

The Other Side of Stalking and Biological Damage: An Analysis of Judicial Stalking and False Victimization Syndrome

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Abstract

The Italian Penal Code, through Article 612 bis, regulates stalking by identifying it as a phenomenon wherein an individual repeatedly engages in harassing or oppressive behavior towards a victim. Today, little attention is paid to the crime of Judicial Stalking, in which there is a reversal of roles. In such cases, the perpetrator, disguised as the victim, drags the actual victim into court, accusing them of various crimes with repeated unfounded compensation claims solely instrumentalized to cause psychological, reputational, and economic harm. These perpetrators are not necessarily diagnosed with a psychiatric disorder but possess personality structures characterized by strong manipulative traits and the use of primitive psychological defenses.

False Victimization Syndrome is scarcely recognized in literature. This condition can itself cause the victim a state of distress and dependency, leading to one of the events envisaged by the incriminating offense of stalking, sometimes diverting court attention from genuine stalking crimes. A comprehensive review of the literature was carried out through Medline/Pubmed databases with keywords to analyze the correlation of stalking behaviors among subjects with personality disorders underlined all the overlapping elements. This narrative review explores the phenomenon by reconstructing the assessment for the psychological profile of individuals affected by False Victimization Syndrome, along with current sociological reflections on the legal and clinical implications for the victim. In conclusion, this review highlights the overlap with Dark Triad traits and underscores the need for thorough forensic evaluation due to the significant impact on victims.

Keywords: Stalking, Personality Disorders; Abusive Relationships; False Victimization

Introduction

The etymology of the word stalking is derived from the verb to stalk, which originates from hunting and means to ambush, control, and follow the prey, walk with circumspection [1]. It is a phenomenon with deep historical roots: Nero, in ancient Rome, was responsible for the deaths of his mother Agrippina, his first wife Octavia, and his lover, Poppea [2]. In mythology, Apollo pursued the nymph Daphne to the point of desperation, and Zeus assumed various forms to seduce his victims [3]. In literature, Don Rodrigo from Manzoni's "The Betrothed" provides an example of persecution against Lucia, whom he harasses with "vulgar chatter" [4].

Meloy et al. in 1989 described such behaviors as "borderline erotomania," [5] while McAnaney et al., in 1993, categorized stalkers into groups: erotomaniac delusional disorder, borderline erotomania, nostalgia for an ex, and sociopathy. Zona [6] in 1993 referred to erotomaniac delusional disorder, pathological love, and obsessive symptomatology.

In Italy, the first National Plan against gender violence was issued on February 17, 2011. This plan included the first definition of what has evolved into the crime of stalking, now part of the Red Code. In the literature, stalking was first defined in 1998 as the deliberate, repeated, and malicious persecution and harassment of a person with the intent of threatening their integrity. For stalking to be recognized, three elements must be present: an active subject with evident psycho-affective and relational difficulties (the harasser/stalker) who develops a strong focus on a victim, engaging in behaviors aimed at systematic surveillance with or without communication, alternating between phases of love and hate, and displaying deep ambivalence through benevolent actions interspersed with threats and insults. These behaviors cause the victim emotional turmoil, leading to changes in daily habits. Judicial stalking, on the other hand, involves persecutory behavior by the supposed victim. In this case, the individual positions themselves to harass their alleged persecutor through false reports, appeals, and accusations, causing humiliation, fear, and anxiety to the actual victim. Article 612 bis of the Italian Penal Code distinguished from the crime of slander by its description of repeated and unfounded actions and behaviors (through the filing of reports, compensation claims, and injunctions) intended to alter the quality of life of the victim. The actual victim experiences significant psychological stress and must bear legal expenses. The perpetrator of such behavior might be someone who cannot accept the end of a relationship, someone with intense envy of another success, or someone who, due to difficulties in managing anger and frustration, uses the judicial system vindictively. We will specifically examine the potential personality traits of these perpetrators, distinguishing them from cases of overt pathology [7].

