

THE STALKING AND HARASSMENT OF PUBLIC FIGURES: A COMMUNITY-FOCUSSED PREVENTATIVE POLICING APPROACH

Key project team members:

Robert Garratt and David James

Project contact person:

Detective Chief Inspector Robert Garratt

Fixated Threat Assessment Centre

Metropolitan Police Service

4-5 Buckingham Gate

London SW1 6JP

Tel: +44 (0)208 721 5270

Fax: +44 (0)208 721 5273

E-mail: robert.garratt@met.police.uk

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FTAC

The Stalking and Harassment of Public Figures: a Community-Focussed Preventative Policing Approach

Scanning

Lone individuals who engage in inappropriate or threatening attentions towards public figures constitute a significant policing problem. The rare attacks on politicians and members of the Royal Family tend to capture public attention. However, it is the daily disruptions to policing operations at different sites around the country that were causing most concern. In particular, this related to the impact on the safety of the general public, the impression that such individuals appeared mentally disturbed, difficulties understanding their motivation and quantifying risk, and the failure of standard interventions to prevent recurrence. Representations by different police forces, public figures and the press led to the establishment of a project in the Metropolitan Police Service to seek a practical intervention for this problem.

Analysis

The problem was approached from several different angles: a literature review; analyses based on examination of 8,000 protection police files; and studies of attackers of European politicians and the British Royal Family. A key finding was that most people who engage in stalking or harassment of public figures are mentally ill. The nature of the intrusive behaviour and the degree of risk posed is related to the underlying motivation. Most who engaged in violence exhibit warning behaviours, which could be detected and evaluated. The mental illness finding was of key importance, because the treatment of the underlying illness would be an effective way to reduce risk.

Response

A problem which concerned policing and mental health required a joint solution. We set up the first police unit in the UK incorporating mental health personnel from the National Health Service as members. Its remit is national. It is referred cases by police and the offices of public figures. It assesses risk and catalyses and facilitates effective interventions from police, mental health services and other relevant agencies in different parts of the country.

Assessment

Analysis of its first 100 cases showed that it was highly effective in achieving interventions and lowering risk. Fifty-seven per cent of cases were admitted to hospital and a further 26% engaged in community treatment. Measurement of concern levels showed that 80% of cases were reduced to low concern by intervention during the study period, with the remainder remaining active cases. Those who had been most at risk were the general public, rather than the targeted public figures. The joint police-mental health model has wider possible utility in policing and is now being copied abroad.

Scanning

Public figures in western countries are at risk of attack from four broad sources: terrorist organisations, political extremists, criminal conspiracies, and lone individuals. The terrorist threat captures the greatest attention, but there has been a realisation in recent years that the risks posed by the actions of lone individuals are of considerable importance. Lone individuals have been responsible for the various attacks on the current Queen during her reign and those upon her eldest son and daughter. They have also been responsible for several high-profile intrusions into Royal Palaces and events and for a number of physical attacks on politicians. Such attacks do not just threaten public figures, but can also harm those around them, as with an incident in 2002, when a man was killed with a samurai sword whilst coming to a politician's aid.

Whilst such infrequent events capture public attention, there is a daily policing problem with individuals attempting to gain entry to buildings or events involving public figures. And many public figures receive a flow of bizarre, inappropriate or threatening contacts from members of the public, some of which may be indicators of risk posed to the recipient. Such stalking-type behaviours give rise to anxiety, fear or concern, and may result in disruption, embarrassment, the dissipation of policing resources, and sometimes physical harm.

It became increasingly evident in the last decade that policing operations with public figures and sites were regularly disrupted by lone individuals. To the police officers, many of the individuals appeared to have mental health problems. Standard policing interventions did not appear to effect a lasting solution, as many disturbed individuals were found to engage repeatedly in interfering or threatening behaviours. A wealth of anecdotal evidence indicated a particular concern that the behaviour of such individuals regularly impacted on the safety of the general public, as well as that of the police officers at public events and sites used by public figures.

Such communications or intrusions can be directed against public figures wherever they are in the United Kingdom. The 646 elected members of the UK parliament each have two homes, one in London and one in the area that elected them. Each also has an office in the parliamentary complex, and central London has numerous ministerial buildings in which politicians work. The Queen and her family maintain a series of palaces and residences in different parts of the UK, and both the Royal Family and senior politicians travel extensively and make regular public appearances. Consequently, the problem impacts upon the work of all 53 police forces on the British mainland.

The Metropolitan Police Service (MPS) in London has a national responsibility for the personal protection of senior figures and for counter-terrorism, as well as for protecting parliament, ministries and embassies. However, whereas well-established systems were in place to assess and manage threat from terrorists and criminals, no such mechanisms existed with regard to problems posed by lone members of the general public. In particular, there was no system for evaluating inappropriate contacts with politicians, and no method of cross-relating cases between the different policing agencies involved.

A fundamental issue was the absence of a clear understanding as to the nature of the people who engaged in inappropriate contacts or harassment, or of their motivations. This made it difficult to apply any standard policing mechanisms for assessing and managing threat. It also

made it difficult to intervene effectively, causing police to fall back on physical protection measures when problems occurred, an expensive solution that was only partially effective.

Concerns about this situation were raised with the Home Office (the Interior Ministry responsible for policing) by police forces across the UK. There were also representations by senior public figures themselves and by the national press. A consensus emerged that a detailed analysis of the problem and of possible solutions was necessary, in the interests of public safety, as a crime prevention initiative and to aid in efficient and cost-effective policing.

Analysis

A research project was established within the specialist operations section of the MPS, funded by the commissioning body for police services. Its remit was to evaluate the risks posed to public figures by lone individuals and to devise and effect a mechanism by which such risks could be reduced. Researchers were appointed to work within the MPS. Consultation was also undertaken with experts in the field of stalking from Australia and the USA. The importance accorded to the project was such that it was decided that it should produce research of sufficient quality to warrant publication in peer-reviewed scientific journals (see Appendix A). The UK authors of the resultant papers are now members of the specialist policing unit which was formed as a result of the research.

