

What Should I Do When a Client Is Being Stalked?

Question

One of my clients thinks her ex-boyfriend may be stalking her. I told her to contact the police, then realized I didn't know what to ask or how to counsel her. What should I do in cases such as this?

Response from Mary E. Muscari, PhD, RN, CRNP, CS

has over 30 years of experience in children's healthcare, primarily with adolescents with behavioral problems, and is the author of the parenting series *Not My Kid*. Dr. Muscari is a professor and Director of Forensic Health at the University of Scranton, in Scranton, Pennsylvania.

Although legal definitions vary from state to state, stalking describes a pattern of overtly criminal and/or apparently innocent behaviors whereby an individual inflicts repeated, unwanted communications and intrusions upon another. It can be distinguished from other crimes in 2 ways: It involves repeated victimization, and it is partly defined by its impact on the victim. Stalking creates uncertainty, instills fear, and can disrupt lives.^[1,2] Nurse practitioners (NPs) can help by recognizing the signs of stalking and by assisting clients to receive the appropriate interventions.

Prevalence of Stalking

Stalking is widespread, with nearly 1 in 12 women and 1 in 45 men stalked at least once in their lifetime. Most victims know their stalkers, and most stalkers (87%) are male. Almost 60% of female victims and 30% of male victims are stalked by current or former intimate partners, with most of these cases occurring during the relationship.^[2] According to the National Center for Victims of Crime's Stalking Resource Center^[3]:

- The average duration of stalking is 1.8 years. If stalking involves an intimate partner, the average duration increases to 2.2 years.
- 13% of college females were stalked during one 6- to 9-month period; 80% of campus victims knew their stalkers.
- 28% of female victims and 10% of male victims obtained a protective order; 69% of female victims and 81% of male victims had the order violated.
- 26% of stalking victims lost time from work, and 7% never returned to work.
- The prevalence of insomnia, social dysfunction, anxiety, and severe depression is much higher in stalking victims than in the general population, especially if the stalking involved being followed or property destruction.
- 76% of femicide (the act of killing a woman) victims had been stalked by the individual who killed them.

Stalker Typologies

Stalking classifications or typologies vary. The National Center for Victims of Crime provides a typology that includes simple-obsessional, love-obsessional, and erotomanic stalkers.^[3] The most common type, the simple-obsessional stalker, has some type of previous relationship with the victim, usually an intimate one. These cases commonly occur in the context of domestic violence; however, simple-obsessional offenders may also stalk neighbors, casual acquaintances, work mates, or professional contacts. The love-obsessional stalkers have no existing relationship, but believe they are loved by their victims. Many of these offenders stalk celebrities and other media figures, frequently choosing what they describe as "female bombshells." Erotomanic stalkers, a grouping derived from the *Diagnostic and Statistical Manual for Mental Disorders*, 3rd edition, revised [DSM-III-R] for the criteria of delusional disorder erotomanic type, delusionally believe that they are loved by the victims. This group, the rarest stalking offending group, is predominately

female and almost exclusively focuses their amorous aspirations on those in the entertainment industry.^[3,4]

Mullen^[5] provides a typology that describes 5 types of stalkers:

- *Rejected stalkers* are motivated by a desire for reconciliation and/or revenge. Their stalking becomes a substitute for the lost relationship. Some derive satisfaction from inflicting pain. They often have personality disorders and are among the most persistent and intrusive stalkers.
- *Intimacy seekers* identify the object of their affection as their true love. Some imagine that the person they are stalking reciprocates such feelings. Many "star-stalkers" fall into this category. Their sought-after partner's indifference may enrage them. Many intimacy seekers have serious mental illnesses such as delusional disorders and need psychiatric intervention.
- *Incompetent suitors* are those whose stalking is sustained by hopefulness. Their stalking of a particular person usually lasts only a short time, but these individuals, who often are intellectually limited and socially impaired, are unable or unwilling to appreciate the negative responses to their approaches, so they then may pursue others.
- *Resentful stalkers* often are aggrieved workers who feel humiliated or treated unfairly. They may carry out a vendetta against a specific person or choose someone at random as representative of those they believe harmed them.
- *Predatory stalkers* stalk someone as preparation for a physical or sexual assault and take pleasure in causing sadistic pain. Many have paraphilias (impulse control disorders that are characterized by recurrent and intense sexual fantasies, urges, and behaviors^[6]) and prior convictions for sexual offenses.

Stalking Behaviors

Spitzberg^[7] notes that the creativity revealed by stalkers in their campaigns of intimidation and intrusion is remarkable. He used a literature review to categorize stalking behaviors into the following forms: hyperintimacy (the difference between an occasional phone call and dozens per day), surveillance and pursuit (driving by the victim's residence, checking up on the victim's whereabouts, waiting at places the victim frequents), invasion (violating victim's privacy), intimidation and harassment (attempts to harangue), proxy pursuit (gaining the willing or unwitting assistance of others in the stalking process), coercion (threats), and violence.^[7]

Stalking is not a one-time event but a pattern of conduct that may involve criminal activities and/or seemingly nonthreatening acts. According to the National Centers for Victims of Crime,^[2] stalking often includes:

- assaulting the victim;
- violating protective orders;
- sexually assaulting the victim;
- vandalizing the victim's property;
- burglarizing the victim's home or otherwise stealing from the victim;
- threatening the victim; and
- killing the victim's pet.