Among the established pathologies and individuals who may engage in judicial stalking, we can include borderline personality disorder. This disorder is characterized by emotional dysregulation and distressing experiences of abandonment, from which these individuals protect themselves by engaging in manipulative actions, outbursts of anger, and/or self-harm to control their relationship with others, seeking attention and reassurance. Another characteristic of individuals with borderline personality disorder is the coexistence of ambivalent and contradictory feelings and behaviors, which often result in a relationship of direct hostility towards others, a general sense of mistrust, and dramatic tendencies. Psychopathy should also be considered. This is a deviant developmental disorder characterized by strong aggression, destructiveness, predatory behavior, and an inability to form objective relationships based on reciprocity. At its core is a fundamental characteristic: the inability to experience emotions, which in these individuals are mostly arid and cold.

The ability to maintain relationships is the characteristic that differentiates this disorder from Antisocial Personality Disorder, which more closely aligns with psychopathy but diverges from it in that the antisocial individual retains a minimal social bond. The antisocial person acts impulsively in response to a threat and lacks emotional control. The psychopath, on the other hand, engages in behavior oriented toward predatory attacks solely to obtain personal advantages. The relationship with others exists only in terms of domination and for purposes for which the psychopath does not hesitate to lie or display harsh emotions, only

to completely reverse them later. The antisocial individual often comes from lower social classes, and their actions are often automatic responses to survival instincts, whereas the psychopath comes from middle to upper social classes, and their actions are aimed at exercising dominance over others, often hiding behind a mask of great charm and chameleon-like respectability. The psychopath recognizes only their own needs, which are prioritized. This also occurs due to neurochemical dysregulation in areas responsible for controlling instincts and emotions [8, 9]. More substantial data is available regarding Narcissistic and Histrionic Personality Disorders, which are analyzed below.

Materials and Methods

A comprehensive review of the literature was carried out through Medline/Pubmed databases. Keywords were searched in the Title/Abstract fields; no date restriction was set. The search string is reported as follows: (((“stalking”[Title/Abstract]) OR (“abusive relationships”[Title/Abstract])) OR (“false victimization”[Title/Abstract])) AND (“personality disorders”[Title/Abstract])). The latest update of available literature was conducted on 23 July 2024. The search returned 3048 articles. After removing duplicates, 2931 papers were retrieved. All publications were screened by title and abstract to remove not pertinent articles. The review was carried out separately and in blind by two experimenters. In case of lack of agreement (publications removed by one and included by the other), the first author was in charge of deciding. Additional publications were hand-searched based on the references of included publications. At the end of the screening process, a total of 31 articles were included in the qualitative synthesis. Additional reports were included in the manuscript to enlarge the discussion.

Results

Narcissistic Personality Disorder

Narcissistic Personality Disorder (NPD) was first discussed in the DSM-III. The definition of this disorder has evolved, culminating in the current description in the DSM-5. Contemporary studies indicate that NPD exists in two forms: Overt (thick-skinned) with manifest aggression, and Covert (thin-skinned) with more hidden aggression. The Overt NPD patient displays grandiosity and a contemptuous devaluation of others, whom they consider inferior. In contrast, the Covert NPD patient exhibits insecurity and hypervigilance, presenting themselves as they believe they should be rather than as they are to protect their fragile self-esteem and intolerable feelings of shame. The common point between these two forms is that others are viewed merely as objects to satisfy their needs. The core characteristics of Narcissistic Personality Disorder include grandiose self-esteem, manipulation and arrogance, use of defenses such as idealization and devaluation, a need for affirmation that, when unmet, can result in anger, depression, and a sense of emptiness, tendencies towards somatization, a sense of shame, alexithymia, and an inability to recognize their internal states, using maladaptive and primitive defense strategies [10]. According to Kohut, external responses are necessary to maintain a cohesive self, without which their fragile self-image would fragment. Kohut also posited that everyone treats others as separate objects and sources of self-gratification to some extent, but as we grow, we adopt a more mature relational approach. However, in individuals with NPD, this developmental transition is complex and difficult, preventing them from reaching emotional maturity. O. Kernberg described patients with overt grandiosity and pronounced antisocial traits, noting borderline functioning in these individuals [11]. The fusion of the Ideal and Real selves allows the ego to avoid disintegration. These individuals use defensive strategies to project unacceptable parts of themselves onto others through devaluation, differentiating them from borderline patients who have a more integrated pathological self and greater impulse control. Interacting with such individuals can be challenging and painful, as when their mask (False Self) seeking approval is not supported, it breaks, revealing unresolved wounds linked to feelings of inadequacy, leading them to become cruel and vindictive. The imperfect, non-integrated parts are rejected and attributed to others through projection and a significant difficulty in decentering and tuning in to the internal states of others. There are crucial elements in personality traits that can render the prognosis poor. These include fanaticism, persistent mood deflection, and melancholia, creating a vi-