The analysis of the problem comprised the following components:

- a review of the US literature on public figure threats and attacks
- a study of attacks on Western European politicians from 1990 to 2004, focussing on motivation, mental illness and potential preventability.
- a similar study of attacks on the British Royal Family between 1778 and 1994
- a detailed examination of 8,000 police files held by the MPS on lone individuals who had come to attention through problematic or threatening communications or approaches to members of the British Royal Family in the fifteen years until July 2003. This looked specifically at:
 - establishing and classifying the motivations of lone individuals
 - quantifying the role of mental illness and abnormal mental states in harassment behaviours
 - examining the relationship between different forms of harassment behaviour (communicating, approaching, breaching security) and motivation
 - elucidating factors associated with inappropriate approach, with escalation from communication to approach, and with persistence.
 - an exploration of proxy behaviours for violence: breaching security barriers, achieving close proximity to a family member, approach with a weapon, and approach with declared homicidal ideation.
- an exploration as to how the problem was being dealt with in other countries.

From these studies, a number of common themes and conclusions emerged:-

Importance of lone individuals

In the US literature, there were no instances of attacks on public figures by terrorists: all attacks were by lone individuals. The same proved the case in the series of 23 attacks on

European politicians and in the survey of attacks on the British Royal Family (also 23 in number).

The concept of fixation

We adopted the concept of ‘fixation’ to characterise the predominant characteristic of the population of lone individuals involved in inappropriate contacts and harassment of public figures. Fixation describes an intense preoccupation with an individual, a cause or a grievance, which is pursued to an abnormally intense, obsessive and pathological degree. In the attacks on European politicians, all those causing death (five cases) or serious injury (eight cases) fitted into the fixated definition.

The importance of mental illness

The high proportion of attackers who suffered from mental illness was a central observation from the literature review. In the Exceptional Case Study, conducted by the US Secret Service in the 1990s, 61% of attackers of public figures had a psychiatric history, 43% had a history of delusional ideas and 10% of violent command hallucinations. This compares with the prevalence of serious mental illness in the general public of 0.7%. The presence of mental illness was then examined as one of the parameters in the study of police files. Using a conservative operational definition, 83% of cases were suffering from serious mental illness, predominantly schizophrenia. In the study of attacks on European politicians, death and serious injury were significantly associated with the presence of mental disorder ($p = 0.012$, $\phi = 0.57$) and of psychosis ($p = 0.036$, $\phi = 0.49$). In the study of attacks on the Royal Family, evidence was available of psychotic illness at the time in 11 (48%) cases and of other mental disorder in 4 cases, despite the difficulty in obtaining reliable historical information about mental state.

The importance of warning behaviours

We developed the concept of ‘warning behaviours’, activities engaged in by perpetrators, often over months or years, which gave evidence of their fixations and the threat which they might constitute. In the Exceptional Case Study, 77% of cases had a history of verbal or written communication about the target, and 63% of indirect or conditional threats about or to the target. In our British Royal Family study, ten of the 23 attackers are known to have evidenced warning behaviours before the attacks. In the study of attacks on European politicians, half of the cases in the sample had engaged in warning behaviours and these had the same associations as death and serious injury - the presence of mental disorder ($p = 0.000$, $\phi = 0.77$) and of psychosis ($p = 0.003$, $\phi = 0.65$). The warning behaviours in these cases were not subtle. They comprised chaotic deluded letters to politicians and police, threatening letters and paranoid contacts with politicians, law suits against the government, attempted self-immolation, newspaper advertisement, posters, leafleting and telling friends. It was concluded that the attacks were not predicable, but many were potentially preventable, had a system been in place to assess warning behaviours.

Importance of motivation

It proved possible to classify the cases in the police files according to a typology of motivation constructed as part of the study. This split cases into:

- Those pursuing an agenda: people righteously indignant at supposed injustice and angrily obsessed with a particular, highly personal grievance.
- The persecuted: those who believed the public figure to be responsible for, of implicated in, their supposed persecution.

- Those seeking intimacy or a relationship: these included those with morbid infatuations and perceived entitlement to an amicable relationship, as well as those who believed themselves to be related to the prominent person.
- Those seeking help: people desperately and insistently requesting help from the public figure because of the latter's position and because they do not know to whom else to turn.
- Attention seekers: those who wish to make grand public statements or draw attention to themselves as part of a desire for self-aggrandisement or who hunger for notoriety in order to bolster their own feelings of self-worth and importance
- The chaotic: those whose mental state is so confused, generally as a result of psychotic illness, that it is difficult to discern any singularity of purpose.

Motivational group was found to be associated with both mental state and type of behaviour. In the European politicians study, attacks resulting in death were associated with an aim to avenge a perceived wrong ($p = 0.016$, $\phi = 0.68$). In the study of proxies for violence, there were significant associations between the motivational category 'pursuing an agenda' and breaching security barriers ($p = 0.003$, $\phi = 0.235$), achieving close proximity to a family member ($p = 0.004$, $\phi = 0.259$) and carrying a weapon ($p = 0.044$, $\phi = 0.176$), despite small numbers in study sub-groups. Other associations with motivation and with mental state were found in examining the likelihood of approach, escalation to more intrusive behaviour, and persistence. This is of practical importance in terms of risk management in that it offers a rationale for separating out those with particular motivations for special attention and targeting of policing resources.

Policing the problem in other countries

We were able to identify only three policing units whose remit specifically included risk assessment and management of lone individuals. These were the threat assessment units of the Swedish Security Police in Stockholm, and the US Secret Service and Capitol Police in Washington DC. It was notable that all three had arrangements to consult with psychiatrists or psychologists.

