Perspectives of Mental Health Clinicians on Stalking Continue to Evolve

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Talking is an old behavior that has been given many different names. The varied connotations of these words, such as "harassment," "intrusion," "unwanted advances," and "constraining actions," undergo shades of change and are understood differently depending on...

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Educational Objectives

1. Contrast normal and abnormal interpersonal approaches, and define which are legally considered stalking.
2. Identify the role of cultural differences in interpreting stalking.
3. Review the differences between the general population and clinicians in perceiving and reporting stalking.

the culture and circumstances surrounding the events. Legislators have struggled to design anti-stalking laws to reduce ambiguity and increase the likelihood that perpetrators will be prosecuted successfully.

This article will describe the specific
experiences reported by psychiatric nurses who have been stalking victims. The process of developing the clinicians’ survey, based on a survey designed for a collegiate population, will be outlined. The similarities and differences among the populations studied will be provided, as will a brief history of the design efforts.

DEFINITIONS

J. Reid Meloy is credited with the perspective, “Stalking is an old behavior, but a new crime.”1 This sentence appears in his book, widely acknowledged as a primer for anyone wanting to understand stalking. He also uses this sentence as he introduces stalking during his many presentations. Exactly what that phrase “old behavior . . . new crime” means to legislators, clinicians, perpetrators, victims, police, the media, and ordinary citizens remains a puzzle. Scientists struggle to capture this elusive meaning as they design survey instruments, interviews, and protocols to extract variables from existing data.2

The most often quoted definition is from the National Institute of Justice, where stalking is defined as “a course of conduct directed at a specific person that involves repeated visual or physical proximity, nonconsensual communication, or verbal, written, or implied threats, or a combination thereof, that would cause a reasonable person fear.”3 Dictionary definitions contain elements of stealth, secrecy, silence, and being ominous while a live object is pursued, preyed upon, or hunted. Fear by the victim is implied.

SIDEBAR 1
Scenarios 1 to 5

Scenario 1: Drink with Co-worker
A co-worker, of the opposite sex, invites you to have a drink after work. The two of you spend about 1 hour together. A few days later, the co-worker invites you again. You had decided that the two of you have nothing in common, so decline. The intensity of subsequent requests to you increases. You continue to say, “No, thank you.” For months, there are phone messages left on your machine and notes taped to your locker in the coatroom. These invitations occur at least once a week.

Scenario 2: Former In-patient
Mr. A* had been assigned to you throughout his 2-week stay in an acute psychiatric service within a general hospital. Upon discharge, he sends you a dozen roses with a thank-you card. The following week, he leaves phone messages on your home answering machine, asking for a date. You choose not to respond. The next message he says he will end his life if you do not return his love. You do not respond to him directly, but report this message to the chief of service. When a social worker contacts him, he tells her that this is proof that you really love him. (“If you are a man, change this to "Ms. A," and change the flowers to a book.)

Scenario 3: Professional Meeting
At a professional meeting, you meet a nurse who interests you. The two of you have breakfast together, and then lunch the next day. Since you seem to agree on many of the clinical issues being discussed, you select the same breakout sessions to attend. After dinner one evening, the two of you spend hours sharing stories about your past experiences. The next day, as you reflect on this new acquaintance, you decide there is something just too strange or weird about the individual, and choose not to respond to further invitations, phone calls, or messages. As you are leaving to return home, this nurse shows up at your departure gate, saying that the two of you really need more time together so you’ll be sharing the same flight, with adjacent seats having already been arranged.
In 1990, California became the first state to pass an anti-stalking law; now all 50 states and the District of Columbia have such laws. Although the laws vary by state, they tend to have the same main elements incorporated into the definition of stalking. These include behaviorally intrusive conduct that is unwanted by the person to whom it is directed, threats that are implicit or explicit, and fear on the part of the person who is threatened. While the meaning of any of these key words could be argued and redefined, stalking laws in the United States have withstood constitutional challenges.3

BACKGROUND
I was introduced to the field of stalking by Tascha Boychuck Spears in the mid-1990s, while I was serving as a development consultant to the dean of the School of Nursing at Arizona State University in Tempe. Spears, one of the faculty, had a data set that had been collected at a recent meeting of psychiatric clinicians in the southwest, including nurses, psychologists, psychiatrists, social workers, and other therapists. The instrument had been designed quickly by J. Reid Meloy, another clinician, and Spears when they recognized that stalking events were of interest to this group, yet no systematic study had been done. To assist Spears with analyzing the data and preparing a paper, I delved into the topic and immediately became interested.

