

Psychiatric Annals, 33:658-665, 2003

When Stalkers Become Violent: The Threat to Public Figures and Private Lives

J. Reid Meloy, Ph.D.

Associate Clinical Professor of Psychiatry

University of California, San Diego

School of Medicine

Adjunct Professor

University of San Diego School of Law

P.O. Box 90699

San Diego, CA 92169

858-488-0358

jrmeloy@san.rr.com

***This paper supported by a grant from Forensis, Inc. (www.forensis.org).

When Stalkers Become Violent: The Threat to Public Figures and Private Lives

Stalking is an old behavior, but a new crime (1). First outlawed in California in 1990, it is now a statutory offense throughout the United States, Australia, Canada, Great Britain, and several other European countries. It is typically defined as the “willful, malicious, and repeated following and harassing of another person that threatens his or her safety” (2, p. 258). It is also widely prevalent, with lifetime victimization risks of 8-15% for women and 2-4% for men (3). The songwriter Sting’s lyrics, “every breath you take, every move you make, every bond you break, I’ll be watching you,” was curiously prescient of the public attention the crime of stalking has received over the past decade.

Research on stalking has also increased exponentially since its identification as both a criminal and public health problem, and one of the most important clinical questions is defining and measuring the relationship between stalking and interpersonal violence. I would like to approach this task by focusing on several areas of interest: a) the relationship between stalking and violence; b) the frequency of violent behavior during stalking; c) the behavioral and motivational nature of stalking violence; d) the predictors of stalking violence; and e) clinical risk management approaches for minimizing interpersonal violence during stalking.

Stalking and Violence

The crime of stalking does not include any physically violent acts; and it was, in fact, codified to prevent future acts of violence. Likewise, interpersonal violence, if it is defined as an intentional act of aggression against another human being that is likely to result in physical

injury (4), does not assume the presence of stalking beforehand. These two independent variables provide an opportunity to empirically test the hypothesis that they are related. From a clinical perspective, the presence of a relationship would call for preventive measures. From a legal perspective, such an established relationship would argue for strict enforcement of the law, and serious penalties if it is violated.

The Frequency of Interpersonal Violence During Stalking

There is a strong and substantial relationship between stalking and violent behavior. Recent studies (see table 1) indicate that interpersonal violence is quite common, and ranges from 27-76%. Although these samples differ in size and selection criteria, and the precise definitions of violence and stalking vary, the striking aspect of these data is the high frequency of violence across all studies (these are not, however, base rate data since time was not controlled). In other aggression research unrelated to stalking, rates of violence usually do not exceed 30% per year, even in the most violent groups of individuals (12). For instance, Steadman et al. (13) found a violence base rate of 31% over the course of one year in a large sample of discharged patients with major mental disorders and substance abuse problems.

Insert table 1 about here

An even more startling finding is the percentage of stalkers of prior sexual intimates who are violent. Individuals stalk for a variety of reasons, but one of the most common stalking “types” is the prior intimate, who typically pursues the victim following her rejection of him. In

these cases, violence frequencies substantially exceed 50%, and five independent research groups on three continents have documented violence among prior sexual intimates ranging from 55-89% (5,6,9,10,14). It is more likely than not that a stalking victim being pursued by her prior sexual intimate will be physically attacked by him.

The Nature of Stalking Violence

When humans are violent in the absence of a direct medical cause, it is either affective or predatory violence. Affective violence, often termed impulsive or reactive violence by others (15,16), is characterized by heightened sympathetic arousal, anger or fear, the presence of an imminent threat, and is unplanned. Its sole purpose is to reduce the threat and return the organism to physiological homeostasis (17). Its evolutionary genesis was to ward off threats to individual survival. Predatory violence, often termed instrumental or premeditated by others (15,16), is characterized by minimal autonomic arousal, no emotion, the absence of an imminent threat, planning and preparation, and a variety of goals, such as money, power, territory, dominance, sexual gratification, or revenge (18,19). Its evolutionary genesis was to facilitate hunting for food. Both modes of violence have been researched in animals and humans for the past thirty years, and appear to involve different neurochemical activation and neuroanatomical pathways (20-22).

