Australian Government
Australian Institute of Criminology

Research in Practice 48

Targeting fixated individuals to prevent intimate partner homicide: Proposing the Domestic Violence Threat Assessment Centre

Timothy Cubitt, Anthony Morgan, Christopher Dowling, Samantha Bricknell and Rick Brown

Abstract | Intimate partner homicide (IPH) is one of the most common forms of homicide in Australia. Despite rates falling over time, it remains the most common homicide threat for Australian women, who are the victims of three-quarters of all IPH incidents.

Recent research has viewed some IPH perpetrators as being motivated by fixation and grievances. These fixated perpetrators hold an intense preoccupation with an individual, which may be driven by a grievance, during the acute phases of risk. In this paper we propose a trial of the Domestic Violence Threat Assessment Centre (DVTAC). Modelled on the Fixated Threat Assessment Centres, the DVTAC could offer a multi-agency approach to information gathering, monitoring and intervention among high-risk domestic violence offenders during periods of acute risk.

Introduction

Considerable recent public debate has focused on preventing intimate partner homicide (IPH). Despite concerns about the threat to victim safety, relatively few programs have been specifically designed to prevent homicide. This paper explores whether and how a model designed to intervene with fixated individuals—Fixated Threat Assessment Centres (FTACs)—could be applied to the prevention of IPH.

Incidence of intimate partner homicide in Australia

IPH is one of the most common forms of homicide in Australia, with the murder or manslaughter of an intimate partner comprising almost a quarter of all homicides recorded by state and territory police between 1989–90 and 2022–23 (Miles & Bricknell 2024). Women are the victims in three-quarters of these incidents. Since the early 1990s, there have been 1,667 female victims of IPH, or an average of 49 women killed each year by their current or former intimate partner. The rate of IPH against women decreased overall by 66 percent during the 34-year period to 2022–23 and current rates of IPH are among the lowest recorded (Miles & Bricknell 2024). Yet IPH remains the most prevalent homicide threat for Australian women. Almost six in 10 women victims of homicide in Australia each year are killed by their intimate partner and this proportion has persisted as the overall homicide victimisation rate for women has decreased.

The National Plan to End Violence Against Women and Children's *First action plan 2023–27* targets a 25 percent reduction in female victims of IPH per year. Further reductions in IPH require examination of the growing body of analysis on the circumstances precipitating the homicide of an intimate partner and, specifically, the identification of intervention options for those at highest risk of perpetrating lethal violence.

Box 1: Who are fixated threats?

Fixation refers to an intense preoccupation with an individual, place or cause pursued to an excessive or irrational degree (Mullen, Pathé & Purcell 2009). Fixated threats who pose a significant risk to community safety may warrant multi-agency intervention and ongoing monitoring. Most research on fixated threats focuses on aspects of their demographics, behaviours and motivations, including the incidence of criminal offending. For example, research suggests that fixated individuals who pose an escalating concern for violence commonly have criminal records (46%, Gill et al. 2021; 88%, Riddle et al. 2019; 90%, Scalora et al. 2020), as well as high rates of prior contact with mental health services (55%, Gill et al. 2021; 86%, Riddle et al. 2019). Additionally, some individuals have interactions with both police and mental health services independently prior to being identified as fixated (75%, Riddle et al. 2019).

Fixated Threat Assessment Centres

In 2013, the first FTAC outside of Europe was established in Queensland, Australia. Modelled on the approach pioneered in the United Kingdom in 2006, the Queensland FTAC brought together law enforcement and health services to assess and manage the threat posed by lone-actor fixated individuals (Pathé et al. 2015). In August 2017, the Australia New Zealand Counter-Terrorism Committee agreed to introduce FTACs into practice, an agreement that was endorsed by the Council of Australian Governments in October of the same year. FTACs provide a model for identifying, assessing, triaging and intervening with fixated individuals, specifying the use of assessment tools, triage processes, stakeholders and support mechanisms required in interventions. The core innovation of the FTAC was collaboration and co-location between police, mental health and other relevant stakeholders to assess the risk posed by an individual in the community and, where appropriate, to develop a multi-agency management strategy to reduce the risk of violence.

Box 2: What makes the Fixated Threat Assessment Centre model unique?

