UNDERSTANDING STALKING BEHAVIOR: PSYCHOLOGICAL, ASSESSMENT, AND TREATMENT IMPLICATIONS FOR SEX OFFENDER TREATMENT PROVIDERS

FLORIDA ASSOCIATION OF THE TREATMENT & PREVENTION OF SEXUAL ABUSE (FATSA) ANNUAL CONFERENCE

ORLANDO, FL – MARCH 14, 2026

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ALL CLIENTS REFERENCED IN THIS PRESENTATION HAVE GIVEN CONSENT FOR ME TO USE THEIR REDACTED CASE INFORMATION FOR EDUCATIONAL PURPOSES.

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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.



WHAT WE KNOW ABOUT STALKING

- Typologies exist including "Rejected", "Intimacy Seekers", and "Resentful" (McEwan et al. 2009; Meloy, 2021)
- According to most literature – "Intimate Type" stalking is the most dangerous (Mohandie et al. 2006; McEwan et al. 2009; Meloy 2021)
- In McEwan et al. 2006 - 90.3% of those stalking were in the category of "rejected ex-intimate" (Meloy, 2021)



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



Have you received training about how to evaluate, treat, or manage individuals who have engaged in criminal stalking behavior?



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

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)

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 (S.G. Smith, et al., 2025)

CONTINUED INCREASE OF STALKING AT FLORIDA COLLEGES

- University of Central Florida (UCF) Police Department (PD) reports increased incidents of stalking (September 24, 2025)
- University of South Florida (USF) Police Department (PD) reports increased incidents of stalking (September 2025)
- University of Florida (UF) Police Department (PD) reported a "dramatic increase" in stalking over the last year (October 2025)
- Florida State University (FSU) continues to experience "high numbers of stalking" (April 19, 2024, Tallahassee Democrat)







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





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



After legal sanctions, research demonstrates that 50% or more of people who engage in stalking behavior will continue to stalk their victim (or a new victim) if they don't engage in appropriate treatment



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



It depends on who you talk to…

Estimates range between one third to one half of former intimate partners experience physical or sexual violence during stalking episodes.



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



According to available research, 50% - 70% of those who engage in stalking behavior have a mental health disorder

In most cases, the treatment of the mental health disorder(s) will be necessary, <u>but is often NOT the main focus of treatment</u>



What are common motivations for stalking behavior?



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 "stinging loss" or rejection or the accumulation of various setbacks 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
- Determining affective violence versus predatory violence
- Should ALWAYS involve conducting collateral interviews
- Very often involve a team-based approach





AFFECTIVE VIOLENCE

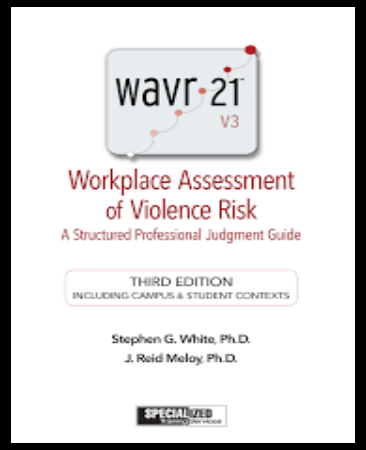
- Also referred to as reactive or impulsive violence
- Often accompanied by high levels of autonomic arousal, anger, or fear
- Defensive in nature and occurs in response to real or perceived threats
- Can include perceived psychological threat, such as an insult (actual or perceived)



PREDATORY VIOLENCE

- Also referred to as “targeted violence” and is planned, purposeful, and relatively emotionless
- Engage in premeditated, controlled use of force, and are often perceived as calculating and “cold blooded”
- Acts of mass murder are nearly always predatory – surviving witnesses invariably describe the perpetrators as emotionless and deliberate as they carry out their organized plan


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

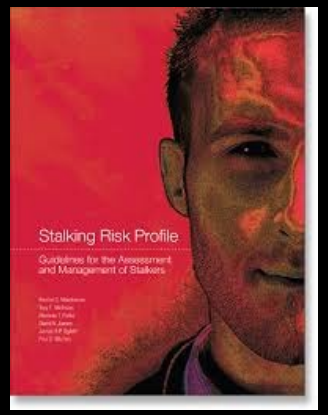
WAVR-21 V3 RISK FACTOR ITEMS

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



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

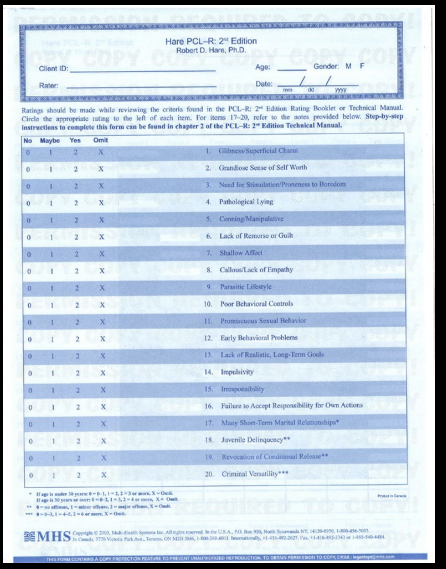
Incompetent Suitors: cognitive limitations, current social isolation, poor social skills, and self-absorbed

