

**A survey study of stalking victims' experiences of the health-related effects of stalking and their
experiences of engaging with health care practitioners**

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Abstract

This study aimed to assess the impact stalking has on the physical and psychological wellbeing of survivors and their experiences of accessing of health services. To achieve this a self-assessment questionnaire was developed, circulated through social media channels and promoted on the websites of support services for people who experience stalking. There were 105 respondents to a survey, all who self-defined as being victims of stalking.

Results indicated that prior to stalking events, 86% of participants reported no health issues. However, when reviewing health issues after having been stalked, 74% did report health problems. We also found that 23% of survivors experienced some physical injury as a result of being stalked. Results also indicated that while only 30% of participants reported ongoing psychological or mental health problems before stalking, this rose to 95% experiencing such difficulties following stalking events. Healthcare services were accessed due to stalking by 60% of participants and a further 8% of participants accessed the service due to domestic violence. Given the serious impact stalking can have, it is essential that victims have access to appropriate health care services. Conclusions centre around the appropriate training of Health care professionals (HCPs) to recognise when a patient might be a victim of stalking and how to provide appropriate support. Healthcare services could be tailored to the unique needs of stalking victims and be available in multiple locations, including hospitals, primary care settings, and online. Findings also indicate that HCPs also need to understand the different forms of stalking and how to respond appropriately. Additionally, it is important to provide support in terms of safety planning, providing information about legal options, and providing referrals to other appropriate services. The results are discussed in context to the current literature.

Key words: cyberstalking, stalking, harassment, health impact, trauma, PTSD, mental health

Introduction

The Protection from Harassment Act 1997 states that stalking can be described as “following another person, contacting or attempting to contact another person by any means, as well as publishing a statement or material relating to, suggesting relating to or originating from another person”. Between 2018 and 2019, the number of victims of stalking in England and Wales was estimated at around 1,472,000 (ONS, 2019), with a rising figure 444,054 police recorded offences in the year ending March 2019 (ONS, 2019), to 588,973 in December 2020 (ONS, 2021), demonstrating that stalking is relatively common in the UK. While there are a number of other definitions of stalking, a consistent pattern of behaviour that amounts to a course of conduct and the victim’s fear are central to these (Sheridan & Roberts 2011, Fox. Nobles, Fisher 2011, Tjaden, 2009, Logan & Walker 2021, Strand 2020).

Demographic characteristics and their association with the incidence of victimisation through stalking have been widely researched (Mullen, Pathe & Purcell 2000, Boon and Sheridan, 2002, Chan & Sheridan, 2020). Although it is recognised that anyone can be a victim of stalking, generally, more women are victimised than men and most offenders are male (Kuehner, Gass & Dressing, 2012). Findings from the Crime Survey for England and Wales (CSEW) year ending 2019 indicate that about 1 in 10 men and more than 1 in 5 women between the ages of 16 and 74 have experienced stalking behaviour (ONS, 2019). Women also tend to report higher levels of fear during stalking when compared to men (Sheridan & Lyndon, 2012). A recent study indicated that 46% of offenders are ex-partners; therefore, most victims know who their stalkers are (Metropolitan Police, 2020).

Technology has undoubtedly made it simpler for stalkers to gather information about their victims. The quantity of unwanted calls, text messages, gifts, and observation can be overwhelming (Short, Guppy, Hart & Barnes, 2015). These tactics make it hard for victims to escape stalkers (Stark, 2012; Woodlock, 2017). The additional sense of omnipresence this creates is in itself harmful (Yardley, 2020). This type of stalking behaviour has become of even greater concern given the rise in the incidences reported during the enforced social distancing necessitated by the COVID pandemic, as well as the increased vulnerability of victims who reported feeling “imprisoned” in their own homes Bracewell, Hargreaves and Stanley (2020).

Victims sometimes approach health care professionals (HCPs) to help reduce the impact of stalking on their lives (Mullen et al., 2006). Health care professionals as defined here are a broad range of individuals who provide medical care and services. This includes physicians, nurses, physical therapists, occupational therapists, psychologists, pharmacists, dentists, optometrists, and many others. These professionals work in a variety of settings, including hospitals, clinics, nursing homes, schools, and private practices. Consultation with these HCPs often helps the victim to clarify their situation and adopt coping strategies, but the response and help given is reliant on the HCP’s knowledge of the phenomenon (Kamphuis et al., 2005). In some cases, HCPs may underestimate the adverse effects of stalking on a victim’s life. This underestimation can be common in cases where the boundaries in the situation do not fall within a still dominant stereotype of cases such as stranger stalking or gender of victim and perpetrator. The belief that stalking offenders are usually strangers is at odds with the experience of most victims (Weller, Hope & Sheridan, 2013). McEwan Mullen, & Purcell (2007) found that being stalked by a former partner poses more threat and is sustained over a longer period (Eke, Hilton, Meloy, & Mohandie, 2011). Stalking is also commonly seen as female victims at the hands of the male perpetrators (Purcell, Pathé, & Mullen, 2002). Thus, underestimation of stalking effects may occur in cases where such characteristics are not