cious cycle that alienates others and reinforces the belief of having suffered the injustice of not enjoying a fulfilling romantic and/or professional life. Another element is envy, used not as a spur for emulation and progression but as a defense mechanism, as well as tendencies towards humiliation and quarrelsomeness seen in subjects ranging from paranoid to passive-aggressive personalities, rooted in an egocentric view of superiority and a lack of need for help. This trait, living with a strong ego in relationships, can compel others to feel the need to exculpate and understand themselves pointlessly, as the individual with NPD starts from the premise of always being right. Thus, any attempt at effective communication fails, along with any attempt at maintaining a healthy relational dynamic. Finally, malevolence and the need for revenge against others in response to feelings of inferiority, and sensation-seeking behaviors for new exciting experiences that involve substance abuse and transgressions, are evident, reaching extreme levels in psychopathic personalities [12]. Narcissism exists on a continuum, ranging from neurotic characteristics (Covert NPD) to unconscious forms (Overt NPD) and at its extreme, malignant narcissism, closer to psychopathy and antisocial disorder due to the lack of empathy and remorse, intense anger and aggression, and the absence of mentalization capacity [13]. In these individuals, the Super-Ego is disorganized, and pathological grandiosity serves as a defense against paranoid anxiety [14]. For Kernberg [15] aggression is a primary factor that, at constant levels, implies a degree of self-destruction mainly based on the feeling of envy they experience. The comparison with others results only in torment from feelings of inferiority, remedied by devaluation, causing an internal emptiness that can only be filled by the applause of others, whom they control to defend themselves at any cost, sometimes with violence. The extreme and severe egosyntonic nature of this pathological defensive mechanism can impair their ability to feel remorse, aligning them, in the presence of significant social and cultural factors, with an antisocial trajectory and committing serious crimes and harm to others. While narcissism still involves the "other" as an object of approval through manipulative mechanisms, in the extreme form of psychopathy, the "other" is dehumanized, devoid of value, and non-existent. The core of psychopathy is characterized by the absence of empathy and remorse, marked destructiveness, and a relationship with others seen only in terms of domination and self-benefit. Thus, in attempting to take revenge on others, they may commit crimes, employing manipulative tendencies and lies. Lying involves three elements: false content, awareness of its falsehood, and the intention to deceive others. Lying has always catered to a natural human instinct, from childhood's magical thinking to adulthood as an adaptive strategy marking human history in personal growth. There are social lies, regulated and necessary by cultural conventions, and comprehensive lies [15]. The latter is voluntary, conscious, utilitarian, aimed at defending an interest, and linked to a power game, not always indicating psychopathological conditions like paranoid personality, querulous behavior, and pseudologia fantastica. Sometimes, it requires a strong manipulative skill and the ability to distort reality, combined with the suggestibility of the interlocutor. Forensic literature notes cases of querulous individuals without intelligence impairments or psychotic traits but with a strong understanding of the law, abusing it rather than using it. If these personalities exhibit psychopathic traits and can fascinate those evaluating their claims by presenting themselves as victims, individuals with marked narcissistic and histrionic traits can craft emotionally rich stories, evoking empathy. This supports and reinforces the credibility cycle of the lie. In this context, conditions ranging from factitious disorder (Munchausen syndrome), where the symptom is intentionally reproduced to fulfill the sick role, to malingering for economic gain, are notable [16].

