

PROBLEM BEHAVIOURS

General Tips for Exploring Problem Behaviours

What are problem behaviours?

Problem behaviours are those that can result in physical harm or significant psychological trauma to others. The Community Forensic Outreach Service (CFOS) defines problem behaviours as behaviours which place a consumer at risk of incurring criminal charges *and* have the potential to result in significant harm to others.

Problem behaviours include:

- Stalking (repeated unwanted contact)
- Problematic sexual behaviours
- Fire-setting
- Fixation with a cause, grievance, ideology (including extremist beliefs), or with a person which has the potential to lead to the consumer engaging in serious harm.

This document:

This Tip Sheet provides general strategies for obtaining relevant information about different types of problem behaviours. This guide only relates to exploring problem behaviours and does not replace other types of clinical practice. Staff should only adopt these strategies when they are comfortable to do so. Staff are advised to seek assistance from a senior clinician or specialist forensic service where needed.

Overall Guidelines

General recommendations for assessing risk related to problem behaviours include:

- Seek informed consent from the consumer or family member to explore the problem behaviour identified, and be clear about duty of confidentiality
- Obtain information about the Problem Behaviour and the context of the problem behaviour.
- Liaise with CFOS or CYFOS for advice about how to assess risk and whether a referral for a Specialist Forensic risk assessment is indicated
- Continue to liaise with CFOS / CYFOS if indicated
- Complete the Tier 1 risk screen and the VRAM if applicable

Below is some general advice about examining the Problem Behaviours. This information is a broad overview of how to identify the problem behaviour and engage the consumer in discussion about the behaviour. This process is not equivalent to a structured risk assessment for the problem behaviour and any subsequent advice from CFOS or CYFOS overrides this document.

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Stalking

What is Stalking?

According to the Queensland Criminal Code, unlawful stalking is contact that is intentionally directed at a person that occurs over a single sustained period of time (eg. following someone for an entire day) or more than once, is unwanted and can be harassing, intimidating or threatening. Contact can include: phone calls, text messages, following, attending the victim's house or workplace, giving gifts, property damage and also social media posts.

People who engage in stalking can be very different in their victim type, nature of stalking behaviour, their intentions regarding harm to the victim (some want to harm their victim while others might want to befriend the victim) and the insight into their behaviour.

A consumer may have engaged in stalking even if they have not been charged with stalking. Many people who stalk are charged with other types of criminal offences, such as Use of Carriage Service to Menace/ Harass, Public nuisance, Common Assault, or Trespass. Some are not charged at all and the police might encourage the victim to pursue a civil sanction, such as a Restraining Order, rather than a criminal charge.

The psychological distress caused to the victim can be severe and as such stalking is viewed as a type of violence. Stalking can be distressing for the victim even when the stalker does not intend to harm them, for example the stalker is polite or leaves gifts.

General Tips for Exploring Stalking.

- The term stalking can be stigmatising for some consumers and many people who engage in stalking behaviour do not identify themselves as a "stalker". When asking about stalking ask questions about the behaviour that was involved in the stalking.

Use alternate words to ask about their behaviour, for example "how much communication have you had with xxx? How many times per day would you call them/ message them/ look at their Facebook profile? Tell me about the ways you have tried to communicate with xxx."

- Stalkers have lower rates of psychosocial functioning and can be at risk of suicide.
- Identify any links between the stalking behaviour and mental illness symptoms.
- Ask about their relationship with the victim(s) of the stalking.
- Ask why they were contacting or approaching the victim(s).
- Determine imminent risks of harm to others and manage these accordingly.
- Consider any risk of harm to the stalker and manage these accordingly.
- Stalking assessments are complex and require the assistance of specialist forensic service.

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Problematic Sexual Behaviours

Interviews about sexual behaviours can be challenging for mental health staff and embarrassing or confronting for consumers. Understandably, there is a strong social stigma attached to sexual offending and sexually inappropriate behaviour. For consumers who engage in this behaviour, cognitions (such as minimisation or denial) can result in unreliable statements about an offence. Interviews regarding problematic sexual behaviours need to be conducted sensitively and ideally by a senior clinician. Structured sexual violence risk assessments need to be conducted by experienced forensic clinicians.

A sexual violence risk assessment can be conducted for any consumer who has engaged in illegal sexual activity, even if they have not been charged. For example, a consumer who has sexual non-consensual intercourse on an inpatient ward or who deliberately exposes their genitals to others on the ward.

The relationship between mental illness and sexually inappropriate behaviour can be complex. Some sexual offending is driven exclusively by mental illness but the relationship between offending and mental illness is often indirect.