The nature of interpersonal violence during the course of stalking appears to depend upon whether the target is a public or private figure. A public figure, in this context, refers to anyone who is widely known, and would include celebrities, professional athletes, politicians, judicial, corporate, or religious figures. A private figure would be everyone else. The data on violence

during the stalking of private figures—most of whom are prior sexual intimates--describe assaults without a weapon which do not result in serious physical injury. The victim is choked, grabbed, hair pulled, shook, hit, slapped, kicked, or punched (23-25). Violence toward private figures in stalking cases is very similar to the typical domestic violence episode in which most injuries are minor, and involve cuts or bruises. The U.S. Bureau of Justice Statistics report that only 8% of female victims of domestic violence require emergency care at a hospital (26). If violence occurs during the stalking of a private target, it is typically affective violence.

The stalking of public figures, however, is quite different. Data from three sources—individual cases, such as the stalking and killing of John Lennon by Mark David Chapman (27), a study by the US Marshals Service concerning threats toward federal judicial officials (28), and a study of attackers and assassins of public figures by the US Secret Service (29)—indicate that violence, when it occurs, is planned, purposeful, carried out over an extended period of weeks or months, and done in the absence of an imminent threat. It is also motivated by the idea of assassination of the public figure, which is gradually translated into a behavioral strategy. There does not appear to be heightened arousal or intense emotion at the time of the violence, and typically a firearm is used to carry out the attack. Here is a case example from Britain:

37 year old Jill Dando, a widely known television news reporter who bore a striking resemblance to Princess Diana, was killed with a single shot from a 9 mm pistol to the back of her head on the doorstep of her London home in April, 1999. Initial reports speculated the assassination had been ordered by a Serbian paramilitary leader, but after a year of investigation

by Scotland Yard, the case grew cold. After the National Crime Faculty consulted with several criminal psychologists and profilers, the investigation focused intensively on the possibility that an obsessed, mentally disordered individual who lived near Ms. Dando had done the killing. Barry George, an unemployed 39-year old who lived 500 yards from the scene of the murder was eventually arrested and charged with the crime. He had a preoccupation with public figures, the Army, weapons, and the media, and tried to imposture various famous individuals. Forensic evidence placed him at the scene of the murder, and gun residue in the pocket of his coat matched that found in the victim's hair and coat. Mr. George had been arrested a decade earlier on the grounds of Kensington Palace, the home of Princess Diana, in camouflage gear with a knife and piece of rope. Princess Diana had died two years before the killing of Jill Dando. In June, 2001, Barry George was convicted of murder in the criminal courts of the Old Bailey.

This is predatory violence. It is the typical mode of violence if stalkers of public figures become violent. It is also prominent in certain clinical groups, such as psychopaths (16), and in certain other kinds of targeted violence, such as adult and adolescent mass murder (30, 31) and bombing (32, 33). Although predatory violence has been documented in stalking cases involving private targets (19,34), further research may support the hypothesis that I am proposing: if stalkers of public figures attack, it will likely be a predatory mode of violence; if stalkers of private figures attack, it will likely be an affective mode of violence. Table 2

contrasts the differences between public and private stalkers who are violent. Note that stalkers of public figures are much more likely to be psychotic than stalkers of private figures, which argues for the ability of deluded individuals to carry out well organized and planned acts of violence.

Insert table 2 here

Why do individuals who stalk become violent? This question takes us into the internal world of the stalker, and evidence suggests that the prior sexual intimate who is pursuing his target is affectively violent in response to an imminent threat, which is her rejection of him. Stalkers as a group appear to be pathologically narcissistic (1,3,8), and thus are quite sensitive to rejection. In the face of an actual or perceived rebuff—the estranged husband who refuses to accept that his wife wants a divorce, or the erotomanically deluded patient who becomes intensely jealous when he sees his psychiatrist with her husband—the stalker will feel deeply humiliated, and the threat of abandonment cuts deeply into the sense of self. This feeling and fantasy are defended against with rage, and sudden violence may result. The violence is a source of much gratification: it serves the law of talion, an eye for an eye; it reduces envy for that which cannot be possessed; it instils a momentary sense of omnipotence; and most disturbingly, it may restore a “narcissistic linking fantasy,” which is a consciously held belief in the special, idealized, and unique attachment to the object of pursuit (1): if the rejecting person in real life is injured, or in extreme cases, killed, the unconditionally accepting love object can, instead, flower in fantasy. Empirical support for this theory comes from several sources, including the work of

Dutton (35) who has shown the importance of humiliation and physical abuse in the childhood histories of battering men; the growing literature on attachment pathologies (particularly fearful and preoccupied types) and their relationship to stalking (36); and a recent study by Babcock et al. (37). They found that male spousal abusers with preoccupied attachment pathologies are most likely to assault their mate when she attempts to withdraw from an argument, stimulating his abandonment fears.

