

Traumatic Distress Among Support-Seeking Female Victims of Stalking

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Objective: The authors examined the nature and prevalence of stalking behaviors, victims' coping responses, and the psychomedical impact of stalking on its victims.

Method: Widely accepted self-report measures, including the 12-item General Health Questionnaire and the Impact of Event Scale, were used to assess characteristics of the stalking history and its outcome in terms of general psychomedical distress and posttraumatic stress in a community study group of 201 female stalking victims.

Results: The majority of the victims had undergone multiple forms of harassment, including threats of violence in 74% (N=148) and actual violence in 55% (N=111). More than half of the victims met the criterion for clinically significant pathology on the General Health Questionnaire. Stalking often yielded substantial post-traumatic stress symptoms, commensurate with levels found in other studies of traumatized subjects.

Conclusions: Support-seeking female stalking victims experience pervasive and persistent threat and intrusion; these experiences lead to high levels of psychological morbidity.

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Stalking can be defined as the willful, malicious, and repeated following or harassing of another person that threatens his or her safety (1). The most common form of stalking involves men stalking women with whom they had been sexually intimate (2). We are aware of only three studies to date that have specifically investigated the psychosocial consequences of stalking for its victims (3–5). Pathé and Mullen (3) found evidence of substantial depression, anxiety, and traumatic symptoms among victims of stalking in Australia. On the basis of a nonstandardized self-report instrument, 37% of the respondents in this study qualified for a diagnosis of posttraumatic stress disorder (PTSD). A national survey in the United States among 145 stalking victims (4) indicated negative personality changes as a result of stalking; increases in caution, suspiciousness, anxiety, and aggression were most frequently reported. Finally, a study of 36 female undergraduate stalking victims (5) revealed significant posttraumatic stress symptoms. However, inferences from these studies should be made with caution, given the nature and size of the groups studied and the use of unvalidated measures to index psychological distress (6).

The goal of the present report is to contribute to this body of evidence while remedying some of the listed shortcomings of the previous studies. Specifically, we address the following questions: 1) What are the demographic characteristics of stalkers and their victims? 2) What is the nature and prevalence of specific stalking behaviors? 3) What do victims do to counteract or cope with being stalked? 4) What is the impact of stalking on its vic-

tims in terms of general health and posttraumatic stress, and how do these effects compare with the impact of other traumatic events?

Method

Study Group

The potential study group consisted of 594 members of the Dutch *Stichting Anti-Stalking* (Antistalking Foundation) who were given questionnaire booklets. Two hundred fifty-five (43%) of the 594 subjects returned their questionnaire booklets. Twenty of these respondents were excluded for different reasons: six had not been stalked, four were unable to complete the questionnaires because of emotional distress or physical or intellectual impairment, seven respondents expressed very unusual or blatant paranoid ideation in their comments on the booklet, and three returned their questionnaires unanswered or unintelligible. Of the remaining 235 respondents, 201 were women; given this preponderance of female subjects, these were selected for inclusion in the study.

Procedure

Participants were invited through a newsletter of the Antistalking Foundation to participate in a study sponsored by the University of Amsterdam. A precondition for contacting the members of the Antistalking Foundation was that the names and addresses of the respondents would never be revealed to the university, which precluded the traditional formal informed consent procedure. Instead, a letter signed by both the Antistalking Foundation and the principal investigators (J.H.K. and P.M.G.E.) detailed the nature and purpose of the study, with a request to return the questionnaire booklet in an enclosed postage-free envelope. Moreover, it was explicitly stated that participation was entirely voluntary and that anonymity was guaranteed.

TABLE 1. Types of Repeatedly Experienced Stalking Behavior Reported by 201 Female Victims of Stalking

Stalking Behavior	Respondents Who Reported Repeatedly Experiencing Behavior	
	N	%
Made unwelcome phone calls	178	89
Involved others	165	82
Spread rumors and lies	164	82
Pestered at work or home	159	79
Followed on street	150	75
Made unwelcome visits	149	74
Threatened violence	148	74
Sent unwelcome mail	141	70
Falsely gained information	131	65
Damaged property	129	64
Made false charges	91	45
Used violence	111	55
Ordered items and charged them to victim's account	46	23
Smearred home	38	19
Stalked by means of the Internet	4	2
Other	80	40

Respondents were given the Meloy and Gothard definition of stalking (1) and asked whether they had repeatedly experienced instances of specific stalking behaviors. Inclusion of responses was based on endorsement of multiple repeated stalking behaviors and an affirmative response to the stated definition.

Measures

General health: the General Health Questionnaire. The 12-item General Health Questionnaire (7) was used to obtain an overall index of physical and psychological symptoms. The respondent is asked to rate the extent to which she experienced 12 specific symptoms during the past week on a 4-point Likert scale on which 1=not at all, 2=same as usual, 3=rather more than usual, and 4=more than usual). The General Health Questionnaire allows for the derivation of an index of a "case" criterion, i.e., a cutoff for a level of clinically significant pathology. A frequently used (and nationally tested) normative cutoff is a score of 3 or greater (7). The internal consistency of the General Health Questionnaire in the present group was high ($\alpha=0.92$).