Histrionic Personality Disorder

According to a psychodynamic reading and Horowitz's model, there is a difference between the histrionic patient organized in a neurotic sense (hysterical variant) and the one with borderline and narcissistic organization (histrionic variant). The common core underlying this personality is the presence of superficial emotionality, attention-seeking, and a tendency towards self-dramatization. In the first case, these personality structures function with mature object relations characterized by triangular oedipal dynamics, while in the second case, they are fixed at a more primitive, dyadic relational level, where masochism, excessive attachment, and paranoia prevail, being overwhelmed by separation anxiety compared to the former, through defenses of splitting and idealization when distancing from the love object. An aspect of intrapsychic functioning common to both variants is the impressionistic cognitive style and dramatic emotionality. Becoming intensely but very superficially emotional, the sub-

ject can defend against deeper and more sincere effects they wish to avoid. These two elements serve the subject to prevent contact with any authentic emotional state towards themselves and others [10].

False Victimization

The false victim syndrome is a condition where a person believes they are a victim of a crime or injustice, even when there is no evidence to support this belief. Individuals with false victim syndrome often have a history of compromised mental health and may seek attention or sympathy from others. In some cases, individuals with false victim syndrome may make false accusations of crimes or attempt to frame others for crimes they did not commit. In a study by Pathé et al. in 1999 [17], subtypes of false reports of stalking were identified. Among 40 confirmed false reports of stalking, 28 (70%) were classified as cases involving delusional subjects, eight (20%) as fictitious victims, three (7.5%) as cases of false revictimization, and one (2.5%) as a victim inversion. Although Pathé et al. (1999) constructed a typology of false victims comprising five types, the literature identifies only four subtypes and did not find so-called falsifiers [18]. The term false victimization syndrome has been specifically applied to situations of false stalking, for those stalkers who present themselves as victims of stalking. The Los Angeles Police Department database suggested in 2000 that false statements of this type are rare (about 2% of all stalking cases). Genuine stalking victims who subsequently make false accusations generally meet cognitive-behavioral criteria focusing on cognitive distortions. The aforementioned false victimization accusations were either conscious fabrications or could derive from psychopathology, leading to false accusations. The two studies presented in Chapter 19 [19]: False victims of stalking (the Australian study and the Dutch study) highlight the range of behaviors and diagnoses that can support false accusations of stalking. This chapter begins with the description of 18 fictitious victims, all personally evaluated by the authors [20].

Assessment of the False Stalking Victim

Increased public attention to the crime of stalking has led to a predictable rise in the number of victims coming forward seeking protection, counseling, and/or compensation. To date, services and resources have failed to keep pace with this phenomenon. Those dealing with stalking victims, whether they are healthcare providers, police, lawyers, or courts, generally have limited experience in these matters, sometimes struggling to recognize genuine suffering and provide an adequate intervention. Now, as in cases of rape and sexual assault, it is being found that not all cases of stalking involve genuine victims, and identifying spurious, malicious, or premature complaints can be harmful in several ways. There are several important reasons to recognize false victims. Identifying them allows for appropriate intervention at the earliest opportunity, especially for delusional individuals, who suffer at least as much as their genuine counterparts. Delusional victims risk becoming increasingly desperate in the face of perceived inaction by authorities and may take their countermeasures, sometimes with tragic results. In one case, for example, a woman convinced she was being persecuted by her phone company stole her father's rifle, kept it by her door, and was determined to shoot the "spy" who approached. Former stalking victims who subsequently make false stalking claims might be convinced by their distorted perceptions, and their recognition and definitive treatment would improve their distress and impairment. False victims represent a burden on public finances, diverting scarce resources from real cases. Although relatively rare, false victims can infiltrate deeply into the medical and legal systems, accessing a disproportionate share of services. In particular, simulated stalking victims (note this "new" compensable form of victimization) can deprive true sufferers of help, often after having suffered significant financial losses in attempts to evade stalkers and from limited public funds. They attract negative publicity and increase the skepticism faced by many legitimate stalking victims. Identifying these individuals and excluding them from services dedicated to true victims would preserve resources and the reputation of stalking victims in general. Remember that: False victims are more likely than their genuine counterparts to identify themselves as victims; in fact, they seek help earlier in the alleged stalking. Genuine victims generally delay reporting due to denial, embarrassment, and concerns that make them hesitant, as well as fear of retaliation or an inability to understand the severity of their situation. Unlike most false victims, many genuine victims struggle to pinpoint the start date of harassment and stalking behavior before recognizing it and seeking help. Genuine stalking victims who subsequently make false accusations generally meet cognitive-behavioral cri-

