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The effect of perpetrator mental disorder diagnosis on perceptions of
stalking

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Project Proposal

Title: The effect of perpetrator mental disorder diagnosis on the perception of stalking

Background and Rationale

Stalking has been described as repeated unwanted intrusions into an individual's life (Mullen, Pathé, & Purcell, 2000). However, distinguishing innocent dating practices, engaged in when attempting to initiate or recover relationships, from acts deemed illegal is challenging (Dennison & Stewart, 2006). Judging which behaviour warrants a label of stalking is a subjective process (Kinkade, Burns & Fuentes, 2005). Therefore, an individual's perception of stalking can be influenced by a variety of factors including the characteristics of both the perpetrator and the target, such as their gender (e.g. Phillips, Quirk, Rosenfeld, & O'Connor, 2004), and of the behaviour, including the severity (e.g., Scott, Rajakaruna, & Sheridan, 2014).

The presence of a mental disorder diagnosis for the perpetrator is one potentially influential factor that has received limited attention. This is despite the significant rates and broad range of mental disorder diagnoses found among stalkers (McEwan, Mullen & MacKenzie, 2009; Rosenfeld, 2004). A mental disorder diagnosis could have a significant effect on perceptions of stalking due to the widespread negative stereotypes

(Parcesepe & Cabassa, 2013), wherein individuals with diagnoses of mental disorders are often viewed as unpredictable, violent and dangerous (Angermeyer & Dietrich, 2006).

However, in contrast to this stereotype, several studies investigating the reality of the role of mental disorder have found no increased risk of violence by stalkers diagnosed with psychosis. For example, Farnham, James and Cantrell (2000) found no significant relationship between violence and the presence of psychotic symptoms at the time of the offence. Similarly, Schwartz-Wats and Morgan (1998) found no difference between the rate of psychosis among violent and non-violent stalkers. Furthermore, research has indicated that the presence of psychotic disorder is associated with a decrease in the likelihood of violence. For instance, Mullen, Pathé, Purcell and Stuart (1999) observed that only 25% of the psychotic offenders in their sample physically assaulted their victims, compared to 43% of non-psychotic offenders. Likewise, Kienlen, Birmingham, Solberg, O'Regan, and Meloy (1997) compared psychotic and non-psychotic stalkers and found that 41% of the non-psychotic group acted violently compared to 13% of the psychotic group.

While much of the research has focused on the relationship between psychosis and violence, other diagnoses have been investigated. For example, Meloy, Davis and Lovette (2001) studied stalkers with diagnoses

of a major mental disorder (including schizophrenia, mood disorder or delusional disorder), substance abuse/dependency, or personality disorder. In line with previous research, they found major mental disorder was negatively associated with violence – 71% of non-violent stalkers had an Axis I disorder compared to just 31% of the violent stalkers. However, no significant differences were found between violent and non-violent stalkers in terms of a diagnosis of personality disorder or substance abuse/dependency.

Similarly, Rosenfeld and Harmon (2002) found that 21% of psychotic stalkers were violent compared to 41% of non-psychotic stalkers, and that there was no significant relationship between personality disorder and violence. However, in contrast to Meloy et al. (2001), they found a relationship between substance abuse and violence – 53% of the stalkers who had a history of substance abuse were classified as violent, compared to 29% without said history. This is in line with Mullen et al.'s (1999) finding that stalkers with a history of substance abuse were more likely to threaten and commit an assault on their victim. Likewise, Harmon, Rosner and Owens (1998) investigated 175 stalkers and found a significant association between substance abuse and violence.

While the previous research investigated violence in general, James and Farnham (2003) focused on the relationship between diagnosis and serious

violence, specifically homicide and serious assaults. They found no significant associations between serious violence and a history of substance abuse, substance use around the time of the offence, or personality disorder. However, they found a significant association between the presence of major depression and serious violence.

To summarise, research has indicated that, contrary to the stereotype that individuals with psychosis are at a heightened risk of committing violence (Martin, Pescosolido & Tuch, 2000), the presence of psychosis in stalkers appears to decrease the likelihood of violence (e.g. Kienlan et al., 1997). In contrast, although findings have been inconsistent, a history of substance abuse has been associated with increased likelihood of violence (e.g. Mullen et al., 1999), as has a diagnosis of depression (James & Farnham, 2003). Meanwhile, a diagnosis of a personality disorder does not appear to have a significant relationship with violence in stalking offences (e.g. Rosenfeld & Harmon, 2002). However, it has been highlighted that the lack of relationship may be in part due to under-diagnosis of personality disorder in samples (Meloy et al., 2001).

Despite the wealth of research demonstrating that the negative stereotypes associated with mental disorder do not necessarily fit with perpetration of violence in stalking situations, there is limited research examining the effect of reported diagnosis on the perception of stalking. However, Kinkade et

al. (2005) included mental health history in their investigation of the influence of 20 different variables. They hypothesised that when a perpetrator was described in a vignette as having a mental health history, participants would be more likely to perceive their behaviour as constituting stalking. However, they found no significant difference between a vignette that stated a mental health history and one that did not in terms of ascribing the label of stalking.

In contrast, Landwehr (2016) found participants were significantly less likely to ascribe a stalking label to the described behaviour when it was stated that the perpetrator had a mental disorder diagnosis, compared to when it was omitted. However, the inclusion of mental disorder did not influence perceptions of the likelihood of the perpetrator acting violently toward the target or the likelihood of the behaviour causing the target anxiety. This is inconsistent with literature indicating that mentally disordered individuals are perceived as violent and dangerous (Angermeyer & Dietrich, 2006). In addition, the perpetrator was less likely to be perceived as responsible for their own behaviour when described as having been diagnosed with a mental disorder. This is in line with previous research that has demonstrated individuals who have mental disorder diagnoses are held less accountable for their behaviour and given more lenient judicial sentences (Berryessa, Milner, Garrison, Cho, 2015; Sabbagh, 2011). Furthermore, Landwehr (2016) established that one of the primary reasons

for not ascribing a stalking label when mental disorder was present was the issue of culpability and lack of responsibility.

However, a limitation of these studies is that neither stated a particular disorder when giving information about the perpetrator's history of mental health issues. Landwehr (2016) highlighted that participants may have imagined a wide range of different disorders, with potentially very different stereotypes. Since previous research indicated different disorders (i.e. psychosis and substance abuse) may have opposing implications for the likelihood of violence in a stalking situation (e.g. Rosenfeld & Harmon, 2002), which disorder the perpetrator is described as being diagnosed with may have a significant influence on individual's perceptions of stalking. Further support for this is provided by Angermeyer and Dietrich's (2006) finding that individuals diagnosed with schizophrenia or alcoholism are more often thought to be unpredictable and violent than people with depression and anxiety disorders. Link, Phelan, Bresnahan, Stueve and Pescosolido (1999) also found that people depicted as having substance dependence issues were perceived as most likely to be violent, followed by schizophrenia and least likely was depression – a result replicated by Martin, Pescosolido and Tuch (2000) and Pescosolido, Monahan, Link, Stueve, and Kikuzawa (1999). Therefore, the current research will investigate whether manipulating the disorder that the perpetrator is described as being diagnosed with will influence perceptions of stalking.

Aims/Research questions/hypotheses

The research will aim to investigate whether the perpetrator's mental disorder diagnosis influences the extent to which the behaviour is perceived to constitute stalking, perceptions of whether the behaviour is likely to cause fear or anxiety, and perceptions of the likelihood of the perpetrator using violence. It will also assess the influence of diagnosis on the extent to which the participant believes the perpetrator is responsible for their own behaviour.

Methodology

Participants

A sample size of 200 participants was determined using a G-Power calculation with a medium effect size and p value of $p=0.05$. Participants will be recruited through online advertisements and then allocated to each condition. Potential participants will be excluded if they are under 18 years of age.

Design

The independent variable is the diagnosis of mental disorder, which will be manipulated between participants. The independent variable will be

comprised of five levels: depression, psychosis, substance misuse, personality disorder, and no mental disorder.

There will be four dependent variables to be measured with Likert-type scales: the extent to which the perpetrator's behaviour is perceived to constitute stalking, the extent to which the behaviour is likely to cause fear or anxiety, the likelihood of the perpetrator using violence, and the extent to which the perpetrator was responsible for their own behaviour.

Materials and Measures

There will be five vignettes, which will follow the narrative used by Landwehr (2016). Below is the vignette for the depression condition. Each vignette will vary the last sentence according to the diagnosis condition.

Every morning Sally visits a café on her way to work. One day James introduced himself to Sally while serving her. He flirted with Sally and then asked her out. Sally declined. James continued to compliment Sally each time she visited the café and asked her out several more times, which she repeatedly declined. James also sought out the phone number of Sally's workplace online and on several occasions phoned her there. Each phone call ended with Sally telling James that he should not call again as she was not interested. In some of these phone calls, James became tense and derogatory towards Sally and then hung up on her. Sally occasionally noticed James walking a short

distance behind her on her way to work or at places she frequently went, like the supermarket. Subsequently, Sally discovered that James had been diagnosed with depression.

The dependent variables will be measured using the following 0-10 point Likert scales:

- To what extent do you think the behaviour constitutes stalking?
(‘definitely not stalking’ to ‘definitely stalking’)
- How likely is it that the James will use violence against the Sally?
(‘highly unlikely’ to ‘highly likely’)
- How likely is it that the Sally is experiencing fear or anxiety as a result of James’ behaviour? (‘highly unlikely’ to ‘highly likely’)
- To what extent do you consider James responsible for his behaviour? (‘not responsible at all’ to ‘totally responsible’)

Procedure

A pilot study will first be completed to ensure the materials are suitable. After any required amendments are made, the questionnaire will be presented online to participants via Bristol Online Survey. Participants will first be presented with an information sheet, advising them that they will be required to read a one-paragraph vignette and answer four questions relating to their perceptions of the described behaviour. Once consent has

been obtained, participants will then complete one of the five versions of the questionnaire.

Analysis Plan

Data will be screened and tested for normality. If appropriate, four one-way ANOVAs will be completed, one for each DV. Post hoc tests will then be completed.

Ethical Considerations

Participants will receive information sheets, outlining what is involved in the research and emphasising their right to withdraw without explanation. Details about where further information can be obtained from and where any complaints or queries can be addressed will also be included. Informed consent will then be collected. Participants will be made aware that while everything will be done to ensure their responses remain anonymous, there is always a risk of a breach with online activities. A potential risk to participants is distress, which may be more likely if the participant has previous experience of stalking. Participants will be directed to contact their GP or the National Stalking Helpline for further support if they are distressed, through the participant information sheet and the debrief sheet.