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



Hare PCL-R: 2nd Edition
Robert D. Hare, Ph.D.

Client ID: _____ Age: _____ Gender: M F

Rater: _____ Date: ___/___/____ (mm dd yyyy)

Ratings should be made while reviewing the criteria found in the PCL-R: 2nd Edition Rating Booklet or Technical Manual. Circle the appropriate rating to the left of each item. For items 17-20, refer to the notes provided below. **Step-by-step instructions to complete this form can be found in chapter 2 of the PCL-R: 2nd Edition Technical Manual.**

No	Maybe	Yes	Omit		
0	1	2	X	1.	Glibness/Superficial Charm
0	1	2	X	2.	Grandiose Sense of Self Worth
0	1	2	X	3.	Need for Stimulation/Proneness to Boredom
0	1	2	X	4.	Pathological Lying
0	1	2	X	5.	Conning/Manipulative
0	1	2	X	6.	Lack of Remorse or Guilt
0	1	2	X	7.	Shallow Affect
0	1	2	X	8.	Callous/Lack of Empathy
0	1	2	X	9.	Parasitic Lifestyle
0	1	2	X	10.	Poor Behavioral Controls
0	1	2	X	11.	Promiscuous Sexual Behavior
0	1	2	X	12.	Early Behavioral Problems
0	1	2	X	13.	Lack of Realistic, Long-Term Goals
0	1	2	X	14.	Impulsivity
0	1	2	X	15.	Irresponsibility
0	1	2	X	16.	Failure to Accept Responsibility for Own Actions
0	1	2	X	17.	Many Short-Term Marital Relationships*
0	1	2	X	18.	Juvenile Delinquency**
0	1	2	X	19.	Revocation of Conditional Release**
0	1	2	X	20.	Criminal Versatility***

* If age is under 30 years 0 = 0, 1 = 1, 2 = 2 or more, X = Omit.
If age is 30 years or more 0 = 0, 1 = 1, 2 = 4 or more, X = Omit.
** 0 = no offenses, 1 = minor offenses, 2 = major offenses, X = Omit.
*** 0 = 0–1, 1 = 2–3, 2 = 4 or more, X = Omit.

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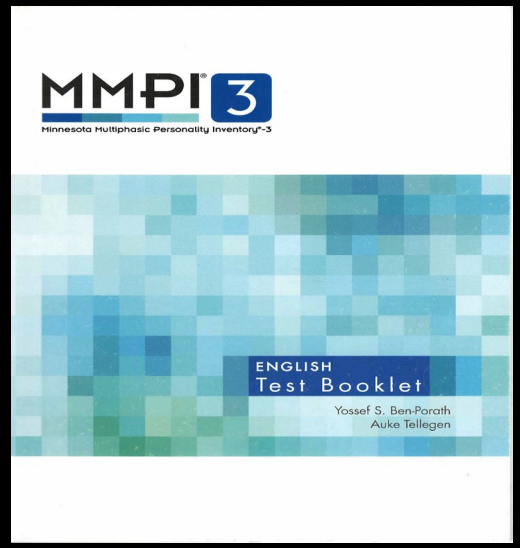
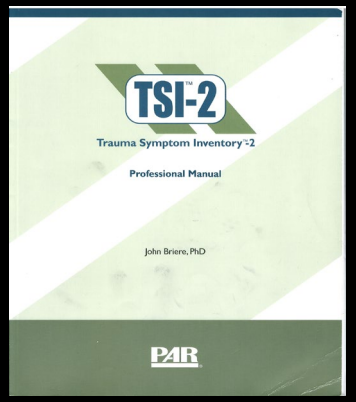
- Description: a 20 item 3-point Likert scale rating which assesses a personality construct commonly identified in those individuals who repeatedly violate the law, are grandiose, and demonstrate a superficial and callous interpersonal style lacking in empathy and remorse
- Ages: 18 years and older
- 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 with the treatment of people who engage in stalking behavior









- Provider has insufficient knowledge about stalking typologies or assessment
- 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