teria focusing on cognitive distortions. These false victims often respond to an approach similar to that outlined above, which provides a face-saving rationale for addressing anxiety symptoms as a priority. It is important to consider the risk of suicide in this group, and it is necessary to remain supportive, optimistic, and non-confrontational while avoiding collusion. Brutal honesty is unhelpful and likely to destroy any last shred of hope for these individuals. In this case, anxiolytic medications are often indicated. There are several important principles for prescribing in this population. Firstly, many have no prior experience of psychiatric illnesses or psychotropic treatments. Initial doses should be low to minimize side effects, which can exacerbate the victim's distress and dysfunction. The use of benzodiazepines and other potentially addictive substances should be avoided due to the prolonged course in some cases. In the study by Pathé and colleagues [18], for those whose stalking was based on delusions, the claims were often intrinsically improbable, if not frankly impossible. The benefit of the doubt was given to marginal cases where the victim's presentation was suspicious, but where the presence of stalking could not be definitively ruled out based on the available evidence. Fourteen of the 18 subjects examined were women aged 25 to 55 years. Six of the subjects had been referred by the magistrate's court, three by general practitioners, one by a general psychiatrist, and eight were self-referred. Four had a documented history of mental disorders (delusional disorder, depression, schizoid personality disorder, and dysthymic disorder). Half of the subjects had experienced severe victimization in the past, either directly or indirectly, five with proven histories of marital abuse, three with proven histories of childhood sexual abuse, and one who had witnessed a terrible industrial accident that killed his son. Despite being sensitive and self-referential, false victims can usually be diagnosed based on medical history and clinical examination, but clinical evaluation alone may not detect fabricated data or simulated victimization. Non-clinical methods, including surveillance and police investigations, could offer valuable contributions to their identification, if only to more effectively rule out legitimate crimes. Managing false victims from the outset involves identifying and treating the underlying disorder where present. As previously noted, it is important to be alert to any opportunity that reinforces the perception of oneself as a victim. In managing false victims, it is particularly important to recognize that in most cases, they are distressed and disturbed individuals in need of care, not simply liars. Considerable sensitivity is needed to engage the false victim and frame their situation in psychological terms, especially when their claims are based on delusions. It is often more effective to focus on coexisting symptoms of depression or anxiety, offering treatment for the associated distress of these disorders.