References

- Angermeyer, M. C. & Dietrich, S. (2006). Public beliefs about and attitudes towards people with mental illness: a review of population studies. *Acta Psychiatrica Scandinavica*, 113, 163-179. doi: 10.1111/j.1600-0447.2005.00699.x
- Berryessa, C. M., Milner, L. C, Garrison, N. A. & Cho, M. K. (2015). Impact of psychiatric information on potential jurors in evaluating high-function autism spectrum disorder (hfASD). *Journal of Mental Health Research in Intellectual Disabilities*, 8, 140-167. doi: 10.1080/19315864.2015.1040176
- Dennison, S. M., & Stewart, A. (2006). Facing rejection: New relationships, broken relationships, shame and stalking. *International Journal of Offender Therapy and Comparative Criminology*, 50, 324-337.
- Farnham, F. R., James, D. V., & Cantrell, P. (2000). Association between violence, psychosis, and relationship to victim in stalkers. *The Lancet*, 355, 199. doi:10.1016/S0140-6736(99)04706-6
- Harmon, R. B., Rosner, R., & Owens, H. (1998). Sex and violence in a forensic population of obsessional harassers. *Psychology, Public Policy, and Law*, 4, 236-249. doi:10.1037/1076-8971.4.1-2.236
- James, D. V. & Farnham, F. R. (2003). Stalking and serious violence. *Journal of the American Academy of Psychiatry and the Law*, 31, 432-439.

- Kienlen, K. K., Birmingham, D. L., Solberg, K. B., O'Regan, J. T., & Meloy, J.R. (1997). A comparative study of psychotic and nonpsychotic stalking. *Journal of American Academy of Psychiatry and the Law*, 25, 317-344
- Kinkade, P., Burns, R., & Fuentes, A. I. (2005). Criminalising attractions: Perceptions of stalking and the stalker. *Crime & Delinquency*, 51, 3-25.
- Landwehr, E. (2016). *Perceptions of stalking: The influence of perpetrator mental disorder diagnosis, target-perpetrator gender, and perpetrator persistence*. Retrieved from <http://ro.ecu.edu.au/theses/1917>
- Link, B.G., Phelan, J.C., Bresnahan, M., Stueve, A. & Pescosolido, B.A. (1999). Public conceptions of mental illness: Labels, causes, dangerousness and social distance. *American Journal of Public Health*, 89, 1328- 1333. doi:10.2105/AJPH.89.9.1328
- Martin, J. K., Pescosolido, B. A., & Tuch, S. A. (2000). Of fear and loathing: The role of 'disturbing behaviour', labels, and causal attributions in shaping public attitudes toward people with mental illness. *Journal of Health and Social Behaviour*, 41, 208-223. Retrieved from <http://www.jstor.org/stable/2676306>
- McEwan, T. E., Mullen, P. E., & MacKenzie, R. D. (2009). A study of the predictors of persistence in stalking situations. *Law and Human Behaviour*, 33, 149-158. doi:10.1007/s10979-008-9141-0

- Meloy, J. R., Davis, B., & Lovette, J. (2001). Risk factors for violence among stalkers. *Journal of Threat Assessment, 1*, 3-16.
doi:10.1300/J177v01n01_02
- Mullen, P. E., Pathé, M., & Purcell, R. (2000). Stalking. *Psychologist, 13*, 454-459.
- Mullen, P. E., Pathé, M., Purcell, R., & Stuart, G. W. (1999). Study of Stalkers. *The American Journal of Psychiatry, 156*, 1244-1249
- Parcesepe, A. M., & Cabassa, L. J. (2013). Public Stigma of Mental Illness in the United States: A Systematic Literature Review. *Administration and Policy in Mental Health, 40*, 384-399. doi: 10.1007/s10488-012-0430-z
- Pescosolido, B. A., Monahan, J., Link, B. G., Stueve, A., & Kikuzawa, S. (1999). The public's view of the competence, dangerousness, and need for legal coercion of persons with mental health problems. *American Journal of Public Health, 89*, 1339-1345.
doi:10.2105/AJPH.89.9.1339
- Phillips, L., Quirk, R., Rosenfeld, B., & O'Connor, M. (2004). Is it stalking?: Perceptions of stalking among college undergraduates. *Criminal Justice and Behaviour, 31*, 73-96. doi: 10.1177/0093854803259251
- Rosenfeld, B. (2004). Violence risk factors in stalking and obsessional harassment: a review and preliminary meta-analysis. *Criminal Justice and Behaviour, 31*, 9-36. doi: 10.1177/0093854803259241

- Rosenfeld, B., & Harmon, R. (2002). Factors associated with violence in stalking and obsessional harassment cases. *Criminal Justice and Behaviour*, 29, 671-691. doi:10.1177/009385402237998
- Sabbagh, M. (2011). Direct and Indirect Influences of Defendant Mental Illness on Jury Decision Making. *The University of Central Florida Undergraduate Research*, 86-96. Retrieved from <https://urj.ucf.edu/docs/Marie%20Sabbagh.pdf>
- Schwartz-Watts, D., & Morgan, D. W. (1998). Violent versus nonviolent stalkers. *Journal of the American Academy of Psychiatry and the Law Online*, 26, 241-245.
- Scott, A. J., Rajakaruna, N., & Sheridan, L. (2014). Framing and perceptions of stalking: the influence of conduct severity and the perpetrator–target relationship. *Psychology, Crime & Law*, 20, 242-260. doi:10.1080/1068316X.2013.770856

Ethics Approval Letter

Investigators: Simon Duff and Katie Sambrooks

Title of study: The effect of mental disorder diagnosis
on the perception of stalking

Duration of study: Until September 2020

Ethics reference number: 210



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16th February 2017

A favourable opinion is given to the above named study on the understanding that the applicants conduct their research as described in the above numbered application, and adhere to all conditions under which the ethical approval has been granted and use only materials and documentation that have been approved. If any amendments to the study are required, an amendment should be submitted to the committee for approval.

David Daley (Professor)

Co-Chair of DPAP Ethics Subcommittee

Amanda Griffiths (Professor)

Co-Chair of DPAP Ethics Subcommittee

Research Paper

Abstract

Determining which behaviour warrants a label of stalking can be a difficult and subjective process. Previous studies considering the influence of perpetrator mental illness on perceptions of stalking have never specified a specific mental disorder (Kinkade, Burns, & Fuentes, 2005; Landwehr, 2016). The present study manipulated the disorder across vignettes so that the perpetrator was described as being diagnosed with depression, personality disorder, psychosis, substance misuse or had no history of mental illness. There was no significant effect of diagnosis on perceptions of whether the described behaviour constituted stalking or on perceptions of the likelihood of the target of the behaviour experiencing anxiety. However, perpetrator diagnosis did have a significant effect on perceptions of the likelihood of violence and of the perpetrator's responsibility for their behaviour. Implications for criminal justice outcomes are discussed.

Introduction

Perceptions of Stalking

Stalking has been described as repeated unwanted intrusions into an individual's life (Mullen, Pathé, & Purcell, 2000). However, distinguishing acts deemed illegal from innocent dating practices engaged in when attempting to initiate or recover romantic relationships is challenging (Dennison & Stewart, 2006). Behaviours such as persistent attempts at communication and expressions of desire are often considered part of the normal courtship process but may also constitute stalking (Cupach & Spitzberg, 2004; Schultz, Moore, & Spitzberg, 2014). Therefore, judging which behaviour warrants a label of stalking can be a subjective process (Kinkade, Burns, & Fuentes, 2005). Research has shown that an individual's perception of stalking can be influenced by a variety of factors including the characteristics of both the perpetrator and the target, such as their gender (e.g. Phillips, Quirk, Rosenfeld, & O'Connor, 2004), and of the behaviour, including the severity (e.g., Scott, Rajakaruna, & Sheridan, 2014).

The presence of a mental disorder diagnosis for the perpetrator is one potentially influential factor that has received limited attention. This is despite the significant rates and broad range of mental disorder diagnoses found among stalkers (McEwan, Mullen, & MacKenzie, 2009; Mohandie, Meloy, McGowan, & Williams, 2006; Rosenfeld, 2004). A mental disorder

diagnosis could have a significant effect on perceptions of stalking due to the associated widespread negative stereotypes (Parcesepe & Cabassa, 2013), wherein individuals diagnosed with mental disorders are often viewed as unpredictable, violent and dangerous (Angermeyer & Dietrich, 2006; Corrigan, Kuwabara, & O'Shaughnessy, 2009).

Violence in stalking situations

In addition to stalking-related behaviours, such as following, uninvited regular visits and sending bizarre gifts (Sheridan, Davies, & Boon, 2001), perpetrators engage in violence in between 30% to 40% of stalking cases (Rosenfeld, 2004; Spitzberg & Cupach, 2007). Stalking that escalates to violence can exacerbate the psychological harm associated with stalking and cause physical injuries (Brewster, 2002; Thomas, Purcell, Pathé, & Mullen, 2008). Therefore, violence in stalking situations is a significant issue and factors which may influence its prevalence have been extensively investigated. For instance, several studies have considered whether the presence of a mental disorder places a stalking perpetrator at greater risk of acting violently.

In contrast to the stereotype of mentally disordered individuals as likely to be violent, multiple studies have found no increased risk of violence by stalkers diagnosed with psychosis. For example, Schwartz-Watts and

Morgan (1998) found no difference between the rate of psychosis among violent and non-violent stalkers. Similarly, Farnham, James, and Cantrell (2000) found no significant relationship between violence and the presence of psychotic symptoms at the time of the offence. This finding has been replicated more recently by McEwan, Daffern, MacKenzie, and Ogloff (2017). Furthermore, research has indicated that the presence of psychotic disorder is associated with a decrease in the likelihood of violence. For instance, Mullen, Pathé, Purcell, and Stuart (1999) observed that only 25% of the psychotic offenders in their sample physically assaulted their victims, compared to 43% of non-psychotic offenders. Likewise, Kienlen, Birmingham, Solberg, O'Regan, and Meloy (1997) compared psychotic and non-psychotic stalkers and found 41% of the non-psychotic group were violent compared to 13% of the psychotic group.

While much of the research has focused on the relationship between psychosis and violence, other diagnoses have been investigated. For example, Meloy, Davis, and Lovette (2001) studied stalkers with diagnoses of a major mental disorder, substance abuse/dependency, or personality disorder. In line with previous research, they found major mental disorder was negatively associated with violence – 71% of non-violent stalkers had an Axis I disorder compared to just 31% of the violent stalkers. However, no significant differences were found between violent and non-violent stalkers in terms of a diagnosis of personality disorder or substance

abuse/dependency. A lack of an association between personality disorder or substance abuse at the time of the stalking episode and stalking violence was also found by McEwan et al. (2017).

Similarly, Rosenfeld and Harmon (2002) found 21% of psychotic stalkers were violent compared to 41% of non-psychotic stalkers, and there was no significant association between personality disorder and violence. However, in contrast to Meloy et al. (2001), they found a relationship between substance abuse and violence – 53% of stalkers who had a history of substance abuse were classified as violent, compared to 29% without said history. This is in line with Mullen et al.'s (1999) finding that stalkers with a history of substance abuse were more likely to threaten and commit an assault on their victim. Likewise, Harmon, Rosner, and Owens (1998) investigated 175 stalkers and found a significant association between substance abuse and violence.

While the previous research investigated violence in general, James and Farnham (2003) focused on the relationship between diagnosis and homicide and serious assaults. They found no significant associations between serious violence and a history of substance abuse, substance use around the time of the offence, or personality disorder. However, they found a significant association between the presence of major depression and serious violence.