Trauma-related symptoms: the Impact of Event Scale. To measure the changes in trauma-related symptoms, we used a Dutch adaptation of the Impact of Event Scale (8), which consists of 15 items measuring two aspects of PTSD: intrusions of images and thoughts (six items) and avoidance behavior (seven items). Participants indicated how frequently they had experienced each symptom in the past 7 days. They rated their responses on a 4-point scale that ranged from not at all to often. The Impact of Event Scale is a widely used instrument that has shown favorable psychometric properties. In the present group, the Impact of Event Scale and its intrusion and avoidance subscales obtained high internal consistencies ($\alpha=0.89$, $\alpha=0.86$, and $\alpha=0.78$, respectively).

Stalking characteristics. A 21-item questionnaire was specifically developed for the present study to document demographic information about the respondents and their stalkers as well as objective and subjective characteristics of the history of stalking. This questionnaire included items concerning the nature and duration of stalking, consequences of stalking in terms of changes in lifestyle, and the nature of the previous relationship between victim and stalker, if any.

Results

Demographic Characteristics of Respondents and Their Stalkers

Of the 201 female respondents, 162 (81%) experienced ongoing stalking. The mean age of the respondents was 43.3 years ($SD=10.1$, range=20–70). Fifty-three respondents (26%) were married and/or living with their partner, and 145 (72%) were either unmarried, divorced, or widowed. Information on marital status was missing for three respondents. As reported by the victims, 179 (89%) of the stalkers were male, 11 (5%) were female, and the gender of five (2%) was not reported; six respondents reported multiple stalkers (such as neighbors or multiple family members). The mean age of the stalkers was 41.9 ($SD=11.0$, range=19–80). Forty-three (21%) of the stalkers were married and/or living with their partner when the stalking started, and 149 were either unmarried, divorced or widowed. Data were missing on the marital status of nine stalkers. In 11 cases women were stalked by female stalkers. Four cases of stalking grew out of professional contacts. In 147 (73%) of the cases the stalkers were ex-partners of the victims.

Nature and Prevalence of Specific Stalking Behaviors

The median period of time the stalking continued was 38 months; 143 (71%) of the respondents reported that they had been stalked for 2 years or more. On a 1–5 scale, respondents rated their fear for their life as 3.77 ($SD=1.42$), level of powerlessness as 4.60 ($SD=0.77$), and perception of threat as 4.75 ($SD=0.70$). Table 1 shows the frequency of various stalking behaviors respondents experienced. Most victims were exposed to a large range of stalking behaviors: more than half of the respondents had been stalked in 10 or more different ways. Threats of violence were more likely when there had been a previous intimate relationship between stalker and victim (odds ratio=2.0, $p<0.05$).

Means of Coping

One hundred ninety-five (97%) of the respondents reported fear as a result of stalking, and 177 (88%) reported feeling that their physical safety was threatened. The majority of stalking victims had sought legal counsel ($N=139$, 69%), changed their phone numbers ($N=125$, 62%) and daily travel routes ($N=125$, 62%), avoided going out of their houses ($N=111$, 55%), and increased their home security ($N=103$, 51%). Sixty (30%) of the victims changed addresses within cities or moved to another city, and 34 (17%) tried both; 46 victims (23%) stopped work or school out of fear of being harassed by their stalker.

The Impact of Stalking

The respondents' mean score on the General Health Questionnaire was 4.45 ($SD=3.90$), and 119 (59%) of the respondents reported a clinically significant level of psycho-

TABLE 2. Impact of Event Scale Scores of Female Victims of Stalking in the Present Study and Subjects Who Reported Other Types of Trauma in Other Studies

Study	Year	N	Trauma	Score on Impact of Event Scale					
				Intrusion Subscale		Avoidance Subscale		Total	
				Mean	SD	Mean	SD	Mean	SD
Present study	2001	201	Stalking	18.0	7.9	18.2	8.6	39.7	17.0
Brom et al. (9) ^a	1993	112	Violence, acute bereavement, traffic accident	24.5	5.5	19.4	8.8	48.4	12.4
Brom et al. (10) ^b	1989	83	Traffic accident	9.3	5.9	7.2	5.7	17.4	11.3
Kamphuis and Emmelkamp (11)	1998	308	Repeated bank robbery	7.3	8.2	6.3	7.7	13.8	15.2
Kamphuis (unpublished) ^c	1999	14	Stalking/battering	14.4	6.5	16.4	11.1	34.3	17.1

^a Subjects were diagnosed as having posttraumatic stress disorder.

^b Subjects were interviewed 1 month after the accident.