Real victims tend to delay in reporting and recognizing the crime, whereas false victims come forward from the beginning with a wide range of very detailed evidence collected to support their case, often presented in an impressionistic manner to reinforce their role as victims. A careful analysis of their history is necessary: it is not uncommon for these individuals to describe themselves as victims of abuse and events in which they were unfortunate indirect spectators. They often show traits of distrust towards others and difficulty in assuming responsibility. While true victims exhibit feelings of shame and guilt, as well as fear of pursuing legal proceedings, false victims are driven by feelings of revenge and resentment. It is evident in such individuals that they act with a "purpose," meticulously carrying out a series of behaviors to support their case in order to gain an advantage in the legal-forensic field (such as making numerous visits to obtain valid documentation, taking time off work, or exaggerating symptoms) (Fornari, 2008). They often present an idyllic pre-morbid functioning or selective incapacity in the work environment (Ferracuti et al., 2007). Objectively, there is no correspondence between the stress and the symptoms they report, and they often lack a genuine therapeutic process. Symptoms are exaggerated, whereas true victims tend to hide them; they may be reported inconsistently or described in a scientifically precise and textbook manner. There is a refractory attitude and resistance to pharmacological and therapeutic interventions, as well as the adoption of childish behaviors, regression, and a tendency towards dramatization. Therefore, it is advisable to integrate the psychiatric evaluation of these patients with supportive psychodiagnostic tests such as the MMPI (Minnesota Multiphasic Personality Inventory), WAIS-IV (Wechsler test), Rorschach, and Malingering Test.

Fictitious Disorders

In factitious disorders, there is a conscious simulation of physical or psychological symptoms to assume the sick role. As described for factitious sexual harassment [21], factitious victims seek to satisfy dependency needs by adopting the victim status rather than the sick role. These individuals, in addition to claiming victim status, invariably fake psychological symptoms and occasionally physical symptoms to support their claims. This category should not be confused with malingering, although such individuals may secondarily acquire motivations based on financial reward, or there may be a confluence of internal and external incentives to portray themselves as victims [22]. This category can also include individuals who have genuinely experienced harassment in the past and have derived rewards, particularly the satisfaction of dependency needs and obtaining attention from others. Subsequently, accusations of stalking serve to validate their identity as victims, especially if they were disappointed by authorities through inefficacy or skepticism when the victim's status was true. Therefore, maintaining the victim role becomes their career. In contrast, malingerers consciously fabricate or exaggerate victimization claims for understandable external incentives, such as financial rewards or to evade criminal charges.

Discussion

Personological Analysis

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) [23], which describes a multi-axial definition of disorders, individuals who engage in such persecutory behaviors against others are mostly those who, on Axis I, may suffer from psychotic spectrum disorders, mood disorders, and substance use disorders habitually and continuously. Individuals with Schizophrenia may develop erotomanic delusions towards celebrities, or individuals with Chronic Delusional Disorder may clinically present erotomanic, jealous, or persecutory delusional ideation. Individuals with Erotomania (de Clerambault's syndrome) are the most common. They have the delusional belief that others are in love with them. Most of their victims are of higher socioeconomic status and fame, which gives the subject a sense of importance as they lead a reclusive and socially isolated life. Other individuals may present delusional ideation of reference, interpreting ordinary events as having special personal significance. In the case of jealousy delusions, the individual becomes convinced of their partner's infidelity without any factual basis, leading to excessive control, following, and persecution. In persecutory delusions, the individual believes they are being mistreated by another and defends themselves accordingly. In addition to Psychotic Disorders, individuals with severe Affective Disorders with psychotic features, both depressive and manic, may engage in persecutory behaviors. The DSM IV defines mood as a pervasive and sustained emotion that colors an individual's perception of the world. Mood can influence these individuals' thoughts, leading to delusional symptoms and auditory hallucinations. People with severe Psychotic Depression tend to view their lives and future extremely negatively, impairing their ability to form significant relationships. They often attempt to restore relationships to maintain self-esteem or in response to psychotic feelings of guilt and failure. In the case of manic disorder, mood is characterized by excessive euphoria, increased self-esteem, and grandiosity, often manifesting through grandiose delusions and a delusional construction of special relationships. Others may act under the influence of substances of abuse, such as marijuana, amphetamines, and cocaine, which alter consciousness, perceptions, and thoughts, potentially triggering a psychotic breakdown in vulnerable individuals. Other disorders fall under Axis II, which includes Personality Disorders. Personality is the combination of temperament (basic traits) and character (shaped over time and experiences), influenced by genetic and environmental factors. The DSM 5 defines Personality Disorders as moderate or severe impairment in functioning (pertaining to cognitive, affective, and impulse control domains), with one or more inflexible and pervasive traits not attributable to substance abuse or other general medical conditions, and in relation to the environmental and socio-cultural context. These are divided into clusters: Cluster A (schizoid, paranoid) characterized by oddness, Cluster B (narcissistic, antisocial, histrionic, and borderline) characterized by dysregulated and unstable affectivity, and Cluster C (avoidant, obsessive, and dependent) characterized by anxiety. Individuals with Paranoid Disorder exhibit marked traits of suspicion which, in severe cases and under

