The background features a dark blue gradient with a subtle pattern of white dots. Overlaid on this are several circular elements: a large scale on the left with numbers from 140 to 260, and several smaller circles with arrows indicating clockwise or counter-clockwise rotation. The main title is centered in white, bold, sans-serif font.

# SOMEBODY'S WATCHING ME: A STUDY IN GANG STALKING

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# ROCKWELL

Somebody's Watching Me ●



# DISCLOSURES

- No disclosures at this time

# LEARNING OBJECTIVES

- Be able to identify and define Gang-Stalking symptoms
- Understand the DSM-5 diagnosis criteria for Delusional Disorder
- Know current treatment guidelines for Delusional Disorder, both pharmacological and psychotherapeutic
- Identify management techniques for individuals with Gang-stalking and other paranoid delusions

# CASE REPORT

- The patient is Hank
- Caucasian Male
- 33 years old
- Single, Homeless
- Seen for initial psychiatric evaluation in the Jail Psychiatric Clinic at Jackson County Detention Center
- Currently residing in Jail for the last 6 months pending trial for Second Degree Murder; trial set for 3 months away
- CC: “I’m anxious and I can’t sleep because of it.”

# CASE REPORT—HISTORY OF PRESENTING ILLNESS

- Initially endorsed non-specific anxiety about those around him sleeping too much which made him nervous. Present at all times of the day. Anxiety is so bad that it impairs his concentration to the point that he can't read or sleep.
- Unprompted, he begins talking about how he engaged in a tactic called gang stalking for money and then became the victim of it himself by his victims for the last year.
  - States they slept with his girlfriend, recorded her, and put it on the internet for him to see, and believes he was being monitored through polyamory apps on his phone and had 9 cellphones at once to counteract this.
  - States that he knows people who work for the devil and has killed them because he is doing "God's work", and would continue to do so if necessary.
- Denied nightmares or flashbacks from prior trauma; endorses dreams of doing meth
- He denies SI/HI/AVH at this time.
- Denies any overt depression or historic symptoms of mania.

# CASE REPORT—HISTORIES

- Past Psychiatric History
  - Prior Diagnoses: PTSD and ADHD by prison psychiatrists
  - Prior Hospitalizations: 3 days for HI in the context of substance induced psychosis
  - Prior Substance Abuse Rehab Admissions: Five; all court ordered inpatient.
  - Prior Psychotropic Medication History: Methylphenidate, Imipramine, and Citalopram
  - Two prior suicide attempts; one via car crash and the other by cutting his own throat
- Social History
  - Patient lived in a home with roommates who sold drugs and provided them physical protection and debt collection as his primary income. Worked seasonally at warehouses.
  - Educated up to 10th grade and dropped out due to legal issues
  - Heterosexual, never married with no children. Recently “broke up” with his girlfriend.

# HISTORIES CONTINUED

- Legal History: Total of 10 years in prison for robbery and assault. Currently awaiting trial charged with Second Degree Murder of his ex-girlfriend.
- Trauma History: Coming home at age 13 and seeing his house burned down and finding out that his mother had been murdered.
- Substance Abuse History:
  - Tobacco: Was smoking one PPD until he came to jail
  - Alcohol: Endorses daily alcohol use. Had 2 DUIs in the last 10 years.
  - Methamphetamines: Began at age 17. At his peak was using 1 gram per day. Began IV use over 5 years ago.
  - Intermittent Alprazolam and Cocaine use



# HISTORIES CONTINUED

- Past Medical History: Self-reported history of pulmonary emboli in the past
- Past Surgical History: No prior surgeries
- Medical and Psychiatric Family History: Grandparents deceased before patient met them. Mother was murdered by a boyfriend when patient was 9. Father is currently alive with no known illnesses. No siblings.
- Current Medications: None
- Allergies: NKDA
- ROS: 14 point ROS was negative

# DIAGNOSIS AND PLAN

- DSM-5 Diagnosis List:

- Delusional Disorder, Persecutory Type
- Unspecified Anxiety D/o
- Antisocial Personality Disorder
- Stimulant Use Disorder, Methamphetamine type, Severe
- Alcohol use d/o, severe
- Nicotine Dependence

- Plan:

- Start Haloperidol 5mg PO QHS for Delusions
- Start Benztropine 1 mg PO QHS for EPS Prophylaxis
- Start Fluoxetine 20mg PO Daily for Anxiety
- Continue attending individual psychotherapy sessions and substance abuse counseling classes