FTACs are situated among a suite of countering violent extremism initiatives. They fill a critical gap by providing a service at the intersection of law enforcement and mental health, with the goal of introducing a therapeutic intervention during an acute phase of risk for fixated individuals. The management of these individuals is supported by intensive surveillance and interagency intelligence sharing, principally provided by law enforcement. While policing and security entities play a critical role, the prevention approach of FTACs relies on collaboration and information sharing between a range of law enforcement, health, social welfare and community organisations.

Several features are common across FTACs implemented in Australia and overseas:

Referral process

FTACs receive referrals from a diverse range of sources. FTACs were originally intended to receive referrals from individuals in prominent public positions, who had become aware of increasingly fixated individuals. These may include members of parliament or their offices, protective personnel, or communications staff. Referrals may also be made internally by police and mental health services.

Multi-agency collaboration to support risk and threat assessment

A key aspect of the FTAC is the co-location of police, mental health practitioners and other stakeholders. This co-location arrangement breaks down barriers to quick information sharing, allowing a multi-agency approach to assessing the threat posed by a fixated individual using information immediately available from a range of agencies.

Surveillance and case management

Once a case is accepted for management by an FTAC, the individual is continuously monitored and assessed, to identify escalation and whether immediate intervention may be required. This aspect of the FTAC features law enforcement leveraging intelligence data and assisting mental health engagement with individuals who may pose a risk. The collaborative nature of the FTAC facilitates ongoing and immediate information sharing as cases are managed in the community.

Mental health support

While law enforcement surveillance is key to ensuring the safety of the community, treatment from community services is facilitated by the mental health arm of the FTAC. These supports are central to reducing the threat posed by fixated individuals. In the event of a sudden escalation, the co-location of staff means this information can be transferred immediately to law enforcement for intervention, depending upon need.

The research on fixated threats establishes important behavioural risk factors that may signal escalating risk of violence, such as harassment, stalking, threats or aggression (Adams et al. 2009; James et al. 2016; Pathé et al. 2016). Fixated threat research discriminates between those who approach the target of their fixation and those who do not (Eke et al. 2014; James et al. 2010; Meloy et al. 2011; Scalora et al. 2002; van der Meer, Bootsma & Meloy 2012). Those who approach the target of their fixation pose a greater threat than those who either do not approach or attempt to communicate from a distance. Factors such as mental health (James et al. 2008; Scalora et al. 2002), motivation (James et al. 2010; McEwan et al. 2012) and a history of criminal justice contact or violence (Eke et al. 2014) are often used to differentiate between those who approach the target and those who attempt to communicate but do not approach.

Box 3: What role do grievances and extreme-overvalued beliefs play in fixation?

A grievance refers to an individual believing they have been subject to an injustice, generating feelings of outrage, desperation and at times a sense that they have been victimised (Pathé et al. 2018). Harden and colleagues (2019) found that grievances played a role in IPH, particularly when they emerged from the end, or anticipated end, of a relationship. The function of these grievances was at times complex. For example, a refusal to reconcile a relationship could arise as a standalone grievance, but it may also heighten other grievances.

Extreme-overvalued beliefs are rigid views that may be held by an individual or shared by others in an ideological or subcultural group. These beliefs feature an intense emotional commitment, at times supporting the use of violence (Rahman et al. 2020). Rahman et al. (2019: 2) described extreme-overvalued beliefs as a 'driver of fixation responsible for violence motivated by political, religious, racial, sexual or other shared ideologies, often fuelled through online interaction'. Those with extreme-overvalued beliefs are similar to fixated individuals but tend to function relatively normally in public-facing parts of their life, meaning they may not attract the attention of community mental health services or law enforcement.

Links between homicide perpetrators and fixated threats

There is growing recognition of the significance of coercive control in intimate partner violence (Stark 2007). Coercive control refers to the pattern of behaviours that results in the micro-regulation of the lives of victim-survivors (Stark & Hester 2019). Perpetrators of coercive control are frequently motivated by the desire to dominate and control their intimate partner (Johnson 2010) often by using physical, emotional, psychological, financial and social forms of abuse. These behaviours are commonly reported by victims of intimate partner violence (Boxall & Morgan 2021), while coercive control features among almost all cases of IPH examined by the Australian Domestic and Family Violence Death Review Network (2022). In some cases, this pattern of controlling behaviour can become so serious that it escalates to behaviours typical of fixated individuals, such as stalking and harassment.

