

NEWS RELEASE

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The UK's first National Stalking Clinic pays tribute to the work of Forensicare in Melbourne

The UK's first National Stalking Clinic (NSC) was launched in London on Thursday with the enthusiastic support of Home Office Minister Lynne Featherstone.

Dr. Frank Farnham, the lead clinician in the clinic, told the launch the development could not have occurred without the generosity and support of Forensicare in Melbourne, upon the expertise of which the NSC is founded. He expressed particular thanks to Tom Dalton, the CEO of Forensicare, and to Professor Paul Mullen, upon whose pioneering work the NSC is based.

The Minister told the launch that the government is committed to taking action on stalking and that the National Stalking Clinic was an essential development of real importance for the future. She pointed to HM Government's *Call to End Violence Against Women and Girls: Action Plan* (<http://www.homeoffice.gov.uk/publications/crime/call-end-violence-women-girls/vawg-action-plan?view=Binary>). This states as an action point:

"We will ... learn from the pioneering work taking place in Melbourne to tackle stalking".

The Home Secretary, Theresa May, has just published a *Consultation Document* on Stalking (<http://www.homeoffice.gov.uk/publications/about-us/consultations/stalking-consultation/consultation?view=Binary>), which says: "We are also learning from the pioneering work taking place in Melbourne to tackle stalking. We are working to consider how this approach might be applied in England and Wales....The Melbourne team has a specialist clinic for the assessment and treatment of stalkers. They have produced a structured professional judgment tool on the assessment of risk in stalking, known as the Stalking Risk Profile".

The Chairman of the hospital Trust which is launching the clinic told the meeting that the clinic hoped to learn from the experience of the Fixated Threat Assessment Centre (FTAC), a unit which assesses and manages the risk to politicians and the Royal Family from stalkers, and which is founded on a research project run jointly between researchers in London and Forensicare in Melbourne.

The web-page of the National Stalking Clinic states: "The Clinic has been developed with the co-operation of the internationally renowned 'Problem Behaviours Programme' run by Forensicare in Melbourne, which is the leader in the field".

(<http://www.fixatedthreat.com/nationalstalkingclinic.php>)

Notes to editor:

The National Stalking Clinic was launched at 1:30pm on December 8th at Mary Sumner House, Westminster, London.

Speakers included:

- Home Office Minister Lynne Featherstone.

- Dr Frank Farnham, Consultant Forensic Psychiatrist, Founder of the National Stalking Clinic.
- Assistant Chief Constable Garry Shewan, ACPO Lead on Stalking and Harassment.
- Sarah Summers. Sarah's sister Katie Boardman was murdered by her stalker. Since Katie's death Sarah has campaigned to raise awareness about stalking.
- Michael Fox, Chairman of the Barnet Enfield and Haringey Mental Health NHS Trust

Additional notes:

1. Definition of stalking:

* Stalking is the repeated, unwanted intrusion of one person into the life of another, causing anxiety or distress.

* Stalking behaviours fall into three general types:

- unwanted communications: telephone calls, texts, e-mails, letters etc.
- unwanted physical intrusion: approaching, following etc.
- interference with services: impersonating the victim and ordering or cancelling services, goods etc.

2. Prevalence of stalking in the UK:

* 1 in 5 women (19.9%) and 1 in 10 men (10.2%) aged 16 or over have been victims of stalking in their lifetime.

Source: British Crime Survey.

The prevalence of stalking in Australia is similar

Source: ABS, 2006.

3. Stalking before murder:

* A study of women killed by former intimate partners found that 76% had been subject to stalking beforehand. For serious attacks in which the victim was not killed, 85% had been stalked. Source: McFarlane et al (1999) Stalking and Intimate Partner Femicide. Homicide Studies.

<http://hsx.sagepub.com/content/3/4/300.short>

4. Some key papers:

* Warren, MacKenzie, Mullen & Ogloff (from Forensicare) (2005) The Problem Behaviour Model: The Development of a Stalkers Clinic and a Threateners Clinic. Behavioural Sciences and the Law.

* Mackenzie and James (the former from Forensicare) (2011) The Management and Treatment of Stalkers. Behavioural Sciences and the Law.

<http://www.fixatedthreat.com/petch/resources/mackenzie-james-2011-management-and-treatment.pdf>

* McEwan, Pathé and Ogloff (from Forensicare) (2011) Advances in Stalking Risk Assessment. Behavioural Sciences and the Law

CASE STUDY:

This is a case study from the Forensicare Problem Behaviours Programme in Melbourne, Australia.

Jimmy (*) is in his 40s and has been charged with breaching his intervention order twice. In both cases he circulated a series of abusive emails after a relationship break-up. Police intervened and classed the distribution of the emails as stalking. Jimmy is receiving help from Forensicare (The Melbourne Unit) to reduce the chances of him repeating the behaviour. This is his story:

“In the first situation I was seeing a woman I met through business. We were friends moving towards a relationship. We'd go out for lunch and dinner and there was no hint she had a partner. Then someone who realised we were getting close told me she was buying a house with another guy.

I was pretty angry, upset, rejected, depressed ... and I let fly with a heap of emails to people she knew to let them know what she'd done. I circulated them to her colleagues and anyone who dealt with her workplace. I said she'd led me up the garden path.

move ...

She went to the police and I was served with an intervention order. My emails were seen as stalking and later I was charged with breaching that intervention order because I used false email addresses

to continue sending emails. Being charged was enough to make me stop and I ended up being put on a good-behaviour bond.

The second episode happened four or five years later. I was going out with someone for four years. I cared a lot about her but her mother was domineering and said `if you go with him you'll never step across my doorstep again.'

It was a hard decision for her but she stuck with her mother. After all the support I had given her she never told me it was over. The relationship just came to a stop.

Again, I let fly with a series of emails and text messages about her to people she knew and she went to the police and got an intervention order. I sent further emails and was charged with breaching the order. I was angry. I felt I'd been let down and lied to and betrayed. I was put on a community-based order this time and forensic care stepped in.

There really needs to be more of these programs around. Perhaps the health services industry should be supported in running these preventative type programs, similar to what is done with bullying, because in some senses, stalking is also a form of bullying.

Talking to someone about all this has made a hell of a difference to me. I know now that in both instances, what I did was due to anger and being rejected and depressed, but you have to learn boundaries and how to manage your anger. Maybe if I'd got support the first time, the second time might not have happened.

I haven't been in a relationship since, but I don't think I'd do the same thing again. I thought after the last case I'd get on with my life and try to do things properly. But I've lost over \$1 million in contracts because people I did business with somehow found out about the charges and it's ruined my reputation.

When you get a `stalking' label it's a blanket description that doesn't take into account the history and details of each situation. There's a stigma attached to it and everyone gets tarred with the same brush. You're just seen as a predator."

* Certain names have been changed to protect identities.

Ends