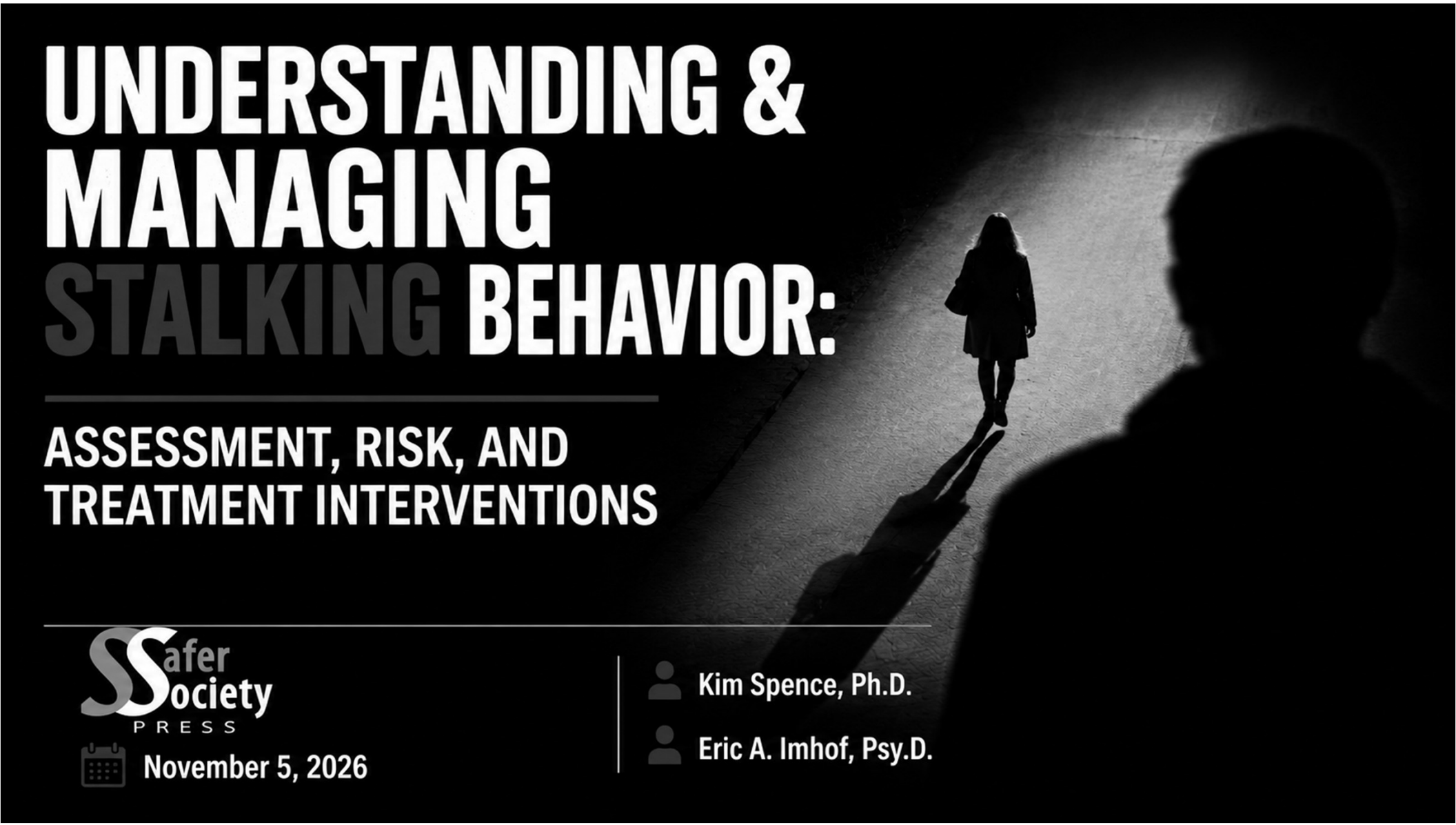
# UNDERSTANDING & MANAGING STALKING BEHAVIOR:

## ASSESSMENT, RISK, AND TREATMENT INTERVENTIONS



Safer Society PRESS

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# WHAT IS STALKING?

Stalking is a pattern of behavior in which one person imposes themselves into the life of another by making repeated, unwanted intrusions that cause fear and distress.




# FLORIDA STALKING STATUTE

784.048 Stalking; definitions; penalties.—

(1) As used in this section, the term:

(a) "***Harass" means to engage in a course of conduct directed at a specific person which causes substantial emotional distress to that person and serves no legitimate cause such harm.*** It is not necessary to prove that the person making the threat had the intent to actually carry out the threat. The present incarceration of the person making the threat is not a bar to prosecution under this section.

# FLORIDA STALKING STATUTE



784.048 Stalking; definitions; penalties.—

(b) "Course of conduct" **means a pattern of conduct composed of a series of acts over a period of time**, however short, which evidences a continuity of purpose. The term does not include constitutionally protected activity such as picketing or other organized protests.

# FLORIDA STALKING STATUTE

784.048 Stalking; definitions; penalties.—

(c) "Credible threat" **means a verbal or nonverbal threat, or a combination of the two, including threats delivered by electronic communication or implied by a pattern of conduct, which places the person who is the target of the threat in reasonable fear for his or her safety or the safety of his or her family members or individuals closely associated with the person, and which is made with the apparent ability to carry out the threat to cause such harm**. It is not necessary to prove that the person making the threat had the intent to actually carry out the threat. The present incarceration of the person making the threat is not a bar to prosecution under this section.

# FLORIDA STALKING STATUTE



784.048 Stalking; definitions; penalties.—

d) "Cyberstalk" means:

1. To engage in a course of conduct to communicate, or to cause to be communicated, directly or indirectly, words, images, or language by or through the use of electronic mail or electronic communication, directed at or pertaining to a specific person; or

2. **To access, or attempt to access, the online accounts or Internet-connected home electronic systems of another person without that person's permission, causing substantial emotional distress to that person and serving no legitimate purpose.**

# FEDERAL STALKING STATUTES

-Violence Against Women Act (VAWA) passed in 1994 with additional statues added in 1996, 2000, 2006, 2022

-18 U.S.C. 2261 – Interstate Travel to Commit Domestic Violence

-18 U.S.C. 2261 A(1) Interstate Stalking

-18 U.S.C. 2261 A(2) Cyberstalking





Have you worked with clients charged with state or Federal stalking?