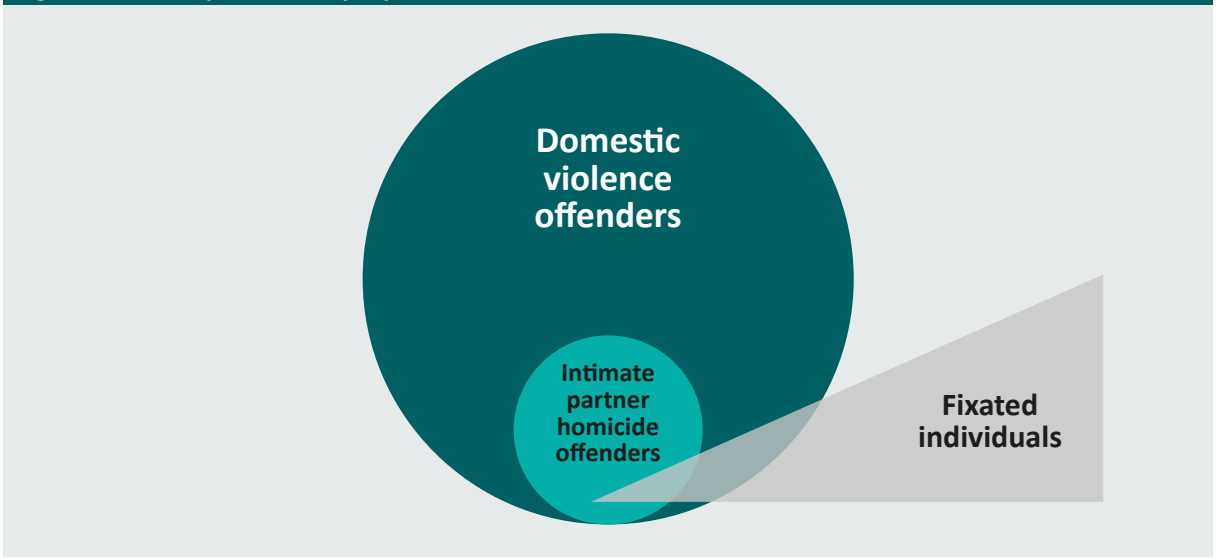
In the context of IPH, separating from an intimate partner, or attempting to end a relationship, may be an important component of grievance development (Monckton-Smith 2020), particularly in circumstances where the victim finds a new partner or where children are involved (Cooper, Pathé & McEwan 2022). There is a risk that a violent partner will escalate the violence, including by using lethal violence, in an attempt to maintain or reassert their control (Monckton-Smith 2020).

In 2022, the *Pathways to intimate partner homicide* project found that roughly one in three cases of IPH featured a perpetrator who demonstrated elements of fixation towards their victim (Boxall et al. 2022). In this report, fixated perpetrators were typically functional in public-facing areas of their life, but their relationships were characterised as controlling. Grievances among perpetrators of domestic violence (DV) or IPH could be conceptualised as misplaced feelings of injustice or victimhood emerging from a relationship ending or their former partner establishing a new relationship. Grievances often coincided with changes in perpetrator behaviour, including the monitoring and stalking of victims, both offline and online. These grievances intensified, alongside their escalating behaviour, before the perpetrators used extreme forms of violence, typically as a means of re-establishing control. The principal point of escalation among fixated IPH perpetrators was when a relationship was ending.

Recent research provides a strong rationale for viewing a significant proportion of IPH perpetrators as motivated by grievance (Cooper, Pathé & McEwan 2022) and as fixated upon their victim. However, it is also notable that when focusing on perpetrators who are generally driven by a grievance, IPH perpetrators emerge as a core group. For example, in a recent study of grievance-fuelled perpetrators in Australia over a 10-year period, around one-quarter were found to be IPH perpetrators (Corner & Taylor 2023). Those who are motivated by grievance should be considered high risk for severe violence against a current or former intimate partner and, as a result, the overarching framework guiding threat assessment for fixated or grievance-motivated violence may also apply to high-risk domestic violence perpetrators (Clemmow et al. 2020). Law enforcement or health agencies in isolation will rarely have the information needed to identify these perpetrators as they escalate toward violence. However, while individual agencies may struggle to identify and manage these individuals, the multi-agency FTAC model may provide a translatable solution.