Other common stalking behaviors include^[2]:

- sending cards or gifts;
- leaving phone and/or email messages;

- disclosing to the victim personal information the offender has uncovered about said victim;
- disseminating personal information about the victim;
- following the victim;
- visiting the victim at the victim's workplace;
- waiting outside the victim's home;
- sending the victim photographs taken of the victim without consent;
- monitoring the victim's computer usage; and
- using technology to gather images of or information about the victim.

Impact on Victims

Victim impact is critical in stalking cases, not only for healthcare intervention, but also for potential evidence since the legal definition of stalking includes its effect on the victim. Thus, NPs should carefully assess clients for the consequences of stalking, the impact of which is often wide-ranging, severe, and psychologically traumatic.^[2]

Many victims feel constantly hypervigilant, vulnerable, out of control, and anxious. Stalking can rob them of their energy, leaving them with a loss of trust, long-term emotional distress, and significant disruption in everyday living. Victims may experience^[2,7]:

- anxiety, fear, and/or depression;
- posttraumatic stress disorder;
- altered thought or perceptual processes (lowered self-esteem, confusion, irrational beliefs);
- impaired physical health (eating disorders, sleep disorders, digestive distress);
- financial changes (job loss, investing in home security);
- altered normal routines to avoid detection by offender;
- changing phone numbers, email addresses, driver's license, Social Security number;
- relocating (temporary or permanent); and
- changing identity, uprooting themselves and their immediate families, while leaving behind friends and other relatives.

Symptoms tend to worsen with each new incident and may be compounded by the victims' concern for their children or other secondary victims.^[2,7]

Implications for Nurse Practitioners

Given the statistical occurrence of stalking, NPs need to become more aware of this crime, its behaviors, and the impact it has on victims. To better assist victims, NPs should:

- Ascertain why a victim believes he/she is being stalked -- assess for stalking behaviors.
- Not challenge or belittle the victim's concerns.
- Assess for and intervene with physiologic and psychological consequences, such as eating and sleep disorders, posttraumatic stress disorder, anxiety, and depression.
- Refer victims for counseling.
- Enable the victim to access victims' resource services, both local resources and Web-based resources (such as those listed at the end of this article). Local victim groups can also assist victims in coping with the legal process if the case comes to trial.
- Encourage the victim to report her/his concerns to the proper authorities (usually local or state police). Stalking is a crime under the laws of all 50 states, the District of Columbia, and the US Federal Government.^[2] (For further information on stalking laws see the Stalking Resource Center.^[8])

- Encourage the victim to obtain a protective order.
- Encourage the victim to collect evidence of stalking^[9]:
 - Document all incidents
 - Keep a stalking journal or log
 - Take photographs
 - Obtain affidavits from witnesses
 - Videotape
 - Keep phone answering machine messages
 - Preserve all evidence
 - Letters, notes, emails
 - Gifts
 - Damaged property.

Stalking is a frightening crime that can have devastating effects on victims. NPs can make a difference by increasing their knowledge of this offense.

Posted 01/25/2005

References

1. Pathe M, Mullen PE. The impact of stalkers on their victims. *Br J Psychiatr.* 1977;170:12-17.
2. National Center for Victims of Crime. Stalking. Problem-Oriented Guides for Police Problem-Specific Guides Series, No. 22. U.S. Department of Justice, Office of Community Oriented Policing Services (COPS). Available at: <http://www.ncvc.org/src/main.aspx?dbName=DocumentViewer&DocumentID=35211> Accessed December 20, 2004.
3. National Center for Victims of Crime, Stalking Resource Center. Stalking Fact Sheet. Available at: <http://www.ncvc.org/src/AGP.Net/Components/DocumentViewer/Download.aspxnz?DocumentID=38733> Accessed December 20, 2004.
4. Zona MA, Palarea RE, Lane J. Psychiatric diagnosis and offender-victim typology of stalking. In: Meloy JR, ed. *The Psychology of Stalking: Clinical and Forensic Perspectives*. San Diego, Calif: Academic Press; 1998:70-84.
5. Mullen P. Multiple classifications of stalkers and stalking behavior available to clinicians. *Psychiatr Ann.* 2003;33:650-658.
6. The Cleveland Clinic Information Center. Paraphilias. Available at: <http://www.clevelandclinic.org/health/health-info/docs/2400/2429.asp?ind> Accessed January 10, 2005.
7. Spitzberg B. Reclaiming control in stalking cases. *J Psychosoc Nurs Ment Health Serv.* 2003;41:38-47.
8. The National Center for Victims of Crime. Stalking Resource Center. Available at: http://www.ncvc.org/src/main.aspx?dbID=DB_All_Legislation188 Accessed January 10, 2005.
9. Crime and Sexual Assault Support Services. Stalking. Prevention and Wellness Services of Western Washington University. Available at: <http://www.wvu.edu/chw/preventionandwellness/casas/Stalking.html> Accessed December 20, 2004.

Disclosure: Mary E. Muscari, PhD, CRNP, APRN, BC, has no significant financial interests or relationships to disclose.

Medscape Nurses 7(1), 2005. © 2005 Medscape