- 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



THEORY OF MIND (TOM) (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)
- This inferred information is then used to explain and predict human behavior in social situations
- Often defined as the ability to put oneself into someone else's shoes or to imagine their thoughts and feelings
- refers to 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

- 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
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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

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10

EMPATHY 101



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

In order to engage in Empathy, one must be able to:

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

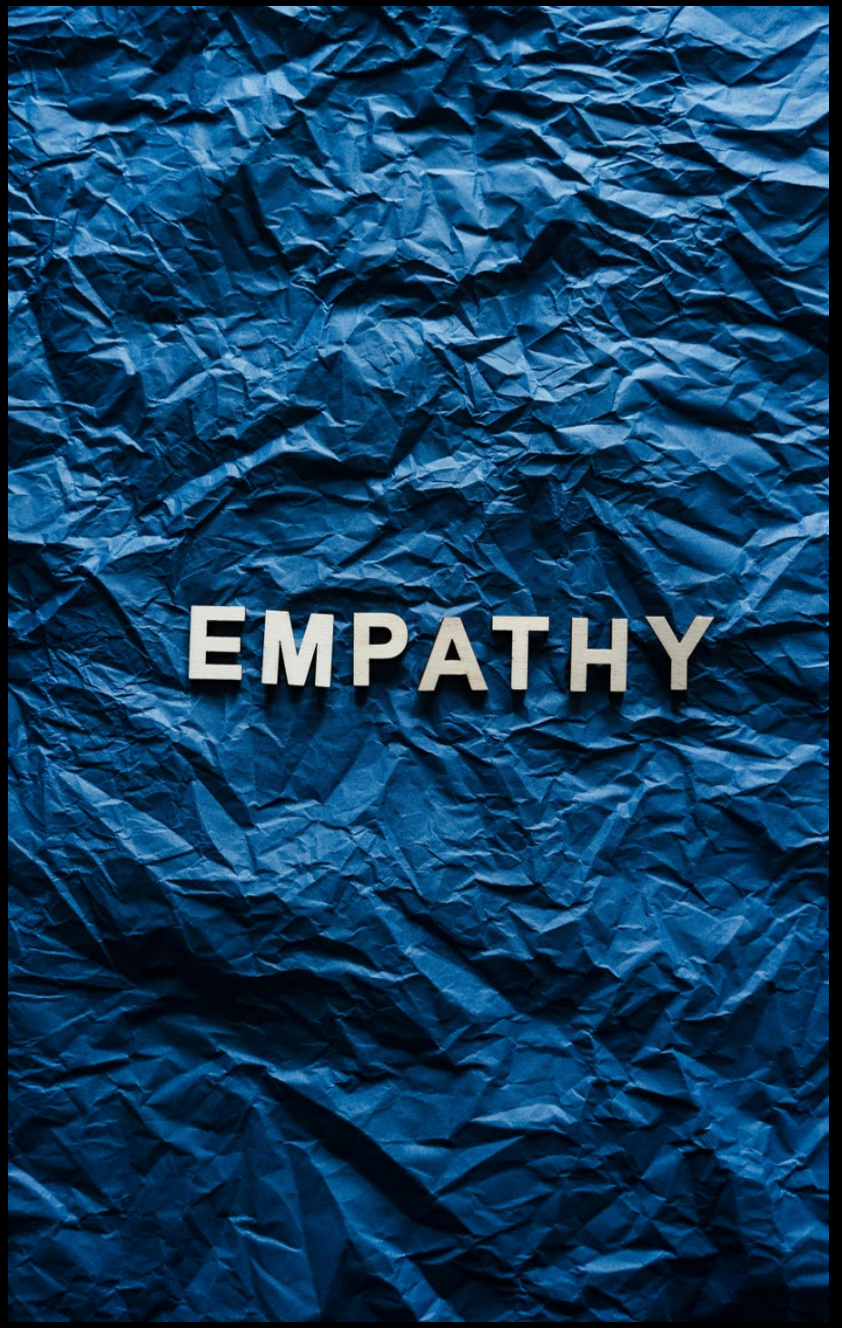
CHALLENGES ADDRESSING VICTIM EMPATHY WITH INDIVIDUALS WITH ASD WHO HAVE CAUSED SEXUAL HARM

- 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)?