The relationship between fixated individuals, DV and IPH is represented in Figure 1. Fixated individuals are involved in some cases of IPH, while many fixated individuals do not perpetrate DV of any kind. There is also a group—the size of which is unknown—of fixated individuals who perpetrate DV but do not go on to commit IPH (possibly because their fixation is targeted at people other than their intimate partners).

Figure 1: Overlap between perpetrators



The role of mental health

The relationship between mental health and DV, including IPH, is complex, and whether declining mental health is a direct cause of the abuse is contested. There is evidence that a significant minority of perpetrators have underlying mental health issues and that threats of suicide and self-harm may be higher among homicide offenders than among those who do not escalate (Hulme, Morgan & Boxall 2019). According to Boxall et al. (2022), 42 percent of the fixated individuals presented with mental health issues. Further, these fixated individuals demonstrated a range of other cognitive and behavioural risk factors related to their use of violence, with IPH the outcome of a complex interplay of individual and situational factors.

Could an adapted FTAC model work for high-risk domestic violence perpetrators?

Increased visibility of perpetrators

When cases are managed by individual agencies such as police or community health alone, those motivated by grievance may initially present as lower risk and appear to undergo successful diversion to existing agencies. This is because each agency may have only part of the story detailing the true degree of risk that the fixated individual poses. The FTAC model could potentially be applied to a range of violent crimes where intelligence sharing is needed, including stalking, terrorism and murder. This model adapts detection and referral pathways, enables data and intelligence sharing, and strengthens collaboration between health services and police. By moving beyond conventional criminal justice information sources and including health services, opportunities for informed risk assessment may improve. For example, Mitchell (2020) showed that, among a sample of psychiatric inpatients, 55 percent of those who made a threat while an inpatient escalated to violence in the community within 24 hours, demonstrating how information sharing between mental health services and police can be instrumental in intervening prior to violence.

Improved surveillance of perpetrators in the community

There are behaviours which may signal escalating fixation that are difficult for police and mental health services to detect. These including stalking, which is particularly difficult to detect when it is technologically facilitated and when police are not proactively seeking information on an individual. However, there is evidence that online and offline stalking is often present prior to IPH. In many cases, the male perpetrator's involvement in stalking was a unique risk factor in the pathway to the lethal violence occurring (Boxall et al. 2022). The example of stalking is important; police or mental health services may not be able to detect incidents of stalking, but victim-survivors are often able to report that they are experiencing stalking by a current or former intimate partner. Ultimately this supports the importance of additional referral pathways and of information beyond that held by law enforcement or mental health services in isolation being used in determining the risk of escalation among fixated DV perpetrators. The additional pathways and collaboration between sectors inherent in this operational model would improve the surveillance of perpetrators in the community, creating opportunities for threat assessment and prevention.

Intensive support for perpetrators during periods of heightened risk

Humphreys and Healey (2017) noted that responses to reporting often depended on service capacity at the time and that there was difficulty accessing help through conventional reporting pathways. Similarly, there were differences in how perpetrators could be processed into intervention services during periods of heightened risk. The FTAC model allows intervention to help reduce the risk of violence; however, it also creates an opportunity for intensive support to de-escalate perpetrators during the periods of greatest risk.

What could a Domestic Violence Threat Assessment Centre look like?

To increase the visibility of DV perpetrators who engage in escalating fixated or grievance-motivated behaviours, we propose an alternative approach to managing DV offenders who present an unacceptable risk of violence, based on the FTAC operating model. The Domestic Violence Threat Assessment Centre (DVTAC) would broaden existing referral pathways and establish new pathways, allowing community services assisting victim-survivors to identify cases they believe to be high risk for violence. The DVTAC could gather information held across agencies and sectors and deploy a focused intelligence-led policing approach to better assess fixated and grievance-motivated individuals for risk of perpetrating severe forms of DV, including IPH. The centre could then have the capacity to use immediate intervention and monitoring of individuals considered high risk.