I attended a workshop sponsored by the Association of Threat Assessment Professionals in San Diego and the San Diego District Attorney's Office Stalking Strike Force. I asked Meloy at the workshop what was known about victims in collegiate populations. His response, "Almost nothing," set the stage for my designing stalking studies at Rutgers, the State University of New Jersey.

Focus groups were formed, to gain an understanding of how both undergraduate and graduate students understood the phenomenon. In each focus group, various types of annoying or intrusive behavior between two people were described, the word "stalking" ignored until the very end. The following choices were given as classifications: an advance, approach, harassment, flirting, or attention. There were very few instances where the students suggested the word stalking.

Scenarios from the topics in the focus groups were designed and pilot tested. These were then used within a survey instrument, which included information about having been stalked, characteristics of the stalker, the aftermath of the stalking event, and behaviors to deal with the stalking. After pilot testing of the survey, researchers at the University of Pennsylvania joined the Rutgers effort. (Smoyak S, Burgess A, Baker T, Alexy E, unpublished data, 2003).

When the results of this collegiate stalking study were presented to clinicians in several settings, including inter-
TABLE 1.
Scenario Responses Expressed as Percentages Within the Total Clinician Population (n = 57)

<table>
<thead>
<tr>
<th>Scenario</th>
<th>An Advance</th>
<th>Harassment</th>
<th>Flirting</th>
<th>An Approach</th>
<th>Attention</th>
<th>Stalking</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scenario 1</td>
<td>0%</td>
<td>71.9%</td>
<td>1.8%</td>
<td>0%</td>
<td>1.8%</td>
<td>24.6%</td>
<td>0%</td>
</tr>
<tr>
<td>Scenario 2</td>
<td>0%</td>
<td>28.1%</td>
<td>0%</td>
<td>0%</td>
<td>3.5%</td>
<td>28.1%</td>
<td>0%</td>
</tr>
<tr>
<td>Scenario 3</td>
<td>21.1%</td>
<td>15.8%</td>
<td>1.8%</td>
<td>24.6%</td>
<td>1.8%</td>
<td>29.8%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Scenario 4</td>
<td>14%</td>
<td>15.8%</td>
<td>1.8%</td>
<td>7%</td>
<td>1.8%</td>
<td>36.8%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Scenario 5</td>
<td>0%</td>
<td>22.8%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>64.9%</td>
<td>8.8%</td>
</tr>
</tbody>
</table>

- How do psychiatric clinicians perceive situations of potential threat, described in scenarios?
- To what degree does the experience of having been stalked affect their responses?

INSTRUMENT FOR CLINICAL SETTINGS

Advanced-practice psychiatric nurses, including both nurse practitioners and clinical specialists, working in clinical settings in New Jersey were approached to participate in focus groups designed to address language, meaning, and experience dimensions using the same method as with the collegiate population. Their names were selected randomly from central New Jersey subscribers to the Journal of Psychosocial Nursing and Mental Health Services. Letters were sent by regular mail to 150 nurses, who were invited to respond by e-mail or telephone. Of this group, 25 responded positively, and were assigned to one of two focus group sessions held at Rutgers University. Each session lasted 2 hours. Tape recordings were transcribed and analyzed. From these, new scenarios were constructed for the clinician survey and were pilot tested. Nurses participating in both the focus group and the pilot testing of the survey were given $20.

The Rutgers Institutional Review Board extended the original review for this new study. Questions guiding this study included:

- What is the experience of the stalking victims in the post-stalking time period?
- To what degree do qualitative responses produce possibilities for new avenues of scientific inquiry?
- How does the reported experience of clinicians compare with the National Institute for Justice sample and the Rutgers/Penn collegiate sample?

SETTING AND SAMPLE

A convenience sample was drawn from the nurses participating in the annual meeting and conference of the Canadian Federation of Mental Health Nurses in Saskatoon, Saskatchewan, Canada, October 26-28, 2000. Registrants for the meeting numbered 165; of these, 65 agreed to complete the survey on site, and 57 (35%) of the surveys were complete and usable. Each nurse was paid $5 (CDN).

Data Analysis

The Statistical Package for the Social Sciences was used for data analysis for items pre-coded on the survey. Simple tabulations were run. Fisher’s exact test was used for the cross-tabulations, and K was used for the before/after comparisons. Comments written on the surveys were typed into a separate document for qualitative analysis. Discussion during the post-data collection period was hand-recorded and later entered into electronic files.