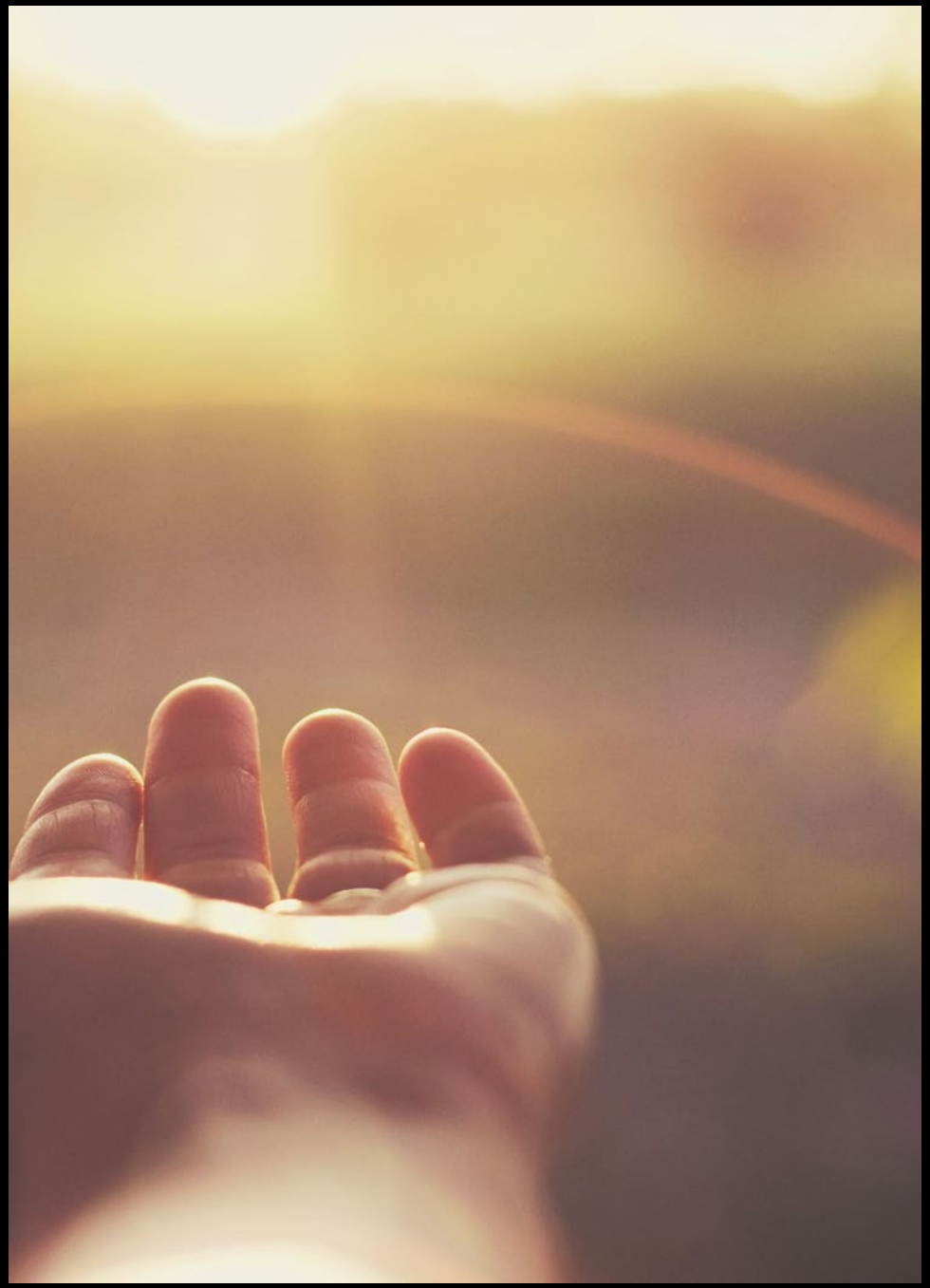
EMPATHY & AUTISM

- 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?