# ONE MONTH FOLLOW-UP

- Stopped taking Haloperidol, Fluoxetine, and Benztropine after one week due to increased lethargy and states he has been sleeping upwards of 10 hours per day
- No reduction in anxiety and continues to remain irritable due to this
- No new depressive symptoms or SI/HI/AVH endorsed
- Patient was more racist this visit, unprompted (towards African Americans, not towards providers)
- Continues to believe his gang stalkers are waiting for him on the streets and believes his now deceased ex-girlfriend was a plant by his stalkers in an attempt to ruin his life
- Plan: Decreased Haloperidol to 2.5mg PO QHS and added on Hydroxyzine Pamoate 50mg PO BID for anxiety

# FOLLOW-UP OVER NEXT 6 MONTHS

- Patient refused all medications due to side-effect of lethargy, and his medications were subsequently discontinued by the jail med dispensation algorithm due to refusals
- Requested to start Citalopram 20mg which was then increased to 30mg Daily for anxiety. He endorsed continued anxiety despite the medication change
- Trial was pushed back for unknown reason and patient has continued his stay at JCDC
- Patient endorsed depression regarding his delayed court appearance
- He has according to records continued to endorse paranoid delusions of gang-stalking
- Has continued attending being appropriate with peers and jail staff along with attending psychotherapy and substance use rehab classes in jail

# DELUSIONAL DISORDER DSM-5

## Diagnostic Criteria

297.1 (F22)

- A. The presence of one (or more) delusions with a duration of 1 month or longer.
- B. Criterion A for schizophrenia has never been met.

**Note:** Hallucinations, if present, are not prominent and are related to the delusional theme (e.g., the sensation of being infested with insects associated with delusions of infestation).

- C. Apart from the impact of the delusion(s) or its ramifications, functioning is not markedly impaired, and behavior is not obviously bizarre or odd.
- D. If manic or major depressive episodes have occurred, these have been brief relative to the duration of the delusional periods.
- E. The disturbance is not attributable to the physiological effects of a substance or another medical condition and is not better explained by another mental disorder, such as body dysmorphic disorder or obsessive-compulsive disorder.

# TREATING DELUSIONAL DISORDER

- Overall lack of high quality, evidence-based information about treatment
- Most patients with Delusional Disorder are treated with antipsychotics, mood stabilizers, and antidepressants with varying degrees of success
  - Currently no studies have been found to yield treatment options that are generalizable for the condition
  - Second-generation antipsychotics are anecdotally preferred
- Cognitive Behavioral Therapy versus Supportive Therapy continues to be an ongoing debate with trials being considered inconclusive so far
  - The most recent trial had a significant number of drop outs, was unable to list the patient's current medications, and was limited by the low quantity of patients in the study (17 in each arm)

# WHAT IS GANG STALKING?

- Also known as: Group Stalking, Mob Stalking, or Cause Stalking.
- A covert protocol of harassment and torture in which the goal is to destroy every aspect of a targeted individual's life
- Highlighted by non-bizarre persecutory and referential delusions that the patients or "targeted individuals" are plagued by
- Though only one study has been published, the phenomenon appears to be congruent with Schizophrenia and Delusional Disorder
- Who it has affected: Doctors, artists, lawyers, engineers, veterans, and the homeless
- "Targeted Individuals" have found a safe space on the internet where they have created an echo chamber to voice and reinforce their persecutory delusions

# EXAMPLES OF GANG STALKING

- The belief that strangers are watching you and are involved in disrupting your life in every way from minor whispers on the street to seducing the spouse/partner of the “targeted individual”.
- People in traffic are attempting to cut you off and block you in a coordinated attempt.
- You are being monitored by various law enforcement agencies.
- Your friends and co-workers, even family, may be involved in the plot to destroy your life.
- Your movements and whereabouts are constantly being tracked through not only your phone, but also through covert satellite technology.
- Innocuous messages and letters can be perceived as detailed death threats based off of font color, capitalizations, or locations and times listed



# STUDIES ON GANG STALKING



Journal

**The Journal of Forensic Psychiatry & Psychology** >

Volume 26, 2015 - Issue 5

Enter keywords, authors, DOI etc.

