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The Clinical Risk Management of Stalking

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Stalking behavior is now a criminal act throughout the United States and Canada. Defined explicitly in most states, and referred to as criminal harassment in Canada, stalking is typically "the willful, malicious, and repeated following and harassing of another person that threatens his or her safety" (Meloy and Gothard, 1995, p. 258). Although not the province of psychotherapy, the mental health clinician in public or private practice is likely to encounter this behavior, usually in cases where the patient is the victim; less often where the patient is the perpetrator; and occasionally where the clinician is the victim. The majority of cases of stalking, or what I clinically term *obsessional following,* involve prior acquaintances or prior sexual intimates (Meloy, 1996).

The clinical awareness that a patient may be the victim of stalking usually first arises when complaints of repetitive, intrusive behavior by another are voiced by the patient. Such acts may range from repeated, unwanted invitations that are just annoying, to chronic harassment, often phone calls, letters, and visits that are perceived as threatening and cause intense fear in the victim. The clinician should view these "obsessive relational intrusions"' on a continuum, and recognize that most of these behaviors will not rise to the threshold of criminal behavior. Yet some will. Clinical risk management, however, may be necessary at any point on the continuum of such behavior, and I would like to offer some guidelines that may be useful. My commentary is written with the crime of stalking in mind, but some of the principles apply to noncriminal relational intrusions.

A Team Approach

Most individuals who stalk have prior criminal, psychiatric, and substance abuse histories (Meloy, 1996). There is no profile of a "stalker"; there are different individuals who stalk for a variety of reasons. Given the complexity of this crime, i.e., multiple and various behaviors over time that evidence a continuity of purpose and threaten the victim, and the likely need for both a criminal justice and mental health response, risk management should always employ a team approach. Team members ideally include the victim, an emotionally supportive companion, a mental health professional, a local police officer familiar with the case, a local prosecutor and, in some cases, a private attorney and private security guard/investigator. Although economic considerations may curtail such a complete team, most of these professionals will not need to be privately retained and are available as a public service through tax revenues. A coordinator is crucial, often initially the mental health professional, and even though law enforcement will not get involved until they have probable cause to believe a crime is being committed, the "team" should be conceptualized as such, and networking efforts continued on behalf of the victim. There is also a growing organization of threat assessment professionals (Association of Threat Assessment Professionals) throughout the United States who are very adept at the coordination of public law enforcement and private security tasks.

The team will develop its own social dynamics, and certain members may be more active at certain times. For example, private security may work closely with the victim to improve home safety, while law enforcement is in the process of serving a protection order against the perpetrator. At another time the focus may be clinical: the victim s need for psychotherapy and the court's desire for a psychodiagnostic evaluation of the perpetrator while in custody. Despite the differential activation of any one team member, communication among all members, with requisite waivers of privilege, should continue throughout the risk management.

Personal Safety

It is imperative that the clinician repeatedly emphasize to the victim that he or she is primarily responsible for his or her personal safety. These confrontations will be .met with a variety of emotions and resistances, including anger, increased anxiety, denial, minimization, increased fear, and rationalization, but the psychotherapist should persist.

The goal of this intervention is to penetrate the patient’s idealized fantasy, often imbued with positive transference, that the police will have

the omnipotence and omniscience to protect one from harm at all times. This fantasy needs to be tempered with the social reality that there will likely always be crime and, therefore, crime victims; as long as a society values personal freedom, a portion of society will be able to act criminally with impunity—at least until caught.

Personal responsibility, however, does not mean that the victim should go it alone. In fact, if the clinician emphasizes the importance of assuming personal responsibility for one's safety, not for the fact that one is being stalked, the victim may be inclined to more actively pursue available resources to help. For example, I suggest that victims establish a *lookout strategy*. If the stalker's identity is known, and a photograph of him is available, the victim can distribute the photo to trusted family and friends that live in her geographical area who are instructed to telephone the victim if the pursuer is seen (my assignment of the masculine gender to the perpetrator and the feminine gender to the victim is purposeful). This strategy usually empowers the victim, and provides an early warning of the stalker's threatening approach behavior.

If the victim accepts personal responsibility for her safety—most targets of stalking are women—then she can also be proactive in improving the physical security of her environment and her behavior. Private home and office security firms will usually do free consultations in the hope of soliciting business; and behavioral patterns can be discussed with law enforcement to minimize personal exposure, such as safer travel routes to and from the office parking lot, security of public documents, such as property titles and professional licenses, and personal self defense.

Documentation and Recording

One victim of stalking that I treated received an obscene and threatening phone call on her answering machine from a chronic pursuer. Her immediate reaction was anger and disgust, and her first impulse was to delete the message. She resisted.