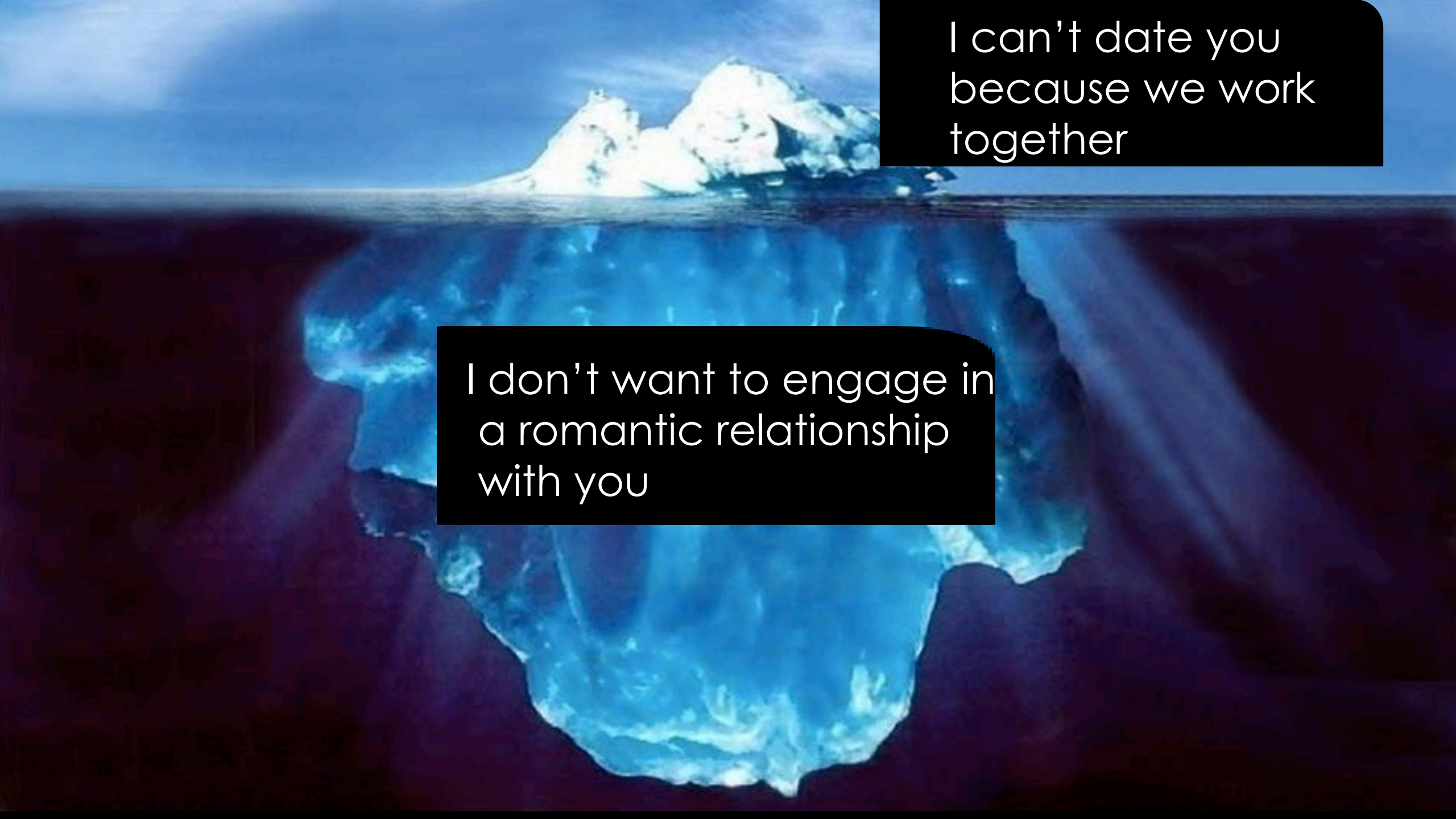
- You want others to know you are friendly
- You want others to believe you care and are sensitive
- You want others to be empathetic toward you when you are hurting
- Being empathetic is a social expectation = "Hidden Curriculum" dictates we are supposed to show concern for others to fit in (Empathy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



4 STEPS TO PRACTICING EMPATHY:

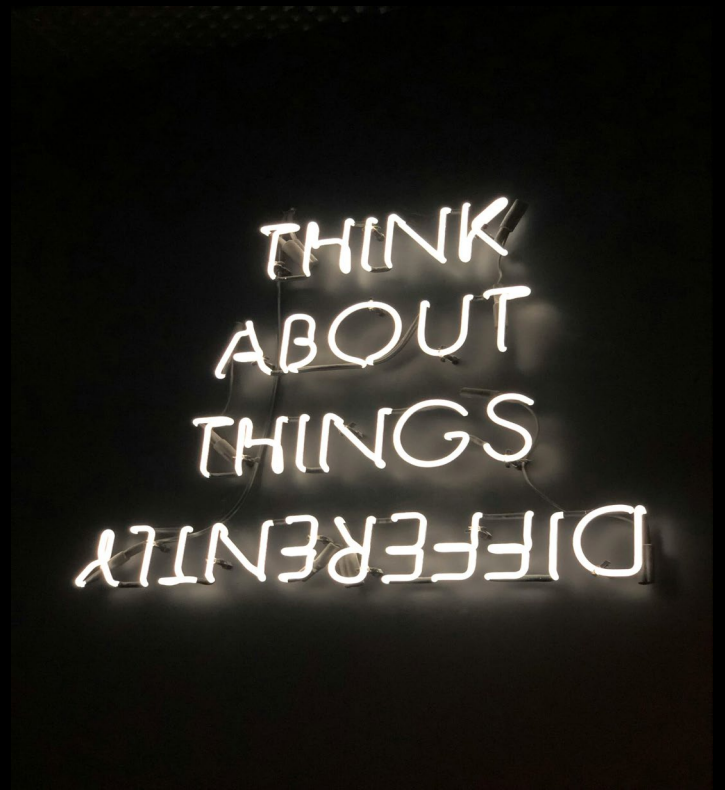
1) **Notice** how the person you are interacting with is feeling
2) **Correctly identify** the feeling being experienced by the other person
3) **Feel those feelings** (or think of an example of when you may have felt those feelings)
4) Make an **appropriate response**




