



# Stalking intervention

### Know the 5 stalker types, safety strategies for victims

#### James Knoll, MD

Associate professor of psychiatry Director of forensic psychiatry SUNY Upstate Medical University Syracuse, NY

#### Phillip J. Resnick, MD

Professor of psychiatry Case Medical School Director of forensic psychiatry University Hospitals Cleveland, OH patient, a colleague, or perhaps you have been stalked. The chances of a woman being stalked are an estimated 1 in 14; for men, it is 1 in 50.<sup>1</sup> Fearful stalking victims may restrict their lives, change jobs, and curtail social activities to protect themselves from unwanted attention, physical assault, or even murder. They may develop anxiety, depression, or posttraumatic stress disorder (PTSD).<sup>2,3</sup>

Historical, clinical, and behavioral factors increase a stalker's risk for committing violence (*Table 1, page 32*).<sup>2-7</sup> As a psychiatrist, you may be asked to consult with local law enforcement and stalking victims to assess and manage victims' risk. To best protect them, be aware of:

- 5 types of stalkers and their typical response to management strategies
- legal and safety issues to consider before taking actions that might endanger stalking victims
- strategies to help victims protect themselves
- interventions for victims and stalkers.

#### **Stalker types**

Mullen et al<sup>8</sup> developed a clinically oriented, validated stalker classification system to identify an individual stalker's type, risks, and probable responses to management interventions (*Table 2, page 35*).

continued



Stalking

#### Clinical Point

Consider that taking direct measures against the stalker may increase the risk of violence

Historical	Ex-intimate partner Previous violence Criminal record (especially violent crimes) Previous threats (especially specific or face-to-face)
Clinical	"Rejected" or "predatory" stalker type Substance use Narcissism, entitlement Personality disorder with anger or behavioral instability Depression with suicidal ideas
Behavioral	Access to weapons Proximity to victim Victim in a new relationship Has already taken actions on plans/threats Researching the victim Unconcerned with negative consequences
<ul><li> Previous vi</li><li> Previous vi</li></ul>	homicide or serious physical harm: sits to victim's home olence during stalking harm victim's children

Threats to narm victim's children
Places notes on victim's car

Places notes on victim's ca

Source: References 2-7

Table 1

**Rejected stalkers**—the most common and dangerous type—pursue the victim, often a former intimate partner, after a relationship ends. They often acknowledge a complex and volatile mix of desire for reconciliation and revenge. These stalkers likely have a history of criminal assault.

Rejected stalkers appear to respond best to a combination of coordinated legal sanctions and mental health intervention. Because they are most likely to be violent, rejected stalkers need intensive probation or parole supervision.<sup>5</sup>

**Intimacy-seeking stalkers** want an intimate relationship with a victim they believe is their "true love" and tend to imbue their victims with special desirability, excellence, and other qualities consistent with their belief of romanticized love. Most have erotomanic delusions, and the rest have morbid infatuations with the victim. Intimacy-seeking stalkers typically are unperturbed by legal sanctions, viewing them as the price to pay for "true love." They often require courtmandated psychiatric treatment. **Incompetent stalkers** know the victim is disinterested but forge ahead in hopes that their behavior will lead to a relationship. Their stalking can be viewed as crude or "incompetent" attempts to court the victim. Incompetent stalkers often are intellectually limited; they feel entitled to a partner but because of underdeveloped social skills are unable to build upon lesser forms of social interaction. Unlike intimacy-seekers, incompetent stalkers do not endow the victim with unique qualities.

In addition to needing legal sanctions and possible mental health treatment, incompetent stalkers often require social skills training. Otherwise, they are likely to continue their pattern of stalking with other victims.

**Resentful stalkers** intend to frighten and distress the victim. Many have paranoid personalities or delusional disorders. They may pursue a vendetta against a specific victim or feel generally aggrieved and randomly choose a victim. They often feel persecuted and may go about stalking with an attitude of righteous indignation.

Resentful stalkers who suffer from mental illness generally require court-ordered psychiatric treatment but are difficult to engage in therapy. Legal sanctions may inflame this type of stalker.

**Predatory stalkers** prepare for a sexual assault. They stalk to discover the victim's vulnerabilities and seldom give warnings, so the victim is often unaware of the danger.

Predatory stalkers frequently suffer from paraphilias and have prior convictions for sexual offenses. They must be secured in a correctional or forensic setting to address their paraphilias and propensity for violence.

#### continued from page 32

#### Managing victims' risk

Effectively managing a victim's stalking risk is a dynamic process. It is critical to use professional judgment in a flexible manner and to work as a team with professionals from other agencies (*Box, page 36*).<sup>9-12</sup>

#### Intervention dilemma. Be-

fore taking any action, consider that taking direct measures against the stalker to reduce stalking may increase the risk of violence.10 A law intervention enforcement may provoke a stalker by challenging or humiliating him or her. Therefore, there is no single best approach to risk management. Consider the significance of individualspecific nuances, and solicit input from different disciplines. In some cases, no direct action may be preferable.