# WHAT WE KNOW ABOUT STALKING





- "stalking" emerged as a concept in forensic arenas 35 years ago (1990s in CA)
- Despite 3 decades of research about stalking, there remain few studies examining effective assessment, treatment, and management of people who engage in stalking behavior
- Current estimates suggest 15 - 35% of the population will be the victim of stalking during their lifetime
- Stalking increases the risk of IPV by 3x

# WHAT WE KNOW ABOUT STALKING

- Typologies exist including "Rejected", "Intimacy Seekers", and "Resentful" (McEwan et al., 2009; Meloy & Ammen 2024)
- According to most literature – "Intimate Type" stalking is the most dangerous (Mohandie et al., 2006; McEwan et al., 2009; Meloy & Ammen 2024)
- In McEwan et al. 2006 - 90.3% of those stalking were in the category of "rejected ex-intimate" (Meloy & Ammen 2024)



# PREVALENCE OF STALKING VICTIMIZATION IN THE US

- More than 1 in 5 females have experienced stalking in their lifetime
- Approximately 1 in 10 men have experienced stalking in their lifetime
- 1 in 10 females/1 in 5 male stalking victims were watched with a hidden camera (CDC reports 78% of females and 76% of males)
- 52.4% of females and 91.4% of males stalking victims were threatened with physical violence




*-The National Intimate Partner & Sexual Violence Survey* (Smith et al., 2025)

# STALKING & INTIMATE PARTNER VIOLENCE (IPV)

- IPV affects millions – more than 1 in 3 women and more than 1 in 6 men experienced contact sexual violence, physical violence, and/or stalking by an intimate partner during their lifetime
- Among women who have experienced IPV – 1 out of every 8 women experience stalking
- Among men who have experienced IPV – 1 out of every 23 men experience stalking
- Data from US crime reports suggest 1 in every 5 homicide victims are killed by their intimate partner
- Data from US crime reports suggest over half of female homicide victims are killed by a current or former male intimate partner

- Center for Disease Control, 2026


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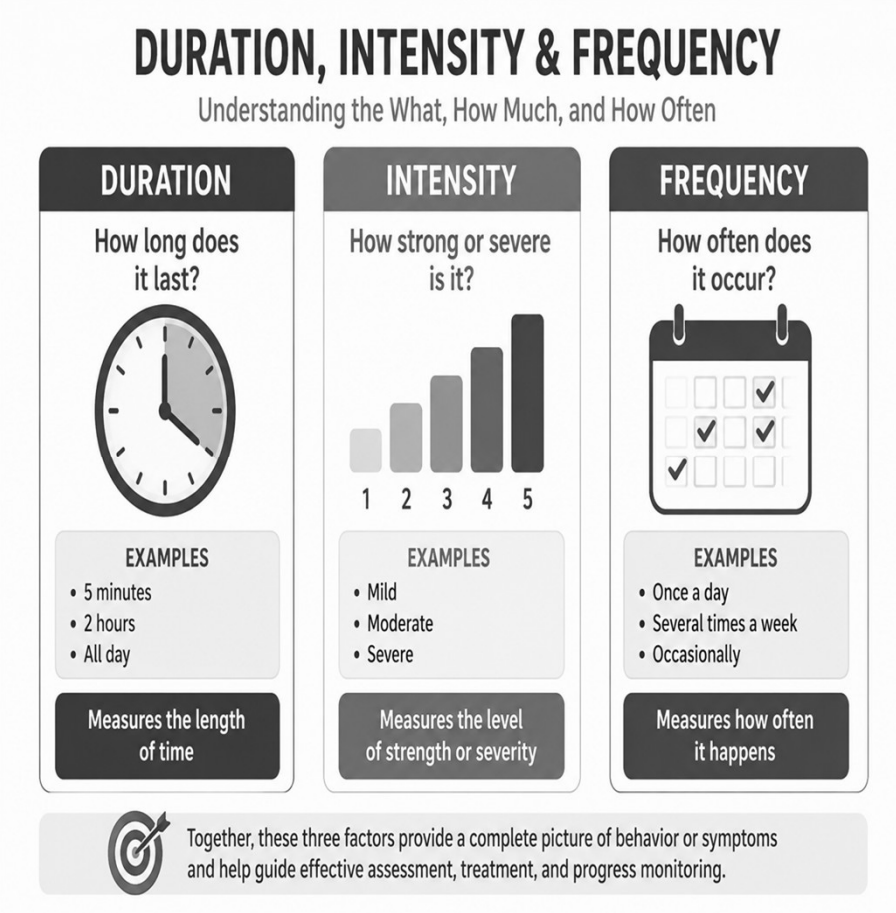
# COMPONENTS OF THE STALKING COURSE OF CONDUCT

3 main components of the stalking course of conduct include: duration, intensity, and frequency

- **Duration** = how long the stalking lasted (including periods of stopping and starting again)
- **Intensity** = what modality of unwanted contact is used (e.g., phone, computer, in person, proxy etc.)
- **Frequency** = how frequently the unwanted contact occurs



# COMPONENTS OF THE STALKING COURSE OF CONDUCT

Research about the 3 main components of the stalking course of conduct illustrate the following:

- Longer ***duration*** of stalking has been associated with greater psychological distress for the victim
- The number (***frequency*** & ***intensity***) of stalking tactics victims experience have also been associated with increased psychological stress and violence
- Proxy stalkers (***intensity***) have been associated with severe violence
- High ***frequency*** contact has been associated with increased threats and violence

-Logan, 2020; Storey et al., 2023

# COMPONENTS OF THE STALKING COURSE OF CONDUCT

Research about the 3 main components of the stalking course of conduct illustrate the following:

- Explicit threats from a stalker are associated with an increased risk of violence (***frequency*** & ***intensity***)
- Threats directed to a victim's family, friends, coworkers, etc. increases the risk for violence (***duration***, ***intensity***, & ***frequency***)
- Direct explicit threats of harm are more common and ***frequent*** when stalkers and targets are acquainted with each other
- Stalking violence is most likely to occur when the victim is an intimate ex

-Logan, 2020; McEwan et al., 2017; Storey et al., 2023

# TYPICAL STALKING TACTICS

-unwanted following, watching, or spying on the victim

-unwanted approaching or showing up in places (victim's home, workplace, or school)

-sneaking onto the victim's property and doing things to scare them (threaten or taunt them)

-sending unwanted cards, letters, flowers, or presents

-unwanted phone calls, emails, text messages, emails, or voice messages

-unwanted messages through social media

-watching or spying on with hidden camera

-using social media to track the victim without permission

-using technology to track the victim (Smith et al., 2025)



After an individual has been detected, prosecuted, and sanctioned for stalking – what are the chances he/she will re-offend?



What percentage of adult stalking victims are physically assaulted during a stalking episode?




What percentage of individuals who engage in stalking behavior experience mental health disorders?



# FREQUENT MOTIVATIONS FOR STALKING

-Desire for reconciliation or revenge following the breakdown of a relationship

-Desire to express grievance following perceived mistreatment

-Desire to establish or enact relationship with the object of their affection

-Obtain sexual gratification and potentially prepare for a sexual assault

# CONSCIOUS SENSE OF PROFOUND INJUSTICE, & UNDERLYING SHAME

- Perpetrators often harbor "grievance thinking"
- Many have suffered a "stinging loss" or rejection or the accumulation of various setbacks over a life-time
- For many, cumulative losses can serve as "triggering events" magnifying what is an already unsteady or deteriorating sense of self worth
- These assailants often keep personal journals of the felt "wrongs" committed against them



# CONSCIOUS SENSE OF PROFOUND INJUSTICE, & UNDERLYING SHAME

- The individual cannot see or does not accept a rational way to "mend" himself or problem solve by sanctioned means
- Why? "Because pursuing these remedies would not assuage intolerable, simmering feelings of humiliation, and powerful but often unrecognized feelings of shame."
- Many perpetrators feel there is no reasonable or pragmatic way to resolve or cope with a major life disappointment

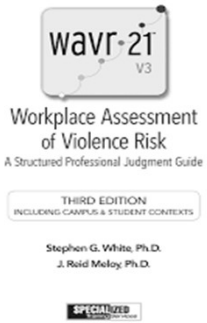


# VIOLENCE RISK ASSESSMENT/THREAT ASSESSMENT

- LEO & Clinicians overwhelmingly rely on Structured Clinical Judgement (SCJ) assessments and post-incident fact gathering
- Strong focus on the identification of known risk factors for violence and persistence
- Affective violence versus Predatory violence
- Should ALWAYS involve conducting collateral interviews
- Very often involve a team-based approach


Does anyone
have any
questions?