The information contained on the audiotape provided valuable evidence in the filing of an additional criminal charge—terrorist threats—against the perpetrator. If she had not remembered my counsel, the evidence would have been lost. In all cases of relational intrusion, both before and after the behavior has passed the threshold of criminal stalking, the victim should thoroughly document each incident (date, time, place, event) in a daily log, and keep any tangible proof of its occurrence. This may include, but is not limited to photos, audiotapes, videotapes, letters, notes, fascimile transmissions, printing of e-mail messages, unwanted gifts,

and suspicious, inappropriate, or frightening items (one perpetrator scratched the name of his victim on a bullet cartridge and mailed it to her). Evidence such as this establishes a *course of conduct* in stalking cases and may be central to convincing the trier of fact that the victim was in *reasonable fear.*

The contemporaneous recording of behaviors, and saving the mementos that may accompany them, are far superior to reconstructing past events. Memory is fallible, and the defense of stalking cases often depends upon the jury's belief that the events did not happen, or were grossly misperceived by the victim. In *People v. Robert Hoskins* (California Superior Court, Case No. BA 15862), a recent criminal case in which Madonna Ciccone was stalked and I was the prosecution expert, the defense attorney told the jury that the defendant was just a harmless transient, the victim of unreasonable force by her bodyguard. The facts, however, indicated that Mr. Hoskins had made three approaches onto her property over the course of seven weeks, and was finally shot twice and wounded by her security guard after he had threatened to kill, assaulted and strangled the guard, and then grabbed his gun on May 29, 1995, in the corner of her yard.

No Initiated Contact

Persons who stalk are either prior sexual intimates, prior acquaintances, or complete strangers to their victims (Meloy, 1996). In all cases the victim should avoid any direct contact with the perpetrator, and should not initiate contact with him. Although this may be exceedingly difficult to accomplish, especially if the obsessional follower is a former intimate and children are involved, the behavioral principle is clear: *each victim contact with the perpetrator is an intermittent positive reinforcement and predicts an increase in frequency of subsequent approach behavior.*

Stalking usually begins with mildly disconcerting or intrusive behavior, e.g., unwanted phone calls, and is often minimized by the victim as a random act or harmless behavior. It may be. As soon as a pattern of intrusive behavior is identified, however, and the perpetrator is known, assertive contact by a third party may be useful in discouraging further pursuit. This simply involves another person (spouse, attorney, mental health professional) contacting the obsessional follower and informing him that his behavior is unwanted, should immediately stop, and if it does not, the police will be contacted. Nevertheless, the object of the pursuit should not initiate this contact.

Although it may appear that I am belaboring the obvious, victim-initiated contacts are quite frequent in stalking cases. They are usually

motivated by anger, fear, kindness, or guilt, and often are rationalized as a reasonable attempt to make an unreasonable person go away. Regardless of the negative affect of the victim, the pursuer has achieved a victory—he has gained proximity to his object and established an emotional link. Stalking is a pathology of attachment (Meloy, 1992), often driven by the force of fantasy (Person, 1995).

Phil Resnick, M.D., related the case of an erotomanic woman, who immediately upon psychiatric discharge from a hospital went to the home of her love object, a physician in the community. When he saw her on his doorstep, he unleashed a string of invectives and insults. She left. When later asked what she thought of his reaction, she said, "What else could he say? His wife was home" (personal communication, August, 1996).

The most sensitive arena in which such reinforcement takes place is the necessary testimony of the stalking victim in court, directly in front of the defendant, to prove the element of *reasonable fear* to the jury. This is a dilemma in which the prosecutorial need to prove all elements of the crime beyond a reasonable doubt and the defendant's Constitutional right to a fair trial conspire to reinforce the behavior of the defendant and translate his most grandiose fantasies into reality. Madonna captured this in her testimony in front of Mr. Hoskins on January 3, 1996: "I feel it made his fantasies come true. I'm sitting in front of him, and that's what he wants."

Protective (Restraining) Orders

Civil protection (restraining) orders do suppress approach behaviors toward the victim in most cases (Finn and Colson, 1990). We recently completed a three year follow-up of 200 random cases in which a protection order was issued. More than 80% of the subjects were not subsequently arrested for a criminal act against the protectee. Mutually served orders appeared to be more effective in suppressing criminal behavior toward the protectee than nonmutually served orders.