**Protective orders.** Obtaining a protective order may or may not be helpful. Most domestic violence research indicates that such orders protect abused women.<sup>13</sup> This is important because stalking by a former intimate partner often occurs in relationships characterized by domestic violence.<sup>14</sup> In addition to potentially preventing stalking behavior, a protective order may provide legal evidence of the course of stalking, as well as document a "fearful victim," which is required by law to obtain a criminal conviction.

No conclusive studies have investigated the effectiveness of protective orders specifically related to stalkers, so consider the stalker's reaction to previous orders.<sup>15</sup> Counsel a victim who obtains a protective order against a former intimate partner to avoid developing a false sense of security. Rejected stalkers who have considerable emotional investment in the relationship may not be deterred by the threat of criminal sanctions. Furthermore, stalkers who are psychotic may misperceive and disre-

# Table 2 Identifying types of stalkers Type Traits and behaviors

iype	
Rejected	Pursues former intimate partner Desires reconciliation and/or revenge Criminal assault history Personality disorders predominate
Intimacy-seeking	Desires relationship with "true love" Oblivious to victim response Most have erotomanic delusions Endows victim with unique qualities
Incompetent	Acknowledges victim's disinterest Hopes behavior leads to intimacy Does not endow victim with unique qualities Low IQ, socially inept, entitled
Resentful	Feels persecuted and desires retribution Intends to frighten or distress Specific or general grievance Paranoid diagnoses
Predatory	Preparing for sexual attack Stalks to study and observe Paraphilias, prior sexual offenses are common No warnings before attack
Source: Reference 8	

gard criminal injunctions. In rare cases, a protective order may escalate stalking and violence.<sup>15</sup>

**Dramatic moments.** Advise a victim to remain vigilant during "dramatic moments" when violence risk may be especially heightened.<sup>15</sup> These include:

- arrests
- issuance of protective orders
- court hearings
- custody hearings
- anniversary dates
- family-oriented holidays.

Legal intercessions—such as receiving a protective order, being arrested, or appearing in court—may cause the stalker intense humiliation or narcissistic injury. A victim might be at greatest risk immediately after such events because the stalker may feel humiliated but retains his or her freedom.

Encourage a victim who is especially concerned about an impending dramatic moment to prepare by:

• arranging to be out of town on that date



Currentpsychiatry.com

#### **Clinical Point**

Advise a victim who obtains a protective order not to develop a false sense of security



Stalking

#### **Clinical Point**

Encourage victims to record the dates and times of each unwanted contact with the stalker

#### Box

#### Anti-stalking teams: an effective approach

A multidisciplinary approach is the most effective way to reduce stalking violence risk. In addition to mental health professionals, an effective team usually includes law enforcement and criminal justice personnel, attorneys, security specialists/private investigators, victim advocates, and the victim and his or her social network.

The victim can increase the chances that officials will view his or her case as a priority by establishing rapport with the senior police official and district attorney assigned to the case.<sup>10,11</sup> Such rapport also allows the victim to learn about the laws and resources available for managing stalking risk.

A multidisciplinary team can assess

notifying law enforcement and victim advocates.

#### **Treating victims' symptoms**

As a result of the risks they face, stalking victims often suffer significant "social damage." To cope with being stalked, many victims must make substantial life changes, such as relocating or finding new employment. They may need to restrict outings, adapt security measures, and take time off from work.<sup>16</sup> This social damage and anxiety may predispose them to substance abuse.<sup>17</sup>

Stalking victims also experience emotional distress.<sup>3,18</sup> They commonly report symptoms of anxiety disorders, in particular PTSD, and one-quarter experience depression and suicidal ruminations.<sup>19</sup> Victims who perceive their stalking as severe report elevated levels of helplessness, anxiety, PTSD, and depression.<sup>20</sup>

Few studies focus on the duration of victims' symptoms or their successful treatment.<sup>21</sup> Mullen<sup>8</sup> has recommended a comprehensive approach that includes education, supportive counseling, psychotherapy, and pharmacotherapy. In particular, cognitive-oriented therapy can target common issues such as anxiety leading to feelings of loss of control and associated

and manage risk, provide education, and support victims. One well-established anti-stalking team—the San Diego Stalking Strike Force—meets monthly to evaluate cases.<sup>12</sup> Members also are on-call for emergencies. By exchanging information monthly, the case manager and parole agent enhance stalker supervision.