To summarise, research indicates that, contrary to the stereotype that individuals with psychosis are at a heightened risk of committing violence (Martin, Pescosolido, & Tuch, 2000), the presence of psychosis in stalkers decreases the likelihood of violence (e.g. Kienlan et al., 1997). In contrast, although findings have been inconsistent, a history of substance abuse has been associated with an increased likelihood of violence (e.g. Mullen et al., 1999), as has a diagnosis of depression (James & Farnham, 2003). Meanwhile, the results of these studies suggest a diagnosis of a personality disorder does not have a significant relationship with violence in stalking offences (e.g. Rosenfeld & Harmon, 2002). The influence of psychosis and substance abuse was confirmed by Churcher and Nesca's (2013) meta-analysis of 25 studies, totalling 5,114 participants, investigating risk factors for violence in stalking perpetration. However, Churcher and Nesca established that while the relationship is small, stalkers diagnosed with personality disorders were more likely to act violently than stalkers without personality disorders.

The Influence of Perpetrator Mental Disorder on Perceptions of Stalking

Despite the wealth of research demonstrating that the negative stereotypes associated with mental disorders do not necessarily fit with perpetration of

violence in stalking situations, there is limited research examining the effect of diagnosis on perceptions of stalking. However, Kinkade et al. (2005) included mental health history in their investigation of the influence of 20 different variables. They hypothesised that when a perpetrator was described in a vignette as having a mental health history, participants would be more likely to perceive their behaviour as constituting stalking. However, they found no significant difference between a vignette that stated a mental health history and one that did not in terms of ascribing the label of stalking.

In contrast, Landwehr (2016) found participants were significantly less likely to ascribe a stalking label to the described behaviour when it was stated that the perpetrator had a mental disorder diagnosis, compared to when it was omitted. However, the inclusion of mental disorder did not influence perceptions of dangerousness, in terms of the likelihood of the perpetrator acting violently toward the target or the likelihood of the behaviour causing the target anxiety. This is inconsistent with literature indicating that mentally disordered individuals are perceived as violent and dangerous (Angermeyer & Dietrich, 2006).

In addition, Landwehr (2016) found the perpetrator was less likely to be perceived as responsible for their own behaviour when they were described as having been diagnosed with a mental disorder. This is in line with

literature indicating individuals with a mental illness are often perceived as not in control of their criminal behaviour or unable to appreciate that it is wrong (Barnett, Brodsky, & Price, 2007). Similarly, research has demonstrated individuals who have mental disorder diagnoses are held less accountable for their behaviour and given more lenient judicial sentences (Berryessa, Milner, Garrison, & Cho, 2015; Sabbagh, 2011). Additionally, Landwehr (2016) established that one of the primary reasons for not ascribing a stalking label when mental disorder was present was the issue of culpability and lack of responsibility.

Limitations of Previous Research

However, both Kinkade et al. (2005) and Landwehr's (2016) studies have methodological limitations. For example, in both studies the no perpetrator mental illness conditions did not explicitly state that the perpetrator had no diagnosis, but rather omitted information about their mental health entirely. This is of concern because Landwehr (2016) found the majority of participants assumed that the perpetrator had a mental disorder when it was not explicitly stated. Furthermore, neither study stated a particular disorder when giving information about the perpetrator's history of mental health issues. Landwehr highlighted that participants may have imagined a wide range of different disorders, with potentially very different stereotypes. Since previous research has indicated different disorders (i.e.

psychosis and substance abuse) may have opposing implications for the likelihood of violence in a stalking situation (e.g. Rosenfeld & Harmon, 2002), which disorder the perpetrator is described as being diagnosed with may have a significant influence on individual's perceptions of stalking. For example, there is evidence that personality disorder may be even more stigmatised than other psychiatric diagnoses due to beliefs that individuals should be able to exhibit control over their behaviour or symptoms (Sheehan, Nieweglowski, & Corrigan, 2016). Further support for differences in perceptions according to diagnosis is provided by Angermeyer and Dietrich's (2006) finding that individuals diagnosed with schizophrenia or alcoholism are more often thought to be unpredictable and violent than individuals diagnosed with depression or anxiety disorders. Link, Phelan, Bresnahan, Stueve, and Pescosolido (1999) also found individuals depicted as having substance dependence issues were perceived as most likely to be violent, followed by schizophrenia and least likely was depression – a result replicated by Martin et al. (2000) and Pescosolido, Monahan, Link, Stueve, and Kikuzawa (1999).

As well as differing perceptions of dangerousness, perceptions of an individual's responsibility for their behaviour change with diagnosis. For example, participants were less likely to think individuals diagnosed with schizophrenia should be blamed for their violent behaviour, compared to individuals diagnosed with depression (Anglin, Link, & Phelan, 2006).

Additionally, Mossièrè and Maeder (2016) found participants considered defendants in a murder case that were diagnosed with substance abuse disorder to be more responsible for their actions, more in control, and more capable of rational thought, than defendants diagnosed with schizophrenia or depression.

Research Question

In attempt to address these limitations, the current research will investigate whether manipulating the disorder that the perpetrator is described as being diagnosed with will influence perceptions of stalking, in terms of the degree to which the behaviour constitutes stalking and the dangerousness and responsibility of the perpetrator.

Method

Design

The independent variable (IV) of the study was the mental disorder the perpetrator is described as diagnosed with, which was manipulated between participants. The IV was comprised of five levels: depression (n=73), personality disorder (n= 88), psychosis (n=72), substance misuse (n=76) and no history of mental illness (n=75).

The four dependent variables were perceptions of the extent to which the described behaviour constitutes stalking, how likely it is that the perpetrator's behaviour will become violent, how likely it is that the target is experiencing fear or anxiety, and how responsible the perpetrator is for their behaviour.

Participants

Participants were recruited from advertisements primarily placed on social media. Those who were under the age of 18 or who had previous experience of stalking were excluded on the basis of ethical considerations. Along with those who did not give full consent, 103 potential participants were excluded, leaving 384 participants to be included in analysis. There were 109 males and 273 females, with two participants declining to state their gender. Participant age ranged from 18 to 83 ($M = 35.25$, $SD = 13.71$).

Materials

The study employed an online questionnaire containing a one-paragraph vignette, four Likert-type scale items and questions about participants' demographic information (age and gender).

Five versions of the vignette, which followed the narrative used by Landwehr (2016), were constructed. Each was identical apart from the last sentence which varied according to the diagnosis condition. Below is the vignette for the depression condition:

Every morning Sally visits a café on her way to work. One day James introduced himself to Sally while serving her. He flirted with Sally and then asked her out. Sally declined. James continued to compliment Sally each time she visited the café and asked her out several more times, which she repeatedly declined. James also sought out the phone number of Sally's workplace online and on several occasions phoned her there. Each phone call ended with Sally telling James that he should not call again as she was not interested. In some of these phone calls, James became tense and derogatory towards Sally and then hung up on her. Sally occasionally noticed James walking a short distance behind her on her way to work or at places she frequently went, like the supermarket. Subsequently, Sally discovered that James had been diagnosed with depression.

A copy of each vignette can be found in Appendix A.

In line with previous research (e.g. Duff & Scott, 2013; Landwehr, 2016), participants rated the following items on 0-10-point Likert-type scales,

- To what extent do you think the behaviour constitutes stalking? ('definitely not stalking' to 'definitely stalking')
- How likely is it that James will use violence against Sally? ('highly unlikely' to 'highly likely')
- How likely is it that Sally is experiencing fear or anxiety as a result of James' behaviour? ('highly unlikely' to 'highly likely')
- To what extent do you consider James responsible for his behaviour? ('not responsible at all' to 'totally responsible')

Pilot Study

The materials and procedure were first piloted with a smaller sample. On the basis of the participants' feedback, a definition of each disorder was added, which can be found in Appendix B.

Procedure

Once participants had read the participant information as found in Appendix C and consent had been obtained, participants selected which condition they were to complete by choosing a number between one and five. In this way, participants were blind to the condition when selecting. They were then presented on screen with the demographic questions concerning their age and gender, followed by a copy of the questionnaire

containing one of the five versions of the vignette. After reading the one-paragraph vignette, participants then answered each of the four questions on the aforementioned Likert-type scales. Participants were debriefed upon completion of the questionnaire.

Results

Four one-way ANOVAs were performed despite normal distribution and homogeneity of variance violations, as ANOVA is robust to such assumption violations (Schmider, Ziegler, Danay, Beyer, & Bühner, 2010; Norman, 2010). Furthermore, the findings of Kruskal-Wallis tests were consistent with the ANOVA results. The means and standard deviations for each of the dependent variables are provided in Table 1.

Table 1: Means and standard deviations by mental disorder diagnosis condition

Condition	Stalking		Violence		Fear		Responsibility	
	M	SD	M	SD	M	SD	M	SD
Depression	7.78	2.63	4.69 _{a,b}	2.22	8.03	2.40	7.63 _{a,b}	2.42
Personality Disorder	8.11	2.56	5.85 _a	2.49	8.36	2.60	7.13 _c	2.99
Psychosis	8.42	2.54	5.54	2.22	8.75	1.89	6.40 _{a,d,e}	2.69
Substance Misuse	8.32	2.49	5.71 _b	2.21	8.32	2.36	8.09 _d	2.35
No mental illness	8.23	2.48	5.64	2.23	8.37	2.21	9.11 _{b,c,e}	2.39

Note: column means sharing subscripts are significantly different

Stalking

There was no significant effect of perpetrator mental disorder diagnosis on identifying the behaviour as stalking, $F(4, 379) = 1.08, p = .368, \eta^2 = 0.11$).

Violence

There was a significant effect of perpetrator mental disorder diagnosis on perceptions of the likelihood of violence, $F(4, 379) = 3.08, p = .016, \eta^2 = 0.03$). Games-Howell post-hoc tests showed that participants perceived that the use of violence was significantly less likely in the depression condition ($M = 4.69, SD = 2.22$) than the personality disorder condition ($M = 5.85, SD = 2.49, p = .017$) or the substance misuse condition ($M = 5.71, SD = 2.21, p = .042$).

Fear

There was no significant effect of perpetrator mental disorder diagnosis on perceptions of the likelihood of fear, $F(4, 379) = 0.89, p = .471, \eta^2 = 0.01$).

Responsibility

There was a significant effect of perpetrator mental disorder diagnosis on perceptions of the perpetrator's responsibility for their behaviour, *Welch's* $F(4, 188.62) = 11.86, p < .001, \eta^2 = 0.11$). Games-Howell post-hoc tests were conducted. Participants perceived that perpetrators diagnosed with depression ($M = 7.63, SD = 2.42$) were significantly less responsible than those diagnosed with no mental illness ($M = 9.11, SD = 2.39, p = .002$) but significantly more responsible than those diagnosed with psychosis (M

= 6.40, SD = 2.69, $p = .036$). Participants perceived that perpetrators diagnosed with personality disorder ($M = 7.13$, SD = 2.99) were significantly less responsible than those diagnosed with no mental illness ($M = 9.11$, SD = 2.39, $p < .001$). Perpetrators diagnosed with psychosis ($M = 6.40$, SD = 2.69) were seen as significantly less responsible than those with substance misuse issues ($M = 8.09$, SD = 2.35, $p = .001$) and no mental illness ($M = 9.11$, SD = 2.39, $p < .001$).