1,196

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Research articles

## Complaints of group-stalking ('gang-stalking'): an exploratory study of their nature and impact on complainants

Lorraine P. Sheridan & David V. James

Pages 601-623 | Received 16 Dec 2014, Accepted 06 May 2015, Published online: 16 Jun 2015

Download citation

<https://doi.org/10.1080/14789949.2015.1054857>

Check for updates

## Abstract

Stalking primarily concerns the actions of individuals. However, some victims report stalking by organised groups, this being known as 'group-' or 'gang-stalking'. This phenomenon has not been subject to systematic study. An anonymous questionnaire was completed online by self-defined victims of stalking. One thousand and forty respondents met research definitions for stalking, of which 128 (12.3%) reported group-stalking. One hundred and twenty-eight individually stalked cases were randomly selected as a comparison group. All cases of reported group-stalking were found likely to be delusional, compared with 3.9% of individually stalked cases. There were highly significant differences between the two groups on most parameters examined. The group-stalked scored more highly on depressive symptoms, post-traumatic symptomatology and adverse impact on social and occupational functioning. Group-stalking appears to be delusional in basis, but complainants suffer marked psychological and practical sequelae. This is important in assessment of risk in stalking cases, early referral to psychiatric services and allocation of police resources.

## Takeaways:

- Gang stalking represented 128 out of 1,040 respondents in a stalking questionnaire
- All 128 cases were found to be delusional
- The Gang stalking group scored more highly in depressive symptoms, post-traumatic symptoms, and adverse impact on social and occupational functioning.

# GANG STALKING EDITORIALS



 Retired at Social Security (2003-present)

Answered [Dec 21, 2017](#)

Theres really nothing you can do to help someone whose being”targeted”. You can try to lead them in directions on not to associate with people having lehal issues,stay home as much as possible,hope their partner in life is being faithful of course,teach them not to speak of their fears and not be scared, most important is to get used to it because no one will help. All the doctors are milking every insurance company,drug company and hospital they can from the chaos that comes from these actions. Most all political figures use these methods to detour people from telling their dirty secrets,police officers are all mostly from military forces and this action is pursued by ex military and current through a billionaires club in this world. About the only thing that can be done is to file reports with U.N.Human Rights and C.IA.for the new deep state agency Trump has funded for these activities. You can do it and give their name as a victim and you keep your name out of it for the sake of safety. The goal is to isolate uour friend from the world or that person to kill themself. It is a terrifying thing to watch and to struggle to help but the Human Rights is the one that made them retreat from a person I saw going through. They have never fully recovered because it took so long and probably never will and I fear they are nearing the end of their will to live. The loss is great for someone which goes through all this in terms of material alone. But the mental os all to damaging and goes well beyond Human Rights. Good luck to you.

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Mathematic Teacher and Cointelpro target since december 1990

Updated Jan 27

Meaning of the colors on cointelpro 2.0 (gang stalking)

Orange – I want to kill you.

Grey – You are a piece of shit full of dirt.

White - Moral Purity or Purity.

Red – I am angry at you.

Dark red or red wine – I hate you.

Light blue – You are going to die.

Blue – Police is watching you.

Dark Blue – Police is intensely watching you.

Black – Women victims of sexual assault and harassment or physical violence and harassment.

Purple – Women struggle for equality.

Pink - womanhood

Green – I know everything about you or they told me the latest gossip about you or I know what you really are.

Yellow – you are going to be extra judicially execute through medical negligence by renal failure (yellow representing the color of urine) (when a gang stalker drink a glass of any juice with the color yellow in a street theater they are celebrating your renal failure)

Gang stalkers combine this colors using cars, clothing to form new messages.

Example:

Blue and red - Police is angry at you.

Blue and dark red or wine -Police hate you.

Blue and orange - Police want to kill you.

White and dark red - Pure hate.

Example of messages using colors in gang stalking:

The metropolitan hospital in Puerto Rico let me know they want to kill me at January 17 2018 by signing a letter a student gang stalker gave me of a student of mine that is hospitalized with an orange pen they gave me at the moment, the orange means I want to kill you and the letter of the hospital mean I am willing to do it.