General Tips for Exploring Problematic Sexual Behaviours

- If the consumer has been convicted or had their case heard in mental health court, review the court reports to obtain information about their offence.
- A psychosexual history can provide insight into the consumer's sexual behaviour however a sexual history interview should only be done by experienced staff who feel comfortable exploring this information.
- Consider whether the consumer's mental illness increases their sex drive and / or their disinhibition.
- Record who was the sexual behaviour directed at, e.g. Case manager, strangers, neighbour, etc
- If possible identify the symptomatology present at the time of the sexual behaviour
- Document specific examples of problematic sexual behaviour, e.g. What did the consumer do? Were they sexually aroused at the time? What were they saying at the time?
- Note the context in which the behaviour occurred, e.g. on the ward, during a group, etc
- Discuss the case with senior staff
- Ensure the safety of the consumer and others.
- Be aware of your own prejudices or triggers regarding sexual violence.

Exploring sexually problematic behaviours can be difficult and may require the assistance of a specialist forensic service.

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Fire Setting

There is no specific validated tool for assessing fire setting risk posed by psychiatric populations however there is credible research in this area. There are numerous reasons that people with mental illness light fires, including due to psychosis, revenge or anger, and suicide attempts.

For repeat fire setters, preliminary research has identified some risk factors^{1,2} including:

- A history of engaging in criminal activity (including activity other than arson)
- Diagnosis of a serious mental illness, such as Bipolar Disorder or Schizophrenia
- A history of substance misuse
- Having a personality disorder, in particular anti-social personality disorder.
- Younger age at first instance of fire setting
- Total number of fires set (even small fires)
- Past childhood history of firesetting

General Tips for Exploring Fire Setting

- What is the relationship between their symptoms of mental illness and the fire setting?
- Have a good understanding of the consumer's fire setting history and how many fires have they lit?
- Ask about how they tend to light fires – with matches?, with petrol?, etc.
- When the consumer engages in fire setting, do they have one site of fire or multiple sites of fire?
- Do they buy materials to engage in fire setting in advance? For example, petrol or lighter fluid? Do they light fires impulsively?
- What does the consumer do after lighting the fire? Do they watch the fire, try to extinguish the fire, etc?
- What is their general interest in fire and fire related issues (e.g)
- Determine imminent risks of harm to others and manage these accordingly.

Refer to a specialist forensic service as needed.

1 Ducat, L., McEwan, T.T., & Ogloff, J.R. (2015). An investigation of firesetting recidivism: Factors related to repeat offender. *Legal and Criminological Psychology, 20*, 1-18.

2 Rice, M. E., & Harris, G. T. (1996). Predicting the recidivism of mentally disordered firesetters. *Journal of Interpersonal violence, 11*(3), 364-375.

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Targeted Threats of Violence

Targeted threats of violence are threats to harm in which the victim is identified. The victim could be an individual or place (for example, mental health centre, Centrelink office). Targeted threat assessment differs from general violence risk assessment in that there tends to be an identified target and an observable trajectory between threat and violence towards the target.

There is no specific validated tool for assessing threats of violence made by people consumers with mental illness. There is some research in the area which outlines a range of potential indicators that a threat is progressing to actual violence however research and validation is required. .

General Tips for Exploring Targeted Threats of Violence

- Do not assume that threateners who do not have a history of violence will not act on the threat.
- Consider the role that mental illness symptoms play in the threat.
- Record the threat as it was stated, eg. The exact content of the threat.
- Where possible, record the context of the threat, eg. “Consumer X threatened staff member Y due to psychotic beliefs about the staff member”.
- Take appropriate steps to manage the situation and prevent imminent violence. Incorporate threats and threat management into the overall risk management plan.
- Determine if the threatener has plans to follow through on the threat.
- Ask if the threatener has the ability or capacity to follow through on the threat, for example, do they know where the victim lives, do they have access to the potential victim, etc?
- Threat assessments are specific to the threat at hand, if another threat is made another threat assessment is indicated.
- Let others know that a threat was made: tell the team, communicate the threat at handover, put an Alert on CIMHA, etc.

While there are no validated tools for assessing threats of violence currently, there are threat assessment frameworks available in the literature (see references). When choosing a framework, it is important to consider the population on which the research was based.

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Exploring Problem Behaviours related to Fixation with a Cause, Grievance, Ideology or Person.

Pathological fixations are defined as intense preoccupations that are pursued to an excessive or irrational degree. Sometimes these fixations can take over a person's whole life preventing them from functioning. There can be an overlap between mental illness, particularly delusional disorders, and fixation.

Fixation can result in a range of problem behaviours including: threats, physical violence, stalking, lone actor violent extremism, and engagement with an extremist group.

General Guidelines for Exploring Problem Behaviours related to Fixation.

This is a brief overview of options for further exploring the fixation and any associated risks. Risk assessment in this area can be complex and difficult and beyond the scope of this document, for this reason, the forensic specialist services would be a good resource.

- Liaison with a forensic specialist service should be strongly considered due to the complex nature of assessing for risk associated with fixation.
- Find out about the nature of the fixation. For e.g. is the consumer preoccupied with a person, or with a situation that did not go in their favour, or an ideology or belief.
- How much time do they spend on their fixation / cause?
- What role does mental illness play in the fixation?
- Do they have any thoughts of taking action with regards to their fixation, e.g. approaching someone, getting revenge, hurting others.
- Ensure the safety of others and the consumer.

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