ASSESSMENT




# WORKPLACE ASSESSMENT OF VIOLENCE RISK: A STRUCTURED PROFESSIONAL JUDGEMENT GUIDE, THIRD EDITION (WAVR-21 V3)

- Description: An evidence-based structured professional judgement (SPJ) designed to assess for the potential for targeted violence risk in work or school settings
- Ages: 18 years and older
- Administration Time: Varies and is ongoing depending on the case and the client
- Authors: Stephen G. White, Ph.D. ( J. Reid Meloy, Ph.D.)
- Scoring: 19 risk factors are scored as "absent", "present", "prominent", or "insufficient information" to assist in determining case priority and potential risk

# WAVR-21 V3 RISK FACTOR ITEMS

1. Motives for Violence
2. Homicidal Fantasies, Violent Preoccupations or Identifications
3. Threatening Communications
4. Weapons Skill and/or Access
5. Pre-Attack Planning and Preparation
6. Stalking or Menacing Behavior
7. Current Job or Academic Problems
8. Extreme Job or Academic Attachment
9. Loss, Personal Stressors and Negative Coping

# WAVR-21 V3 RISK FACTOR ITEMS

10. Entitlement and Other Negative Traits
11. Lack of Conscience and Irresponsibility
12. Anger Problems
13. Suicidality and/or Depressive Mood
14. Irrationality Suspicious or Bizarre Beliefs
15. Substance Abuse and/or Dependence
16. Increasing Isolation
17. History of Violence, Criminality, and/or Conflict
18. Domestic/Intimate Partner Violence
19. Situational and Organizational Contributors to Violence

# WAVR-21 V3 RISK FACTOR ITEMS

20. Stabilizers and Buffers Against Violence (Risk Inhibitors)
21. Organizational Impact of Real or Perceived Threats (Impact Indicators)

After the 21 Factors are scored, the evaluator determines the "Level of Concern", which are rated as Likely Low Risk, Likely or Possible Moderate Risk, Likely or Possible High Risk, and Assumption of Imminent Risk




# STALKING RISK PROFILE: GUIDELINES FOR THE ASSESSMENT AND MANAGEMENT OF STALKERS (SRP)

- Description: structured clinical judgement (SCJ) designed to assess the type of level of potential risk by identifying factors or "predictor variables" that directly contribute to stalking behavior
- Ages: 18 years and older
- Administration Time: varies based on the client's presentation and available records
- Authors: MacKenzie, McEwan, Pathe, James, Ogloff, & Mullen
- Scoring: known risks associated with stalking are categorized into 5 domains (Red Flag Risk Factors, General Risk Factors, Risk Factors by Motivational Type, Risk of Recurrence, and Risk Recurrence by Motivational Type)

# STALKING RISK PROFILE: GUIDELINES FOR THE ASSESSMENT AND MANAGEMENT OF STALKERS (SRP)

- Coding: item descriptions are coded as "present", "possibly present", "absent", or "omitted"
- Level of Risk Determinations: Low Risk, Moderate Risk, or High Risk
- (6) Motivational Typologies: Rejected Stalkers, Resentful Stalkers, Intimacy Seeking Stalkers, Incompetent Suitor Stalkers, Predatory Stalkers, and Public Figure Victims

# STALKING RISK PROFILE: GUIDELINES FOR THE ASSESSMENT AND MANAGEMENT OF STALKERS (SRP) - TYPOLOGIES



•The Rejected Stalker:

-Context - the breakdown of a close relationship

-Victim – overwhelmingly the former sexual intimate, but in some cases a very close acquaintance or family member

-Initial Motivation – reconciliation or revenge (you will often see both by the perpetrator)

-Sustaining Motivation – stalking compensates for lost intimacy by creating the semblance of closeness

# STALKING RISK PROFILE: GUIDELINES FOR THE ASSESSMENT AND MANAGEMENT OF STALKERS (SRP) - TYPOLOGIES



•The Resentful Stalker:

-Context – individual feels they have suffered perceived injustice or humiliation

-Victim – someone (who by their own action) has caused the stalker to feel deep-seated, long-lasting hatred and/or hostility

-Initial Motivation – revenge

-Sustaining Motivation – the sense of power and control that comes from harassing the victim

# STALKING RISK PROFILE: GUIDELINES FOR THE ASSESSMENT AND MANAGEMENT OF STALKERS (SRP) - TYPOLOGIES



•The Intimacy Seeker:

-Context – loneliness or lack of love

-Victim – stranger, casual contact, or acquaintance

-Initial Motivation – establish an intimate relationship

-Sustaining Motivation – fantasized or delusional relationship becomes a substitute for a real relationship


SHERIFF
PARK DEDICATION

# STALKING RISK PROFILE: GUIDELINES FOR THE ASSESSMENT AND MANAGEMENT OF STALKERS (SRP) - TYPOLOGIES



•The Predatory Stalker:

-Context – deviant sexual interests

-Victim – strangers, usually a female or a child who has stimulated their sexual interest

-Initial Motivation – to gain information and prepare for an attack (either sexual violence or murder)

-Sustaining Motivation – pleasure in voyeurism; fantasizing about a pending act while watching the soon to be victim; sense of power derived from knowing the victim's fate; being the "agent" of that fate

# STALKING RISK PROFILE: GUIDELINES FOR THE ASSESSMENT AND MANAGEMENT OF STALKERS (SRP) – RISK FACTORS

- Red Flag Risk Factors: suicidal ideation, homicidal ideation, last resort thinking, high-risk psychotic phenomena, and psychopathology

- General Risk Factors: prior violence, property damage, access or affinity with weapons, approach behaviors, impulsivity, poor emotional control, substance misuse

# STALKING RISK PROFILE: GUIDELINES FOR THE ASSESSMENT AND MANAGEMENT OF STALKERS (SRP) – RISK FACTORS BY MOTIVATIONAL TYPE

-Rejected Stalkers: threats, breached restraining order, awareness of victim location, disputes over children/shared property, and elevated anger level/thought of vengeance

-Resentful Stalkers: breached restraining order, failure of efforts to satisfy complaint, elevated anger level, presence of paranoid ideation

-Intimacy Seekers: acknowledgement of failed pursuit, elevated anger level, and presence of paranoid ideation

Incompetent Suitors: under 30 years old, sense of entitlement, elevated anger level

-Predatory Stalkers: past sexual violence and current evidence of sexually violent ideation or intent

STALKING RISK PROFILE: GUIDELINES FOR THE ASSESSMENT AND MANAGEMENT OF STALKERS (SRP) – RISK OF PERSISTENCE

Risk for Persistence General Risk Factors: sending unsolicited materials and/or writing to the victim, personality disorder, psychosis, cognitive distortions, refusal to conform to legal directives, refusal to engage in therapy, current social isolation, lack of empathy for the victim, current substance misuse, sense of entitlement, ongoing contact between the victim and stalker, and awareness of victim location and willingness to travel to the victim