The motivations for public figure stalking violence are quite varied. Fein & Vossekuil (29) found that their sample of 83 individuals who attacked, assassinated, or near-lethally approached a public target did so to achieve notoriety or fame, to bring attention to a personal or public problem, to avenge a perceived wrong, to end personal pain, to save the country or the world, to develop a special relationship to the target, to make money, or to bring about political change. Calhoun (28) found that attacks on federal judicial officials were typically motivated by personal anger or a desire for revenge against a specific judge.

The Predictors of Stalking Violence

Although predictors of violence among individuals who stalk public figures are unknown, there is some new and compelling research for the prediction of violence in private cases, particularly when the victim and stalker have had a prior sexually intimate relationship.

Domestic violence and stalking are inextricably linked. Women who have been battered by a prior intimate have often been stalked, both before and after they left the relationship (38); and women who have been stalked by a prior sexual intimate were likely battered when they were in the relationship (11). Stalking can be conceptualized as a method of psychological and

emotional abuse within a domestically violent relationship (38). Batterers even stalk after being convicted of battering and attending a court-mandated assessment program (39).

What predicts stalking violence? Five variables have emerged in the research which has used predictive modeling equations to answer this question: prior sexual intimacy, drug or alcohol abuse, a history of criminality (interpersonal violence), threats, and the absence of a major mental disorder, such as schizophrenia.

Prior sexuality intimacy. This variable has consistently been found, when measured, to predict interpersonal violence among stalkers (7,9,14). In one study it alone correctly classified 90% of the stalkers as either violent or nonviolent (14). The phi coefficient was 0.81, indicating a strong relationship between sexual intimacy and violence. In another study of 82 female stalkers, prior sexual intimacy also showed a moderate relationship (.37) to stalking violence (40).

Drug or alcohol abuse. Mullen et al. (6) found that assault by stalkers was predicted by drug abuse. Brewster (11) found that drug and alcohol abuse predicted physical injury during stalking. Meloy et al.(14) found a weak correlation (.18) between drug and/or alcohol abuse as a predictor of stalking violence. Given the potency of drug and alcohol abuse to lower the threshold for violent behavior among those with mental illness (13), it is not surprising that this variable is emerging as a predictor of stalking-related violence. Alcoholics have high rates of committing serious violence and inflicting injuries (41).

History of criminality. Mullen et al. (6) found that prior criminal convictions, especially for interpersonal violence, predicted violence during stalking. Other researchers, however, have found violent criminality, or violence in relationships, to be a very weak predictor of violence

during stalking (11, 14) or a negligible correlate (9).

Threats. The direct communication of a threat to the victim of stalking is very common, and appears to occur in a majority of the cases (3), especially if the victim is a prior sexual intimate. False positive rates for threats (a threat followed by no violence) range from 41-75% (4). False negative rates (no threat followed by violence) range from 13-23% (4). When stalkers of public targets are studied, however, a very different pattern emerges. In one study (29), the false negative rate was 90%. This means that only one out of ten individuals who attacked or near-lethally approached a public figure communicated a direct threat beforehand (see table 2).

The likely reason for this striking difference is the mode of the violence. In the affective mode, threats are common, and are often a part of the loud vocalization that precedes most defensive violence. In the predatory mode, threats would serve no purpose other than to alert the target of the attack. As Fein and Vossekuil noted (29), individuals that actually pose a threat typically do not make a threat—at least in the domain of public stalking.

Threats—a written or oral communication that implicitly or explicitly states a wish or intent to damage, injure, or kill the target (4)—also have a weaker relationship to violence than expected, especially when they are used in predictive equations. Researchers who have done this have found beta weights ranging from -0.24 to 0.36 (9,11,14,42), suggesting, at best, a moderate predictive relationship between threats and stalking violence toward private targets. Although it appears that making a threat does increase risk of subsequent violence, much more attention should be paid to the behavior of the stalker, rather than to his verbalizations.