Referral of perpetrators who make threats to kill

The primary referral sources for a DVTAC could include law enforcement (both local and interstate), mental health services, community DV agencies, community legal services, and those involved in family law matters. Staff from these organisations could refer individuals suspected to be at risk of serious DV offending or, in the case of community DV services, people they believe to be at serious risk of harm. Key criteria for the initial referral may include recent separation, evidence of stalking (online or in person), ongoing child custody or financial disputes, ongoing court cases in which the perpetrator is out on bail, and a recent application for a protection order. Importantly, an individual must have made threats to kill their partner or children or shown other behaviours characteristic of the fixated threat profile described by Boxall et al. (2022). Community members are also a vital source of referrals for a DVTAC. These individuals could notify police or mental health, community or legal services of someone they believe poses an escalating threat. Members of these agencies who receive concerns from the community would refer the individual at risk of escalation for assessment by DVTAC staff, who are able to make a more intensive assessment using multi-agency information holdings.

Multi-agency risk and threat assessment

At present, indicators of escalating risk may only be visible to individual agencies. Similarly, the information available to community victim-survivor support services may not be available to either mental health services or law enforcement. This example demonstrates the importance of information sharing in forming a full picture and facilitating immediate intervention. The DVTAC aims to build a bridge between these services, enabling a multi-agency assessment approach to allow active and timely assessment and intervention, significantly increasing the visibility of perpetrators. Notably, multi-agency assessment is not a new concept, and existing frameworks and approaches could be adapted to best suit the DVTAC model.

Intensive surveillance and case management

The DVTAC introduces a focused intelligence-led policing approach to assess the risk of severe violence. Upon identifying a high-risk individual, case management and mental health support may be implemented to de-escalate the risk of offending during the acute period, and to facilitate longer term behaviour change. This approach also has the capacity to help victim-survivors out of high-risk environments, by assisting them to draw on existing services, such as the Leaving Violence Program, which offers financial support, safety planning and help to address any experiences of technology-enabled abuse.

DVTAC analysts would undertake risk assessment of the individual referred using available local, interjurisdictional and interagency intelligence; information on mental health service contacts; and information supplied by community DV services. Having assessed the risk posed by the perpetrator, DVTAC analysts could then produce intelligence products for police describing the nature of the escalating behaviour against a current or former intimate partner. These products would contribute to decision-making regarding whether an intensive policing and/or mental health response is required to protect the victim-survivor from serious harm during high-risk periods.

Multi-agency intervention and monitoring for perpetrators and victim-survivors

Where an individual is considered high risk, DVTAC staff would develop and implement appropriate interventions, which may feature an intensive policing response where the risk is extremely high, or a collaborative policing and mental health approach. The DVTAC would continue to monitor and manage the perpetrator until the risk of serious DV has de-escalated and the matter can be transitioned to appropriate community and mental health services. Where an individual does not meet the threshold for management by the DVTAC, they may be referred on to other services as required. Where law enforcement or community agencies have further concerns, these individuals may be referred back to the DVTAC for re-assessment.

How does the DVTAC differ from the FTAC?

The DVTAC differs from the FTAC as it focuses specifically on the prevention of IPH, while the FTAC deals with individuals who are fixated on public figures, such as politicians. As such, risk assessment processes and associated interventions delivered by the DVTAC could be tailored to the unique characteristics of DV offending and risk. For example, while the FTAC engages with those who are fixated on public figures, who they are unlikely to have any real-world contact with, the DVTAC would engage with perpetrators who may have ongoing and regular contact with victim-survivors because of child custody arrangements and legal processes. As such, the DVTAC would have a strong focus on monitoring perpetrators while they are in the community, as well as safety planning with victim-survivors.

Limitations to the FTAC model

Risk and threat assessment

While reasonably accurate methods exist for assessing whether a perpetrator is high risk for repeated DV perpetration, methods for assessing the risk of IPH are less developed (Graham et al. 2021; van der Put, Gubbels & Assink 2019). This is a pivotal distinction: while assessing the risk of repeated perpetration is possible, assessing the likelihood of escalation to homicide is not. While this caveat illustrates the complexity in understanding the behaviour of IPH perpetrators, it also supports the potential benefit of a focused, intensive and collaborative approach to assessing the threat posed by DV perpetrators, which brings together a range of information sources and expertise. The FTAC model is uniquely placed to assess the risk of escalation to serious violence among perpetrators, in the absence of a reliable actuarial risk assessment tool. It is also possible that bringing together information from different sources, as we propose, may allow for the future design of a risk assessment instrument for IPH perpetration.