Protection orders are civil restraints issued by a court to prevent future harm. The court must have evidence that offensive behavior has occurred before such an order is granted, but probable cause that a criminal act has been committed is unnecessary. In addition to the demonstrated empirical effectiveness of protection orders, they also serve as legal evidence of a course of conduct that may indicate a *continuity of purpose* if the pursuit becomes criminal stalking. They also document the requisite fear of the victim, because most protection orders are sought when a danger is perceived. Such criminal injunctions may not end the pursuit, particularly if the stalker is psychotic, but in most cases serve as a useful tool in clinical **management.**

Data do indicate that protection orders, on rare occasions, escalate stalking and violence. The commercial media highlight such cases, especially if they result in homicide, because the facts are contrary to logic and often quite lurid. Victims of stalking who are considering a protection order should be reminded that these are very low frequency events, and the probability is that the protection order will have a positive suppressant effect. The best predictor of a person's reaction to a protection (restraining) order, however, is the same person's reaction to a previous protection order.

Law Enforcement and Prosecution

Law enforcement is becoming increasingly aware of the crime of stalking and its need for aggressive prosecution. The Los Angeles Police Department established the Threat Management Unit in 1990, the first law enforcement agency in the United States to devote a group of detectives to the risk management of stalking and related crimes (Zona et al., 1993).The Canadian Ministry of Attorney General founded a similar Criminal Harassment Unit in Vancouver in 1994, and recently published an analysis of 100 stalking cases **(Garrod et al., 1995).**

Mental health clinicians should apprise themselves of the stalking statutes in their jurisdictions and be familiar with the various elements of the crime. In California, for instance, stalking is defined as follows:

> Any person who willfully, maliciously, and repeatedly follows or harasses another person and who makes a credible threat with the intent to place that person in reasonable fear for his or her safety, or the safety of his or her immediate family, is guilty of the crime of stalking (Penal Code Section 646.9).

Peace officers need probable cause to believe that a crime of stalking is evident before they will arrest. Prosecutors must be convinced that they can prove that the crime of stalking was committed beyond a reasonable doubt before they will file a complaint following arrest. These increasingly more rigorous standards of proof necessitate clinical familiarity with the law on the part of the victim and the clinician. It also may mean continuous contact with the police, despite their seeming disinterest, and assertive demands that the police take an incident report, despite their reluctance. If this is not done, evidence which can eventually support an arrest and prosecution may not accumulate.

Stalking is a chronic behavior, and research indicates that its course extends over months or years (Meloy, 1996). The obsessional, or preoccupied, quality of the thinking of stalking subjects predicts repetitive behavior that may not yield to early intervention. Approaches are also multiple and varied (usually physical approach, letter writing, and telephoning), indicating the complex-

ity of the crime, and predicting the hesitancy of police officers to arrest for an offense that lacks *a* crime scene and requires the accumulation of evidence over time.

Despite these difficulties, law enforcement should be first contacted whenever there is more than one unwanted relational intrusion that stimulates anxiety, anger, or fear in the victim. Private investigative and security consultants should be utilized when it is clear that public law enforcement is unwilling or unable to confront the task, and the necessary financial resources are available. In many cases, private security consultants have prior military and law enforcement experience, but they usually do not have the power to arrest. Each jurisdiction will be different, and availability of private resources will vary. In the Madonna stalking case, her private security (surveillance videotapes and testimony of her bodyguard) and the Los Angeles District Attorney's Office (aggressive prosecution and introduction of psychiatric and psychological research on stalking to the court) worked closely to secure multiple convictions and a ten year prison sentence for the defendant.

Treatment if Indicated

The majority of obsessional followers have both Axis I and Axis II diagnoses. The most common mental disorders are substance dependence, mood disorders, and schizophrenia. Personality disorders are likely to be narcissistic, borderline, histrionic, antisocial, paranoid, or dependent. Delusional disorder, erotomanic type, occurs as a primary diagnosis in less than 10% of cases (Meloy, 1996).

Treatment will vary according to diagnosis (Gabbard, 1995), and should be seriously considered in all cases of stalking if the clinician has contact with the perpetrator. The prognosis will vary, the most successful cases being treatable mental disorders where the stalking is motivated by delusion and compliance is not an issue; medication may completely remit the fixed and false beliefs, and, therefore, the relational intrusions stop. Conversely, stalking motivated primarily by a personality disorder and fueled by abandonment rage will generally show a poor response to mental health interventions, especially if the subject is antisocial or worse, psychopathic. In the latter case, treatment should not be considered, since there is none, and aggressive prosecution is recommended to ensure lengthy segregation from the victim.