# STALKING RISK PROFILE: GUIDELINES FOR THE ASSESSMENT AND MANAGEMENT OF STALKERS (SRP) - RECIDIVISM

Risk of Recurrence General Risk Factors: history of stalking, lack of viable plans, non-compliance with indicated treatment, and substance misuse

Risk Factors by Motivational Type:

Rejected Stalkers: personality disorder/traits, sense of entitlement, end of legal directives

Same Victim: end of legal directives, changes in relationship status, reconnection with the victim, reduction in or denial of access to children

Resentful Stalkers: delusions related to stalking, deterioration in mental state, and personality disorder

Same Victim: end of legal directives and failure of formal complaint

# STALKING RISK PROFILE: GUIDELINES FOR THE ASSESSMENT AND MANAGEMENT OF STALKERS (SRP) - RECIDIVISM

Risk of Recurrence Risk Factors by Motivational Type:

Intimacy Seekers: delusions related to stalking, deterioration in mental state, current social isolation, and personality disorder

Same Victim: primary erotomania, and contact with the victim

Incompetent Suitors: cognitive limitations, current social isolation, poor social skills, and self-absorbed

Predatory Stalkers: targets strangers, non-compliance with external monitoring, and sexual deviance

# STALKING RISK PROFILE: GUIDELINES FOR THE ASSESSMENT AND MANAGEMENT OF STALKERS (SRP)

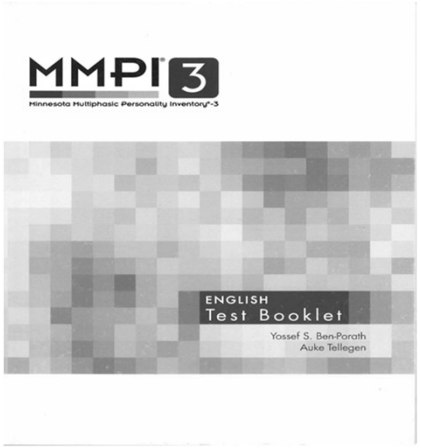
Risk of Psychological Damage to Stalker – General Risk Factors: prior acts of violence, cessation of employment, delusions related to stalking, current social isolation, poor resilience to stress, problems with anger, misinterpretation of victim response, an all-consuming preoccupation with the victim, symptoms of depression, substance misuse, and restricted access to children

# HARE PSYCHOPATHY CHECK LIST – REVISED, SECOND EDITION

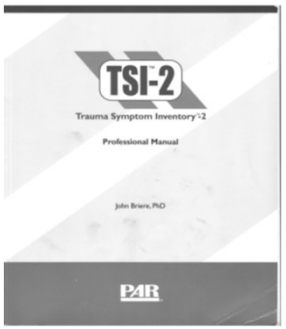


- Description: a 20 item 3-point Likert scale rating which assesses a personality construct commonly identified in those individuals who repeatedly violate the law, are grandiose, and demonstrate a superficial and callous interpersonal style lacking in empathy and remorse
- Ages: 18 years and older
- Administration Time: 90–120 minutes for the interview; 60 minutes for the collateral review (20-item rating scale)
- Author: Robert D. Hare, PhD
- Results: provides four facets and two factors of interpersonal and behavioral characteristics of the construct of psychopathy with an overall clinical cut score

# MINNESOTA MULTIPHASIC PERSONALITY INVENTORY – THIRD EDITION (MMPI-3)



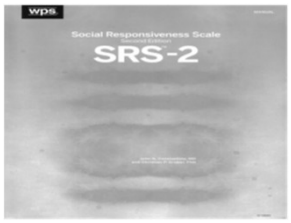

- Description: a 335 item true/false questionnaire designed to assess a broad array of mental health problems and personality disorders.
- Ages: 18 years and older
- Administration Time: 35 - 50 minutes (usually 60 minutes)
- Authors: Yosseff Ben-Porath, PhD & Auke Tellegen, PhD




# TRAUMA SYMPTOM INVENTORY – SECOND EDITION (TSI-2)

- Description: a 136 item four-point Likert rating scale designed to evaluate posttraumatic stress and other psychological symptoms of traumatic events across a wide range of potentially complex symptomatology ranging from Posttraumatic Stress Disorder (PTSD), dissociation, and somatization to insecure attachment styles, impaired self-capacities, and dysfunctional behaviors
- Ages: 18 – 88 years
- Administration Time: 20 minutes (usually 15 minutes)
- Authors: John N. Briere, PhD

# SOCIAL RESPONSIVENESS SCALE – SECOND EDITION (SRS-2)




- Description: Identifies the presence and severity of social impairment(s) associated with the presence of an autism spectrum disorder using a 65 item four-point Likert scale rating form for preschool, school-age, adult, and adult other/relative reporting
- Ages: 3 years to Adult
- Administration Time: 15 – 20 minutes (usually 15 minutes)
- Authors: John M. Constantino, MD
- Results: five treatment subscales including social awareness, social cognition, social communication, social motivation, and restricted interests and repetitive behavior. A total score and DSM compatible score are also provided reflecting the overall severity of social deficits


kachow



# Common problems when treating people who are/have engaged in stalking behavior




- Provider has insufficient knowledge about stalking typologies or available assessment(s)
- Insufficient monitoring
- Placement of primary focus or formulation on mental disorder rather than understanding how the mental disorder contributed to the behavior (we must understand the "drivers" of the behavior and potential reinforcers)
- When the perpetrator does not perceive his/her behavior as problematic and/or has no desire to change

# RECOMMENDED TREATMENT EMPHASIS FOR **ALL** CLIENTS WHO ENGAGE IN STALKING BEHAVIOR






- Helping the client become aware of their patterns of thinking and emotional experiences that contribute to stalking behavior
- Equipe the client with both the skills and the motivation to build a life that does not involve stalking
- Targeted psychological/mental health treatment
- Supporting practical needs (e.g., housing and employment)
- Creating positive social networks
- Supervision and accountability



# EXECUTIVE FUNCTIONING SKILLS

- Often defined as the ability to infer and understand another person's mental state (e.g., their beliefs, thoughts, intentions and feelings)
- More specifically, the ability to put oneself into someone else's shoes or to imagine their thoughts and feelings
- Includes the capacity to understand others by ascribing mental states to them

# CASE STUDY #1

- 48-year-old charged with Federal stalking

- Significant history of family issues and instability
- Combat veteran who had not sought tx for a variety of issues
- Break-down in his nuclear family
- Comorbid mental health disorders
- Long and checkered history with the victim
- History of anger management challenges
- Inconsistent engagement with mental health providers

# Forensic Assessment:

- **Assessments**: MMPI-3, TSI-2, SRS-2, WAVR21, and SRP
- **Dx**: PTSD; Persistent Depressive Disorder with intermittent depressive episodes, severe; Generalized Anxiety Disorder; and Alcohol Use Disorder
- **Risk Level**: Low to commit violence, persist or reoffend
- **Recommendations**: secure a case manager, comprehensive mental health treatment for various presenting difficulties, social skills intervention (e.g., healthy relationships, increasing his social network, executive functioning difficulties); specific treatment for PTSD from a qualified in-patient program

