What stalking victims need to restore their mental and somatic health

Victims’ mood, anxiety, and posttraumatic stress symptoms require prompt care

The obsessive pursuit of another has long been described in fiction and the scientific literature, but was conceptualized as “stalking” only relatively recently—first, under the guise of celebrity stalking and, later, as a public health issue recognized as affecting the general population. A useful working definition of stalking is “… the willful, malicious, and repeated following of and harassing of another person that threatens his/her safety.”

Stalking victims report numerous, severe, life-changing effects from being stalked, including physical, social, and psychological harm. They typically experience mood, anxiety, and posttraumatic stress symptoms that require prompt evaluation and treatment.

Prevalence and other characteristics
Stalking and its subsequent victimization are common. Here are statistics:
- in the United States, approximately 1 million women and 370,000 men are stalked annually
- women are 3 times more likely to be stalked than raped
- lifetime prevalence of stalking victimization is 20% (women, 23.5%; men, 10.5%)
- 75% of stalking victims are women
- 77% of stalking emerges from a prior acquaintance, including 49% that originated in a romantic relationship

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Stalking

• 33% of stalking encounters eventually lead to physical violence; slightly >10% of encounters lead to sexual violence
• stalking persists for an extended period; on average, almost 2 years.3

Penalties. Stalking can result in intervention by the criminal justice system. Legal sanctions levied on the perpetrator vary, depending on (among other variables) the severity of stalking; type of stalking; motive of the stalker; and the strength of incriminating evidence. Surprisingly, the outcome of the perpetrator’s prosecution (arrest, conviction, length of sentence) is unrelated to whether the victim reported continued stalking at follow-up.4,5

What are the symptoms and the damage? Given the intrusive nature of stalking behaviors and the extended period during which stalking persists, victims typically experience harmful psychological effects that range from subclinical symptoms to overt psychiatric disorders.

Stalking can have a profound impact on the victim and result in numerous psychological symptoms that become the focus of clinical attention. The typically chronic nature of stalking probably plays a significant role in its contributions to its victims’ psychological distress.6 Melton7 found that the most common adverse effect of stalking was related to the emotional impact of being stalked—with victims feeling scared, depressed, humiliated, embarrassed, distrustful of others, and angry or hateful.

Stalking victims report traumatic stress, hypervigilance, excessive fear, and anxiety coupled with disruptions in employment and social interactions.8 Many report having become highly distrustful or suspicious (44%); fearful (42%); nervous (31%); angry (27%); paranoid (36%); and depressed (21%). In general, victims have elevated scores on the Trauma Symptom Checklist.9

Stalking in the setting of intimate partner abuse is associated with harmful outcomes for the victim. These include repeat physical violence, psychological distress, and impaired physical or mental health, or both.3,7,10

Stalking victims who are female; had a prior relationship with the stalker; have experienced a greater variety of stalking behaviors; are divorced or separated; and have received government assistance were found to be more likely to experience multiple negative outcomes from stalking.11

Effects on mental health. Stalking victims have a higher incidence of mental disorders and comorbid illnesses compared with the general population,12 with the most robust associations identified between stalking victimization, major depressive disorder, and panic disorder. Stalking contributes to symptoms of posttraumatic stress disorder,13 and there is an association between posttraumatic stress and poor general health.14 Stalking victims report higher current use of psychotropic medications.12

Victims who blame themselves for being stalked report a significantly higher severity of depression, anxiety, and posttraumatic stress symptoms. Those who ruminate more about the stalking experience, or who explicitly emphasize the terror of stalking to a greater extent, also report a significantly higher severity of symptoms.15

Spitzberg17 reported that stalking victimization has several possible effects on victims (Table 1).

Coping by movement. Victims might attempt to cope with stalking through several means,7 including:

• moving away—trying to avoid contact with the stalker
• moving *with*—negotiating a more acceptable form of relationship with the stalker
• moving *against*—attempting to harm, constrain, or punish the stalker
• moving *inward*—seeking self-control or self-actualization
• moving *outward*—seeking the assistance of others.

The degree of a victim’s symptoms correlates partially with the severity of stalking. However, other variables play a crucial role in explaining the level of distress among stalking victims; these include the types of coping strategies adopted by victims. Self-blame, catastrophizing, and rumination are significantly associated with maladjustment; on the other hand, positive reappraisal—thoughts of attaching a positive meaning to the event, in terms of personal growth—is associated with greater psychological adjustment.

The more stalking a victim experiences (and, presumably, experiences greater distress), the greater the variety of coping strategies she (he) employs.