A further, pivotal consideration of the model is whether a perpetrator may escalate in response to intervention by authorities. Any intervention model must consider the possible outcomes of intervening and put procedures in place to mitigate the risk that making contact with a perpetrator will lead to escalation.

The focus on mental health

Collaboration between police and mental health professionals is at the centre of the FTAC model. However, mental health is not the only driver of IPH and, as this paper has already made clear, is only one potential intervention point. A decision would need to be made as to whether a DVTAC retains a focus on mental health—and therefore only responds to individuals who present with underlying mental health issues—or whether the primary intervention is behaviour change more generally.

Capacity

The intensity of the FTAC model and focus on fixated individuals means that it supports a relatively small number of clients at any one time. Consideration would need to be given to how this model can be adapted to the prevention of IPH, given the constraints of existing risk assessments and the number of DV perpetrators who have contact with police and other referring agencies. Stringent eligibility criteria would be required to ensure that the surveillance and intervention components of the FTAC model are not diluted to accommodate a larger number of potential clients.

Summary

The DVTAC offers a multi-agency approach, intensively targeting DV perpetrators who may be at high risk of escalation to IPH. However, it is important to note that research in this area is exploratory. While we believe that the DVTAC is a promising model, it does not deal with the whole problem of IPH, and we do not suggest that it could replace or otherwise supersede any existing approaches to addressing DV perpetration. Rather, the DVTAC offers a complementary and additional approach focusing on an important group of DV perpetrators who may escalate to IPH. This group is difficult to target, and these perpetrators likely go unseen by individual agencies until they escalate to serious violence. On the evidence currently available, a small scale, rigorously evaluated trial of a DVTAC model is reasonable. This service has the potential to improve the visibility of perpetrators who are high risk for IPH by enhancing referral pathways from community services, ultimately improving the safety of women in the community.

Acknowledgements

The authors would like to acknowledge the contribution of Dr Hayley Boxall, former Research Manager at the Australian Institute of Criminology, to the development of an earlier proposal for a Domestic Violence Threat Assessment Centre.

References

URLs correct as at May 2024

Adams SJ, Hazelwood TE, Pitre NL, Bedard TE & Landry SD 2009. Harassment of members of parliament and the legislative assemblies in Canada by individuals believed to be mentally disordered. *Journal of Forensic Psychiatry & Psychology* 20(6): 801–814. https://doi.org/10.1080/14789940903174063

Australian Domestic and Family Violence Death Review Network & Australia's National Research Organisation for Women's Safety 2022. *Australian Domestic and Family Violence Death Review Network Data Report: Intimate partner violence homicides 2010–2018*. Research report 03/2022. Sydney: Australia's National Research Organisation for Women's Safety (ANROWS). https://www.anrows.org.au/project/australian-domestic-and-family-violence-death-review-network-national-data-update/

Boxall H, Doherty L, Lawler S, Franks C & Bricknell S 2022. *The "pathways to intimate partner homicide" project: Key stages and events in male-perpetrated intimate partner homicide in Australia*. Special reports. Sydney: ANROWS. https://www.aic.gov.au/publications/special/special-15

Boxall H & Morgan A 2021. *Experiences of coercive control among Australian women.* Statistical Bulletin no. 30. Canberra: Australian Institute of Criminology. https://doi.org/10.52922/sb78108

Clemmow C, Gill P, Bouhana N, Silver J & Horgan J 2020. Disaggregating lone-actor grievance-fuelled violence: Comparing lone-actor terrorists and mass murderers. *Terrorism and Political Violence* 34: 558–584. https://doi.org/10.1080/09546553.2020.1718661

Cooper AJ, Pathé MT & McEwan TE 2022. The role of grievance in fatal family violence and implications for the construct of lone actor grievance-fuelled violence. *Frontiers in Psychology* 13. https://doi.org/10.3389/fpsyg.2022.1057719