Description of the Sample

While some data were missing in each of the categories, the following provides an overview of the demographic data. Only one participant was a man. Of those reporting their race, all were white except one American Indian (8
TABLE 2.
Scenario Responses Expressed as Percentages Comparing Stalked (n = 21) and Non-stalked (n = 36) Clinicians

<table>
<thead>
<tr>
<th>Scenario Descriptions</th>
<th>Stalked</th>
<th>Harassment</th>
<th>Flirting</th>
<th>An Approach</th>
<th>Attention</th>
<th>Stalking</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Scenario 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stalked</td>
<td>0%</td>
<td>61.9%</td>
<td>4.8%</td>
<td>0%</td>
<td>0%</td>
<td>33.3%</td>
<td>0%</td>
</tr>
<tr>
<td>Non-stalked</td>
<td>0%</td>
<td>77.8%</td>
<td>0%</td>
<td>0%</td>
<td>2.8%</td>
<td>19.4%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Scenario 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stalked</td>
<td>0%</td>
<td>20%</td>
<td>0%</td>
<td>0%</td>
<td>5%</td>
<td>50%</td>
<td>25%</td>
</tr>
<tr>
<td>Non-stalked</td>
<td>0%</td>
<td>34.3%</td>
<td>0%</td>
<td>0%</td>
<td>2.8%</td>
<td>31.4%</td>
<td>31.4%</td>
</tr>
<tr>
<td><strong>Scenario 3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stalked</td>
<td>19%</td>
<td>14.3%</td>
<td>0%</td>
<td>28.6%</td>
<td>4.8%</td>
<td>28.6%</td>
<td>4.8%</td>
</tr>
<tr>
<td>Non-stalked</td>
<td>22.2%</td>
<td>16.7%</td>
<td>2.8%</td>
<td>22.2%</td>
<td>0%</td>
<td>30.6%</td>
<td>5.6%</td>
</tr>
<tr>
<td><strong>Scenario 4</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stalked</td>
<td>5.3%</td>
<td>21.1%</td>
<td>0%</td>
<td>10.5%</td>
<td>0%</td>
<td>31.6%</td>
<td>31.6%</td>
</tr>
<tr>
<td>Non-stalked</td>
<td>20%</td>
<td>14.3%</td>
<td>2.9%</td>
<td>5.7%</td>
<td>2.9%</td>
<td>42.9%</td>
<td>11.4%</td>
</tr>
<tr>
<td><strong>Scenario 5</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stalked</td>
<td>0%</td>
<td>15.8%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>73.7%</td>
<td>10.5%</td>
</tr>
<tr>
<td>Non-stalked</td>
<td>0%</td>
<td>27.8%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>63.9%</td>
<td>8.3%</td>
</tr>
</tbody>
</table>

missing cases). The age range was from 26 to 59 years of age, with 8.7% 26 to 29, 15.3% 30 to 39, 26.1% 40 to 49, and nearly 50% 50 or older. This skew toward the older group is probably an artifact created by older nurses earning more money and having positions they can leave to attend a conference. In terms of their basic nursing preparation, roughly half were diploma or associate-degree graduates, and half had earned baccalaureate degrees. More than 10% had earned a doctoral degree.

Less than 7% of the participants had prescriptive authority, which is not surprising since Canadian nurses started this role preparation later than nurses in the United States. About one-third worked in government psychiatric hospitals and one-quarter in mental health centers. Additionally, about one-fifth had part-time appointments as university faculty.

Participants ranged from new graduates to those with 35 years of clinical experience. About one-quarter had less than 10 years of experience; nearly 30% had between 10 and 19 years of experience; 25.9% had 20 to 29 years, and nearly 20% had between 30 and 35 years of experience. The range of patients for whom they cared included children, adults, and geriatric populations. Less than 10% worked in corrections. The above demographic profile did not differ significantly from the population of Canadian nurses from which it was drawn, other than the larger percentage of doctorally prepared nurses.

E-mail users accounted for 61.4% of the sample; 15.8% had received messages that produced discomfort. There are no comparative data to assess whether this is true for the larger population.45

RESULTS
As the scenarios listed in Sidebar 1 (page 642) were constructed, the intent was to progress from milder to more intrusive situations, except the last, which involved use of the Internet. On the survey, the scenarios were simply labeled Number 1 to 5. In this article, they have been given short titles: Drink With Co-worker, Former In-patient, Professional Meeting, Former Outpatient, and Internet. The possible responses were: an advance, harassment, flirting, an approach, attention, and stalking. The responses were randomized in the actual surveys to appear in a different array to avoid a response set or mechanical answering.

When the data are analyzed with all responders treated as a group, this expected progression in terms of intensity or severity of the intrusion is borne out. With 57 nurses responding, 71.9% see Drink With Co-worker as harassment, while 24.6% checked stalking. For the Former Outpatient scenario, however, 15.8% checked harassment and 36.8% checked stalking.