Overall conclusion of the analysis

Our conclusions were that a new policing approach was necessary to assess and manage the risk to public figures from fixated individuals; and that this needed to address the importance of mental illness, warning behaviours, and motivation. The most effective way of reducing risk in the seriously mentally ill was to get their illnesses treated, where necessary through compulsory admission to hospital. However, this would require a mechanism through which the police could galvanise rapid and effective intervention by mental health services all over the UK.

Response

Our response was to set up a small specialist unit within the MPS with a national responsibility to assess and manage the risk to public figures from fixated individuals. This is known as the Fixated Threat Assessment Centre (FTAC). To address the issue of mental illness in the population concerned, various forms of collaborative working with health agencies were considered. However, such inter-agency arrangements are bedevilled by institutional barriers and problems with information-sharing. We opted instead for an ambitious solution, unique in the United Kingdom. FTAC would engage mental health workers from the UK's National Health Service (NHS) as members of the police unit.

Arrangements have existed previously in the UK for the liaison of mental health personnel with police forces, but this is the first time that health personnel have actually been incorporated into a police unit.

Principles and objectives

A single police unit in London would be able deal with the assessment and management of fixated cases from across the UK by applying the following principles:

- It would operate, not by intervening directly itself in each case, but by catalysing and facilitating input from police, mental health services and other relevant agencies across the United Kingdom in the areas in which referred individuals resided.
- Its purpose would not be the impossible task of attempting to forecast who will do what in the future. Rather, it would aim to identify that small proportion of cases, among which are likely to be found those that may go on to constitute a risk.
- By intervening in cases of disturbed individuals harassing public figures, FTAC would be protecting those most vulnerable to the individuals' disturbed actions – those close to them and members of the general public.
- By ensuring mentally ill people receive care, it would contribute to their health as well as the safety of others.
- By acting as a co-ordination point and centre of expertise for police forces across the country, FTAC would streamline the national response to the issue of the fixated and ease the policing burden.

Purpose of mental health input

The presence of mental health workers in the team would be:

- To bring a psychological understanding to the behaviour of lone individuals and to the planning of appropriate and effective management interventions.
- To enable medical information to be obtained on referred cases. In the United Kingdom, mental health workers are able to acquire detailed medical information on any person in whose care they have a legitimate interest without infringing United Kingdom confidentiality restrictions.
- To allow ease of liaison with psychiatric services across the country in order to ensure co-operation and joint working.

Finance and staffing

Finance for FTAC was originally given for a pilot period, starting in October 2006.

Following the provision of an outcome report on the pilot period, substantive funding was granted from April 2009. The Department of Health funds the mental health personnel, a unique arrangement for a police unit.

The police staffing at the unit comprises a Detective Chief Inspector, Inspector and Sergeant, with six constables and a civilian office worker. The mental health staff comprise four full-time senior psychiatric nurses, two half-time forensic psychiatrists and one half-time clinical psychologist.

Coverage

FTAC's initial remit was limited to lone individuals engaging in inappropriate approaches or communications to senior politicians, members of the Royal Family, and so-called 'iconic sites', these being buildings in which public figures live or work. The intention was later to extend coverage to all members of the UK parliament, once FTAC's value had been demonstrated and its systems and procedures sufficiently developed.

Referral mechanisms

FTAC operates through a referral system, with cases being referred by police forces and the offices of prominent people. Rather than attempting to deal itself with the large numbers of inappropriate contacts, FTAC uses referral criteria based upon factors indicating potential risk. The first filter is therefore carried out by the referring agencies. FTAC staff engage in rolling programmes of teaching as to how referral agencies should apply the criteria. Each of the main agencies is given a named officer as a point of contact. FTAC also scans the police criminal intelligence database each morning for cases of interest. Referrals are subject to an initial risk assessment by a police officer and mental health worker to decide whether they warrant further investigation.

Concern levels

Formal definitions are used of low, medium and high concern. Concern differs from risk in that it reflects current contextual factors. For instance, a high-risk individual will be of low concern, if currently held in a maximum security establishment. Concern levels, unlike risk levels, provide an index which reflects the realities of operational policing, where initial decisions have to be made in the light of limited information. Concern levels, through reassessment after intervention, also offer a means of measuring the success of an intervention. This overcomes a central problem in preventative work - the impossibility of defining efficacy in terms of events that have not occurred.

Information gathering

Police and mental health workers work in pairs to research cases initially evaluated as being of moderate or high concern. The case-workers have access to standard policing information resources, and the mental health staff have access to NHS databases. Every citizen in the UK is registered with an NHS family doctor. A computerised national database allows the rapid identification of a person's doctor, who can be approached by telephone for information. The mental health workers within FTAC are then permitted to disclose relevant information to police officer colleagues, where public interest criteria (risk of harm to others) are satisfied.

Risk assessment

Risk is assessed using structured criteria drawn from the research literature. Assessment processes are improved and evolved over time. This is discussed further below. Risk factors in a given case are treated as potential intervention targets in the drawing up of a management plan. Active cases are supervised by senior officers and by FTAC's psychiatrists and changes in management made according to the results of interventions.

Interventions

Intervention where mental illness is apparent generally involves catalysing rapid mental health intervention in the relevant area, together with liaison with local police. FTAC case workers will travel to visit individuals in their homes and will meet with police and other relevant agencies (including families) to co-ordinate management interventions. The presence of psychiatric staff in the team overcomes the inter-agency barriers which police would normally face in such circumstances. Policing options, other than arrest where a clear offence has been committed, include warnings, the use of anti-social behaviour orders, and deportation of foreign nationals.