I can't date you because we work together
I don't want to engage in a romantic relationship with you

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?










WINE A BIT
IN SEDONA

- "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.***"

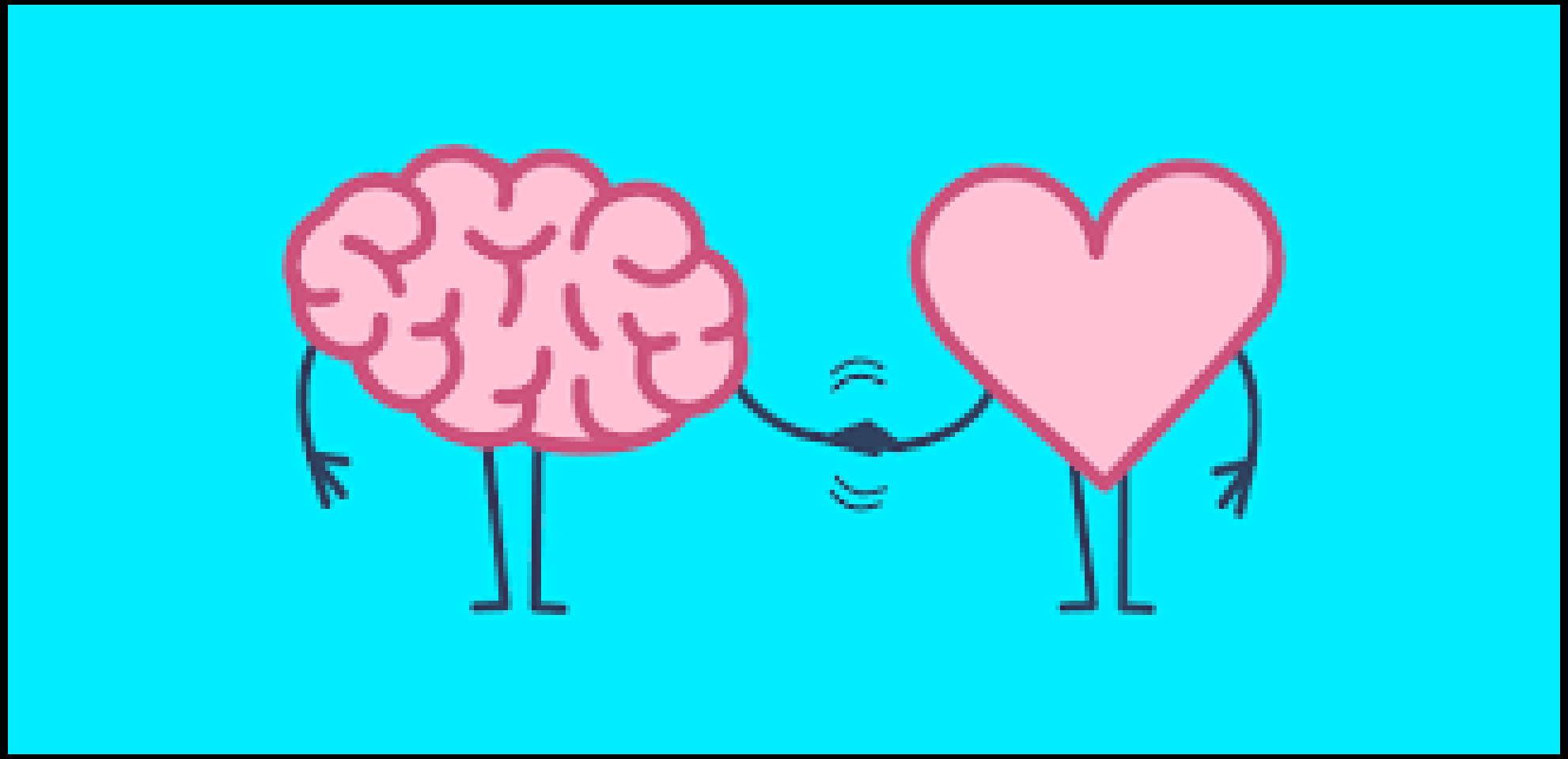
-D. Watter & K. Hall, 2020



