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COEXISTENCE AND INDEPENDENT RELATION BETWEEN MENTAL DISTURBANCE AND STALKING (I7)

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ABSTRACT: Some Authors have reported a significant correlation with mental disturbances. Few studies have been made of female stalkers. Moreover, studies have shown that unlike in male stalkers, in females there is a high incidence of severe mental disorders and insanity. According to Meloy (2003), at the start of their stalking acts, 50% of these cases have a diagnosis of "psychosis". Thus, there seems to be a greater prevalence of psychopathology motivations among female stalkers. We report a case of stalking committed by a woman, that came to our observation as expert consultants for the Judge.



INTRODUCTION: Objective of this work is to contribute to the knowledge of female stalking. The data on this phenomenon depend on the population considered: the prevalence in the general population is 12-13% (9), whereas in selected samples from the psychiatric-forensic community there is a higher percentage, ranging from 28% (8) to 32-33% (11)(3). In the latter group the male-female stalker ratio is 4:1 (8).

Unlike male stalkers, few female stalkers have a criminal record (8); typically, they are young, white, heterosexual, single, childless and highly educated (6). In an overwhelming majority of cases the woman knows her victim personally, often on a professional basis (8). She is acting in revenge in 2/3 of cases (6) and the closer the pre-existing relationship between the stalker and her victim, the greater the risk of violent acts of persecution. In his meta-analysis, West (2008) underlines the "smart" tactics adopted by the female stalker to torment her victim. The Authors state that there is no reason to believe that female stalkers are less dangerous than their male counterparts.

MATERIAL AND METHODS: The case is a 43-year-old woman graduate, University professor, single and childless, with a history of a long affair with the victim that ended in 2007. In July 2009 she was reported by the ex-partner's mother for acts of persecution (continuous phone calls, slanderous remarks, stalking, murder threats) against herself and her son, who had moved to another city.

Diagnosed with a Bipolar Disorder that had developed in 2003, the woman was in treatment since 2005. The woman's mother, who had committed suicide by throwing herself out of the window in 2003, was also affected by a Bipolar Disorder. The acts of stalking had started in January 2009, and lasted for six months, during which period the woman was not taking her prescribed drugs. After being reported to the Police in August 2009 she was involuntary hospitalized; diagnosis: F31.20 (ICD-10) or 296.42 (DSM-IV TR). Then she resumed treatment, and derived benefit. In December 2009, despite her compensated condition and the fact that she was still under forensic-psychiatric observation [diagnosis (SCID-II; MMPI-2; Rorschach Test): Bipolar disorder F31.2 (ICD-10) or 296.47 (DSM-IV TR)], she went back to the same stalking behavior she had previously abandoned.

CONCLUSIONS: The peculiar characteristic of this case is the fact that despite being well compensated the woman continued to reiterate the same criminal acts. This demonstrates that even when there seems to be an evident relation between psychopathology and criminal motivations, it is always necessary to weigh up whether, and if so to what extent, the mental disorder, even severe, is at the basis of the criminal behavior.



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