Assessment

FTAC is referred approximately 900 cases each year, of which around half are taken on for active intervention. It conducts annual evaluations of its efficacy. The results presented here are of its pilot evaluation, upon which the decision was made to render the unit substantive. The sample constituted the first hundred cases assessed as medium or high concern

Measuring outcomes

It was necessary to examine two central issues:

- Whether the model was able to achieve appropriate risk management interventions.
- Whether its interventions achieved a protective effect.

FTAC has a bespoke database for storing and analysing information. The account here is limited to basic characteristics of the sample and consideration of these two elements of outcome.

The sample

Seventy-six per cent of cases were males. The behaviour which precipitated referral concerned approaches to iconic sites or prominent individuals in 66% of cases, inappropriate communications in 19% of cases, and both to an equal degree in 15%. Sixty-two per cent had a record of criminal convictions in the UK or in other countries, 33% for violent offences. Using the motivational categories described above, 48% of the sample were 'Pursuing an Agenda', 5% Persecuted, 25% Intimacy Seekers, 6% Help-Seekers, 2% Attention Seekers and 13% Chaotic. Most cases were suffering from serious mental illness (see Appendix B).

Outcome of intervention

Compulsory admission to psychiatric hospital was the outcome in 53% of cases and voluntary admission in 4%. Twenty-six per cent of cases were taken on for management by community mental health services. Other outcomes can be seen in Appendix C.

Concern levels

Of the 100 cases, 21% were classified at initial evaluation as being of high concern and 79% of medium concern. Reductions in concern level following FTAC interventions, taken at the end of year one, were as follows: high to low 11%; high to medium 10%; medium to low 69%; medium to medium 10%. In brief, 80% of cases had been managed down to a low level of concern by the end of the period considered. The cases at medium concern after initial intervention remained active FTAC cases. In 94% of cases, the behaviour which had led to FTAC referral had ceased completely following FTAC intervention.

Collateral benefits

It rapidly became clear from day-to-day operations that FTAC's interventions were having a wider protection effect than that concerning public figures. As had been conjectured, the main protective effect was to members of the general public and the families and neighbours of the fixated individuals. An excerpt from an FTAC annual report containing illustrative case examples is given at Appendix D.

Feedback from other agencies

Feedback from policing agencies and from referrers was overwhelmingly positive. Initial health service suspicions diminished through seeing the results of FTAC's interventions, the credibility afforded by a published evidence base, and the giving of regular talks to psychiatric conferences and regional meetings.

Overall conclusions of the assessment

FTAC proved extremely effective in accomplishing both policing and mental health interventions and in reducing concern levels. By targeting high risk groups, it reduced the likelihood that individuals would go on to cause harm to public figures. In doing so, it had an important protection effect as regards the general public. This constituted an important community crime prevention role. FTAC also improved the lot of fixated people by getting them into care. And it has introduced a co-ordinated response to the problem of intrusions from lone individuals which is benefitting policing in the UK. We see our model as a prototype for possible future joint developments between police and mental health in areas such as general stalking and homicide prevention. It also points towards the possibility of more widespread incorporation of mental health personnel in police units through the embedding of community psychiatric nurses from local mental health organisations into borough and county police forces.

Consequent developments

FTAC incorporates audit and research into its standard operations. Particular progress has been made in assessing risk. FTAC helped produce the leading structured risk assessment manual for harassment and stalking, including that of public figures, the Stalking Risk Profile, published in 2009. This incorporates two important principles. Risk factors differ according to motivation; and risk is not a single entity. Different domains of risk (persistence, escalation, disruption, psycho-social damage, violence) require separate assessment, as they have different associated risk factors. A computer programme has been developed for the initial screening of risk by FTAC. Some screenshots are given at Appendix E.

FTAC is currently conducting follow-up studies on longer-term effects of its interventions on fixated behaviours and on mental health. It is completing a survey of harassment of members of parliament in preparation for expanding its role to encompass all national politicians.

Wider effects

FTAC's concept of the fixated is achieving wider recognition. Preparations for the Pope's visit in September 2010 and for the Olympic Games in 2012 now incorporate formal arrangements to assess and manage, with FTAC's input, problems caused by fixated people. The Netherlands is setting up a Dutch FTAC following a presentation by our staff to the Minister of Justice. A meeting of representatives from police threat assessment agencies from twenty-two European Union countries agreed in May 2010 to adopt our conceptualisation of the fixated as a main source of threat to public figures, and therefore as a target for risk assessment and management.

APPENDIX A – Publications from the Fixated Threat Assessment Centre

Meloy, J.R., James, D.V., Farnham, F.R., Mullen, P.E., Pathé, M., Darnley, B. & Preston, L. (2004) A Research Review of Public Figure Threats, Approaches, Attacks, and Assassinations in the United States. *Journal of Forensic Sciences*, 49(5): 1086-1093.

James, D.V., Mullen, P.E., Meloy, J.R., Pathé, M.T., Farnham, F.R., Preston, L. & Darnley, B. (2007) The Role of Mental Disorder in Attacks on European Politicians 1990-2004. *Acta Psychiatrica Scandinavica*, 116:334–344.

James, D.V., Mullen, P.E., Pathé, M.T., Meloy, J.R., Farnham, F.R., Preston, L., Darnley, B. (2008) Attacks on the British Royal Family: the Role of Psychotic Illness. *Journal of the American Academy of Psychiatry and the Law*, 36: 59-67.

Mullen, P.E., James, D.V., Meloy, J.R., Pathé, M.T., Farnham, F.R., Preston, L., Darnley, B. & Berman, J. (2009) The Fixated And The Pursuit Of Public Figures. *Journal of Forensic Psychiatry and Psychology*, 20: 33-47.