^c Data from a forensic sample obtained from the Amsterdam police department.

medical symptoms, as measured by a score of 3 or higher. With regard to posttraumatic stress, the respondents' mean score on the Impact of Event Scale was 39.7 (SD=17.0), and their scores on the subscales for intrusion and avoidance were 18.0 (SD=7.9) and 18.2 (SD=8.6), respectively. Table 2 compares the Impact of Event Scale scores of the subjects in the present study with scores from other studies of formally diagnosed PTSD patients and nonclinical samples (9–11). All of the studies used the Dutch version of the Impact of Event Scale (8). As can be seen, the level of the Impact of Event Scale trauma symptoms of the stalking victims was comparable to those reported in samples of victims of generally recognized traumata (9–11). Only the Impact of Event Scale scores of the sample of diagnosed PTSD patients who had experienced acts of violence, acute bereavement, or traffic accidents (9) were higher than the scores of our group of stalking victims. No significant differences were observed on the General Health Questionnaire or Impact of Event Scale scores between victims whose stalking grew out of a former intimate relationship and those with other types of previous relationships.

Discussion

To our knowledge, this is the first large-scale study among a support-seeking group of female stalking victims documenting the impact of stalking by means of standardized outcome measures. Our findings indicate that the experience of being stalked often resulted in substantial distress and psychiatric morbidity. To illustrate, the proportion of stalking victims who met the General Health Questionnaire caseness criterion was very similar to the proportion recently reported among victims of the Boeing 737-2D6C crash in Coventry (12). The fact that the level of traumatic complaints among this group of stalking victims was similar to that among groups of patients with PTSD suggests that many victims of stalking suffer from clinical or subclinical manifestations of PTSD.

The present group of victims was exposed to a large range of intrusive following, unwelcome communication,

and various other forms of harassment. This finding calls attention to the severity of the threat and intrusion experienced by victims even in mostly nonforensic cases. (At the time of the study, stalking in itself was not a criminal offense.) Nearly three-quarters of the victims were threatened with violence; violence was actually used against half of the women. In most respects, the characteristics of stalking and the lifestyle changes made by the victims in our Dutch study group are strikingly similar to the ones reported in a U.S. study (4) and an Australian study (3). The overall conclusion has to be that being stalked is associated with severe and protracted suffering.

Some limitations of this study deserve comment. First, as already noted, our respondents were a self-selected group of support-seeking female victims of stalking, which likely skews the reported distress to the more severe end of the spectrum. Further studies are needed to investigate whether the psychological distress experienced by self-referred stalking victims (as presented in studies thus far) differs in nature and magnitude from that in the community at large or among forensic samples. Second, without data about victims' premorbid functioning and detailed histories of other life events or traumata, one cannot be too definite in attributing the victims' current level of functioning to the impact of stalking on their lives. Finally, a mailing of self-report instruments invites some problems particular to the research field of stalking. One cannot entirely rule out that nonstalked individuals with paranoid features or so-called false victimization syndromes (13) erroneously reported stalking, but it seems unlikely that this substantially affected the present findings. In general, it is estimated that less than 2% of the self-reported stalking victims represent cases of false victimization syndromes (2).

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References

1. Meloy JR, Gothard S: Demographic and clinical comparison of obsessional followers and offenders with mental disorders. *Am J Psychiatry* 1995; 152:258–263
2. Meloy JR: *The Psychology of Stalking: Clinical and Forensic Perspectives*. San Diego, Academic Press, 1998
3. Pathé M, Mullen PE: The impact of stalkers on their victims. *Br J Psychiatry* 1997; 170:12–17
4. Hall DM: The victims of stalking, in *The Psychology of Stalking: Clinical and Forensic Perspectives*. Edited by Meloy JR. San Diego, Academic Press, 1998, pp 113–137
5. Westrup D, Fremouw WJ, Thompson RN, Lewis SF: The psychological impact of stalking on female undergraduates. *J Forensic Sci* 1999; 44:554–557
6. Kamphuis JH, Emmelkamp PMG: Stalking: a contemporary challenge for forensic and clinical psychiatry. *Br J Psychiatry* 2000; 176:206–209
7. Goldberg DP, Gater R, Sartorius N, Ustun TB, Piccinelli M, Gureje O, Rutter C: The validity of two versions of the GHQ in the WHO study of mental illness in general health care. *Psychol Med* 1997; 27:191–197
8. Horowitz MJ, Wilner N, Alvarez W: Impact of Event Scale: a measure of subjective stress. *Psychosom Med* 1979; 41:209–218
9. Brom D, Kleber RJ, Hofman MC: Victims of traffic accidents: incidence and prevention of post-traumatic stress disorder. *J Clin Psychol* 1993; 49:131–140
10. Brom D, Kleber RJ, Defares PB: Brief psychotherapy for posttraumatic stress disorders. *J Consult Clin Psychol* 1989; 57:607–612
11. Kamphuis JH, Emmelkamp PM: Crime-related trauma: psychological distress in victims of bankrobbery. *J Anxiety Disord* 1998; 12:199–208
12. Chung MC, Easthope Y, Chung C, Clark-Carter D: The relationship between trauma and personality in victims of the Boeing 737-2D6C crash in Coventry. *J Clin Psychol* 1999; 55:617–629
13. Mohandie K, Hatcher C, Raymond D: False victimization syndromes in stalking, in *The Psychology of Stalking: Clinical and Forensic Perspectives*. Edited by Meloy JR. San Diego, Academic Press, 1998, pp 224–256