evident (Brooks, Petherick, Kannan, Stapleton & Davidson, 2021). Practitioners may fail to understand the actual challenges facing male victims experiencing stalking by female perpetrators. In such a scenario, a practitioner may feel that the effects are less significant or distressful for the victim. Health care practitioners can play a crucial role in helping stalking victims of all genders and backgrounds. However, HCPs are required to have detailed knowledge and skills in the area of stalking in order to provide appropriate care and support to victims. These skills and knowledge include: understanding the complex dynamics of stalking, being able to assess the risk of further harm to the victim, recognizing signs and symptoms of trauma, providing information and resources, and providing emotional and physical support. Additionally, HCPs need to be aware of the legal, psychological, and social implications of stalking, and know how to refer victims to appropriate legal and social service resources. Currently, many practitioners are uncertain of how they should address cases involving stalking and lack knowledge about the consequences of stalking (Nikupeteri, 2017). At the same time, professionals sometimes fail to understand the complexity associated with stalking. As a result, this translates into the inability of various victims in accessing health and social services needed to overcome their situation.

Recognition of stalking and the effects of it remain limited beyond health services, in general terms it is suggested that professional, public, and victims' perceptions of stalking are often limited despite legal recognition (Boehnlein Kretschmar, Regoeczi & Smialek, 2020). Victims tend to fear not being believed or shamed and are afraid of the consequences associated with reporting, thus, many stalking incidents are left unrecorded. This has also been identified in cases that involve elements of Image based sexual abuse (Bothamley & Tully, 2018) The lack of confidence in services increases the level of hopelessness felt by victims of stalking (Short, Linford, Wheatcroft & Maple, 2014).

Stalking has serious health implications for victims including the risk of developing psychological disorders such as post-traumatic stress disorder (PTSD), depression, panic disorders, and anxiety (Dreßing, Gass, Schultz & Kuehner, 2020). The risk of increasing psychological and physical problems for individuals who have existing chronic psychological, psychiatric, developmental or physiological conditions and disabilities, has also been documented (Alhaboby, Barnes, Evans & Short, 2017). The long-term effects of stalking can include a sense of fear and insecurity, fear of leaving home, fear of going out in public, difficulty sleeping, and difficulty concentrating (Campbell, 2018). Additionally, stalking can also lead to a number of negative physical health outcomes such as increased risk of physical injury, increased risk of substance abuse, and increased risk of developing chronic health conditions such as hypertension and cardiac disease (Wei, 2019).

Serious harm can be experienced by the victims when they try to distance themselves from offenders (Quinn-Evans, Keatley, Arntfield & Sheridan, 2021). Indeed, distress is created by fear, which given that half of the stalkers carry out their threats is not an unjustified concern (MacKenzie et al., 2009). In a study conducted by Monckton Smith, Szymanska & Haile, (2017) findings indicated that stalking behaviours were found to be present preceding 94 per cent of 358 homicides reviewed.

Victims of stalking live in a state of persistent and continuous threat that causes considerable psychological and physical health consequences. With there being such a potential high risk to life it is imperative that we establish a greater understanding of the pathways in which victims of stalking seek to get help This exploratory study aimed to extend the literature by assessing the impact of stalking has on physical health as well as mental health and the experience of accessing of health services and the actions that result from this.

Method

2.1. Participants

Respondent consisted of 105 individuals (100 = female, mean age = 41.0 years; SD = 10.1; Range = 21-66 years). Eighty nine percent of participants described their sexual orientation as heterosexual, 1% as homosexual (gay/lesbian), 9% bisexual and one participant preferred not to say. When participants were asked if they had a disability 11% responded yes. A review of the participants' ethnicity determined that 87% participants identified as British white, 3% as Irish white, 5% as other white background, 1%, white and black African, 1% white and Asian, 3% any other mixed/ multiple ethnic background and 1% identified as any other ethnic group.

An examination of the relationship between the victim and the offender identified that 63% of participants were being stalked by an ex-partner, 7% work college, 5 % work client, 6 % friend, 8% acquaintance and 13% defined their relationship as "Other". The majority from the other category were either neighbours or other individuals currently or previously intimately involved with the victim's current or ex-partner. In addition to this, 30% of participants reported having children with the stalker.

Table 1 shows the percentages of the known relationship between offender and victim.