Discussion

In direct contrast to Landwehr's (2016) finding that participants were significantly less likely to ascribe a stalking label when the perpetrator had a mental disorder diagnosis, there was no significant difference between any of the mental disorders and the no mental illness condition. However, this finding is in line with that of Kinkade et al.'s (2005) research, where psychiatric history had no influence on stalking label ascriptions. It should be noted that, as in Kinkade et al.'s research, the present study used a Likert-type scale to assess perceptions, whereas Landwehr required a categorical yes, or no/don't know response. It has previously been argued that while a categorical question allows participants to provide prompt responses, it can lead to participants selecting a response even when they do not have adequate knowledge of

the topic (Roberts, 2010). Further research would be needed to ascertain whether this methodological variation can account for the conflicting results. The present study also found the perpetrator's diagnosis had no significant effect on perceptions of the likelihood of the target of the behaviour experiencing fear or anxiety. This is in line with Landwehr's finding that the presence of a non-specified mental disorder did not influence perceptions of the likelihood of anxiety.

In contrast, the perpetrator's mental disorder diagnosis did have a significant effect on the perceived likelihood of violence towards the target. Participants perceived that perpetrators diagnosed with a personality disorder were the most likely to be violent, whereas those with depression were the least likely to engage in violence. The finding that a perpetrator with depression was viewed as the least likely to be violent is in opposition to research that has found a significant association between the presence of major depression and serious violence in stalking situations (James & Farnham, 2003). However, it is in line with previous studies that have demonstrated individuals diagnosed with schizophrenia or alcoholism, i.e. psychosis and substance misuse, are more often thought to be unpredictable and violent than those with depression (e.g. Angermeyer & Dietrich, 2006).

Similarly, the fact that perpetrators with personality disorder were considered the most likely to act violently is somewhat surprising, since only a small relationship between personality disorder and stalking violence has been identified (Churcher & Nesca, 2013). Although a definition was given for each disorder, it is possible this finding reflects the fact that, in general, the public have less knowledge about personality disorders than other mental disorders (Furnham, Lee, & Kolzeev, 2015). Previously studies have found that familiarity with mental illness and personal contact with an individual with a mental disorder are associated with increased acceptance of individuals with mental disorders and decreased perceptions of their dangerousness (Angermeyer & Dietrich, 2006; Penn, Kommana, Mansfield, & Link, 1999; Whaley, 1997). Therefore, it is a limitation of the current research that participants' experience or knowledge of mental illness is unknown. Likewise, while Landwehr (2016) found over half of her participants (51.4%) had professional or personal experience with mental health, the influence of this on their perceptions of stalking was not examined. However, there are conflicting results with regards to the effect of knowledge or experience of mental illness. For example, Crisp, Gelder, Rix, Meltzer, and Rowlands (2000) concluded stigmatising opinions about individuals diagnosed with mental disorders are not based on a lack of knowledge about mental disorders. Similarly, Wang and Lai (2008) found perceptions of the dangerousness of individuals with depression did not depend on

participants' knowledge about depression or whether they had personal contact with an individual with depression. It has been argued that these conflicting results are because the influence of contact with an individual with a mental disorder depends on the nature of the contact (Jorm, Reavley, & Ross, 2012). For instance, negative experiences, such as being threatened by an individual with a mental disorder, are associated with increased perceptions of dangerousness (Phelan & Link, 2004). Therefore, future research concerning the effect of perpetrator diagnosis should consider the influence of participants' experience or knowledge of mental health on their perceptions.

Although the difference was not significant, the finding that perpetrators with diagnoses of psychosis or depression were viewed as less likely to be violent than a perpetrator with no mental illness is surprising given the widespread stereotype of mentally ill individuals as violent and dangerous (Angermeyer & Dietrich, 2006). This finding suggests that the public may perceive a mentally disordered individual differently in the context of a stalking situation. However, this is in line with Landwehr's (2016) finding that a mentally disordered perpetrator was seen as no more likely to act violently and the fact that research has demonstrated the presence of psychosis in stalkers decreases the risk of violence (Churcher & Nesca, 2013).

In terms of perceptions of the perpetrator's responsibility for their behaviour, the present study found that perpetrator diagnosis had a significant effect. Consistent with previous research showing individuals with mental illness are viewed as less accountable for their behaviour (e.g. Berryessa et al., 2015; Landwehr, 2016), the perpetrator with no history of mental illness was perceived to be more responsible than perpetrators with any of the mental disorder diagnoses. However, it should be noted this difference was significant only for depression and personality disorder. Likewise, the finding that perpetrators diagnosed with psychosis were considered the least responsible fits with previous studies that have indicated the public believe individuals diagnosed with schizophrenia should be blamed less for violent behaviour than those diagnosed with depression or substance misuse issues (Anglin et al., 2006; Mossièrè & Maeder, 2016). These results may reflect the fact that individuals with different mental disorders are perceived as having varying levels of responsibility for their condition. For example, research has demonstrated people labelled with drug addiction were viewed as more responsible for the onset of their condition compared to individuals described as "mentally ill" or those diagnosed with schizophrenia (Corrigan et al., 2009; Rüsch, Angermeyer & Corrigan, 2005). It may be that the stalking behaviours described in the vignette are perceived by participants to be an extension of the perpetrators' symptoms, and as such, perpetrators with disorders where the individuals are viewed as to

blame for their illness and its symptoms are viewed as more responsible for their behaviour in a stalking situation. Furthermore, the belief that the individual is largely to blame for their own mental disorder is associated with perceptions of the individual being dangerous (Angermeyer & Matschinger, 2004; Chong et al., 2007). This may explain why perpetrators with substance misuse issues were considered to be more dangerous, in terms of the likelihood of violence, than those diagnosed with psychosis.

While this study advances on the limited research considering the effect of perpetrator mental disorder on perceptions of stalking, there are several methodological limitations. For example, although different diagnoses are considered, the study is lacking in that each vignette only portrays the perpetrator as having a singular mental disorder diagnosis. In this way, it neglects the fact there is a high prevalence of co-morbid conditions among individuals with mental disorders (Barnett et al., 2012; Lin, Zhang, Leung, & Clark, 2011). Perceptions of stalking may be different if the perpetrator is diagnosed with co-morbid disorders, especially given co-morbid disorders have stronger associations with violence (Pulay et al., 2008). Additionally, there are many other disorders that are not considered in this research – for instance, learning disabilities, obsessive-compulsive disorder, or autism spectrum disorders (ASD). This is of particular concern because individuals with ASD may

unintentionally engage in stalking behaviours without realising their behaviours may be interpreted by others as stalking, perhaps as a result of an inability to understand the viewpoint of others or attend to others' social cues (Post, Storey, Haymes, Campbell, & Loughrey, 2014). In light of this, it would be interesting to ascertain the effect of a diagnosis of ASD on the public's perceptions of stalking, particularly on the perceptions of the perpetrator's responsibility.

A further limitation is that the vignette describing a perpetrator diagnosed with a personality disorder did not specify a specific personality disorder, which is a shortcoming because there are diagnostic-specific variations in the way that personality disorders are perceived by the public (Sheehan et al., 2016). For instance, while borderline personality disorder (BPD) is considered to be the most stigmatised of all personality disorders (Catthoor, Schrijvers, Hutsebaut, Feenstra, & Sabbe, 2015), due to the symptoms of antisocial personality disorder (ASPD), such as a lack of remorse, aggressiveness and recklessness (Wayland & O'Brien, 2013), there is an associated stigma of dangerousness (Sheehan et al., 2016). Therefore, if a diagnosis of ASPD was assumed in the ambiguous personality disorder condition, participants may be more likely to perceive the perpetrator as dangerous. This may explain why perpetrators diagnosed with personality disorder were considered the most likely to act violently towards the target. Consequently, future research should

endeavour to investigate the influence of a wider range of diagnoses and more specific diagnoses on perception of stalking.

Subsequent research could also investigate the influence of the perpetrator receiving treatment for or assistance with their mental disorder. Landwehr (2016) described the perpetrator as being in a programme designed to assist mental disordered individuals to find employment, whereas Kinkade et al. (2005) and the present study omitted any such information. Landwehr argued it is likely a perpetrator who is taking steps to manage their disorder may be perceived more favourably. Indeed, research has shown that knowing a mentally disordered individual that is engaged in treatment reduces the perception that they are dangerous (Jorm et al., 2012). These perceptions may well be accurate since systematic reviews (e.g. Yee et al., 2011) have indicated that much of the association between mental disorders and increased risk of violence is due to non-adherence to treatment (Jorm et al., 2012).

In conclusion, given the negative impact of stalking on victims (Diette, Goldsmith, Hamilton, Darity, & McFarland, 2013), it is important to extend knowledge and understanding regarding stalking. Although stalking perception literature has investigated several factors, the impact of perpetrator mental disorder diagnosis has received little attention. This

is despite a high prevalence of mental disorder among stalkers (McEwan et al., 2009). Previous studies (Landwehr, 2016; Kinkade et al., 2005) have found inconsistent results with regards to the effect of perpetrator mental disorder on perceptions of whether the behaviour constituted stalking. The present research advances on these studies by specifying specific mental disorder diagnoses. While the perpetrator's disorder did not have a significant effect on stalking label ascriptions or on perceptions of the likelihood of target anxiety, there were significant effects on perceptions of the likelihood of violence and of the perpetrator's responsibility.

The fact that the particular disorder a perpetrator is diagnosed with can influence perceptions in this way is concerning when considering criminal justice outcomes and the way jurors will perceive a mentally disordered defendant in a stalking trial. Previously, research has shown that mental health labels do have a significant impact on the decisions on jurors – for example, evidence of psychopathy presented at trial is associated with more punitive decision making (Blais & Forth, 2014). Likewise, if, as the present study suggests, jurors perceive stalking perpetrators diagnosed with personality disorder are more likely to be violent, it is probable these perpetrators will be sentenced more harshly. Additionally, the results with regards to perceptions of responsibility may have implications for the likely success of insanity defences, i.e. the defendant pleading diminished

responsibility. However, it is a limitation of the current study that the degree to which the perpetrator's mental disorder directly resulted in their pursuit of the target was never stated, nor was the extent to which participants believed the presence of the mental disorder was the cause of the behaviour measured. As highlighted by Catanesi, Carabellese, LaTegola and Alfarano (2013), it is critical to identify the extent to which a stalking perpetrator's psychiatric status is responsible for their behaviour in order to achieve just criminal justice outcomes. Furthermore, the relative lesser concern paid to stalkers diagnosed with depression, in terms of both the likelihood of violence and fear, suggest that victims may underestimate the risk of harm posed. In this way, the findings of the present study may have important applied value. Future research should endeavour to address the limitations present in this study by investigating the influence of a greater number of diagnoses and of treatment, as well as taking into account the effect of participants' experience with mental disorders.