# Take Aways for Evaluators or Providers:

- Prepare yourself for the voracity and volume of contact
- Have a plan in place to deal with inappropriate communication(s) or a shift in the client's attention (motivation)
- Safety considerations
- Set clear boundaries with attorney(s) and be prepared for "splitting" behavior
- Stay off your "High Horse"



# Focus on Healthy Relationships:

- Honest, balanced, and appropriate methods of communication
- Reality-based expectations
- The importance of identifying healthy attributes in a romantic partner
- Setting clear boundaries
- Increasing his social network
- Determining appropriate ways to make decisions about the "level" of a friendship or romantic relationship



# Focus on Problem Solving:

- Identify and practice 3 to 5 appropriate methods to interact with others in the presence of conflict, bullying, or peer pressure
- Identify and practice social solutions (appropriate behavior) in the face of rejection or misunderstanding
- Identify at least two socially acceptable and appropriate problem-solving techniques to address challenging social incidents that occur with regularity



# Stalking Specific:

- Increase client awareness of aspects of their moment to moment experience (e.g., thoughts, emotions, urges, and situational factors linked to stalking)
- Acceptance of reality
- Reduction of impulsive behavior
- Increase ability to tolerate and effectively manage emotions
- Change thoughts that surround and maintain stalking behavior
- Build an alternative repertoire





# CASE STUDY #2

- 28-year-old charged with multiple counts of cyber stalking and interstate transmission of threats to injure

- On the surface, he was raised in privilege as an only child
- Childhood diagnosis of ODD - "I was just oppositional for no reason as a teenager"
- Significant history of prior arrests
- Significant medical history, which contributed to his charges in the current case
- Client professed intensive animosity of LEO (which was long-standing by history)



By show of hands, emojis, etc., has anyone in this audience ever been frightened of a client?

# Forensic Assessment:

- **Assessments**: Forensic interview, MMPI-3, TSI-2, PCL-R 2nd Edition, WAVR-21, and SRP
- **Dx**: Delusional Disorder, with Persecutory Type and Generalized Anxiety Disorder and deemed a high risk for recidivism (according to the structured clinical judgements he was at a high risk for stalking violence, risk of persistence, and psycho-social damage for himself)
- **Recommendations**: psychiatric consultation with an expert trained to conduct threat assessments; targeted mental health treatment to address distorted thinking, and targeted interventions to address identified risk factors


I Voted Early
Brevard County

# CASE STUDY #3

- 24-year-old charged with breaking and entering, attempted rape, burglary, and post-arrest stalking
- Adopted at 8 months of age
- Early identification and treatment for LD and speech issues
- Supportive family and two close friends
- Worked part-time at a grocery store
- No history of behavioral challenges or law enforcement involvement
- Substantial LEO concern due his behavior during his initial arrest



# SO, WHERE DO YOU START WITH THIS CLIENT?





# CALMING TECHNIQUES

- Identifying strategies for calming from caregivers that work **AND** those that don't
- Specific items or routines that assist the individual in combating anxiety or "triggers"
- Importantly – when a person with ASD becomes agitated, anxious, nervous, or stressed out **we need to use less language**
- Some may need sensory input to calm down (e.g., stem or fidget toys, compression, ears covered)

# Forensic Assessment:

- **Assessments**: ADI-R, Forensic interview, ADOS-2, SRS-2, ABAS-3, TSI-2, MMPI-3, PCL-R 2nd Edition, Static-99-R, STABLE-2007, WAVR21, and SRP
- **Dx**: ASD, Level 2, Communication Disorder by history and deemed an average risk
- **Recommendations**: communication evaluation, language therapy, mental health treatment (distorted thinking and executive functioning deficits), social skills intervention (e.g., healthy relationships and sexuality) and VR

Child Psychology Psychi... Create
Convert E-Sign Find text or tools Share AI Assistant

THE JOURNAL OF CHILD PSYCHOLOGY AND PSYCHIATRY
*Journal of Child Psychology and Psychiatry* 51:11 (2010), pp 1188–1197 doi:10.1111/j.1469-7610.2010.

# Feeling, caring, knowing: different types of empathy deficit in boys with psychopathic tendencies and autism spectrum disorder

**Alice P. Jones,[1,2] Francesca G.E. Happé,[3] Francesca Gilbert,[2] Stephanie Burnett,[4] and Essi Viding[2]**

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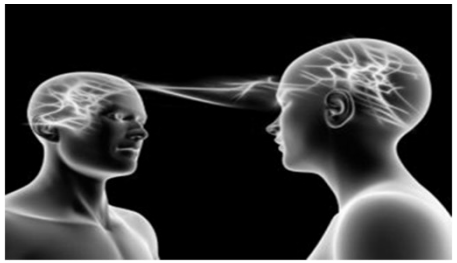
# EMPATHY 101



- Cognitive (recognition of the feelings of others)
- Affective (ability to feel the same feelings as others)

**<u>In order to engage in Empathy, one must be able to</u>**:

1) recognize someone is/was feeling something

2) correctly identify the feeling being experienced by the other person

3) be able to feel those feelings themselves, and respond in a socially appropriate manner

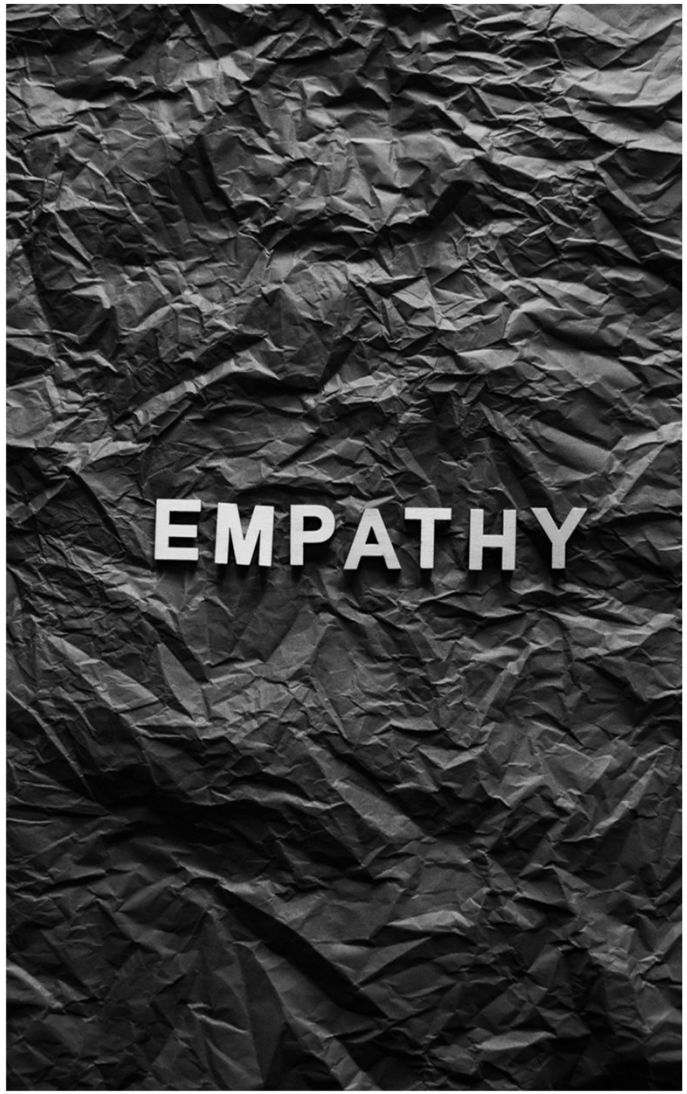
# CHALLENGES ADDRESSING VICTIM EMPATHY WITH INDIVIDUALS WITH ASD WHO HAVE CAUSED SEXUAL HARM

- Describe exactly what each of the victims said or did while you were acting out sexually
- Describe how their faces looked and how they held their bodies
- How did the victim feel while you acted out (before, during, and after)?