Corner E & Taylor H 2023. *Grievance-fuelled violence: Modelling the process of grievance development*. Research Report no. 27. Canberra: Australian Institute of Criminology. https://doi.org/10.52922/rr78917

Eke AW, Meloy JR, Brooks K, Jean L & Hilton NZ 2014. Threats, approach behavior, and violent recidivism among offenders who harass Canadian justice officials. *Journal of Threat Assessment and Management* 1(3): 188–202. https://doi.org/10.1037/tam0000016

Gill P, Corner E, Farnham F, Wilson S, Marchment Z, Taylor A, Taylor R & James D 2021. Predictors of varying levels of risks posed by fixated individuals to British public figures. *Journal of Forensic Sciences* 66: 1364–1376. https://doi.org/10.1111/1556-4029.14708

Graham LW, Sahay KM, Rizo CF, Messing JT & Macy RJ 2021. The validity and reliability of available intimate partner homicide and reassault risk assessment tools: A systematic review. *Trauma, Violence and Abuse* 22(1): 18–40. https://doi.org/10.1177/1524838018821952

Harden J, Du J, Spencer CM & Stith SM 2019. Examining attempted and completed intimate partner homicide: A qualitative synthesis. *Violence and Victims* 34(6): 869–888. https://doi.org/10.1891/0886-6708.vv-d-18-00128

Hulme S, Morgan A & Boxall H 2019. Domestic violence offenders, prior offending and reoffending in Australia. *Trends & issues in crime and criminal justice* no. 580. Canberra: Australian Institute of Criminology. https://doi.org/10.52922/ti04077

Humphreys C & Healey L 2017. *PAThways and Research Into Collaborative Inter-Agency practice: Collaborative work across the child protection and specialist domestic and family violence interface: Final report*. Sydney: ANROWS. https://www.anrows.org.au/publication/pathways-and-research-into-collaborative-inter-agency-practice-collaborative-work-across-the-child-protection-and-specialist-domestic-and-family-violence-interface-the-patricia-project-final-report/

James DV, Farnham FR, Sukhwal S, Jones K, Carlisle J & Henley S 2016. Aggressive/intrusive behaviours, harassment and stalking of members of the United Kingdom parliament: A prevalence study and cross-national comparison. *Journal of Forensic Psychiatry & Psychology* 27(2): 177–197. https://doi.org/10.1080/14789949.2015.1124908

James DV, Kerrigan TR, Forfar R, Farnham FR & Preston LF 2010. The Fixated Threat Assessment Centre: Preventing harm and facilitating care. *Journal of Forensic Psychiatry & Psychology* 21(4): 521–536. https://doi.org/10.1080/14789941003596981

James DV, Mullen PE, Pathé MT, Meloy JR, Farnham FR, Preston L & Darnley B 2008. Attacks on the British royal family: The role of psychotic illness. *Journal of the American Academy of Psychiatry and the Law Online* 36(1): 59–67

Johnson MP 2010. *A typology of domestic violence: Intimate terrorism, violent resistance, and situational couple violence*. Boston: Northeastern University Press

McEwan TE, MacKenzie RD, Mullen PE & James DV 2012. Approach and escalation in stalking. *Journal of Forensic Psychiatry & Psychology* 23(3): 392–409. https://doi.org/10.1080/14789949.2012.679008

Meloy JR, James DV, Mullen PE, Pathé MT, Farnham FR, Preston LF & Darnley BJ 2011. Factors associated with escalation and problematic approaches toward public figures. *Journal of Forensic Sciences* 56: S128–S135. https://doi.org/10.1111/j.1556-4029.2010.01574.x

Miles H & Bricknell S 2024. *Homicide in Australia 2022–23*. Statistical Report no. 46. Canberra: Australian Institute of Criminology. https://doi.org/10.52922/sr77420

Mitchell M 2020. *No idle threat: Precursors to action in threateners with mental illness* (Doctoral thesis). Queensland University of Technology. https://doi.org/10.5204/thesis.eprints.180839

Monckton Smith J 2020. Intimate partner femicide: Using Foucauldian analysis to track an eight stage progression to homicide. *Violence Against Women* 26(1): 1267–1285. https://doi.org/10.1177/1077801219863876