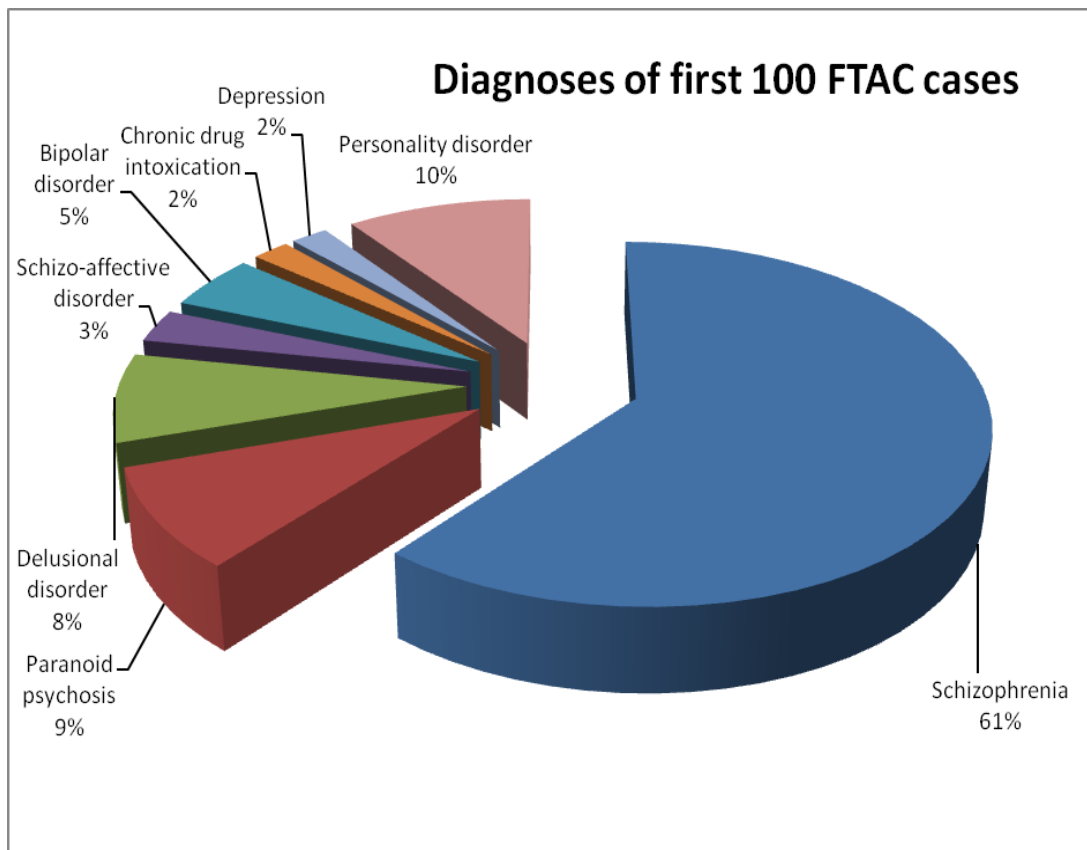
James, D.V., Mullen, P.E., Pathé, M.T., Meloy, J.R., Preston, L.F., Darnley, B., Farnham, F. (2009) Stalkers and Harassers of Royalty: The Role of Mental Illness and Motivation. *Psychological Medicine*, 39(9): 1479-90.

James, D.V., McEwan, T.E., MacKenzie, R.D., Meloy, J.R., Mullen, P.E., Pathé, M.T., Farnham, F., Preston, L.F., Darnley, B. (2010) Persistence in stalking: a comparison of associations in general forensic and public figure samples. *Journal of Forensic Psychiatry and Psychology*, 21, 283-305.

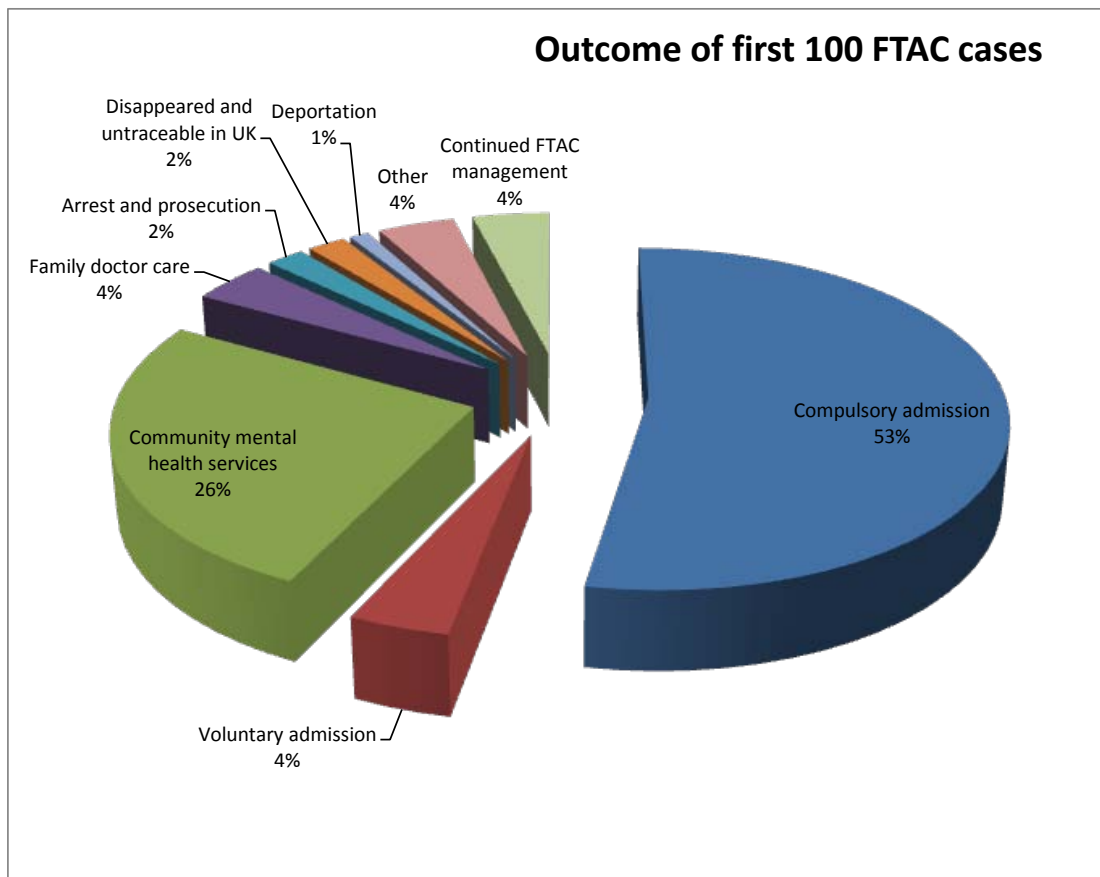
James, D.V., Kerrigan, T., Forfar, R., Farnham, F. & Preston, L. (2010) The Fixated Threat Assessment Centre: preventing harm and facilitating care. *Journal of Forensic Psychiatry and Psychology*. DOI: 10.1080/14789941003596981.