The percent selecting the stalking response was tracked for each scenario as follows: 24.6%, 28.1%, 29.8%, 26.8%, and 64.9%, respectively. The less intrusive
SIDEBAR 2.
Comparison of Statistics for Three Populations

**General US Population**
- 8% of women and 2% of men are stalked
- 78% of stalking victims are women
- 87% of stalkers are male
- On average, victims are 28 years old when the stalking begins
- 23% of female victims and 36% of males were stalked by strangers
- 50% of stalking victims report the situation to the police
- 45% of victims receive overt threats
- 75% of victims are spied on or followed
- The majority of victims are stalked by former intimate partners
- Most stalking episodes last less than 1 year
- 75% of victims had property vandalized by the stalkers

**Collegiate Population (University of Pennsylvania and Rutgers University)**
- 11.9% of students were stalked (n = 956)
- 57.8% of victims were female and 42.2% were male
- 56.3% of stalkers were male and 42.5% were female
- On average, victims are 20.51 years old when stalking begins
- 15.8% of males and 23.5% of females were stalked by a stranger
- 6 of 90 stalked students reported the stalking to the police
- 18% of victims received threats
- 52.8% of victims were constantly followed
- 40.4% were stalked by a classmate, 27% by an acquaintance, 25.8% by a former intimate partner, 20.2% by a stranger, 1.1% by a family member, and 6% by others
- Most stalking episodes lasted less than 1 year
- 9.2% of victims had property vandalized by the stalkers

**Clinician Population**
- 36.8% of clinicians were stalked (n = 57)
- 100% of victims were female (n = 21)
- 95% of stalkers were male and 5% were female
- 44.6% of victims were age 40 to 49, 27.8% were age 50 to 59, 16.8% were age 25 to 29, and 11.2% were age 30 to 39
- 33.3% of victims were stalked by strangers
- 40% of victims called the police
- 33.3% of victims were stalked by a stranger, 33.3% by a client/supervisor, 19% by a former intimate partner, 9.5% by a non-work-related acquaintance, 4.8% by a student, and 4.8% exclusively by a supervisor
- 63.2% of stalking episodes last less than 1 year
- 19% of victims had property vandalized by the stalkers

*Smoyer S, Burgess A, Baker T, Alesi E. unpublished data, 2003*
possibilities of flirting and attention received few checks. Scenario 3, Professional Meeting, had checks for an advance (21.1%), harassment (15.8%), an approach (24.6%), and stalking (29.8%). No other scenario had such a dispersed distribution. This may be because the setting of a professional meeting has more possibility for a broader interpretation than the others (Table 1, page 644).

**Changes in Perception and Behavior**

When the data for the scenarios are analyzed by partitioning the stalked and the non-stalked, the results are interesting (Table 2, page 645). Of the 57 nurses in the sample, 21 reported having been stalked, accounting for 36.8%. This is a much higher percentage than for other samples reported in the literature. For example, in the Department of Justice 1996 survey, 8% of women and 2% of men reported having been stalked, and in the collegiate sample, 11.9% of all students reported being stalked. (See Sidebar 2, page 646.)

Among the nursing group, one-third of the reported stalkers were current or former patients or clients; one-third of the reported stalkers were strangers. Only 19% of the stalkers fell into the category of a former intimate partner, and 9.5% were non-work related acquaintances. Ninety-five percent of the stalkers reported were male.

Of those in the nursing study who had been stalked (stalked group), 33.3% interpreted Scenario 1 as stalking, while only 19.4% of those participants who had not been stalked (non-stalked group) did. Similarly, for Scenario 2, 50% of the stalked group saw this as stalking, but only 31.4% of the non-stalked group did. For Scenario 3, the results are similar, and for Scenario 4, the stalked group interpreted this situation as stalking less than the non-stalked group (31.9% versus 42.8%). The Internet scenario yields 73.7% of the stalked group checking this as stalking, and 63.9% of the non-stalked doing so.

Clearly, the experience of having been stalked is a significant event in the lives of these people. For them, the adage “the definition of the situation is the situation” holds true. They define a scenario as stalking, while others who have not been stalked do not define the scenario as necessarily so serious. Victimization experiences produce future vigilance, as well as an array of complex psychological realities, including anxiety and depression.

To assess the effects of the stalking experience, the nurses were asked to report how they felt about themselves before and after the stalking experience. K was used to measure the significance of the change, if any. For “outgoing” and “competent” as a self-descriptor, there was a significant ($P = 0.016$) negative change for both. For “shy/quiet” and “confident” there was a significant ($P = 0.05$) change for both. The descriptors “happy” and “healthy” approached significance in the negative direction.