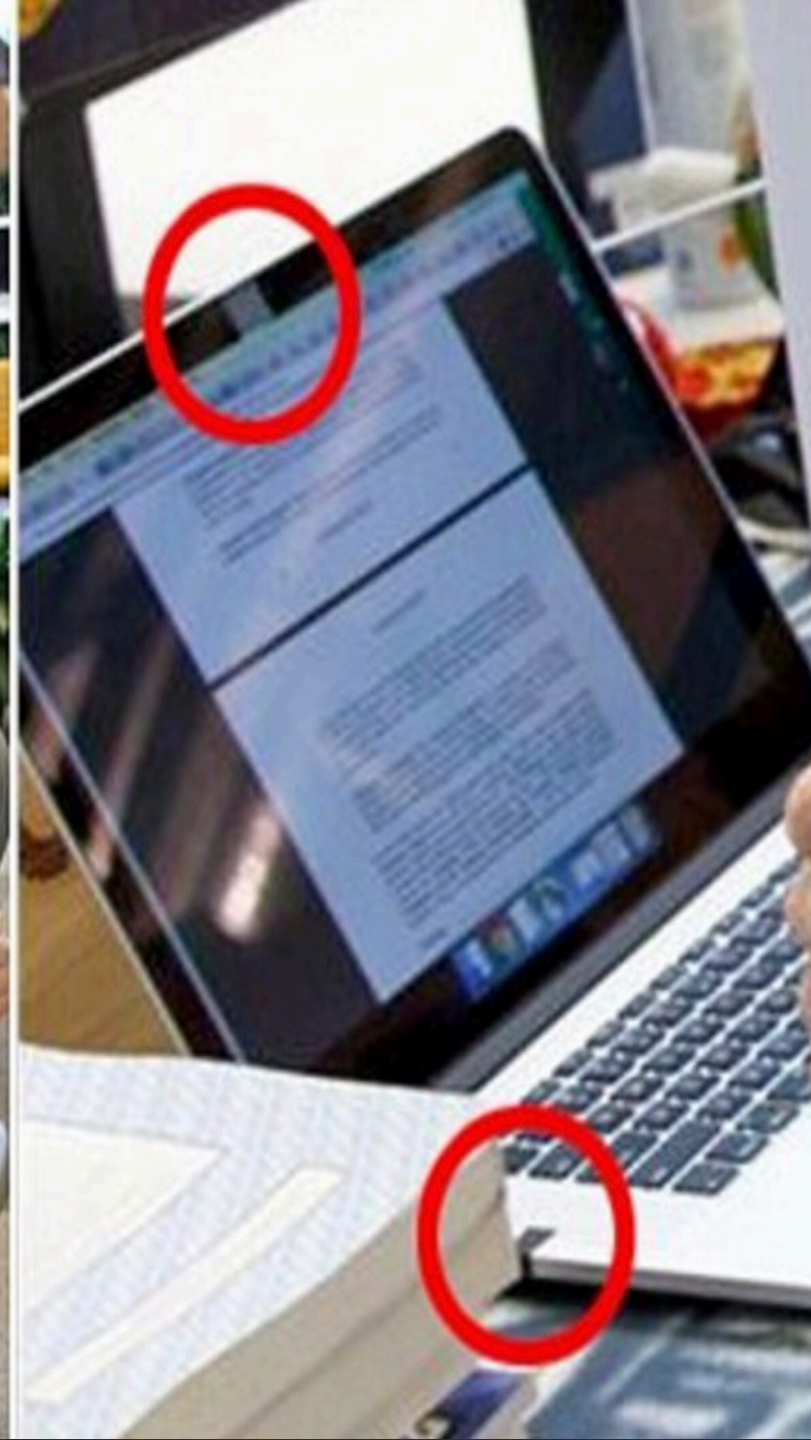
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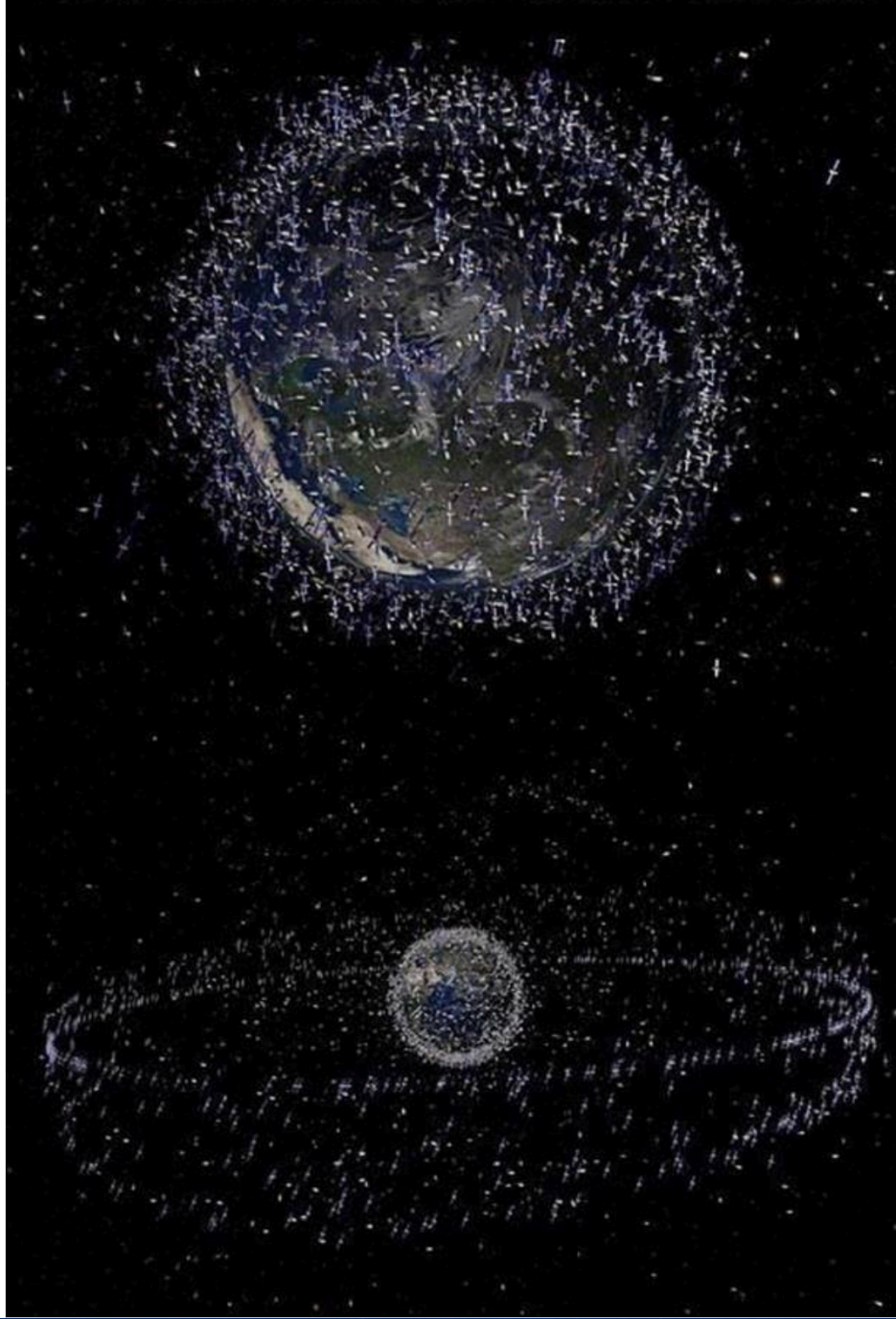


# MANAGEMENT TECHNIQUES

- Establish trust and rapport along with securing a safe space for the patient physically and therapeutically
- Do your best not to reinforce, or normalize, the patient's delusions
- Pose challenge questions as tolerated by the patient, but do not attempt to break the delusion unless there is a clear clinical benefit
- Assess for insight as regularly as possible without being intrusive
- Attempt to investigate non-bizarre delusions as appropriate
- If you feel unsafe, LEAVE!



EVERY SINGLE SATELLITE ORBITING THE EARTH



# HAVE WE DONE THIS TO OURSELVES?

- With the proliferation of tracking and monitoring softwares and the increasing surveillance of citizens by governments the delusion of “Gang Stalking” is strongly reality based, and it may in fact be occurring to some individuals to a certain degree.
- In 2013 Verizon Wireless aided the NSA by providing phone records for any and all of their customers upon request, and this was done legally through The Patriot Act. (147 million customers as of 2016)
- Project MKUltra was a CIA research project to investigate “mind control” techniques and was performed illegally on unknowing citizens from the 1950s-1960s
- Some victims of gang stalking insist on creating their own safe space by having home Faraday Cages
- Could some high-school or small town bullying cases fall under the domain of “gang stalking”?

Questions or  
Comments?