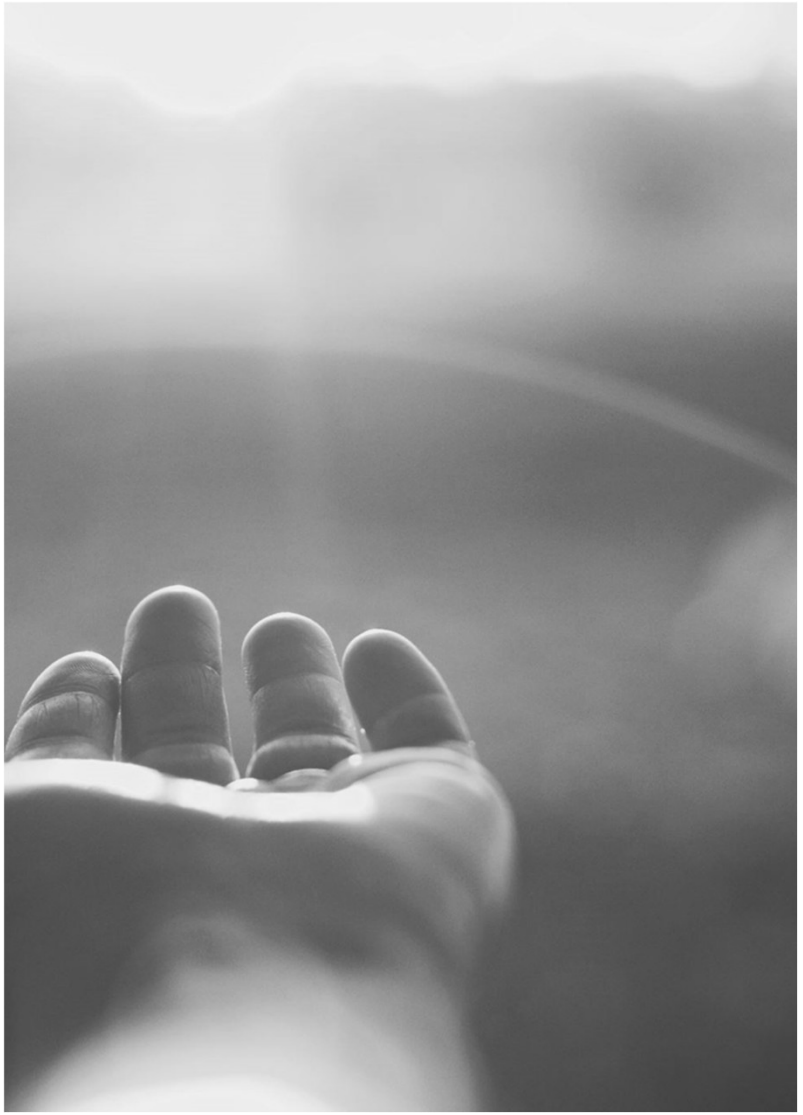
# EMPATHY & AUTISM

- We need to help clients with ASD who cause sexual harm understand exactly what we mean by “empathy” (e.g., which specific construct)
- Understanding of performance deficits versus skill deficits is critical (language disorders and processing issues need careful attention)
- Consider the possibility your client with ASD may feel emotions more intensely than their peers



# WHY IS IT IMPORTANT TO DEMONSTRATE EMPATHY?

- You want others to know you are friendly
- You want others to believe you care and are sensitive
- You want others to be empathetic toward you when you are hurting
- Being empathetic is a social expectation = "Hidden Curriculum" dictates we are supposed to show concern for others to fit in (Empathy = Social Currency)



# 4 STEPS TO PRACTICING EMPATHY:

1) **Notice** how the person you are interacting with is feeling
2) **Correctly identify** the feeling being experienced by the other person
3) **Feel those feelings** (or think of an example of when you may have felt those feelings)
4) Make an **appropriate response**



# USING YOUR **BEST** GUESS TO KNOW HOW PEOPLE ARE THINKING AND FEELING

- **B** = **Body Language Clues**: What is the person doing with their body?
- **E** = **Expression Clues**: Look at what the person is doing with their eyes, mouth, and eyebrows
- **S** = **Setting**: Think about the time and place
- **T** = **Things**: Is there an object near the person that may give a clue about how they are feeling?







- "Over the last decade, the definition of healthy sexuality has remained elusive while the boundary delineating unhealthy sexuality has radically changed. These changes are **not reflected *in current approaches to sex offender treatment which continue to focus on the suppression of offenders' sexuality.***"