A clinical study of stalking victims has yet to be published, but suggestive forensic data indicate reactive symptoms of depression, anxiety, or trauma are likely. Clinicians should expect these presentations, neither

minimize nor exaggerate them (avoid diagnosing a normal response), and treat accordingly. Madonna Ciconne recounted in her testimony the fear she felt when she read Hoskins' note to her, her subsequent nightmares of being attacked by him, and her decision to immediately sell her home in Los Angeles: all typical and expectable reactions that became important in the case to establish her reasonable fear to the jury. The male jurors after the trial reported they were initially less convinced of her fear than the female jurors.

Anecdotal data also suggest that stalking victims may eventually become more aggressive in their social behaviors; this may be an adaptive response to obsessional following and relational intrusion, and is consistent with certain sexual mating strategies measured by evolutionary psychologists (Fisher, 1992).

Segregation and Incarceration

Stalking is bad (antisocial) behavior done by mad (angry or psychotic, or both) people. Yet the falsely dichotomous question—should we treat or incarcerate?—distorts clinical thinking. Individuals who stalk should be responded to with *both* social condemnation and humane psychiatric and psychological treatment. In most cases, mental health and criminal justice responses are both necessary but each insufficient. The victim must be protected from the stalker, and the stalker must learn that his behavior is unacceptable and help is available. California recognized the need for both approaches when it codified that the court shall consider the need for psychiatric treatment and possible transfer to a forensic hospital of all stalking defendants (Penal Code Section 646.9[1]).

Incarceration, however, may not diminish the stalking behavior. Some inmates will continue to threaten victims from prison, and additional charges may need to be filed against the subject before he is released on parole. Local prosecutors may be loath to do this, and advocacy may entail close networking with state prison officials, state prosecutors, and private security. Arthur Jackson, a man diagnosed with paranoid schizophrenia who stalked and attempted to murder the actress Theresa Saldana outside her West Hollywood apartment on March 15, 1982, had continued to threaten her life while incarcerated in the U.S. He was recently extradited from California to Britain to stand trial for a murder he allegedly committed thirty years ago.

Prison may also bring further notoriety to the celebrity stalker, translating his narcissistic linking fantasies into social reality. Robert Hoskins painted the phrases "Madonna Love Me" and "The Madonna Stalker" on his jail cell walls less than three weeks after conviction, and once in prison

vas referred to by other inmates as "the material guy." The imprimatur we unwittingly bestow on such grandiose fantasies of twinship with a celebrity is one ironic outcome of the aggressive prosecution of the stalkers of public figures. Fame is achieved through antisocial notoriety, not prosocial accomplishment.

Periodic Violence Risk Assessment

Although violence cannot be predicted with certainty, advances in the field now permit the accurate assessment of risk factors for violence, the nature of the violence should it occur, and probability estimates concerning its likelihood (Monahan and Steadman, 1994). In a recent review I (Meloy, 1996) found that only 50% of stalkers threatened their victims and only acted on 25% of their threats. The frequency of interpersonal violence ranged from 3-36%, with an average range of 20-25%. If an individual was violent, he was likely to grab, punch, strike, or fondle the victim without seriously injuring her. The homicide rate was less than 2%. A subsequent Canadian study reported similar results: physical violence ranged from 0-42%, depending on the nature of the relationship, and none of the victims suffered "grievous bodily harm" (Garrod et al., 1995, p. 2).

Although most individuals who criminally stalk will not be violent, occurrence of violence is high enough to warrant a serious response. Violence assessment should be done *periodically* since risk factors are both static (historical or dispositional) and dynamic (clinical or situational) (Monahan and Steadman, 1995) and should be completed by a qualified forensic expert. Historical data independent of self-report, a clinical interview, and psychological testing are most useful. Frequently, the individual may need to be involuntarily psychiatrically detained to complete the evaluation in the absence of criminal charges. In unusual circumstances the perpetrator may be in voluntary treatment, but in no case should a violence risk assessment be done by the treating clinician of the victim or the perpetrator; psychotherapeutic countertransference will bias the results.

There is only one predictive study of violence among erotomanics (N = 29). Menzies et al. (1995) found that they could predict dangerousness with an accuracy of 88.9% with a combination of two variables: multiple delusional objects and serious antisocial behavior unrelated to the delusions. This is a promising finding that needs to be replicated.

Robert Hoskins had an extensive history of violence directed toward three victim pools—police officers, his family members, and celebrities and their cohorts. His history, gathered through official records and family

interviews in the absence of a clinical evaluation, met threshold criteria for a diagnosis of Antisocial Personality Disorder (DSM IV).