stress, can lead them to interpret neutral situations as threatening or offensive. Those with Schizoid Disorder display marked traits of suspicion and mistrust toward others, leading to social isolation and detachment. When in an intimate relationship, they may have difficulty letting go and may engage in persecutory behaviors to continue the relationship or as an act of revenge. With poor social cognition, they might struggle to understand the harm caused to the victim. Among Cluster C individuals, those with Dependent Personality Disorder are more inclined to develop persecutory attitudes, tending to exhibit morbid behaviors. Personality analysis cannot disregard the relational context, attachment style, and internal working models that guide one's interactions with the world. This is especially pertinent from childhood, particularly in Cluster B individuals (narcissistic and histrionic), whom statistics show are most implicated in this phenomenon [24].

Relational Analysis of the Phenomenon

From a legal standpoint, the complex phenomena of stalking and False Victimization are treated and prosecuted as crimes. This work aims to broaden the reading perspective of these phenomena by understanding them in a non-unilateral relational key, focusing on the pathological elements that characterize the communication and structural complementary collusion between persecutor and victim. This interpretive key emphasizes the relational dynamics that invest the couple, structured and maintained over time between the persecuted and the persecutor, without losing sight of cases where the stalker suffers from pronounced psychopathological disorders. Through a systemic lens, the protagonists in question are not only two (victim and persecutor) but there is an important and indispensable third element, the Relationship, understood as the specific peculiar dimension of "that victim with that persecutor" [25]. The intrapsychic reality of the individual, dealing with their self-perception, attachment styles, and internalized relational exchange models consolidated through transgenerational levels, comes into play in every interaction with the other's intrapsychic reality, creating contact points and fits through unconscious complementarity of emotional-psychic factors. The relational model of belonging influences the current relational model with the other. This theoretical premise is fundamental to understanding the above-mentioned phenomena more specifically. The explicit image that emerges in them is that of an "up-down" Power Game, where the persecutor is the player in an active and dominant position, while the victim appears to be exclusively passive and powerless to change their condition [26]. The attachment styles most commonly found in stalkers (ambivalent, disorganized, and anxious) share the failure to achieve physiological emotional, and moral maturity, with affective needs dysfunctionally satisfied in fusion with the other [27]. Based on this desired and fallacious idea of fusion, all other psychopathological elements of the stalker originate, with narcissistic traits being common among men and histrionic traits among women. The lack of structured identity in the emotional-affective and moral profile of such figures leads to the suffocation of recognizing the dignity of the other and any form of empathy: the other is merely an extension of themselves, without their soul, desires, and needs that are not fused and overlapping with their own. This premise is essential for the genesis of the abusive relationship, where the dimension of codependency is necessary to maintain the individual and relational identity core [28, 29, 30]. As visually conceptualized by Karpman's Drama Triangle, in the codependent relationship, the two protagonists can occupy three roles: Victim, Persecutor, and Rescuer. The existence of one is reciprocally and necessarily related to the existence of the others. In this role-playing game, the Rescuer acts as the savior of the Victim because, by helping, they fulfill their need to feel useful and to avoid addressing their problems, thereby implicitly confirming the Victim's sense of insecurity and inferiority. The Persecutor, in turn, projects anger and despair by punishing and seeking revenge on the Victim, explicitly confirming their vulnerabilities while avoiding self-awareness of their own. The Victim, confirming their weaknesses, remains satisfied in their dependency needs without assuming responsibility. The "drama" of the Triangle lies in its self-sustaining nature due to the continuous role interchange and the existence of a dual communication channel: the explicit functions of Victim-Persecutor-Rescuer and the deeper, implicit collusion whereby the implicit and explicit devaluation of the other constitutes a positive and necessary reinforcement to maintain the integrity of the False Self. These theoretical considerations lead us to formulate hypotheses on the dysfunctional relational mechanisms underlying the phenomena under analysis [31, 32].