Threats combined with stalking have also emerged as powerful predictors of femicide by a sexual intimate. McFarlane et al. (43) found in a large, 10-city study comparing women who

had been killed by a former intimate to women who had only been abused by a former intimate (N=821) the following predictors of murder: threatening to harm the children if the victim left, frightening the victim with a weapon, leaving scary notes on the victim's car, threatening to kill the victim, following or spying on the victim, and frightening or threatening the victim's family. Interestingly, two factors that decreased risk of homicide included hurting a pet and leaving threats on the answering machine. Given the low frequency of homicide among stalking victims (0.25%), risk factors which predict such behavior are critical sources of preventive knowledge (4).

The absence of a major mental disorder. A very consistent finding across a number of studies is that the presence of a major mental disorder, such as schizophrenia, is negatively correlated with violence in stalking cases (2,3,4,7,8,14,36, 44). This is not surprising, given the negative relationship between a diagnosis of schizophrenia and criminal violence in actuarial instruments that have impressive predictive power (45). Although this variable has been rarely used in predictive models of stalking violence, in one study the negative correlation was a significant -0.31 (14).

Although the predictive research is quite new, it is yielding some stable variables for the prevention of stalking violence. Prediction models, however, are limited by their sample sizes and the variables selected for entry into the predictive equation.

Clinical Risk Management Approaches

The clinical risk management of stalking violence begins with the recognition that stalking, in fact, is occurring. Denial of the seriousness nature of this criminal behavior—and the

high risk of violence--is still endemic among mental health and law enforcement professionals. Psychiatric intervention with the perpetrator should include a thorough diagnostic workup which recognizes the likelihood of both Axis I and Axis II disorders, the initiation of appropriate treatment measures given the diagnoses, and the recognition that safety of both the patient and his identifiable victim may require hospitalization, third party warnings, and the intervention of law enforcement. If the clinician encounters a patient who has a history of stalking, it is well advised to assume that the behavior will begin again, and that the target may be the clinician (46). Limited data on serial stalking indicate rates of 8-33% among stalkers in general (47). The stalking of a clinician is best dealt with through consultation, containment, and third-party confrontation of the behavior (48). It usually begins with "boundary probes" by the patient: for example, showing up at the clinician's office unannounced, driving by the clinician's home, or joining his or her church or athletic club. Such behaviors should be immediately addressed in the treatment.

The stalking victim is likely to be diagnosed with a mood, anxiety, or posttraumatic stress disorder (25). A team approach is best for risk management, involving law enforcement, a civil attorney, a mental health professional, private security, and a close companion (12). Security measures usually focus on both the alteration of physical habits--e.g., ceasing to walk alone to and from the parking lot at work--and the "hardening" of the physical environment at home. Floodlights, locks, and dogs are the most useful forms of personal protection. Three critical behaviors that all stalking victims should emulate are to carefully document all stalking events, preserve evidence (notes, gifts, telephone calls, etc.), and to not initiate any contact with the stalker to dissuade him from his pursuit. All direct contacts should be done by professional

third-parties (attorneys, police) involved in the case.

Summary

High frequencies of violence are expected in stalking cases, particularly when the pursuer is a prior sexual intimate. If attacks occur, the victim is unlikely to be seriously injured since the violence is affective and usually does not involve a weapon. The violent stalking of public figures, however, is a predatory mode of violence, a firearm is often used, and there is no directly communicated threat beforehand. Violence toward prior sexual intimates in stalking cases is predicted by the intimacy itself, a history of criminal convictions, drug and/or alcohol abuse, threats, and the absence of a major mental disorder. Although violence frequencies are disturbingly high, risk of homicide is very low, and occurs in only one out of four hundred cases.

Our desire to understand the relationship between stalking and violence, however, may shift our gaze from the deeper meaning of this pathology of attachment, and the emotional fate of unrequited love. We should heed the words of Abraham Crowley, writing in 1656, “A mighty pain to love it is, and ‘tis a pain that pain to miss; But of all pains, the greatest pain it is to love, but love in vain.” (From Anacreon).

Table 1. Frequencies of interpersonal violence among samples of stalkers.