In court, advocacy is critical. The consultant psychiatrist or victim advocate can educate the court that stalking is not a "lovers' spat" (in the case of the rejected stalker) or mere nuisance behavior (in the case of other stalker types). The victim and psychiatrist may need to mobilize resources and promote collaboration among professionals in communities that do not have advocates or anti-stalking services.

avoidance. Pharmacotherapy for anxiety or depressive symptoms follows recommended treatment guidelines.

Because the stalking and associated stress may have an adverse impact on the victim's personal relationships, partner and family therapy may be necessary. Support organizations for stalking victims, such as Survivors of Stalking, can provide education, safety information, and emotional support.

#### Improving victims' safety

Coach a victim to take responsibility for his or her safety by becoming familiar with local stalking laws, resources, and law enforcement policies.<sup>13,22</sup> Emphasize that a victim must be assertive to ensure that safety measures are in place (*Table 3*).<sup>3,8,10,15,18</sup>

As soon as unwanted pursuit is apparent, the victim should unequivocally tell the stalker that no relationship is wanted.<sup>8</sup> This message must be firm, reasonable, and as clear as possible. The victim should not attempt to deliver the message gently or let the stalker "down easy." Otherwise, the stalker may believe the victim is ambivalent about the decision and will continue or redouble his or her efforts.

After delivering this message, the victim should not engage in any further discussion or initiate contact with the stalker. The victim must avoid all contact to minimize the effects of "intermittent positive reinforcement."<sup>15</sup>

The victim should document and preserve evidence by recording the dates and times of each unwanted contact, including vandalism, in an "incident log" or journal. Encourage him or her to photograph and note the date of any property damage. This documentation will help establish a clear course of illegal conduct and can prove invaluable to police and prosecution efforts.

The victim should preserve any evidence—including gifts, mementos, and other materials—by placing it in a plastic bag labeled with the date, time, and place it was received. Encourage the victim to:

- resist the urge to discard evidence that may evoke feelings of fear, shame, or disgust
- avoid handling evidence, and store it in a secure location.

Teach a victim to protect his or her address, phone numbers, email address, and other personal information by disclosing it only to trusted persons. He or she could:

- establish a post office box to prevent someone from stealing mail containing personal information
- shred personal mail instead of placing it in the trash.

Encourage the victim to have a frank discussion with law enforcement personnel about how much assistance can be expected. Hiring a private investigator who is familiar with personal protection and stalking might be worthwhile after law enforcement officials document the stalking behavior.

It is essential for the victim to form a network of trusted social contacts who will provide a "safety net." Informing family, friends, co-workers, and neighbors about stalking and its potentially serious consequences may reduce the risk that they might inadvertently disclose a victim's personal information to the stalker.<sup>8</sup> The victim can distribute a photo of the stalker to members of the safety network, as well as co-workers, with instructions to call the victim if the stalker is spotted.

#### Table 3 Victim safety strategies

• Give stalker 1 clear "stay away" message		
Avoid all subsequent contact		
Document and record incidents		
Protect personal information		
Stay in contact with law enforcement		
Build a safety network		
Vary daily routines		
Make contingency plans for emergencies		
Seek counseling		
Source: References 3.8.10.15.18		

Security experts often advise victims not to adhere to their usual, predictable routines by, for example, taking different daily travel routes or being prepared to go out of town at short notice.<sup>2</sup> Victims should also make contingency plans in case their social supports are unavailable in an emergency. Victim advocacy agents can give information about services and locations of local "safe houses" or domestic violence shelters.

#### **Treating stalkers**

Failing to treat a mentally ill stalker may result in continued risk to the victim. For example, an intimacy-seeking stalker with erotomanic delusions who is confined without treatment likely will be released with no significant reduction in risk. No reliable outcome data exist on treatment for stalkers, however, so you must rely on empirically derived clinical data.

Specialized training is recommended for clinicians who treat stalkers. At the very least, nonforensically trained therapists require education on stalker psychology.

If you work with stalkers, you must be familiar with your state's duty-to-protect statutes and relevant case law related to stalking so you can discuss legal obligations with the stalker before beginning treatment.

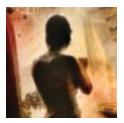
Most stalkers will be difficult to engage in treatment because they have been compelled by a court order to seek therapy. Initially you are likely to encounter the stalker's striking lack of insight into the



currentpsychiatry.com

#### Clinical Point

Know your state's duty-to-protect statutes and stalking case law so you can discuss legal obligations before treating a stalker



Stalking

#### **Clinical Point**

Expect a stalker to present with denial, rationalization, and minimization nature and consequences of this behavior. The stalker may seek validation for his or her actions while demonstrating little interest in ending the obsessional behavior. Expect well-entrenched defenses of denial, rationalization, and minimization.