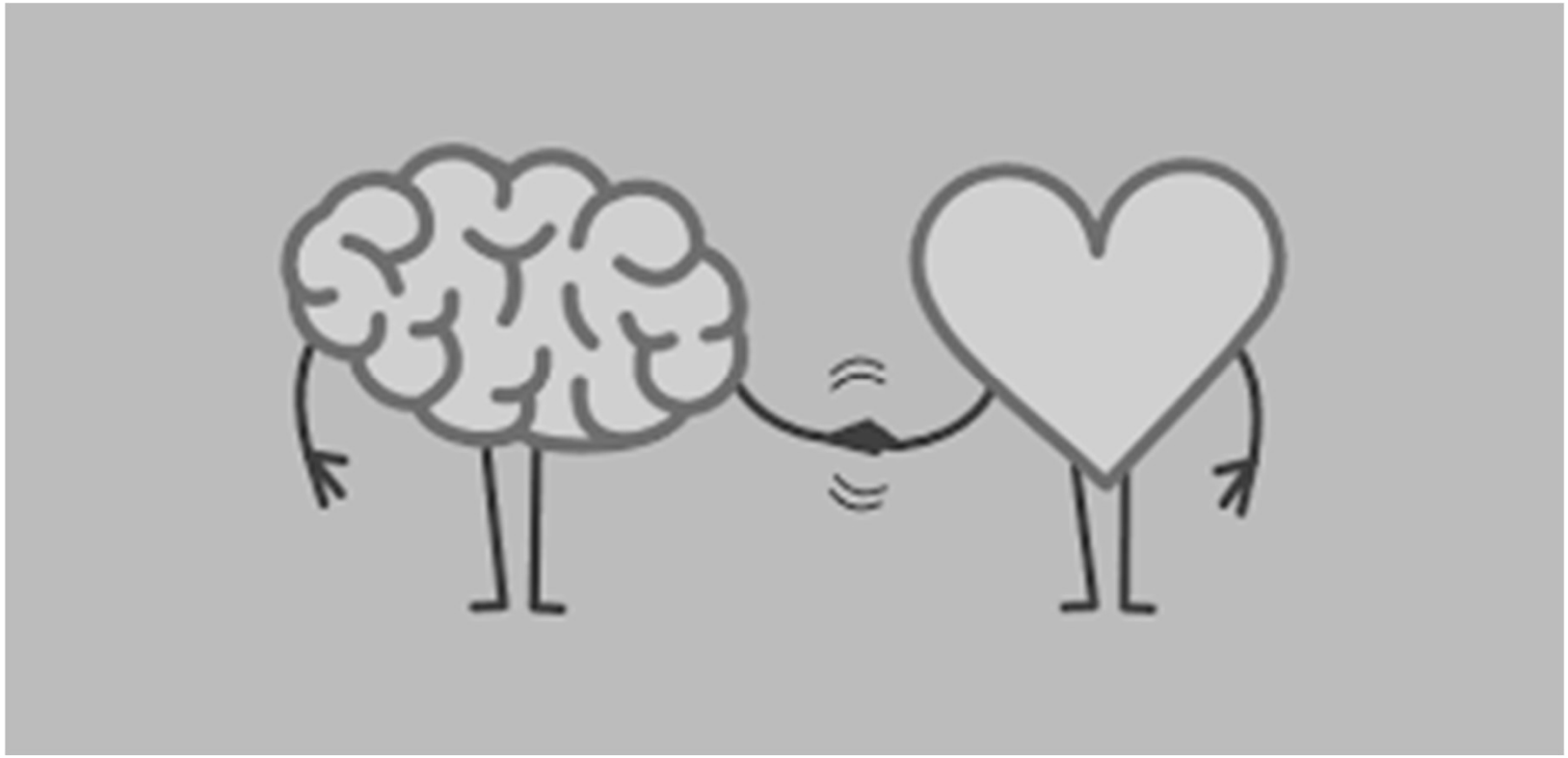



- Watter & Hall, 2020

“How can I help you experience your sexuality without harming yourself or others?”

-Dr. Jill Levenson

# Sexuality Education






# A Family Toolkit to Help Youth with Autism Navigate Sexuality and Relationships

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- Laura Anthony, Ph.D., Licensed Clinical Psychologist at CASD, Assistant Professor George Washington University
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- Peter Gerhardt, Ph.D., Educational Consultant to Adolescents with ASD, President of Organization for Autism Research
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- Brenda Smith Myles, Ph.D., Chief of Programs and Development of the Ohio Center for Autism and Low Incidence, Associate Professor at the University of Kansas Department of Special Education

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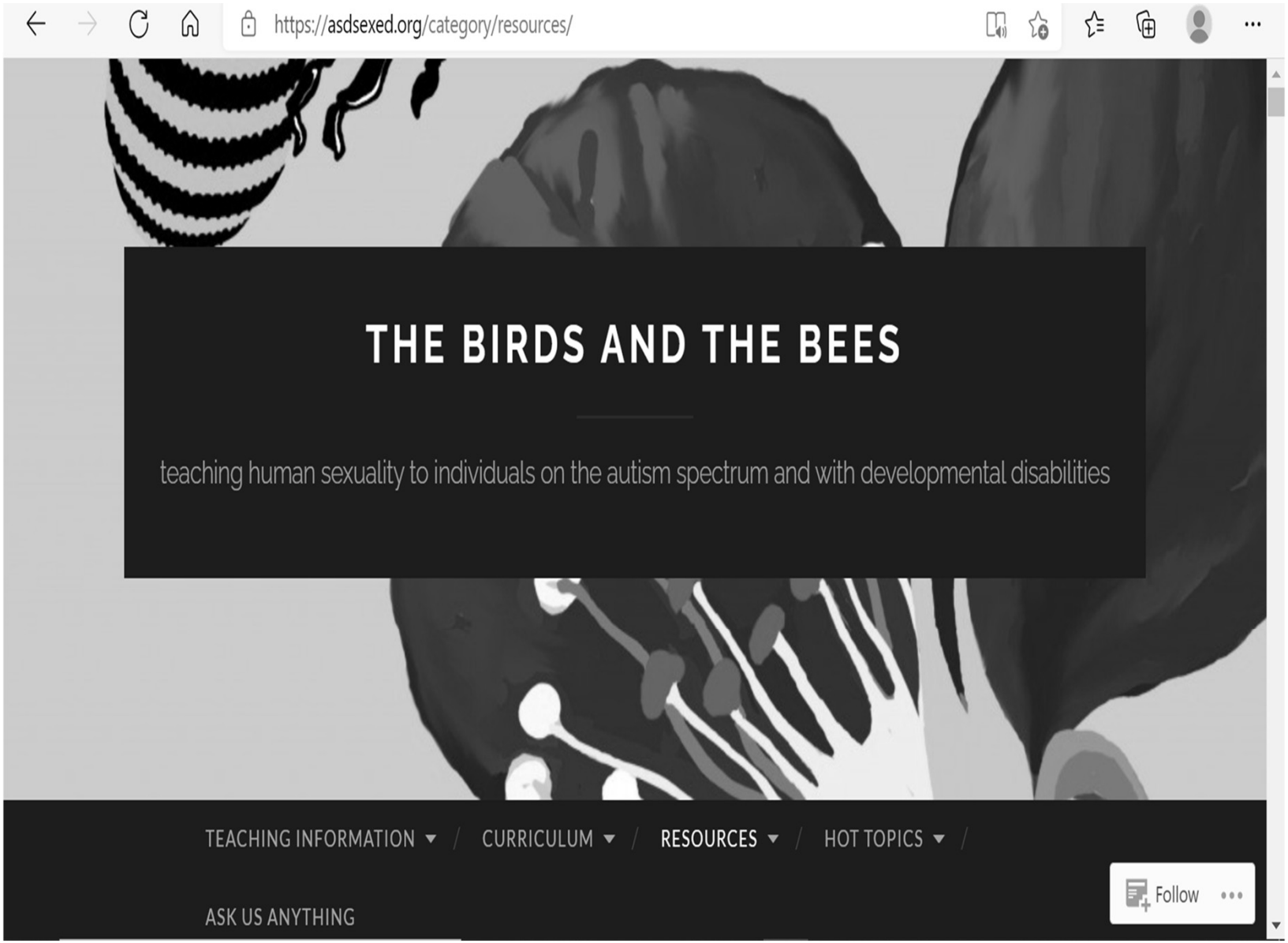
## Charting the Course: A Family Toolkit to Help Youth with Autism Navigate Sexuality and Relationships


- Pugliese, C.E., Ratto, A.B., Granader, Y., Dudley, K.M., Bowen, A., Baker, C., & Anthony, L.G. (2021). **Feasibility and Preliminary Efficacy of a Parent-Mediated Sexual Education Curriculum for Youth with Autism Spectrum Disorders.** *Autism: the International Journal of Research & Practice, 24(1),* 64 – 79.

- Baker, C.D., Ziegert, A., Bowen, A., Owczarzak, J., & Willis, S. (2013). ***Charting the Course***. Silver Spring: Danya International, Inc.


https://asdsexed.org/category/resources/
THE BIRDS AND THE BEES
teaching human sexuality to individuals on the autism spectrum and with developmental disabilities
TEACHING INFORMATION
CURRICULUM
RESOURCES
HOT TOPICS
ASK US ANYTHING
Follow

- The Birds and The Bees: Teaching Human Sexuality to Individuals on the Autism Spectrum and with Developmental Disabilities (asdsexed.org)

- Curtiss, S.L., & Ebata, A.T. (2016). Building Capacity to Deliver Sex Education to Individuals with Autism. *Sexuality and Disability (34),* 27-47.