Study	N	Location	Frequency (%)
Harmon et al. (5)	175	New York	46
Mullen et al. (6)	145	Australia	36
Schwartz-Watts & Morgan (7)	42	South Carolina	48
Meloy et al. (8)	65	San Diego	46
Palarea et al. (9)	135	Los Angeles	76
Boon & Sheridan (10)	124	Britain	27
Brewster (11)	187	Philadelphia	46

Table 2. Public vs. private stalking targets and violence.

Public Figures	Private Individuals
Violence frequency unknown	Violence frequency very high
Predatory (instrumental) violence	Affective (reactive, impulsive) violence
Psychotic diagnosis	No psychotic diagnosis
Weapon, usually a firearm	Weapon use unlikely
No direct threats	Direct threats common
Motivation varies	Motivated by rejection, humiliation, and rage

References

1. Meloy JR. Stalking: An old behavior, a new crime. Psychiatric Clinics of North America. 1999;22:85-99.
2. Meloy JR, Gothard S. Demographic and clinical comparison of obsessional followers and offenders with mental disorders. Am J Psychiatry. 1995;152:258-63.
3. Mullen P, Pathe M, Purcell R. Stalkers and Their Victims. London: Cambridge University Press; 2000.
4. Meloy JR. Stalking and violence. In: J. Boon, L. Sheridan, eds., Stalking and Psychosexual Obsession. Pp. 105-124. London: Wiley; 2002.
5. Harmon R, Rosner R, Owens H. Sex and violence in a forensic population of obsessional harassers. Psychology, Public Policy, and the Law. 1998;4:236-49.
6. Mullen P, Pathe M, Purcell R, Stuart G. Study of stalkers. Am J Psychiatry. 1999;156:244-49.
7. Schwartz-Watts D, Morgan D. Violent versus nonviolent stalkers. J Am Acad Psychiatry Law. 1998;26:141-45.
8. Meloy JR, Rivers L, Siegel L, Gothard S, Naimark D, Nicolini JR. A replication study of obsessional followers and offenders with mental disorders. J Forensic Sciences. 2000;45:189-94.
9. Palarea RE, Zona M, Lane J, Langhinrichen-Rohling J. The dangerous nature of intimate relationship stalking: threats, violence and associated risk factors. Behavioral Sciences and the Law. 1999;17:269-83.
10. Boon J, Sheridan L. Stalker typologies: A law enforcement perspective. J Threat

- Assessment. 2001;1:75-97.
11. Brewster M. Stalking by former intimates: verbal threats and other predictors of physical violence. Violence and Victims. 2000;15:41-54.
 12. Meloy JR. Violence Risk and Threat Assessment. San Diego:Specialized Training Services; 2000.
 13. Steadman H, Mulvey E, Monahan J, Robbins P, Appelbaum P, Grisso T, Roth L, Silver E. Violence by people discharged from acute psychiatric inpatient facilities and by others in the same neighborhoods. Arch Gen Psychiatry. 1998;55:393-401.
 14. Meloy JR, Davis B, Lovette J. Risk factors for violence among stalkers. J Threat Assessment. 2001;1:1-16.
 15. Barratt E, Stanford M, Felthous A, Kent T. The effects of phenytoin on impulsive and premeditated aggression: a controlled study. J Clinical Pharmacology. 1997;17:341-9.
 16. Cornell D, Warren J, Hawk G, Stafford E, Oram G, Pine D. Psychopathy in instrumental and reactive violent offenders. J Consulting Clinical Psychology. 1996;64:783-790.
 17. Meloy JR. The Psychopathic Mind: Origins, Dynamics, and Treatment. Northvale, NJ: Aronson; 1988.
 18. Meloy JR. Violent and homicidal behavior in primitive mental states. J Am Acad of Psychoanalysis. 1988;16:381-94.
 19. Meloy JR. Predatory violence during mass murder. J Forensic Sciences. 1997;42:326-29.
 20. Eichelman B. Aggressive behavior: from laboratory to clinic. Arch Gen Psychiatry. 1992;49:488-92.