References

Angermeyer, M. C. & Dietrich, S. (2006). Public beliefs about and attitudes towards people with mental illness: a review of population studies. *Acta Psychiatrica Scandinavica*, 113, 163-179. doi: 10.1111/j.1600-0447.2005.00699.x

- Angermeyer, M. C., & Matschinger, H. (2004). The stereotype of schizophrenia and its impact on discrimination against people with schizophrenia: results from a representative survey in Germany. *Schizophrenia Bulletin*, 30(4), 1049-1061. doi:10.1093/oxfordjournals.schbul.a007120
- Anglin, D. M., Link, B. G., & Phelan, J. C. (2006). Racial differences in stigmatizing attitudes toward people with mental illness. *Psychiatric Services*, 57(6), 857-862. doi:10.1176/ps.2006.57.6.857
- Barnett, K., Mercer, S. W., Norbury, M., Watt, G., Wyke, S., & Guthrie, B. (2012). Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study. *The Lancet*, 380(9836), 37-43. doi:10.1016/S0140-6736(12)60240-2
- Barnett, M. E., Brodsky, S. L., & Price, J. R. (2007). Differential impact of mitigating evidence in capital case sentencing. *Journal of Forensic Psychology Practice*, 7(1), 39-45. doi: 10.1300/J158v07n01_04
- Berryessa, C. M., Milner, L. C, Garrison, N. A. & Cho, M. K. (2015). Impact of psychiatric information on potential jurors in evaluating high-function autism spectrum disorder (hfASD). *Journal of Mental Health Research in Intellectual Disabilities*, 8, 140-167. doi: 10.1080/19315864.2015.1040176
- Blais, J., & Forth, A. E. (2014). Potential labelling effects: influence of psychopathy diagnosis, defendant age, and defendant gender on

- mock jurors' decisions. *Psychology, Crime & Law*, 20(2), 116-134.
doi:10.1080/1068316X.2012.749473
- Brewster, M. P. (2002). Trauma symptoms of former intimate stalking victims. *Women & Criminal Justice*, 13, 141-161. doi: 10.1300/J012v13n02_08
- Catanesi, R., Carabellese, F., La Tegola, D., & Alfarano, E. (2013). Coexistence and independence between a mental disorder and female stalking. *Journal of forensic sciences*, 58(1), 251-254. doi:10.1111/j.1556-4029.2012.02210.x
- Catthoor, K., Schrijvers, D., Hutsebaut, J., Feenstra, D., & Sabbe, B. (2015). Psychiatric stigma in treatment-seeking adults with personality problems: evidence from a sample of 214 patients. *Frontiers in psychiatry*, 6, 101. doi: 10.3389/fpsy.2015.00101
- Chong, S. A., Verma, S., Vaingankar, J. A., Chan, Y. H., Wong, L. Y., & Heng, B. H. (2007). Perception of the public towards the mentally ill in developed Asian country. *Social psychiatry and psychiatric epidemiology*, 42(9), 734-739. doi:10.1007/s00127-007-0213-0
- Churcher, F., & Nesca, M. (2013). Risk factors for violence in stalking perpetration: A meta-analysis. *FWU Journal of Social Sciences*, 7, 100–112. Retrieved from [http://sbbwu.edu.pk/journal/FWU%20Journal%20Vol.7,%20No.2/1.Risk_Factors_for_Violence-2%5B1%5D%20\(1\).pdf](http://sbbwu.edu.pk/journal/FWU%20Journal%20Vol.7,%20No.2/1.Risk_Factors_for_Violence-2%5B1%5D%20(1).pdf)

- Corrigan, P.W., Kuwabara, S.A., & O'Shaughnessy, J. (2009). The public stigma of mental illness and drug addiction. *Journal of Social Work*, 9, 139–147. doi: 10.1177/1468017308101818
- Crisp, A. H., Gelder, M. G., Rix, S., Meltzer, H. I., & Rowlands, O. J. (2000). Stigmatisation of people with mental illnesses. *The British Journal of Psychiatry*, 177(1), 4-7. doi:10.1192/bjp.177.1.4
- Dennison, S. M., & Stewart, A. (2006). Facing rejection: New relationships, broken relationships, shame and stalking. *International Journal of Offender Therapy and Comparative Criminology*, 50, 324-337. doi:10.1177/0306624X05278077
- Diette, T. M., Goldsmith, A. H., Hamilton, D., Darity, W., & McFarland, K. (2014). Stalking: Does it leave a psychological footprint?. *Social Science Quarterly*, 95(2), 563-580. doi:10.1111/ssqu.12058
- Duff, S. C., & Scott, A. J. (2013). Understanding perceptions of stalking: the impact of additional contextual information regarding the breakdown of relationships. *Journal of Criminal Psychology*, 3(2), 136-144. doi:10.1108/JCP-09-2012-0005
- Farnham, F. R., James, D. V., & Cantrell, P. (2000). Association between violence, psychosis, and relationship to victim in stalkers. *The Lancet*, 355, 199. doi:10.1016/S0140-6736(99)04706-6
- Furnham, A., Lee, V., & Kolzeev, V. (2015). Mental health literacy and borderline personality disorder (BPD): what do the public “make” of

- those with BPD?. *Social psychiatry and psychiatric epidemiology*, 50(2), 317-324. doi:10.1007/s00127-014-0936-7
- Harmon, R. B., Rosner, R., & Owens, H. (1998). Sex and violence in a forensic population of obsessional harassers. *Psychology, Public Policy, and Law*, 4, 236-249. doi:10.1037/1076-8971.4.1-2.236
- James, D. V. & Farnham, F. R. (2003). Stalking and serious violence. *Journal of the American Academy of Psychiatry and the Law*, 31, 432-439. Retrieved from https://www.researchgate.net/profile/David_James11/publication/7187918_Stalking_and_Serious_Violence/links/0deec51945f0c942dc000000.pdf
- Jorm, A. F., Reavley, N. J., & Ross, A. M. (2012). Belief in the dangerousness of people with mental disorders: a review. *Australian & New Zealand Journal of Psychiatry*, 46(11), 1029-1045. doi:10.1177/0004867412442406
- Kienlen, K. K., Birmingham, D. L., Solberg, K. B., O'Regan, J. T., & Meloy, J.R. (1997). A comparative study of psychotic and nonpsychotic stalking. *Journal of American Academy of Psychiatry and the Law*, 25, 317-344. Retrieved from <https://pdfs.semanticscholar.org/b11b/4e0f6f1d14b9280ab97e061d8d1b0b5cef39.pdf>

- Kinkade, P., Burns, R., & Fuentes, A. I. (2005). Criminalizing attractions: Perceptions of stalking and the stalker. *Crime & Delinquency*, 51, 3-23. doi: 10.1177/0011128703262462
- Landwehr, E. (2016). *Perceptions of stalking: The influence of perpetrator mental disorder diagnosis, target-perpetrator gender, and perpetrator persistence* (Master's thesis). Retrieved from <http://ro.ecu.edu.au/theses/1917>
- Lin, W. C., Zhang, J., Leung, G. Y., & Clark, R. E. (2011). Chronic physical conditions in older adults with mental illness and/or substance use disorders. *Journal of the American Geriatrics Society*, 59(10), 1913-1921. doi:10.1111/j.1532-5415.2011.03588.x
- Link, B.G., Phelan, J.C., Bresnahan, M., Stueve, A. & Pescosolido, B.A. (1999). Public conceptions of mental illness: Labels, causes, dangerousness and social distance. *American Journal of Public Health*, 89, 1328- 1333. doi:10.2105/AJPH.89.9.1328
- Martin, J. K., Pescosolido, B. A., & Tuch, S. A. (2000). Of fear and loathing: The role of 'disturbing behaviour', labels, and causal attributions in shaping public attitudes toward people with mental illness. *Journal of Health and Social Behaviour*, 41(2), 208-223. Retrieved from <http://www.jstor.org/stable/2676306>
- McEwan, T. E., Daffern, M., MacKenzie, R. D., & Ogloff, J. R. (2017). Risk factors for stalking violence, persistence, and recurrence. *The Journal*

of Forensic Psychiatry & Psychology, 28(1), 38-56.

doi:10.1080/14789949.2016.1247188

McEwan, T. E., Mullen, P. E., & MacKenzie, R. D. (2009). A study of the predictors of persistence in stalking situations. *Law and Human Behaviour*, 33, 149-158. doi:10.1007/s10979-008-9141-0

Meloy, J. R., Davis, B., & Lovette, J. (2001). Risk factors for violence among stalkers. *Journal of Threat Assessment*, 1, 3-16. doi:10.1300/J177v01n01_02

Mohandie, K., Meloy, J. R., McGowan, M. G., & Williams, J. (2006). The RECON typology of stalking: Reliability and validity based upon a large sample of North American stalkers. *Journal of Forensic Sciences*, 51(1), 147-155. doi:10.1111/j.1556-4029.2005.00030.x

Mossière, A., & Maeder, E. M. (2016). Juror decision making in not criminally responsible on account of mental disorder trials: Effects of defendant gender and mental illness type. *International journal of law and psychiatry*, 49, 47-54. doi:10.1016/j.ijlp.2016.05.008

Mullen, P. E., Pathé, M., & Purcell, R. (2000). Stalking. *Psychologist*, 13, 454-459.

Mullen, P. E., Pathé, M., Purcell, R., & Stuart, G. W. (1999). Study of Stalkers. *The American Journal of Psychiatry*, 156(8), 1244-1249.

Norman, G. (2010). Likert scales, levels of measurement and the "laws" of statistics. *Advances in Health Sciences Education*, 15, 625-632. doi:10.1007/s10459-010-9222-y

- Parcesepe, A. M., & Cabassa, L. J. (2013). Public Stigma of Mental Illness in the United States: A Systematic Literature Review. *Administration and Policy in Mental Health, 40*, 384-399. doi: 10.1007/s10488-012-0430-z
- Penn, D., Kommana, S., Mansfield, M., & Link, B. (1999). Dispelling the stigma of schizophrenia: The impact of information on dangerousness. *Schizophrenia Bulletin, 25*, 437-446. doi:10.1093/oxfordjournals.schbul.a033391
- Pescosolido, B. A., Monahan, J., Link, B. G., Stueve, A., & Kikuzawa, S. (1999). The public's view of the competence, dangerousness, and need for legal coercion of persons with mental health problems. *American Journal of Public Health, 89*, 1339-1345. doi:10.2105/AJPH.89.9.1339
- Phelan, J. C., & Link, B. G. (2004). Fear of people with mental illnesses: The role of personal and impersonal contact and exposure to threat or harm. *Journal of Health and Social Behavior, 45*, 68-80. doi:10.1177/002214650404500105
- Phillips, L., Quirk, R., Rosenfeld, B., & O'Connor, M. (2004). Is it stalking?: Perceptions of stalking among college undergraduates. *Criminal Justice and Behaviour, 31*, 73-96. doi: 10.1177/0093854803259251
- Post, M., Storey, K., Haymes, L., Campbell, C., & Loughrey, T. (2014). Stalking behaviors by individuals with autism spectrum disorders in