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

-Dr. Jill Levenson

Sexuality Education





CHARTING the COURSE

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

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

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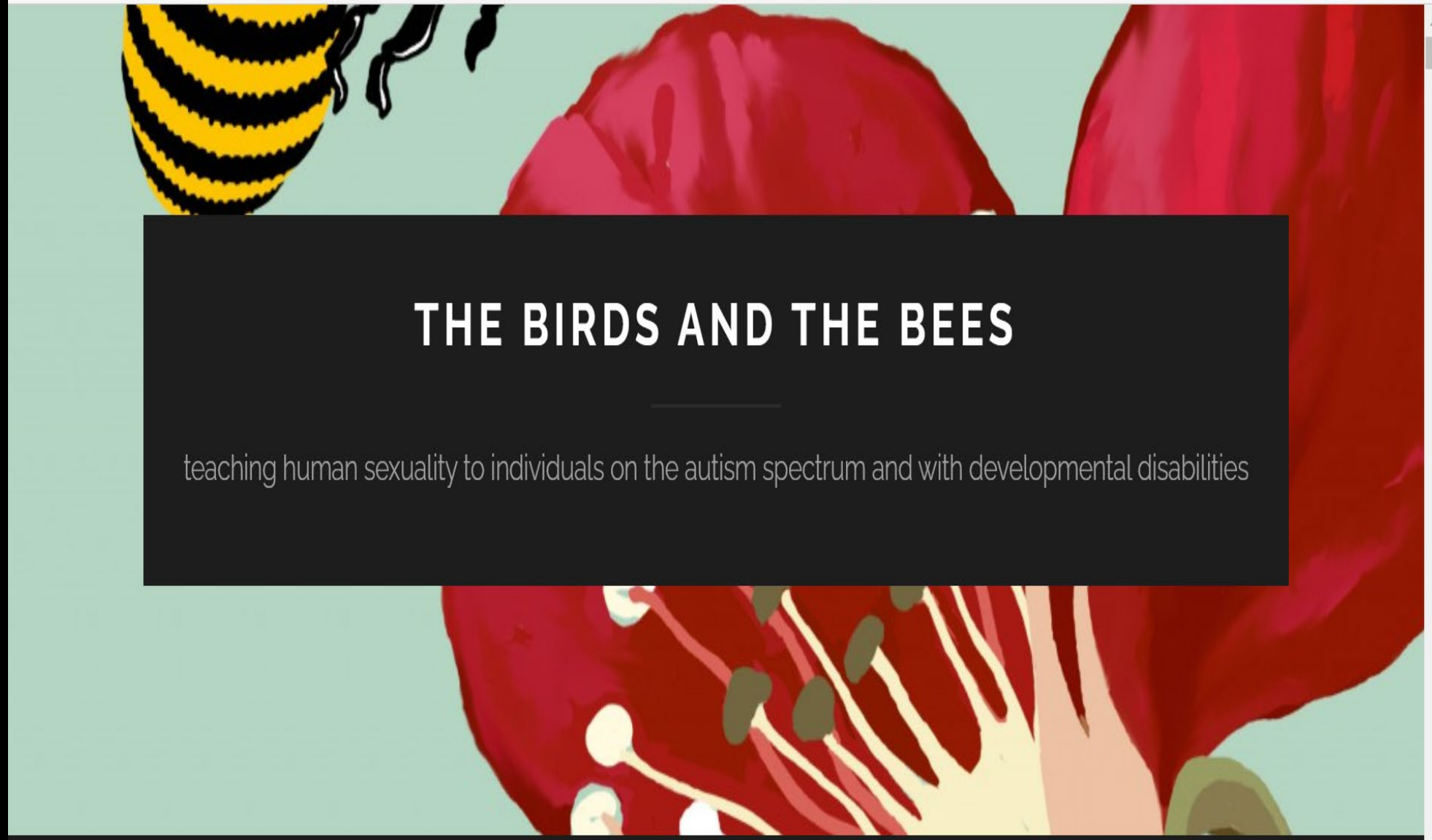