21. Mirsky A, Siegel A. The neurobiology of violence and aggression. In: A Reiss, K Miczek, J Roth, eds., Understanding and Preventing Violence, Vol. 2: Biobehavioral Influences. Pp. 59-111. Washington, DC: National Academy Press; 1994.
22. Raine A, Meloy JR, Bihrie S, Stoddard J, LaCasse L, Buchsbaum M. Reduced prefrontal and increased subcortical brain functioning assessed using positron emission tomography in affective and predatory murderers. Behavioral Sciences and the Law. 1998;16:319-32.
23. Meloy JR. Violent Attachments. Northvale, NJ: Aronson; 1992.
24. Harmon R, Rosner R, Owens H. Obsessional harassment and erotomania in a criminal court population. J Forensic Sciences. 1995;40:188-96.
25. Pathe M, Mullen P. The impact of stalkers on their victims. Brit J Psychiatry. 1997;170:12-17.
26. Bureau of Justice Statistics. Intimate Partner Violence. Bureau of Justice Statistics Special Report, NCJ 178247. Washington, DC: US Dept. of Justice; 2000.
27. Jones J. Let Me Take You Down. New York: Random House; 1992.
28. Calhoun F. Hunters and Howlers: Threats and Violence Against Federal Judicial Officials in the United States, 1789-1993. Arlington, VA: US Marshals Service; 1998.
29. Fein R, Vossekuil B. Assassination in the United States: An operational study of recent assassins, attackers, and near-lethal approachers. J Forensic Sciences. 1999;44:321-33.
30. Hempel A, Meloy JR, Richards T. Offender and offense characteristics of a nonrandom sample of mass murderers. J Am Acad Psychiatry and the Law. 1999;27:213-225.
31. Meloy JR, Hempel A, Mohandie K, Shiva A, Gray T. Offender and offense

- characteristics of a nonrandom sample of adolescent mass murderers. J Am Acad Child and Adolescent Psychiatry. 2001;40:719-728.
32. Meloy JR, McEllistrem J. Bombing and psychopathy: an integrative review. J Forensic Sciences. 1998;43:556-62.
33. Sapp A, Huff T, Kelm K, Tunkel R. Behavior and Characteristics of Bomb Related Offenders. Quantico, VA: National Center for the Analysis of Violent Crime; 2001.
34. Meloy JR. Erotomania, triangulation, and homicide. J Forensic Sciences. 1999;44:421-4.
35. Dutton D. The Domestic Assault of Women. Vancouver, BC: Univ. of British Columbia; 1995.
36. Kienlen K. Developmental and social antecedents of stalking. In: JR Meloy, ed., The Psychology of Stalking: Clinical and Forensic Perspectives. pp. 55-69. San Diego, CA: Academic Press; 1998.
37. Babcock J, Jacobson N, Gottman J, Yerington T. Attachment, emotional regulation, and the function of marital violence: Differences between secure, preoccupied, and dismissing violent and nonviolent husbands. J Family Violence. 2000;15:391-409.
38. Mechanic M, Weaver T, Resick P. Intimate partner violence and stalking behavior: Exploration of patterns and correlates in a sample of acutely battered women. Violence and Victims. 2000;15:55-72.
39. Burgess A, Harner H, Baker T, Hartman C, Lole C. Batterers' stalking patterns. J Family Violence. 2001;16:309-321.
40. Boyd C, Meloy JR. Female stalkers and their victims. Manuscript submitted.

41. Shuckitt M, Russell J. An evaluation of primary alcoholics with histories of violence. J Clinical Psychiatry. 1984;45:3-6.
42. McCann J. The relationship between threats and violence in juvenile stalking. J Threat Assessment. 2001;1:81-90.
43. McFarlane J, Campbell J, Watson K. Intimate partner stalking and femicide: Urgent implications for women's safety. Behavioral Sciences and the Law. 2002;20:51-68.
44. Farnham F, James D, Cantrell P. Association between violence, psychosis, and relationship to victim in stalkers. Lancet. 2000;355:199.
45. Quinsey V, Rice M, Harris G, Cormier C. Violent Offenders: Appraising and Managing Risk. Washington, DC: American Psychological Association; 1998.
46. Orion D. I Know You Really Love Me. New York: MacMillan; 1997.
47. Lloyd-Goldstein R. Serial stalkers: recent clinical findings. In: L. Schlesinger, ed., Serial Offenders: Current Thought, Recent Findings. Boca Raton: CRC Press; 2000.
48. Meloy JR. Commentary: stalking, threatening, and harassing behavior by patients—the risk management response. J Am Acad Psychiatry and the Law. 2002;30:_____.