



### 132 From Classification to Clinical Practice: Current Psychiatric Understanding of Stalking Behavior

*Christopher Racine, MD, MPH\*, Bellevue Hospital, 462 First Avenue, Office #214b, C Building, New York, NY; and Stephen B. Billick, MD, 11 East 68th Street, Suite 1B, New York, NY 10065-4955*

After attending this presentation, attendees will: (1) understand the legal and mental health definition of “stalking”; (2) review the epidemiology of stalking; (3) to review typologies and classification of stalking; (4) understand how stalking behavior is associated with DSM diagnosable disorders; and, (5) use our current understanding of stalking behavior to comment on risk management and treatment strategies.

This presentation will impact the forensic science community by reviewing stalking, an often overlooked behavior, that has a high potential for violent outcomes, from a psychiatric and treatment perspective.

Prior to the 1990’s, relatively little research had been performed regarding the conceptualization, understanding, or treatment of stalking behavior. This is somewhat surprising given the high prevalence of stalking in the community. As many as 8% of women and 2% of men state that they have been stalked at some point in their lives and as many as one in four cases of stalking in the United States will culminate in significant violence. Public appreciation of stalking as a behavior was, and in some respects still is, largely limited to sensationalized cases involving the stalking of high-profile celebrities such as Madonna or Princess Diana. What constituted “stalking” has not always been clearly defined as a legal term. Although less than in earlier times, laws defining the crime of stalking can vary dramatically from state to state. It is no surprise, then, that the psychiatric understanding of stalking as a concept has lagged behind study of other potentially violent behaviors and is just recently emerging as an area of study.

As legal definitions of stalking are unique to each jurisdiction, there is no consensus definition of stalking in the mental health literature either. J. Reid Meloy’s definition is one of the most widely cited and defines stalking as “the willful, malicious, and repeated following and harassing of another person that threatens his or her safety” (Meloy and Gothard, 1995). Other descriptive terms such as “obsessional following” have also come to be accepted as synonyms for this behavior. In general, the various definitions typically seek to describe a behavior that is: (1) a pattern of intrusive behavior or harassment; (2) a resulting implicit or explicit threat; and, (3) as a result, the threatened person experiences reasonable fear. Numerous typologies have attempted to classify stalking behavior for identification, risk stratification, treatment, or other purposes. Most typologies have been based on the stalker’s relationship with the victim, the context in which that relationship is based, and the degree to which violence or the potential for violence is an issue. However, no single classification system has ever been agreed upon in the forensic community.

One of the most difficult obstacles in conceptualizing stalking is that it is a behavior that can be the manifestation of numerous currently understood mental health diagnoses. It does not exist as a stand-alone diagnosis in DSM IV-TR nor is there any current plan for inclusion in DSM-V. Those who exhibit stalking behaviors may be classified as having a multitude of different Axis I and Axis II diagnoses. While it is classically taught that obsessional followers have erotomatic delusions or de Clereambalt’s syndrome (i.e., erotomania), only a small minority of perpetrators appear to fit this mold. Schizophrenia, schizoaffective disorder, bipolar disorder, delusional disorder, major depressive disorder, adjustment disorders, cluster B personality disorders, cluster A personality disorders, and others have all been seen to manifest in stalking behavior. Because of this complexity, treatment recommendations for stalking behaviors have often been generalized and inexact.

The goal of this presentation will be to review the most recent and accepted stalking typologies and attempt to place them in context of DSM diagnoses that are familiar to practitioners. Current recommendations regarding risk management in the stalking situation will be reviewed. Finally, the current recommendations and evidence base for management and treatment of stalking behavior in the context of typographical description and diagnosis will be described.

**Stalking, Obsessional Following, Psychiatry**