Respondents were asked to indicate whether they had experienced behavioral changes since the stalking episode. One-third indicated they now overreacted to things. Roughly 25% indicated they felt afraid, felt as though they were being watched, and experienced generalized increased stress. About 20% reported sleeplessness, irritability, or a feeling that someone was following them; 15% said they were depressed. To keep the survey relatively short, we did not ask the respondents to indicate how long after the event these experiences occurred.

Many of the respondents reported being reluctant at first to discuss their stalking experiences. In the margins, several wrote comments such as: “Well, yes, I did talk to folks, but not for a long time”; or, “The only one who knew was my boyfriend, who is a cop and knows about these things.” More than half said that they talked with family members or close friends about the stalking. Only three changed their places of work, and one moved to a different city. Police were called by 40% of the victims, and one stalker faced criminal charges as a result.

Responding to another question, half of this stalked group expressed the opinion that to involve police when a current or former patient is the stalker would be violating the patient/therapist confidentiality, or would interfere with continuing therapy.

Physical injury was threatened in 28% of the episodes, including threats of murder in 23.8%. Victims were followed home (58%) or to work (26%). Most of the episodes lasted less than a year (63%). Property vandalism occurred in 19% of the cases.

An in-depth interview design, which would allow exploring the nature of these experiences, would yield more complete understanding of how the victims responded and coped. Of course, with this small sample, findings cannot be generalized.
In a discussion session at the conference, after the surveys had been collected, participants offered further information about their own experiences and their knowledge about colleagues, friends, and relatives who had been stalked. There was a consensus that if the stalker were a patient, then the clinician had a professional obligation to explore the psychodynamic dimensions of the patient before considering the reactions of the nurse. Some went so far as to say they believed that stalking by a client of the clinician was a measure of the failure of the therapeutic process. One of the participants shared a story about her housemate, who serves as a counselor in a collegiate setting. There, faculty are also reluctant to press charges or have restraining orders placed against fellow faculty, staff, or students.

The survey method unfortunately does not allow further inquiry to get behind the scenes, so to speak, and learn what the responder is thinking, concluding, comparing, and so on. While we did ask for data about their personal responses to the stalking, we do not have any interactive data, such as the nature of the stalker and the victim, their past relationships and experiences, or their current or ongoing coping with intrusion. In retrospect, asking about other types of intrusions experienced would have been worthwhile.

SUMMARY

The psychiatric and forensic nurses in this sample reported very different experiences with stalking than either the US Department of Justice's study or the collegiate sample (Smoyak S, Burgess A, Baker T, Alexy E, unpublished data, 2003). The percentage reporting having been stalked was 8% of women and 2% of men for the justice group, and 11.9% total for the student group. More than a third (36.8%) of the nurses reported having been stalked, with 33% of the stalkers in the patient/client category. The design of the study was such that we cannot account accurately for the diagnoses of the patients, nor the types of intimate partner relationships. This finding certainly suggests that further in-depth inquiry is needed, with both qualitative and quantitative approaches.

The comparison chart in Sidebar 2 (page 646) shows the differences in other areas, such as the age of the victims and relationship to the perpetrators. Many of these differences can probably be accounted for by the design of the studies and the environments. However, they do indicate the need for more accurate knowledge for professionals in the prevention areas. For example, the clinical sample received far more serious threats than the collegiate sample, but because the instruments differed, these comparisons are made cautiously.

The scenarios provided interesting findings, with the stalked group reporting their perceptions of stalking experience more frequently and more intensely than the non-stalked group. These victims could provide compelling accounts of how the stalking changed their lives.

While not a part of this study's design, the effect of culture on how stalking is experienced, understood, and coped with is an area in need of exploration. The stalking literature is largely from Western or developed countries. When I was presenting some very preliminary data on both the collegiate and clinician studies to an audience of psychiatric professionals in London a few years ago, a group of psychiatrists from Greece and Israel could barely contain themselves to wait for the question period. The first to speak, a Greek psychiatrist, said, "You are a silly woman. You waste your country's money. You are stupid, beyond silly. Don't you understand that this is what men do and what women want?" An Israeli psychiatrist added, "Just because people think that Americans and Israelis are joined at the hip, this is not so in all matters. We would not waste scientific time and money to study the obvious. Just call the top court, not stalking, and be done with it."

How victims and perpetrators are understood is culturally determined. To date, this dimension of understanding has barely been approached.

REFERENCES