- employment settings: Understanding stalking behavior and developing appropriate supports. *Education and Training in Autism and Developmental Disabilities*, 102-110. Retrieved from <http://www.jstor.org/stable/23880658>
- Pulay, A. J., Dawson, D. A., Hasin, D. S., Goldstein, R. B., Ruan, M. M. W. J., Pickering, M. R. P., ... & Grant, B. F. (2008). Violent behavior and DSM-IV psychiatric disorders: results from the national epidemiologic survey on alcohol and related conditions. *The Journal of clinical psychiatry*, 69(1), 12. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2922980/>
- Roberts, C. (2010). Measuring social attitudes. Surrey: Ashgate Publishing Limited.
- Rosenfeld, B. (2004). Violence risk factors in stalking and obsessional harassment: a review and preliminary meta-analysis. *Criminal Justice and Behaviour*, 31, 9-36. doi: 10.1177/0093854803259241
- Rosenfeld, B., & Harmon, R. (2002). Factors associated with violence in stalking and obsessional harassment cases. *Criminal Justice and Behaviour*, 29, 671-691. doi:10.1177/009385402237998
- Rüsch, N., Angermeyer, M. C., & Corrigan, P. W. (2005). Mental illness stigma: concepts, consequences, and initiatives to reduce stigma. *European Psychiatry*, 20(8), 529-539. doi:10.1016/j.eurpsy.2005.04.004

- Sabbagh, M. (2011). Direct and indirect influences of defendant mental illness on jury decision making. *The University of Central Florida Undergraduate Research Journal*, 5(2), 86 - 96. Retrieved from <https://urj.ucf.edu/docs/Marie%20Sabbagh.pdf>
- Schmider, E., Ziegler, M., Danay, E., Beyer, L., & Bühner, M. (2010). Is it really robust?. *Methodology*, 6, 147-151. doi:10.1027/1614-2241/a000016
- Schultz, A. S., Moore, J., & Spitzberg, B. H. (2014). Once upon a midnight stalker: A content analysis of stalking in films. *Western Journal of Communication*, 78(5), 612-635. doi:10.1080/10570314.2013.809475
- Schwartz-Watts, D., & Morgan, D. W. (1998). Violent versus nonviolent stalkers. *Journal of the American Academy of Psychiatry and the Law*, 26(2), 241-245.
- Scott, A. J., Rajakaruna, N., & Sheridan, L. (2014). Framing and perceptions of stalking: the influence of conduct severity and the perpetrator–target relationship. *Psychology, Crime & Law*, 20, 242-260. doi: <http://dx.doi.org/10.1080/1068316X.2013.770856>
- Sheehan, L., Nieweglowski, K., & Corrigan, P. (2016). The stigma of personality disorders. *Current psychiatry reports*, 18(1), 11. doi:10.1007/s11920-015-0654-1

- Sheridan, L., Davies, G., & Boon, J. (2001). Stalking: Perceptions and Prevalence. *Journal of Interpersonal Violence*, 16, 151-167.
doi:10.1177/088626001016002004
- Spitzberg, B. H., & Cupach, W. R. (2007). The state of the art of stalking: Taking stock of the emerging literature. *Aggression and Violent Behaviour*, 12(1), 64-86. doi:10.1016/j.avb.2006.05.001
- Thomas, S. D., Purcell, R., Pathe, M., & Mullen, P. E. (2008). Harm associated with stalking victimization. *Australian & New Zealand Journal of Psychiatry*, 42(9), 800-806. doi:
10.1080/00048670802277230
- Wang, J., & Lai, D. (2008). The relationship between mental health literacy, personal contacts and personal stigma against depression. *Journal of affective disorders*, 110(1), 191-196. doi
10.1016/j.jad.2008.01.005
- Wayland, K., & O'Brien, S. D. (2013). Deconstructing antisocial personality disorder and psychopathy: a guidelines-based approach to prejudicial psychiatric labels. *Hofstra Law Review*, 42, 519-588.
Retrieved from http://www.hofstralawreview.org/wp-content/uploads/2014/04/BB.6.Wayland-OBrien.final2_.pdf
- Whaley, A. L. (1997). Ethnic and racial differences in perceptions of dangerousness of persons with mental illness. *Psychiatric Services*, 48(10), 1328-1330. doi:10.1176/ps.48.10.1328

Yee, N. Y., Large, M. M., Kemp, R. I., & Nielssen, O. B. (2011). Severe non-lethal violence during psychotic illness. *Australian & New Zealand Journal of Psychiatry*, 45(6), 466-472. doi: 10.3109/00048674.2011.541417

Appendix A

Depression

Every morning Sally visits a café on her way to work. One day James introduced himself to Sally while serving her. He flirted with Sally and then asked her out. Sally declined. James continued to compliment Sally each time she visited the café and asked her out several more times, which she repeatedly declined. On several occasions, James also phoned Sally's workplace. Each phone call ended with Sally telling James that he should not call again as she was not interested. In some of these phone calls, James became tense and derogatory towards Sally and then hung up on her. Sally occasionally noticed James walking a short distance behind her on her way to work or at places she frequently went, like the supermarket. Subsequently, Sally discovered that James had been diagnosed with depression.

Personality Disorder

Every morning Sally visits a café on her way to work. One day James introduced himself to Sally while serving her. He flirted with Sally and then asked her out. Sally declined. James continued to compliment Sally each time she visited the café and asked her out several more times, which she repeatedly declined. On several occasions, James also phoned Sally's workplace. Each phone call ended with Sally telling James that he should not call again as she was not interested. In some of these phone calls, James became tense and derogatory towards Sally and then hung up on her. Sally occasionally noticed James walking a short distance behind her on her way to work or at places she frequently went, like the supermarket. Subsequently, Sally discovered that James had been diagnosed with a personality disorder.

Psychosis

Every morning Sally visits a café on her way to work. One day James introduced himself to Sally while serving her. He flirted with Sally and then asked her out. Sally declined. James continued to compliment Sally each time she visited the café and asked her out several more times, which she repeatedly declined. On several occasions, James also phoned Sally's workplace. Each phone call ended with Sally telling James that he should

not call again as she was not interested. In some of these phone calls, James became tense and derogatory towards Sally and then hung up on her. Sally occasionally noticed James walking a short distance behind her on her way to work or at places she frequently went, like the supermarket. Subsequently, Sally discovered that James had been diagnosed with psychosis.

Substance Misuse

Every morning Sally visits a café on her way to work. One day James introduced himself to Sally while serving her. He flirted with Sally and then asked her out. Sally declined. James continued to compliment Sally each time she visited the café and asked her out several more times, which she repeatedly declined. On several occasions, James also phoned Sally's workplace. Each phone call ended with Sally telling James that he should not call again as she was not interested. In some of these phone calls, James became tense and derogatory towards Sally and then hung up on her. Sally occasionally noticed James walking a short distance behind her on her way to work or at places she frequently went, like the supermarket. Subsequently, Sally discovered that James had been diagnosed with substance misuse.

No Mental Illness

Every morning Sally visits a café on her way to work. One day James introduced himself to Sally while serving her. He flirted with Sally and then asked her out. Sally declined. James continued to compliment Sally each time she visited the café and asked her out several more times, which she repeatedly declined. On several occasions, James also phoned Sally's workplace. Each phone call ended with Sally telling James that he should not call again as she was not interested. In some of these phone calls, James became tense and derogatory towards Sally and then hung up on her. Sally occasionally noticed James walking a short distance behind her on her way to work or at places she frequently went, like the supermarket. Subsequently, Sally discovered that James had never been diagnosed with a mental disorder.

Appendix B

Depression

Depression is a mental disorder in which people experience prolonged low mood, loss of motivation or interest, disturbed sleep or appetite, and may have feelings of hopelessness and thoughts of harming themselves.

Personality Disorder

Personality disorders are conditions in which an individual differs significantly from an average person, in terms of how they think and feel, how they manage these feelings, how they cope with life, and how they relate to other people.

Psychosis

Psychosis describes an individual's perceptions that are different from most other people. Symptoms of psychosis include delusions, where the individual has thoughts or beliefs that are unlikely to be true, and hallucinations, where the individual perceives something that is not there, often hearing voices.

Substance Misuse

Substance misuse refers to a maladaptive pattern of using a substance that leads to a significant impairment in the individual's life, including impacting on their physical and mental health. Substances that can be misused include prescription drugs, illicit drugs and alcohol

Appendix C

PARTICIPANT INFORMATION

Division of Psychiatry & Applied Psychology

School of Medicine, Faculty of Medicine & Health Sciences

Researcher: Katie Sambrooks Katie.Sambrooks@nottingham.ac.uk

Supervisor: Simon Duff Simon.Duff@nottingham.ac.uk

Ethics Reference Number: 210

This is an invitation to take part in a research study about the public's perception of pursuit behaviour. This information is designed to tell you what it will involve.

Your participation is voluntary, and you may change your mind about being involved, or decline to answer a particular question, and without giving a reason. You are free to withdraw at any point before or during the study. For anonymous questionnaires, once you have finished the questionnaire and submitted your answers it is not possible to withdraw the data.

What is the project about?

This project is aiming to investigate perceptions of pursuit behaviour and investigate to what extent characteristics of the persons involved influence these perceptions.

Who is being asked to take part, and why?

Anyone over the age of 18 may take part in this research, as we are interested in the public's' perceptions and opinions.

What will I be asked to do?

You will be asked to read a one paragraph scenario describing the pursuit behaviour of an individual towards another individual. You will then be asked to answer a series of questions regarding your opinions on the scenario. AS we are interested in your opinions, there are no right or wrong answers. A short set of demographic questions will also be asked. However no identifying information, such as name or address, will be recorded. It will take approximately 10 minutes.

What will happen to the information I provide?

The answers you give will be kept anonymous and no identifying information such as your name or address will be required. Data will be stored securely and be destroyed after a period of time.

We believe there are no known risks associated with this research study; however, as with any online related activity the risk of a breach is always possible. We will do everything possible to ensure your answers in this study will remain anonymous.

What will you do with the data?

The data collected will be included in a Masters dissertation. If you would like to learn the results of the study, please feel free to email the above address.

If you have any questions or concerns, please don't hesitate to ask. We can be contacted before and after your participation at the above address.

THANK YOU FOR YOUR PARTICIPATION

If you have any queries or complaints about this study, please contact the student's supervisor in the first instance. If this does not resolve the query to your satisfaction, please write to the Administrator to the Division of Psychiatry & Applied Psychology's Research Ethics Committee (MS-DPAPEthics@nottingham.ac.uk, +44 (0)115 8232214) who will pass your query to the Chair of the Committee.

Executive Summary

As this research concerns the perceptions of the general public, the target audience of this summary is members of the public, particularly those with an interest in stalking or the way in which individuals with a mental disorder are perceived or stereotyped.

Background

Distinguishing innocent dating practices, such as persistent attempts at communication, from acts that constitute stalking is difficult (Schultz, Moore, & Spitzberg, 2014). Therefore, judging which behaviour warrants a label of stalking can be a subjective process (Kinkade, Burns, & Fuentes, 2005). Research has shown perceptions of stalking can be influenced by a variety of factors. However, the presence of a mental disorder diagnosis for the perpetrator is one factor that has received little attention, despite significant rates of mental disorders among stalkers (Rosenfeld, 2004).