Mullen PE, Pathé MT & Purcell R 2009. *Stalkers and their victims.* Cambridge: Cambridge University Press

Pathé MT, Lowry T, Haworth DJ, Webster DM, Mulder MJ, Winterbourne P & Briggs CJ 2015. Assessing and managing the threat posed by fixated persons in Australia. *Journal of Forensic Psychiatry & Psychology* 2(4): 425–438. https://doi.org/10.1080/14789949.2015.1037332

Pathé MT, Lowry TJ, Haworth DJ, Winterbourne P & Day L 2016. Public figure fixation: Cautionary findings for mental health practitioners. *Behavioral Sciences & the Law* 34(5): 681–692. https://doi.org/10.1002/bsl.2252

Pathé MT, Haworth DJ, Goodwin T, Holman AG, Amos SJ, Winterbourne P & Day L 2018. Establishing a joint agency response to the threat of lone-actor grievance-fuelled violence. *Journal of Forensic Psychiatry & Psychology* 29(1): 37–52. https://doi.org/10.1080/14789949.2017.1335762

Rahman T, Hartz SM, Xiong W, Meloy JR, Janofsky J, Harry B & Resnick PJ 2020. Extreme overvalued beliefs. *Journal of the American Academy of Psychiatry and the Law* 48(3): 319–326

Rahman T, Meloy JR & Bauer R 2019. Extreme overvalued belief and the legacy of Carl Wernicke. *Journal of the American Academy of Psychiatry and the Law* 47(2): 1–18

Riddle FJ, Ferriman M, Farmer DG & Baillie KM 2019. Towards a national strategy for managing fixated persons in Australia. *Psychiatry, Psychology and Law* 26(3): 457–467. https://doi.org/10.1080/13218719.2018.1506722

Scalora MJ, Baumgartner JV, Zimmerman W, Callaway D, Hatch Maillette MA, Covell CN, Palarea RE, Krebs JA & Washington DO 2002. An epidemiological assessment of problematic contacts to members of Congress. *Journal of Forensic Science* 47(6): 1360–1364. https://doi.org/10.1520/JFS15575J

Scalora MJ, Hawthorne D, Pellicane T & Schoeneman K 2020. A glimpse of threat assessment and management activity performed by the United States Marshals Service. *Journal of Threat Assessment and Management* 7(1–2): 85–97. https://doi.org/10.1037/tam0000149

Stark E 2007. *Coercive control: The entrapment of women in personal life*. Oxford: Oxford University Press. https://doi.org/10.1093/oso/9780195154276.001.0001

Stark E & Hester M 2019. Coercive control: Update and review. *Violence Against Women* 25(1): 81–104. https://doi.org/10.1177/1077801218816191

van der Meer BB, Bootsma L & Meloy R 2012. Disturbing communications and problematic approaches to the Dutch Royal Family. *Journal of Forensic Psychiatry & Psychology* 23(5–6): 571–589. https://doi.org/10.1080/14789949.2012.727453

van der Put CE, Gubbels J & Assink M 2019. Predicting domestic violence: A meta-analysis on the predictive validity of risk assessment tools. *Aggression and Violent Behavior* 47: 100–116. https://doi.org/10.1016/j.avb.2019.03.008

Dr Timothy Cubitt is the Acting Research Manager of the Online Sexual Exploitation of Children Research Program at the Australian Institute of Criminology (AIC).

Anthony Morgan is the Research Manager of the Serious and Organised Crime, Cybercrime and Radicalisation Research Program at the AIC.

Dr Christopher Dowling is Research Manager of the Violence against Women and Children and Human Trafficking and Modern Slavery Research Programs at the AIC.

Dr Samantha Bricknell is the Research Manager of the Statistical Collections and Indigenous Justice Research Program at the AIC.

Dr Rick Brown is the Deputy Director of the AIC.

General editor, Research in Practice series: Dr Rick Brown, Deputy Director, Australian Institute of Criminology.
For a complete list and the full text of the papers in the Research in Practice series, visit the AIC website: www.aic.gov.au

ISSN 1836-9111 (Online) ISBN 978 1 922877 52 9 (Online)
https://doi.org/10.52922/rp77529

GPO Box 1936
Canberra ACT 2601, Australia
Tel: 02 6268 7166