James, D.V., Mullen, P.E., Pathé, M.T., Meloy, J.R., Farnham, F.R., Preston, L., Darnley, B. (2010) Stalkers and Harassers of Royalty: an exploration of proxy behaviours for violence. *Behavioural Sciences and the Law*, DOI: 10.1002/bsl.922

APPENDIX B – DIAGNOSES OF FIRST 100 CASES



APPENDIX C – OUTCOME OF FTAC INTERVENTION



APPENDIX D - EXTRACT FROM FTAC ANNUAL REPORT 2008**Case examples****Admission to hospital***Case 1 – admission to hospital*

A man had for many years been waging a campaign against perceived injustice over his Royal Airforce (RAF) pension. Having written large numbers of letters to different authorities and exhausted all forms of legal redress, he wrote a letter stating that there was nothing left for him to do but kill a senior RAF officer. He had shaved his head and been seen in the vicinity of RAF facilities in paramilitary uniform. Known to psychiatric services, he was banned from most of their premises because of aggressive behaviour. FTAC attended a case conference in the north of England, and prepared a detailed report which was sent to the regional forensic service. As a consequence, the man was sectioned into hospital, where he was diagnosed as suffering from a long-term, untreated mental illness.

Case 2 – admission to hospital

A woman had been writing long demanding letters to a variety of agencies, including the Prime Minister's office, over a number of years. She contended that she was owed huge sums by a bank because of a disagreement over a loan many years previously. She stated that the Prime Minister was culpable, because he had failed to take up her case. She also sent letters to a barrister who had been peripherally involved in one of the woman's attempts to seek legal redress for her perceived grievance. Her letters began to take on a more threatening tone and she began to leave threatening voicemail messages. Eventually, she stated that she would kill the young daughter of a British police officer who lived near her in another country, if a financial settlement was not reached by a specific date. FTAC compiled a report about her and assembled a bundle of evidence and case papers to present to the relevant police and medical authorities. Through contacts with the relevant Embassy, the woman was compulsorily admitted to hospital in the country in question.

Case 3 – admission to hospital

A woman was repeatedly noted near the residence of, and at functions attended by a prince. Seen at one of his public appearances, she was spotted a few days later by police officers as they walked home with him from a nearby function. Further reports of her visits and of her writings to her 'darling' then emerged. FTAC contacted the woman's family doctor who had diagnosed chronic fatigue syndrome and refused to consider a psychiatric referral. FTAC case workers went to the woman's home with a social worker from the CMHT. The woman stated that she was in love with the prince and believed that her feelings could be reciprocated. She also complained of voices from the television criticising her. The walls, ceilings and floor of the flat were covered in newspaper and magazine cuttings about the Royal Family. The walls of the stairs were daubed in primary colours, reminiscent of a nursery. There was a double buggy in the hall and two cots in the bedroom. It was unclear where the woman intended to get the babies to fill them. The CMHT arranged for her compulsory admission to hospital.

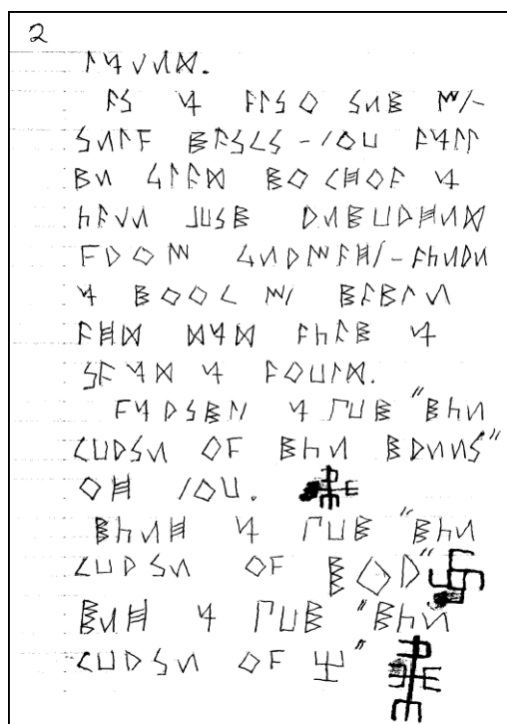
Case 4 – admission to hospital

A man presented at the main entrance to the Ministry of Defence building and refused to leave. He was asking questions about all the buildings that had suddenly vanished from different parts of London. His manner was threatening and Tasers were drawn, though not used. He was found to have dozens of completed stop-and-search slips on his person. It was evident that he was repeatedly presenting at protected sites, including the Prime Minister's residence. He had also been

stopped at London airport and in a number of major railway termini. A UK passport-holder, he had lived his entire life abroad. Open searching by FTAC led to the finding of a YouTube video of him in a high-speed car chase in another country, in which he had driven the wrong way up a freeway, resulting in a head-on collision with another car. FTAC managed to track the man to a backpackers' hostel, which case workers then attended. The man was in the process of being ejected because of his harassment of female residents. It transpired that he was being tormented by a machine that broadcast all his thoughts to those around him. He was compulsorily admitted to hospital.