The limited previous research has yielded conflicting results. Kinkade et al. (2005) found no significant difference between a vignette that stated the perpetrator had a mental health history and one that did not, in terms of participants ascribing a label of stalking to the described behaviour. In contrast, Landwehr (2016) found participants were significantly less likely

to ascribe a stalking label when the perpetrator in their vignette had a mental disorder diagnosis. The perpetrator with a mental disorder was also perceived as less responsible for their behaviour. However, the presence of a mental disorder did not influence perceptions of the likelihood of violence or anxiety.

Crucially, neither of these studies stated a disorder when giving information about the perpetrator's mental health issues. Since previous research has indicated different disorders may have opposing implications for the likelihood of violence (Rosenfeld & Harmon, 2002), which disorder the perpetrator is diagnosed with may have a significant influence on perceptions of stalking. Further support for differences in perceptions according to diagnosis is provided by Angermeyer and Dietrich's (2006) finding that individuals diagnosed with schizophrenia or alcoholism are more often thought to be violent than individuals diagnosed with depression. As well as differing perceptions of dangerousness, perceptions of an individual's responsibility for their behaviour change with diagnosis (Anglin, Link, & Phelan, 2006).

Aim

In attempt to address these limitations, the current research investigated whether manipulating the disorder the perpetrator is described as being

diagnosed with influenced perceptions of stalking, in terms of the degree to which the behaviour constitutes stalking, and the dangerousness and responsibility of the perpetrator.

Data Collection

384 participants completed an online survey consisting of a one-paragraph vignette describing a stalking scenario and four scale items. There were five versions of the vignette, each describing the perpetrator (James) as having a different diagnosis: depression, personality disorder, psychosis, substance misuse or no history of mental illness. Participants then rated the following items on 0-10-point Likert-type scales:

- To what extent do you think the behaviour constitutes stalking? ('definitely not stalking' to 'definitely stalking')
- How likely is it that James will use violence against Sally? ('highly unlikely' to 'highly likely')
- How likely is it that Sally is experiencing fear or anxiety as a result of James' behaviour? ('highly unlikely' to 'highly likely')
- To what extent do you consider James responsible for his behaviour? ('not responsible at all' to 'totally responsible')

Findings

In direct contrast to Landwehr's (2016) finding, there was no significant difference between any of the mental disorders and the no mental illness condition in terms of whether the behaviour constituted stalking. The present study also found the perpetrator's diagnosis had no significant effect on perceptions of the likelihood of the target experiencing fear.

In contrast, the perpetrator's mental disorder diagnosis did have a significant effect on the perceived likelihood of violence towards the target. Participants perceived that perpetrators diagnosed with a personality disorder were the most likely to be violent, whereas those with depression were the least likely to engage in violence.

There was also a significant effect on perceptions of responsibility. Consistent with previous research showing individuals with mental illness are viewed as less accountable for their behaviour (e.g. Landwehr, 2016), the perpetrator with no history of mental illness was perceived to be more responsible than perpetrators with any of the mental disorder diagnoses. However, it should be noted this difference was significant only for depression and personality disorder. These results may reflect the fact that individuals with different mental disorders are perceived as having

varying levels of responsibility for their condition (Corrigan, Kuwabara, & O'Shaughnessy, 2009).

Implications of Findings

The fact that the particular disorder a perpetrator is diagnosed with can influence perceptions in this way is concerning when considering criminal justice outcomes and the way jurors will perceive a mentally disordered defendant in a stalking trial. If, as the present study suggests, jurors perceive stalking perpetrators diagnosed with personality disorder as more likely to be violent, it is probable these perpetrators will be sentenced more harshly. Additionally, the results with regards to perceptions of responsibility may have implications for the likely success of insanity defences, i.e. the defendant pleading diminished responsibility. However, it is a limitation of the current study that the extent to which participants believed the mental disorder was the cause of the behaviour was not measured. Furthermore, the relative lesser concern paid to stalkers with depression, in terms of both the likelihood of violence and fear, suggests victims may underestimate the risk of harm posed.

Future Research

Future research should aim to address the limitations of the present study. Subsequent studies could investigate the influence of participants'

experience or knowledge of mental illness. Although research is inconsistent, familiarity with mental illness has been associated with decreased perceptions of their dangerousness (Angermeyer & Dietrich, 2006). Additionally, subsequent research should aim to include specific personality disorder diagnoses as there are diagnostic-specific variations in the way personality disorders are perceived (Sheehan, Nieweglowski, & Corrigan, 2016). A further avenue for future studies could be to manipulate whether the perpetrator is receiving treatment for their mental disorder or not. Previous research has shown a mentally disordered individual who is engaged in treatment is perceived as less dangerous (Jorm, Reavley, & Ross, 2012).

References

- Angermeyer, M. C. & Dietrich, S. (2006). Public beliefs about and attitudes towards people with mental illness: a review of population studies. *Acta Psychiatrica Scandinavica*, 113, 163-179. doi: 10.1111/j.1600-0447.2005.00699.x
- Anglin, D. M., Link, B. G., & Phelan, J. C. (2006). Racial differences in stigmatizing attitudes toward people with mental illness. *Psychiatric Services*, 57(6), 857-862. doi:10.1176/ps.2006.57.6.857

- Corrigan, P.W., Kuwabara, S.A., & O'Shaughnessy, J. (2009). The public stigma of mental illness and drug addiction. *Journal of Social Work*, 9, 139-147. doi: 10.1177/1468017308101818
- Jorm, A. F., Reavley, N. J., & Ross, A. M. (2012). Belief in the dangerousness of people with mental disorders: a review. *Australian & New Zealand Journal of Psychiatry*, 46(11), 1029-1045. doi:10.1177/0004867412442406
- Kinkade, P., Burns, R., & Fuentes, A. I. (2005). Criminalizing attractions: Perceptions of stalking and the stalker. *Crime & Delinquency*, 51, 3-23. doi: 10.1177/0011128703262462
- Landwehr, E. (2016). *Perceptions of stalking: The influence of perpetrator mental disorder diagnosis, target-perpetrator gender, and perpetrator persistence* (Master's thesis). Retrieved from <http://ro.ecu.edu.au/theses/1917>
- Rosenfeld, B. (2004). Violence risk factors in stalking and obsessional harassment: a review and preliminary meta-analysis. *Criminal Justice and Behaviour*, 31, 9-36. doi: 10.1177/0093854803259241
- Rosenfeld, B., & Harmon, R. (2002). Factors associated with violence in stalking and obsessional harassment cases. *Criminal Justice and Behaviour*, 29, 671-691. doi:10.1177/009385402237998
- Schultz, A. S., Moore, J., & Spitzberg, B. H. (2014). Once upon a midnight stalker: A content analysis of stalking in films. *Western Journal of*

Communication, 78(5), 612-635. doi:

10.1080/10570314.2013.809475

Sheehan, L., Nieweglowski, K., & Corrigan, P. (2016). The stigma of personality disorders. *Current psychiatry reports*, 18(1), 11.
doi:10.1007/s11920-015-0654-1

Powerpoint Presentation Slides

The Effect of Perpetrator Mental Disorder Diagnosis on Perceptions of Stalking

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Rationale and Aims

- Previous research is scarce
 - Kinkade et al. (2003):
 - No significant difference between a vignette that stated a mental health history and one that did not in terms of ascribing label of stalking.
 - Landwehr (2016):
 - Participants significantly less likely to ascribe stalking label when perpetrator had mental disorder diagnosis
 - Perpetrator with mental disorder perceived as less responsible for behaviour
- Limitation: vignettes did not state particular disorder
 - Likelihood of violence varies between disorders
 - Psychosis = decreased risk, depression, substance misuse or personality disorder = increased risk
 - Different stereotypes for different disorders
 - Individuals with schizophrenia or substance misuse problems more often thought to be unpredictable and violent than individuals with depression (Angermeyer and Dietrich, 2006)
 - Defendants with substance abuse disorder considered more responsible for their actions than those with schizophrenia or depression (Mossière and Maeder, 2016)
- Aim:
 - Investigate whether manipulating the disorder that the perpetrator is described as being diagnosed with will influence perceptions of stalking.

Methods

- Participants
 - N= 384, 109 male and 273 female. Ages ranged between 18 and 83 (M= 35.25, S.D. = 13.73)
- Materials:
 - Online questionnaire featuring vignette based on narrative of Landwehr (2016). Last sentence varied according to mental disorder diagnosis condition:
 - depression, personality disorder, psychosis, substance misuse or no history of mental illness.
 - Participants rated the following items on 0-10 point Likert-type scales:
 - To what extent do you think the behaviour constitutes stalking?
 - 'definitely not stalking' to 'definitely stalking'
 - How likely is it that James will use violence against Sally?
 - 'highly unlikely' to 'highly likely'
 - How likely is it that Sally is experiencing fear or anxiety as a result of James' behaviour?
 - 'highly unlikely' to 'highly likely'
 - To what extent do you consider James responsible for his behaviour?
 - 'not responsible at all' to 'totally responsible'

Results

- Stalking
 - There was no significant effect of perpetrator mental disorder diagnosis on identifying the behaviour as stalking, $F(4, 379) = 1.06, p = .368, \eta^2 = 0.11$.
- Violence
 - There was a significant effect of perpetrator mental disorder diagnosis on perceptions of the likelihood of violence, $F(4, 379) = 3.08, p = .016, \eta^2 = 0.03$.
- Fear
 - There was no significant effect of perpetrator mental disorder diagnosis on perceptions of the likelihood of fear, $F(4, 379) = 0.89, p = .471, \eta^2 = 0.01$.
- Responsibility
 - There was a significant effect of perpetrator mental disorder diagnosis on perceptions of the perpetrator's responsibility for their behaviour, Welch's $F(4, 188.62) = 11.86, p < .001, \eta^2 = 0.11$.

Condition	Stalking		Violence		Fear		Responsibility	
	M	SD	M	SD	M	SD	M	SD
Depression	7.78	2.63	4.69 _{a,b}	2.22	8.03	2.40	7.63 _{a,b}	2.42
Personality Disorder	8.11	2.56	5.85 _a	2.49	8.36	2.60	7.13 _c	2.99
Psychosis	8.42	2.54	5.54	2.22	8.75	1.89	6.40 _{a,c,d}	2.69
Substance Misuse	8.32	2.49	5.71 _b	2.21	8.32	2.36	8.09 _c	2.35
No mental illness	8.23	2.48	5.64	2.23	8.37	2.21	9.11 _{b,c,d}	2.39

Note: column means sharing subscripts are significantly different.

Implications

- Stalking
 - In contrast with Landwehr's findings, but in line with Kinkade et al.'s
 - Effect of scale as opposed to categorical yes/no response?
- Violence
 - Fact that perpetrators with psychosis or depression were viewed as less likely to be violent than a perpetrator with no mental illness is surprising given the stereotype of mentally ill individuals as violent (Angermeyer & Dietrich, 2006).
 - Findings in line with previous studies demonstrating individuals diagnosed with schizophrenia or alcoholism are more often thought to be unpredictable and violent than those with depression (Angermeyer & Dietrich, 2006).
- Fear
 - In line with Landwehr's finding that presence of a non-specified mental disorder did not influence perceptions of the likelihood of anxiety.
- Responsibility
 - Consistent with previous research showing individuals with mental illness are viewed as less accountable for their behaviour (e.g. Berryessa et al., 2016; Landwehr, 2016).
 - Results may reflect the fact that individuals with different mental disorders are perceived as having varying levels of responsibility for their condition (Corrigan et al., 2009).