A comprehensive description of treatment for stalkers is beyond the scope of this article. However, clinicians with experience treating stalkers recommend the following interventions:<sup>4</sup>

- thorough psychiatric assessment and diagnosis
- treatment of Axis I or II pathology
- cognitive-behavioral therapy to focus on the stalker's misperceptions
- motivational interviewing techniques to help the stalker appreciate the need for intervention
- victim empathy development
- social skills enhancement
- periodic risk assessments.

#### References

- Basile KC, Swahn MH, Chen J, Saltzman LE. Stalking in the United States: recent national prevalence estimates. *Am J Prev Med* 2006;31(2):172-5.
- McEwan T, Mullen PE, Purcell R. Identifying risk factors in stalking: a review of current research. Int J Law Psychiatry 2007;30:1-9.
- Spitzberg BH, Cupach WR. The state of the art of stalking: taking stock of the emerging literature. Aggression and Violent Behavior 2007;12:64-86.
- Mullen P, Mackenzie, R, Ogloff JR, et al. Assessing and managing the risks in the stalking situation. J Am Acad Psychiatry Law 2006;34:439-50.
- Mohandie K, Meloy JR, McGowan MG, Williams J. The RECON typology of stalking: reliability and validity based upon a large sample of North American stalkers. *J Forensic Sci* 2006;51(1):147-55.
- 6. James DV, Farnham FR. Stalking and serious violence. J Am Acad Psychiatry Law 2003; 31(4):432-9.
- McFarlane J, Campbell JC, Watson K. Intimate partner stalking and femicide: urgent implications for women's safety. *Behav Sci Law* 2002;20(1-2):51-68.
- 8. Mullen PE, Pathé M, Purcell R. *Stalkers and their victims*. Cambridge, UK: Cambridge University Press; 2000.

## **Bottom Line**

#### **Related Resources**

• Stalking Resource Center, National Center for Victims of Crime. www.ncvc.org/src.

• Pinals DA, ed. *Stalking: a psychiatric perspective*. New York: Oxford University Press; 2007.

• The Antistalking Web Site resources. www.antistalking. com/resource.htm.

• U.S. Department of Justice Anti-stalking resources. www. usdoj.gov/ovw/stalking.htm.

#### Disclosure

The authors report no financial relationship with any company whose products are mentioned in this article, or with manufacturers of competing products.

- Binder RL. Commentary: the importance of professional judgment in evaluation of stalking and threatening situations. J Am Acad Psychiatry Law 2006;34(4):451-4.
- White S, Cawood J. Threat management of stalking cases. In: Meloy JR, ed. The psychology of stalking: clinical and forensic perspectives. San Diego, CA: Academic Press; 1998:295-314.
- Orion D. I know you really love me: a psychiatrist's journal of erotomania, stalking, and obsessive love. New York: Macmillan; 1997.
- Maxey W. The San Diego stalking strike force: a multidisciplinary approach to assessing and managing stalking and threat cases. *Journal of Threat Assessment* 2002;2(1):43-53.
- McFarlane J, Malecha A, Gist J, et al. Protection orders and intimate partner violence: an 18-month study of 150 black, Hispanic, and white women. *Am J Public Health* 2004;94(4),613-8.
- Melton HC. Predicting the occurrence of stalking in relationships characterized by domestic violence. J Interpers Violence 2007;22(1):3-25.
- Meloy JR. The clinical risk management of stalking: "someone is watching over me ...." Am J Psychother 1997;51(2):174-84.
- Purcell R, Pathé M, Mullen PE. When do repeated intrusions become stalking? J Forensic Psychiatry Psychol 2004;15(4):571-3.
- Pathé M. Surviving stalking. Cambridge, UK: Cambridge University Press; 2002.
- Kamphuis JH, Emmelkamp PMG. Traumatic distress among support-seeking female victims of stalking. *Am J Psychiatry* 2001;158:795-8.
- Pathé M, Mullen PE. The impact of stalkers on their victims. Br J Psychiatry 1997;170:12-7.
- Turmanis SA, Brown RI. The stalking and harassment behavior scale: measuring the incidence, nature, and severity of stalking and relational harassment and their psychological effects. *Psychol Psychother* 2006;79(Pt 2):183-98.
- Ashmore R, Jones J, Jackson A, Smoyak S. A survey of mental health nurses' experiences of stalking. J Psychiatr Ment Health Nurs 2006;13:562-9.
- 22. De Becker G. The gift of fear: survival signals that protect us from violence. New York: Dell Publishing; 1997.

Managing stalking victims' risk is best accomplished by a multidisciplinary team. Consider the stalker type, "intervention dilemma," and nuances of each case. Teach victims appropriate safety strategies. Offer comprehensive treatment to those who develop anxiety and depressive disorders.