Given the theoretical premises described, it would be appropriate to implement intervention strategies. Among these, appropriate pharmacological therapy is advisable, where low doses of SSRIs and antipsychotics can reduce impulsive and aggressive behaviors, thus mitigating cognitive rigidity. A significant portion of the work should be conducted through appropriate psychotherapy that explores significant events in the personal and clinical history, as well as attachment patterns. Implementing a comprehensive intervention protocol that starts with a structured and detailed clinical interview, where anamnesis is collected and an adequate assessment is made regarding the evaluation of empathy, impulse control, and emotional management is essential.

An accurate assessment of cognitive distortions and the vindictive position taken toward the victim, the underlying conscious disdain, as well as the lack of consideration for the victim who is controlled, is necessary. It is fundamental to explore collusive relational elements, analyze interpersonal systems and cycles, the quality of intertwined relationships, and the awareness of one's own defense mechanisms. On the other hand, the victim must also be guided through a path of awareness to break the dangerous cycle of codependency that fuels the up-down and complementary dynamics. It is crucial to work on resources to re-consolidate and strengthen self-esteem, recognize bodily signals, reduce guilt feelings, omnipotent thoughts of being able to change the other, and the maternal impulse to assist. Recognizing the mechanisms that sustain the abusive relationship is necessary to end the projection of one's desired imagination onto the other person, continuing to idealize them. This represents a psychic dynamic aimed at beautifying love objects with one's desires and expectations, maintaining the dysfunctional relational circle reinforced by a narcissistic-masochistic game aimed at saving the other. The victim must, therefore, recognize both their resources and their limits. Education is needed regarding the assumption of responsibility in recognizing an active role in being able to truly choose to break the cycle of power exercised on a sadistic basis and the collusion by playing the role of scapegoat for the other's anger and revenge [33].

At the legal level, to counter the phenomenon, appropriate professional training is required for those working in crisis contexts (police, carabinieri, mental health operators, etc.) and those working in the field of Law Enforcement (magistrates, lawyers, experts, and consultants). An adequate dissemination plan is needed within institutions through the teaching of civic education to prevent violence of all kinds, especially the subtle and insidious kind represented by psychological violence and criminality. A process of accountability for aggressors is necessary, with the reinforcement and tightening of laws and alternative pathways where provided by law, aimed at rehabilitation and preventing recidivism, but also for victims who have the duty to understand the role they play in pathological dynamics and entanglements in order to defend themselves and limit personal harm.

Conclusion

The increase in the phenomenon today can be explained through sociological reflection. Nowadays, the social condition of women, as well as the cultural one, is no longer related to submission. In the frame of abusive relationships, the frequent break-ups push feelings of anger and frustration, generating in the other party a sense of guilt and betrayed expectations, determining conflict and collusion in which the phenomenon of stalking and false victimization are inserted. This context also includes the role of the web, which accelerates and amplifies these phenomena. The anonymity of the screen supports these behaviors driven by feelings of revenge, seeking attention and personal advantages, and supporting the False Self. This narrative review analyzes the correlation of stalking behaviors among subjects with personality disorders, showing overlapping elements of the Dark Triad (Machiavellianism, narcissism, psychopathy). We believe it is appropriate to take this phenomenon into account for an adequate forensic evaluation, given the impact of both biological damage and criminal charges on the victims [34].

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