Suggestions for Future Research

Future research could investigate influence of:

- Experience or knowledge of mental illness
 - Familiarity with mental illness and personal contact with an individual with a mental disorder has been associated with decreased perceptions of their dangerousness (Angermeyer & Dietrich, 2006; Penn, Schumm, Mansfield, & Link, 1999).
 - But Wang and Lai (2008) found perceptions of dangerousness did not depend on knowledge about depression or personal contact
- Specific personality disorder diagnoses
 - There are diagnostic-specific variations in the way that personality disorders are perceived by the public (Sheehan et al., 2016).
- Whether the perpetrator is receiving treatment or assistance or not
 - E.g. Landwehr (2016) described perpetrator as being in a programme designed to assist mental disordered individuals to find employment
 - Mentally disordered individual that is engaged in treatment reduces the perception that they are dangerous (Lewin et al., 2012).

References

- Angermeyer, M. C., & Dietrich, S. (2006). Public beliefs about and attitudes towards people with mental illness: a review of population studies. *Acta Psychiatrica Scandinavica*, 113(3), 163-179.
- Berryessa, C. M. (2016). Judges' views on evidence of genetic contributions to mental disorders in court. *The Journal of forensic psychiatry & psychology*, 27(4), 566-600.
- Corrigan, P. W., Kuwabara, S. A., & O'Shaughnessy, J. (2005). The public stigma of mental illness and drug addiction: Findings from a stratified random sample. *Journal of Social Work*, 9(2), 139-147.
- Jorm, A. F., Reavley, N. J., & Ross, A. M. (2012). Belief in the dangerousness of people with mental disorders: a review. *Australian & New Zealand Journal of Psychiatry*, 46(11), 1029-1045.
- Kinkade, P., Burns, R., & Fuentes, A. I. (2003). Criminalizing attractions: Perceptions of stalking and the stalker. *Crime & Delinquency*, 51, 3-23. DOI: 10.1177/0011287003062602
- Landwehr, E. (2016). *Perceptions of stalking: The influence of perpetrator mental disorder diagnosis, target-perpetrator gender, and perpetrator persistence*. Retrieved from <http://ro.ecu.edu.au/theses/1917>
- Mossière, A., & Maeder, E. M. (2016). Juror decision making in not criminally responsible on account of mental disorder trials: Effects of defendant gender and mental illness type. *International journal of law and psychiatry*, 49, 47-54.
- Penn, D., Kommana, S., Mansfield, M., & Link, B. (1999). Dispelling the stigma of schizophrenia: The impact of information on dangerousness. *Schizophrenia Bulletin*, 25, 437-446.
- Sheehan, L., Niewegłowski, K., & Corrigan, P. (2016). The stigma of personality disorders. *Current psychiatry reports*, 18(1), 11.

Reflective Report of Research Activities

This reflective report will loosely follow Gibbs (1988) model of reflective practice. The reflective cycle involves answering six questions about a significant experience:

- What happened?
- What were my feelings and thoughts?
- What was good and/or bad about the experience?
- What is my personal interpretation of the situation?
- What other ways are there to respond to the event?
- What have I learnt from this situation? If it arose again, what would I do?

Conceptualisation

At the beginning of the year, my initial proposal surrounded a research project investigating the effect of perceived coercion on therapeutic alliance for patients in a forensic inpatient setting. However, when my supervisor received confirmation on 31st October that the external organisation was unable to facilitate this research, I had to conceptualise a new project. Initially, I was both disappointed and frustrated as I had invested a lot of time and effort into the background research to support this proposal and was looking forward to conducting research within a

forensic service. I was excited about the opportunity to witness a multidisciplinary team working together and to see how research fits within this. I would hope that in the future, if the course continues to offer the opportunity to take part in external projects, it is ensured that the external organisations have the capacity to fulfil these projects before they are presented to students. In hindsight, this project would have been a struggle time-wise because of the likelihood of requiring NHS ethics and so this may have actually been a blessing in disguise. Upon reflection, I could have been simultaneously developing a back-up project to alleviate the stress of having to come up with a completely new proposal in a relatively short time frame. Instead, the current project came about when I considered what would have been the difficulties with the initial project and how best to avoid them. In an attempt to circumvent the practical complications that would have come with using a patient population, I contemplated topics that could use the general population as participants. While keeping this in mind and considering topics that aligned with my supervisor's interests, I decided to investigate the public's perception of stalking. If I was in a similar situation again, I would ensure that I had several options in development and consider the practical implications of any research from the beginning.

Preparation and Design

Once I had identified that I wanted to investigate the public's perception of stalking, I endeavoured to find a factor that may have influence over perceptions but had received limited attention in previous research. I did this by conducting a lengthy literature search. Thankfully, due to my previous experience as a research assistant conducting systematic reviews I found this a relatively easy process. I found that only two articles (Kinkade, Burns & Fuentes, 2005; Landwehr, 2016) had investigated the influence of perpetrator mental disorder on perceptions of stalking. In the discussion of their study, Landwehr (2016) identified several limitations of their own research which could be seen as avenues for future research. For example, manipulating whether the perpetrator had past or present mental health issues, whether the perpetrator was engaged in treatment or not or the particular disorder the perpetrator was diagnosed with. Deciding which variables to manipulate was a lengthy process, that was aided by supervision. I was unsure on how complex a Masters level project should be and was overcomplicating the proposal by involving too many independent variables. My supervisor helpfully highlighted that it may be useful to consider which research question was most fundamental or challenging to what we know and that it was important to keep in mind the practicalities of completing the research within the allotted time frame. In the future, I shall attempt to keep this approach in mind when trying to decide what is most pertinent to investigate. In light of this advice, I decided to investigate the effect of

the perpetrator's specific diagnosis on perceptions as there was a wealth of literature concerning the public's stereotype of mentally disordered individuals as dangerous and on the influence of mental disorders on the likelihood of violence in stalking situations.

The disorders that were included in the research were chosen largely on the basis of research that has investigated the prevalence of violence in stalking situations. However, there are of course many other disorders that could have been considered. During the write-up stage of this project, I considered the limitations of the research and several surrounded the choice of disorders. For example, the fact that autism spectrum disorders (ASD) were not included, despite the fact that individuals with ASD may unintentionally engage in stalking behaviours because of a lack of social understanding (Post, Haymes, Storey, Loughrey, & Campbell, 2014). Likewise, the omission of specific personality disorder diagnoses was a limitation because there are diagnostic-specific variations in the way that personality disorders are perceived by the public (Sheehan, Niewglowski, & Corrigan, 2016). In retrospect, during the design stage I could have considered further diagnoses and not limited myself to those considered in violence prevalence literature. For all future research projects, I will attempt to allow myself more time to fully consider the research question and the

choice of variables to ensure I'm not overcomplicating the project, but also not limiting the research and opening it up to criticism.

Once the research question was operationalised, I began the ethics application. I was initially concerned about the timeframe but the ethics procedure was surprisingly efficient. After helpful feedback from my supervisor once I had completed my first draft on 5th January, it was submitted to the ethics committee on 31st January. I received minor amendments on 6th February and subsequently final approval on 16th February. I think the fact that this process was completed so quickly is somewhat testament to my communication of my research idea and the associated ethical issues. I was also pleased that I was able to effectively manage my time, with regards to balancing other deadlines and commitments, so that this application was put forward relatively early in the year. This allowed me a greater length of time to collect data, and concentrate on the write up of the research. In the future, I would aim to take a similar approach and complete the application as soon as possible, in case of any delays in the process or the need to make major amendments.

Data Collection

During the proposal stage of the research, it was estimated that I would collect data from approximately 200 participants. However, as ethical approval was achieved early and I had a greater time-period than expected for data collection, it was suggested by my supervisor that I continue. I finished with 384 participants. Initially, I struggled to get participants through just my own social media following. However, after some investigation I found many other pages and sites for sharing research and advertising studies to potential participants. After witnessing the struggles of other students to recruit participants when they were looking for very specific populations – for example, staff that implemented therapeutic interventions – I was grateful that my study required members of the general public and had very few restrictions on potential participants. For any subsequent research projects, I will make a concerted effort to keep in mind from the outset the practical implications of recruiting participants.

One struggle I encountered when collecting data was the way in which Bristol Online Survey allowed you to screen out potential participants. As it only allowed one screening question per page, I could not design it so that each consent question required a yes response or the participant would be excluded from the study. Therefore, I had to manually identify if any participants had answered no to any of the consent questions. This was time-consuming and left the consent process open to human error.

Consequently, in future studies I would attempt to either use a different service to distribute any surveys or reword the consent page so that participants were automatically excluded on the basis of not giving full consent.

Data Analysis

The choice of statistical test to use on the data was not immediately clear. As there were multiple dependent variables, the most appropriate choice may have been to complete a MANOVA to allow us to also ascertain the relationship between the dependent variables. However, the data violated the assumptions of the MANOVA. Therefore, I decided to complete four one-way ANOVAs. Although the data also violated the normality and homogeneity of variance assumptions of ANOVA, research has shown that ANOVA is robust to violation assumptions (e.g. Schmider, Ziegler, Danay, Beyer, & Bühner, 2010; Norman, 2010). Furthermore, it allowed me to compare the results against the results of the non-parametric Kruskal-Wallis tests. Having to make these decisions made me aware that I was not as comfortable with statistics as I first thought.

Write-Up

As I had invested a lot of time early on in the research process, I had a great wealth of background research which made writing the introduction easier. However, on reflection I perhaps should have allowed myself more time for writing the discussion section. Additionally, one thing I would do differently is to keep better track of references as I was writing, to avoid a lengthy task and added stress at the end of the project.

References

- Gibbs, G (1988) Learning by doing: a guide to teaching and learning methods. Oxford: Further Education Unit, Oxford Polytechnic.
- Kinkade, P., Burns, R., & Fuentes, A. I. (2005). Criminalizing attractions: Perceptions of stalking and the stalker. *Crime & Delinquency*, 51, 3-23. DOI: 10.1177/0011128703262462
- Landwehr, E. (2016). Perceptions of stalking: The influence of perpetrator mental disorder diagnosis, target-perpetrator gender, and perpetrator persistence. Retrieved from <http://ro.ecu.edu.au/theses/1917>
- Norman, G. (2010). Likert scales, levels of measurement and the "laws" of statistics. *Advances in Health Sciences Education*, 15, 625-632. **DOI:** 10.1007/s10459-010-9222-y
- Post, M., Haymes, L., Storey, K., Loughrey, T., & Campbell, C. (2014). Understanding stalking behaviors by individuals with Autism

Spectrum Disorders and recommended prevention strategies for school settings. *Journal of autism and developmental disorders*, 44(11), 2698-2706.

Schmider, E., Ziegler, M., Danay, E., Beyer, L., & Bühner, M. (2010). Is it really robust?. *Methodology*, 6, 147-151.

<https://doi.org/10.1027/1614-2241/a000016>

Sheehan, L., Nieweglowski, K., & Corrigan, P. (2016). The stigma of personality disorders. *Current psychiatry reports*, 18(1), 11.