### How should stalking victims be treated?

Stalking victims are an underserved population. Practitioners often are unsure how to address stalking; furthermore, available treatments can be ineffective.

There is a great deal of variability in what professionals who work with stalking victims believe is appropriate practice. Services provided to victims vary widely, and the field has not yet come to a consensus on best practices.

**Proceed case by case.** Practitioners must understand the nuances of each case to consider what might work at a particular point in time, and information from victims can help guide decision-making. Evidence suggests that stalking victims can feel frustrated in their attempt to seek help, particularly from the criminal justice system; it is possible that such bad experiences may dissuade them from seeking help later. It is worth noting that, as the frequency of stalking decreases for any given victim, her (his) perception of safety increases and distress diminishes.

Few communities have attempted to address systemically the problem of stalking. Existing anti-stalking programs have focused on the criminal justice aspects of intervention, with less emphasis on treating victims.

Some stalking victims rely on friends and family for support and assistance, but research shows that most reach out to agencies for assistance and, generally, seek help from multiple sources. Typically, stalking victims are served by 2 types of victim service organizations:

- specialized, small, private and non-profit agencies (eg, domestic violence shelters, rape crisis centers, victims’ rights advocacy organizations)
- small units housed in police departments and prosecutors’ offices.

**Clinical Point**

Consider requesting an order of protection for stalking victims, and help them develop a personal safety plan.

### Table 2

**Key priorities for practitioners and consultation teams to address with stalking victims**

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<tr>
<th>Develop a personal safety plan:</th>
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<tr>
<td>• Home and work security</td>
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<td>• Safeguarding personal identity information</td>
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<td>• Emergency plan</td>
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<th>Formulate strategies to combat stalking</th>
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<td>Provide reassurance that the victim is not to blame</td>
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<th>Consider requesting an order of protection</th>
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<tr>
<td>Assess clinical symptoms and devise a care plan, including psychological and somatic treatments</td>
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| Perform a careful suicide and violence risk assessment and develop a treatment plan that addresses identified risk factors |

**Note:** When victims seek services at criminal justice agencies, they may be feeling particularly unsafe and distressed. This underscores the importance of co-locating victim service providers and criminal justice agencies.

Stalking victims might benefit from multi-disciplinary team consultation, including input from psychiatric, psychotherapeutic, and law enforcement or security professionals. Key priorities for
practitioners to address with stalking victims are given in Table 2 (page 45).19

Stalking behavior does not significantly decrease when victims are in contact with victim services.19 Practitioners can integrate this prospect into their understanding of stalking when they work with victims: That is, it is likely that the problem will not go away quickly, even with intervention.

**Victims’ needs remain great and broad-based.** Spence-Diehl et al17 conducted a survey of service providers for stalking victims, evaluating the needs of those victims and the response of their communities. Some of their recommendations for better meeting victims’ needs are in Table 3.16

### Keeping victims at the center

Several authors have written about the need to return to a victim-centered model of care. This approach (1) puts the victim’s understanding of her (his) situation at the center of victim assistance work and (2) views service providers as consultants in the decision-making process.20,21 The victim-centered approach to treatment, in which the client has a greater voice and degree of control over interventions, is associated with positive outcomes.22,23

At the heart of a client-centered model of victim assistance is the provider’s ability to listen to a victim’s story and respond in a nonjudgmental manner. This approach honors the victim’s circumstances and her personal understanding of risk.21

### Table 3

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<thead>
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<th>What is needed so that communities and medical services can better serve victims of stalking</th>
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<td>Better awareness of the prevalence of stalking in the community</td>
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<td>More training for practitioners about the problem of stalking</td>
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<td>An increase in “sensitivity” and “understanding” in the community and more victim outreach</td>
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<td>Better understanding of stalking by law enforcement personnel</td>
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<td>More direct victim services; more victim advocacy groups</td>
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<td>Stalking-specific support groups</td>
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<td>More safety planning</td>
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<td>Additional, and better, criminal justice services</td>
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<td>Better law enforcement identification and tracking of stalking cases</td>
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<td>Increased prosecution of stalkers</td>
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<td>Faster action in response to violations of orders of protection</td>
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**Source:** Reference 16

### Bottom Line

Stalking victims are a distinctive population, experiencing numerous emotional, physical, and social effects of their stalking over an extended period. Services to treat this underserved population need to be further developed. A multifaceted approach to treating victims incorporates psychological, somatic, and practical interventions, and a victim-centered approach is associated with better outcomes.
Related Resources