THE BIRDS AND THE BEES

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
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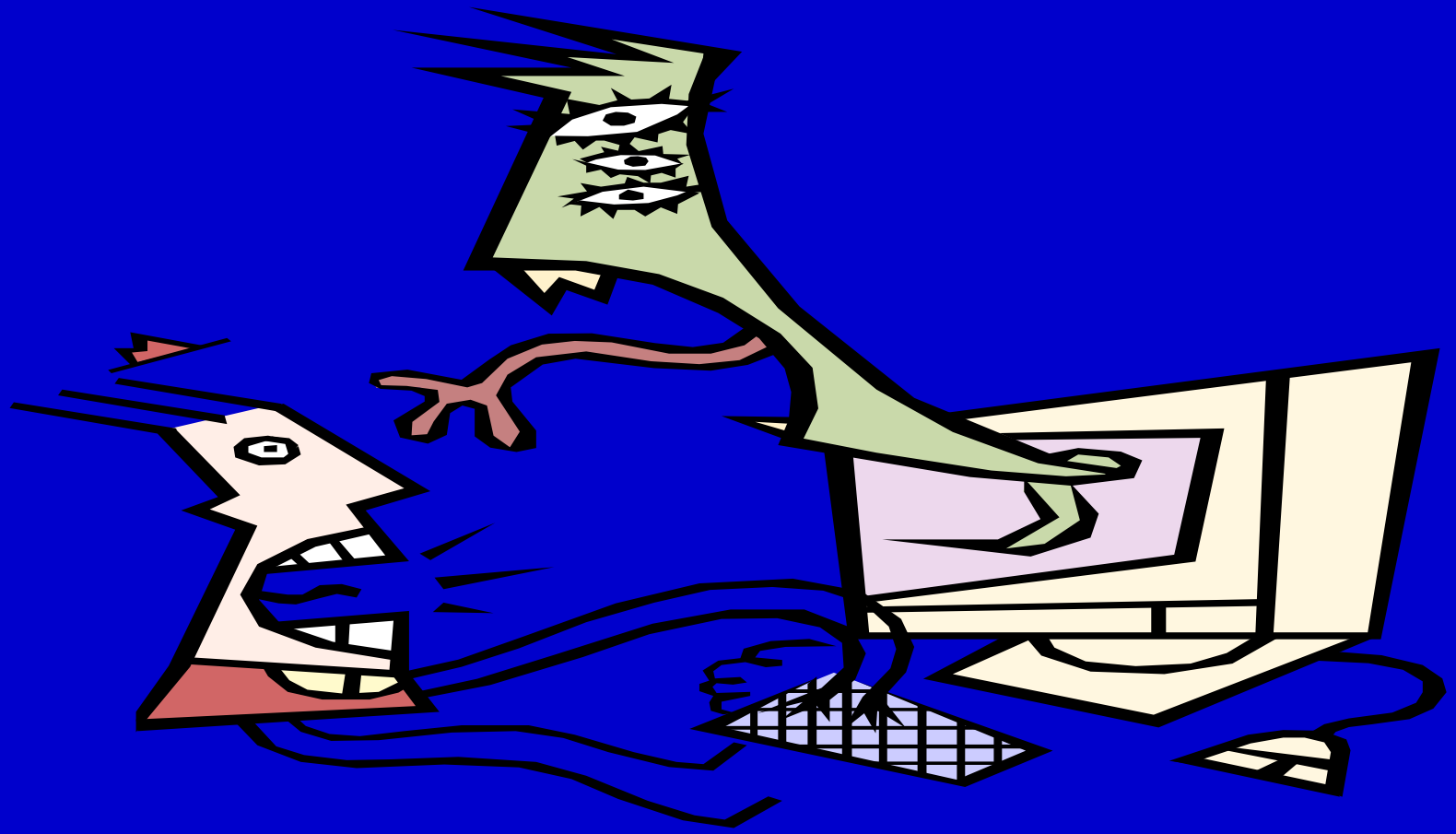


Navigating Challenging Personal Interactions

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

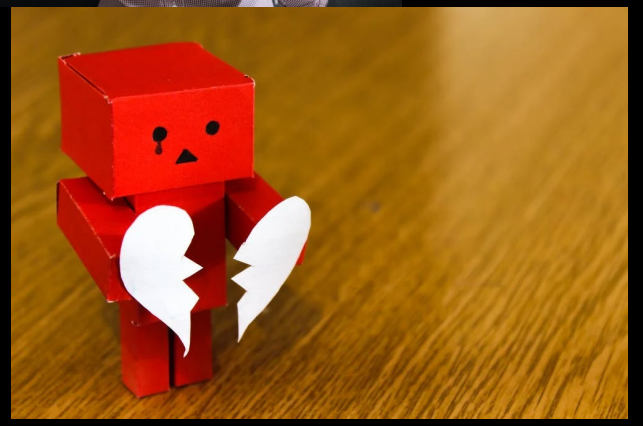
COPING WITH REJECTION

- **<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?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