Case 5 – admission to hospital

A man sent a lengthy letter to the Prime Minister in runic code (below). FTAC deciphered the code and linked it to an individual several hundred miles away. From FTAC's enquiries, it became apparent that he was already known to a mental health team. FTAC nurses contacted the team and informed them of the threats in his correspondence. The local CHMT immediately sectioned him into hospital. Liaison between the team and FTAC continues.



Care from Community Mental Health Teams

Case 6 – admission to hospital

A man began spray-painting statues outside parliament. Arrested, he was in possession of a knife and a real-looking BB gun. He was evidently threatened and paranoid and felt compelled by his delusional beliefs to attend Westminster so armed. With the assistance of FTAC, he was sectioned and returned to a hospital in his home town. His psychotic relapses were evidently difficult to detect, as he had been seen by his psychiatric team and thought well earlier on the day that he presented at parliament in London. FTAC continue to liaise with his care team in the secure unit to which he was transferred, wishing in particular to gain some understanding of his motivation in terms of assessing level of risk and likelihood of repetition.

Case 7 – referral to CMHT

On two occasions, letters addressed to the Prime Minister had been opened at a sorting office, releasing white powder. This had resulted in shutdown of the sorting office and a full bio-alert

emergency response. Subsequent analysis of the powders had shown them to be nonhazardous. Both letters had used a nonexistent freepost number, which inquiries showed to have been used by a previous correspondent, whose identity was known. Two FTAC case workers made an early morning visit to his address. He was found sleeping on the floor under the window. He explained that he was being persecuted by a foreign secret service. They had infected his bed with microbes and, when he slept in it, they invaded his body and he could feel them moving under his skin. Amongst various intrusive behaviours on the part of the foreign agents, he believed that his foodstuffs were being poisoned whilst he was out. Therefore, he had sent samples of various cooking powders to the Prime Minister, knowing that this would result in their chemical analysis, followed by government intervention on his behalf. The man suffered from schizophrenia and was under the care of the CMHT. Informed as to the above, they readjusted his treatment to control his symptoms. There were no further powder incidents.

Case 8 – referral to CMHT

A man in a rural part of England had been sending packages to a female member of the Royal Family every day for nearly a year. This had caused alarm in the household. The packages contained letters, usually dozens of sides in length, the contents of which were heavily sexualised and showed that the man in question believed himself to be in some form of love relationship with the person concerned. It was also evident that he believed that he had regular telephone calls from her at his home. Otherwise, the packages were full of strange enclosures, and the daily postage costs were substantial. FTAC established that the man in question had previously been convicted under the Protection from Harassment Act for stalking a well-known author. The man was not known to local psychiatric services and local agencies showed great reluctance to become involved. FTAC case workers went to the address in a distant county. They described a man living in a state of ‘scandalous neglect’, dressed in ragged clothing in a filthy house, piled with rubbish, with an obvious vermin infestation, little electricity, and no modernisation. He slept in his clothes in a chair. It appeared that his state had gradually declined since the death of his parents. He did not receive benefits and was living on around £900 per year. Armed with photo and video evidence, FTAC turned his case over to the local CMHT. The letters stopped.

Case 9 – liaison with CMHT

For ten years, royalty protection police had struggled with the case of a man who was fixated on a princess. Previously in a highly skilled job, he had come to believe that she and the Queen had a machine that controlled his mind and his actions. He had repeatedly written to both royal personages and had repeatedly breached security at the residence of the first, regarding it as something of a mission to use his technical skills to demonstrate defects in security. Repeated admissions to hospital had provided only brief interludes in his activities. FTAC eventually took over the case and, over a period of a year, visited the man in question on a number of occasions, attended case conferences with his psychiatric team and prompted his admission to hospital on more than one occasion. Eventually, FTAC encouraged his consultant to place him on a Community Treatment Order and depot medication, which was done. His activities have ceased for the last six months.

Case 10 – liaison with CMHT

A woman had taken to styling herself ‘Lady’. Using her title, she wrote to a number of public figures and sent gifts and donations. She took to following round a member of the Royal Family, and she then had tea with a staff member on a number of occasions, apparently on the basis of her title and gifts. Problems began when she wished to meet the individuals concerned on a regular basis. She also periodically ran into cash-flow problems, at which points she would write to the individuals involved asking to take some of her donations back on a temporary basis. Initial concerns were that she might be trying to extort money, or that considerable embarrassment might result to the Royal Family from her activities. FTAC managed to track her down, establish a relationship and discover details about her other activities. Over a period of a year, she had given considerable sums to a member of the House of Lords and to an archbishop. She had sent the archbishop fashionable a

range of presents, as well as large sums in cheques and cash. FTAC liaised with her brother who stated that she had a history of psychiatric problems and had in the past been taking Lithium. FTAC questioned Lithium toxicity and a chronic hypomanic state. At this point, between interviews, she collapsed and was taken to hospital. FTAC communicated with the hospital. She was found to be profoundly Lithium toxic, was treated and then compulsorily detained. FTAC case workers continued to be involved in meetings concerning her care.

Case 11 referral to CMHT

Over a period of a year, a man had sent large numbers of short anonymous threatening letters to a senior police officer and to members of the Royal Family. With no information about him, it was difficult to evaluate their content. FTAC arranged that the next letters would be delivered to FTAC unopened. They were then sent for fingerprint analysis of the contents. The man was identified. He was known to his local mental health team, who were very receptive to FTAC's information and immediately tightened up his treatment plan, FTAC case workers interviewed him. He apologised for his writing. The letters stopped.