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# MORE INFO. LESS WEIRD.

AMAZE takes the awkward out of sex ed. Real info in fun, animated videos that give you all the answers you actually want to know about sex, your body and relationships.

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DESCRIPTIONS | FEATURED | PUBERTY | SEXUAL ORIENTATION | GENDER IDENTITY | PERSON

- AMAZE strives to assist adults (parents, guardians, educators and health care providers) around the globe to communicate effectively and honestly about sex and sexuality with the children and adolescents in their lives.
- Engaging, educational, age-appropriate, often humorous sex education videos for young adults.
- Educational resources, including short videos, to build the skills of parents and guardians to better communicate with their children about sex and sexuality.
- Toolkits, lesson plans, promotional materials and other resources to help educators and health care providers refer students and young patients to AMAZE as an available, free and fun resource to learn about sex and sexuality.
- Link for educators:  https://amaze.org/educators/

# CLINICIAN'S GUIDE TO SEXUALITY AND AUTISM

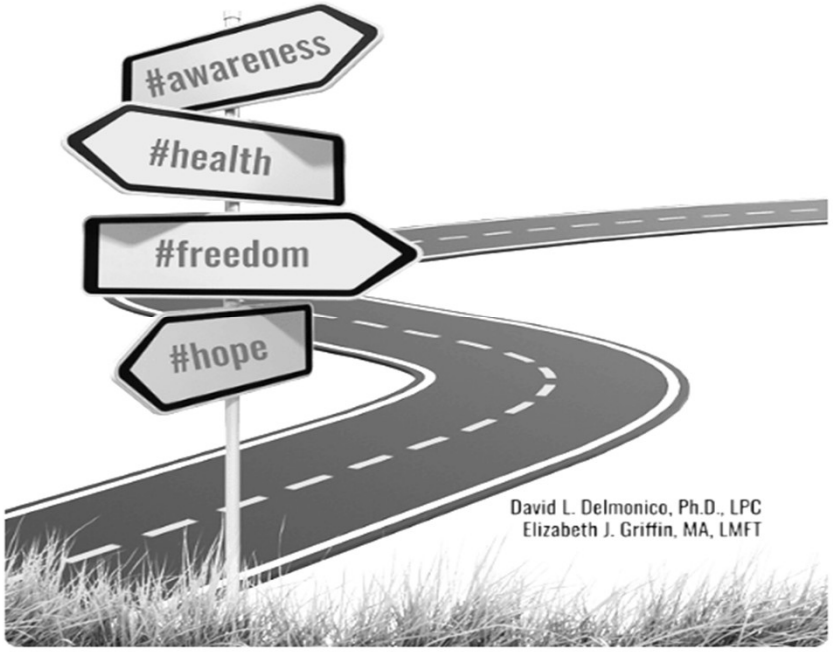
A Guide to Sex Education for Individuals with Autism Spectrum Disorders



Jessica Cauchi | Peter F. Gerhardt
Justin B. Leaf | Mary Jane Weiss

# The Illegal Images Workbook

Understanding and Changing
Harmful Online Sexual Behavior

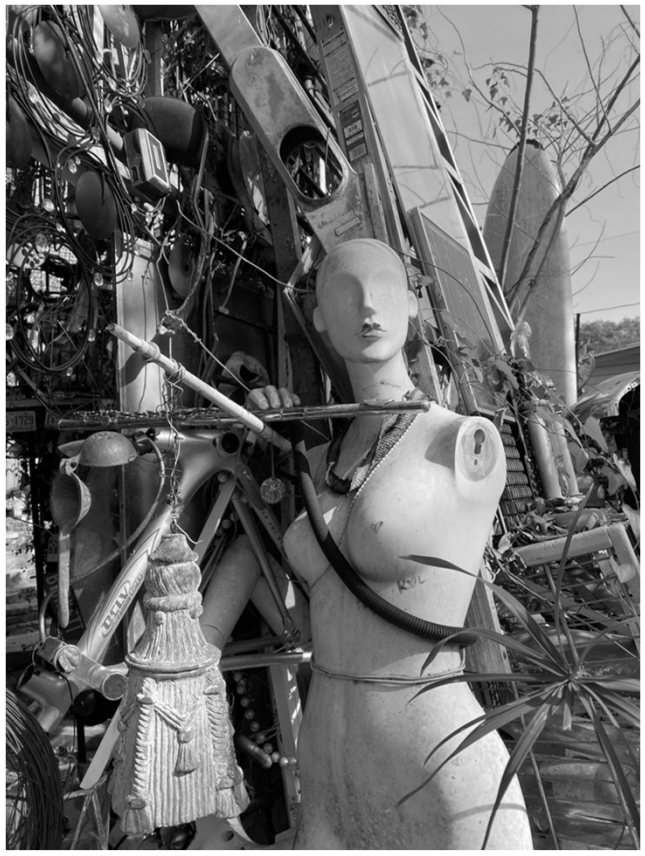



David L. Delmonico, Ph.D., LPC
Elizabeth J. Griffin, MA, LMFT

# AUTISM SPECIFIC VULNERABILITY

- VERY little research ASD & stalking
- Difficulty in correctly interpreting interpersonal cues
- Perseverative focus on desired people
- Inability to deal with/manage rejection
- ToM (difficulty understanding how others perceive their behavior

(Post et al., 2012; Mercer & Allely, 2020)





# RECOMMENDATIONS FOR INDIVIDUALS WITH ASD WHO ARE STALKING:

- Social skill groups
- Video Modeling
- Self-management strategies
- Self-management combined with video feedback
- Scripts, social stories and visual supports
- Increasing areas of interest beyond obsessions
- Anger management & counseling
- Medication management

-Mercer & Allely, 2020

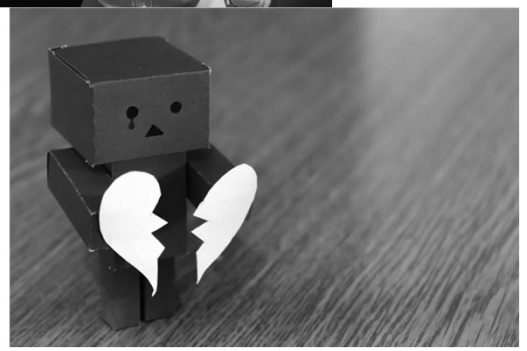
# COPING WITH REJECTION

- **<u>Types of Rejection:</u>**
  - Being Ignored - Unspoken Rejection
  - Terse - Flat-Out 'No' Rejection
  - “We Regret To Inform You…” - Nicely-Worded 'No' Rejection
  - Excuse related - When you hear 'No’ with reasons or a rationale



# COPING SKILLS FOR REJECTION





- Acknowledge your emotions & "download" them with appropriate and supportive people
- Understand everyone gets rejected and this is a normal part of life in all types of relationships – this doesn't mean you are "fatally flawed"
- Develop a list of positive traits about yourself to review when you feel sad, heartbroken, etc.
- Identify people in your "safety net" – ideally you should have at least 5
- What can I learn from this particular rejection?




Thank You
for Your Participation
in Today's Training!
Thank you
for being here
and for the work
you do!

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