Dramatic Moments

Elsewhere I theorized that stalking, or obsessional following, is a pathology of attachment in which rejection by an object stimulates humiliation and shame, which are quickly defended against with rage. The abandonment rage fuels the subject's pursuit, with an intent to devalue the object in real life, paradoxically restoring the subject's narcissistic linking fantasy to the idealized object (Meloy, 1996).

Dramatic moments in stalking cases are events which humiliate or shame the perpetrator, stoke his fury, and increase his risk of violence. Such events include, but are not limited to, first actual approach and rejection; unacknowledged letters, notes, and gifts; contact by a third party warning to stop the behavior; issuance and service of a protection order; court appearances; visitations by the police at the subject's home; first arrest; first incarceration; denial of bail; trial appearances of the victim; conviction; and sentencing.

Despite the feelings of justification and righteous anger by the victim at these various moments of triumph for her, it is important for the mental health clinician, and other risk management team members, not to lose sight of the likely narcissistic wounding of the perpetrator at these same points in time. Most habitual criminals and obsessional followers are pathologically narcissistic (Gacono and Meloy, 1994), and their intolerance of shame, defensive rage reactions, inability to grieve loss, and compensatory fantasies of entitlement and retaliation should not be forgotten. The victim of stalking may be at greatest risk of violent injury immediately after a dramatic moment while the perpetrator still maintains his freedom.

Robert Hoskins had several dramatic moments during his stalking of Madonna. They each followed the sequence of approach, rejection, and homicidal rage. On April 8, 1995, he approached her home, left a note for her, and told her assistant through the intercom that he wanted to talk to her. Rejection by her assistant and her bodyguard was followed by these reported comments: "This is her fucking husband. I'm going to kill you and everyone else. . .I'm going to slit her throat from ear to ear." On May 29, 1995, he entered her property, peered in her front door, climbed up on her carport, and made his way to her backyard and the swimming pool. When confronted by security, he stated, "I'm going to kill you. This is my property and Madonna is my wife." The subject then lunged at her bodyguard three times, and was eventually shot.

Summary

I have offered ten guidelines for the clinical risk management of stalking: a team approach, personal responsibility for safety, documentation and recording, no initiated contact, protection orders, law enforcement and prosecution, treatment if indicated, segregation and incarceration, periodic violence risk assessment, and the importance of dramatic moments. Although criminal stalking is not expected in mental health practice, the interpersonal anguish that often erupts in psychotherapy, and the reporting of relational intrusions that disrupt the safety of treatment, may foreshadow such distressing and potentially dangerous behavior. It is my hope that the clinician will be prepared for such untoward events, and these guidelines will shape an appropriate professional response. For as Racine wrote in 1667, "The heart that can no longer love passionately, must with fury hate." *(Andromache,* 1, trans. Robert Henderson).

REFERENCES

Finn, P., & Colson. S (1990). ***Civil protection orders: legislation, current legal practice, and enforcement.*** **Washington, DC: US. Department of Justice**

Fisher. H. E. (1992). ***Anatomy of love.*** **New York: W.W. Norton**

Gabbard.G., Ed. (1995). ***Treatments of psychiatric disorders, 2nd. ed., Vols. 1 and 2.*** **Washington, DC: American Psychiatric Press.**

Gacono, C. B., & Meloy, J. R. (1994). ***Rorschach assessment of aggressive and psychopathic Personalities. H*****lillsdale, NJ: Lawrence Erlbaum Associates**

Garrod, A , Ewert, P. W, Field, G., & Warren, G. (1995). ***The report of the criminal harassment unit The nature and extent of criminal harassment in British Columbia.*** **Vancouver, BC: Ministry of Attorney General.**

Meloy, J. R. (1992). ***Violent attachments..*** **Northvale, NJ: Jason Aronson**

Meloy, JR. (1996). Stalking (obsessional following): A review of some preliminary studies ***Aggression and Violent Behavior, 1,*** **147-162.**

Meloy, JR. & Gothard. S (1995). Demographic and clinical comparison of obsessional followers and offenders with mental disorders. ***American Journal of Psychiatry, 152,*** **258-263.**

Menzies, R. P. D.. Fedoroff, J. P., Green. C. M., & Isaacson, K. (1995). Prediction of dangerous behavior in male erotomania. ***British Journal of Psychiatry,*** **166, 529-536**

. Monahan.J. & Steadman, H. (1994). *Violence and mental disorder: Developments in risk assessment..* **Chicago, IL: University of Chicago Press**

Person, F (1995). ***By force of fantasy.*** **New York: Basic Books.**

Zona, M.. Sharma, K., & l.ane. J. (1993). A comparative study of erotomanic and obsessional subjects in a forensic sample, ***Journal of Forensic Sciences, 38,*** **894-903.**