Foreign liaison

Case 12 - foreign liaison

A man wrote to the Queen from another country. Stating that he was a relative, he requested a huge sum of money and suggested 'appropriate' antipsychotic dosages for the royal princes. He also thanked the Queen for giving him permission to eat babies, and requested her authorisation to kill various people who were annoying him. He stated that he had been forced to eat the embryos of a well-known socialite in salads. FTAC contacted psychiatric services in the relevant city, and the man was quickly assessed by a forensic psychiatrist and psychologist. He related that there was a small girl next door, who appeared to be entertaining a stream of men. He thought that he would be obliged to kill and eat her to prevent this continuing. His father revealed that the father had just had another baby with his new wife, which they had given the same name as the socialite. The man is now cared for on a community treatment order, and is under the care of a community forensic psychiatry team. It later emerged that, at the same time as writing to the British Queen, he had also written about his concerns to another Royal Family and had received in response a souvenir pack.

Case 13 – foreign liaison

A woman in northern Europe had been writing to a British prince for a year. It was apparent that she was suffering from erotomania and believed herself to be in an intimate relationship with the prince. Using open searching, FTAC identified her address as being a hospital in a major European city. Her psychiatric team was contacted. Each time she wrote, FTAC faxed the letters to the her psychiatrist. The letters soon stopped.

Case 14 – foreign liaison

A woman wrote repeatedly from an address in another country to a British prince, complaining that her actions were being controlled by the UK secret services who were forcing her to act as a prostitute. Heavily sexualised letters described unpleasant experiences and included photographs of a young child. FTAC contacted the Crisis Service in the city concerned and passed on the details. The Crisis Service tracked the woman down to an address in a neighbouring city and was able to pass the information and child protection concerns on to her treating psychiatrist. The letters stopped.

APPENDIX E – SAMPLE PAGES FROM THE FTAC COMPUTERISED RISK ASSESSMENT SCREEN

FAST
FIXATED ASSESSMENT
SCREENING TOOL

FOR USE WITH PUBLIC FIGURE TYPELOGY (MAY 2012)

- Start New Assessment
- Search Previous Assessments
- FAST Evaluation Sheets (printable versions)
- FAST User Guide
- Related Tools
- Export Data to Excel

FAST DECISION TREE FOR DETERMINING PUBLIC FIGURE STALKER TYPOLOGY

Motivational Group

- Overalls & usually persistent perpetrators
- The persecuted
- Delusions of kidnapping
- Enraptured to amicable relationship
- Perceived rejection from relationship
- Seeking intimate relationship
- Sexual
- Requesting help
- Desire for self-aggravation or attorney
- Acting idiosyncratically for political protest movement
- Unclear

Stalker Type: Resentful, Intimacy Seeker, Incompetent Stalker, Predatory, Help Seeker, Attention Seeker, Chaotic, Unclassified

RESENTFUL STALKER

Assessor: Michelle Faithie
Case name: Bridges
Assessment date: 9/25/2023
Case first name: Joe
DOB: 12/28/1972
Gender: Male
Referring agency: Buckingham Palace
Estimated time to complete FAST: 30 minutes

Risk of Violence: Risk of Persistence | Risk of Escalation | Risk of Disruption | Clinical Review

Overall Risk of Violence: [Dropdown]

RESENTFUL STALKER

Assessor: Pitika Michie
Assessment date: 9/28/2023

Risk of Violence: Risk of Persistence | Risk of Escalation | Risk of Disruption | Clinical Review

Overall Risk of Violence: NP

Yes rating: There are strong indicators that the individual is contemplating homicide. They have made detailed plans to kill the victim and/or others, and either has access to, or is attempting to access, the means to this end. Please briefly describe in comments box.

RESENTFUL STALKER

Assessor: Pitika Michie
Assessment date: 9/25/2023

Risk of Violence: Risk of Persistence | Risk of Escalation | Risk of Disruption | Clinical Review

Overall Risk of Persistence: NP

Risk of Persistence:
Persistence means the continuation of inappropriate behaviours despite intervention (such as police stop, a formal request to desist or a mental health intervention etc). Persistent stalkers do not voluntarily cease their harassment even though their pursuit is occasionally thwarted (e.g. by incarceration or hospitalisation). Persistence is important because it will inevitably increase problems in other domains.

Where it is clear that the stalking episode has ended, assessing risk of persistence is unnecessary, therefore select N/A and proceed with assessing other domains.

The risk of persistence section should be completed if at the time of assessment the stalking is continuing despite the implementation of interventions (legal, medical, psychological or victim-initiated); or if the stalker has not voluntarily ceased their harassment, even though their pursuit may have been temporarily thwarted by incarceration or hospitalisation.

A stalking episode is considered to have ended once there have been no intrusions for a period of six months (during which time the stalker has not been physically prevented from intruding by incarceration or hospitalisation).

RESENTFUL STALKER

Assessor: Pitika Michie
Assessment date: 9/25/2023

Risk of Violence: Risk of Persistence | Risk of Escalation | Risk of Disruption | Clinical Review

Overall Risk of Violence: NP

Clinical Review

Correct caller type engaged: Yes/No

Difficulties with the use of FAST or other comments

Clinical review overall risk of violence: Low/Moderate/High

Clinical review overall risk of persistence: Low/Moderate/High

Clinical review overall risk of escalation: Low/Moderate/High

Clinical review overall risk of disruption: Low/Moderate/High

Significant difference to assessor rating: Yes/No

Consultant present at clinical review: [Dropdown]

Date of clinical review: [Dropdown]

Create Printable Report of Clinical Review