(N=105)

Offender/ victim relationship	Percentage
Ex-partner	63%
Work college	7%
Work client	55%
Friend	6%
Acquaintance	8%

Other*	12%
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*The majority were either neighbours or other individuals currently or previously intimately involved with the victim's current or ex-partner.

Participants self-selected via the social media accounts of organisations that are members of the National Stalking Consortium. The National Stalking Consortium was formed in 2014 and aims use this collaboration to identify best practice to improve support to victims throughout the UK, the organisations work in a coordinated way and are informed by both the experiences of victims and academic research Participants were asked to complete an anonymous on-line questionnaire which aimed to find out the nature and effects of stalking on victims.

2.2. Materials and procedure.

Following approval by the University Ethics Committee, data was collected via the use of an online survey. The questionnaire consisted of 55 questions and was constructed to gather a wide range of information on the health and well-being aspects of stalking as well as the respondents experience of the healthcare system and utilized a combination of Likert scale responses as well as open ended questions. The survey also included the PTSD checklist for DSM-5 (PCL-5) (Weathers et al, 2013), which comprised a 20-item self-report measure to assess the presence of PTSD symptoms. The questionnaire was developed in collaboration with stalking advocates associated with the Suzy Lamplugh Trust and was active for 12 months.

Participants accessed the survey by clicking on the link to the questionnaire and by providing consent before moving on to the questions. There was no set time for the completion of the questionnaire and the participants were able to leave questions blank if they chose not to

answer. Due to the nature of the topic, participants were provided with points of contact to access information and support.

3. Results

3.1. Data analysis.

A mixed methods approach was used to analyse the collected data. To fully understand how stalking impacts the victims' mental and physical health, a thematic analysis was applied using the procedure described by Braun and Clarke (2006) to identify recurring themes within the data. Each individual question was used as a data set for thematic analysis to allow for a detailed analysis. A frequency count is used to report the number of times themes emerged for each question. For items where participants were asked to compare their health status before stalking to their current health status at the time of responding to the questionnaire, variables were subjected to a McNemar's test to ascertain if the proportion of participants reporting health problems had changed between these two points.

3.1.1 Experiencing stalking.

Participants responded to a series of questions which focused on their experience with stalking. In some cases, participants were able to provide a detailed response which was qualitatively analysed and categorised into themes. This allowed participants to provide more than one response to a question. The results indicated that 22% of the victims first realised they were being stalked when discussing with by a third party such as a stalking advocate or domestic abuse advocate and 18% first became aware through physical stalking. Persistent communications were also received by victims in 11% of cases which alerted the victim to offender stalking behaviour. In 33% of cases individuals reported that they were alerted to stalking by some other means. This included behaviours such as attempts to gain information

about the victim, being harassed by third parties, hacking or tracking technology, the use of fake profiles to make contact and the victims researching the stalker's behaviour online.

In 23% of cases the victim experienced physical violence, which took the form of sexual assault or hitting/ punching in 4% of cases. In 15% of cases the victim did not disclose the type of physical assault that took place. Fear was experienced by 96% of respondents, physical assault was top of what the victim most feared, with 24% expressing this concern. Other fears were harm to family friends (18%) and a fear of death as a result of the offender behaviour (12%). Escalation of the stalking behaviour was feared by 17% of respondents and being found by offender was also a concern (10%).

The stalking behaviour was ongoing at the time of completing the questionnaire in 34% of cases, with 25% having lasted one year or less and a further 24% lasting 5 years or less. In 1% of cases the stalking had been continuous for 11 years or more. The responses on the impact of stalking on the victim indicated that 56% of victims reported difficulties with their mental health, while 21% of victims had to change their social life or lost contact with friends. Negative impact on their career, such as job change, and job loss was reported by 21% of respondents. Some participants had to make changes to their lives such as moving house (27%), while others changed their phone number (28%) and the locks on their house (20%). Almost all (99%) reported a general decrease in their quality of life. Family and romantic relations were affected with 15% and 7% indicating this respectively. A further assessment of fears reported by the participants revealed 56% expressed fear of damage to their reputation, fear of property damage, and fear of verbal abuse/ threats/ confrontation.

“I was afraid he would hurt me or my family or damage my property/break into my house” (participant 18).

“He has threatened to violently rape my daughter and put acid in her face. He has been to my home repeatedly” (participant 30).

3.1.2. Physical and mental health before and after stalking.

When reviewing the participants' responses to questions about their physical health before and after experiencing stalking, 86% of participants reporting no health issues before and 14% reporting no problems after. After the experience of stalking 26% reported no problems, while 74% reported health problems. These variables were then subjected to a McNemar's test to ascertain if the proportion of participants reporting health problems had changed over time. The test statistic (Chi-square) value was 52.7 with 1 degree of freedom ($p < .001$) indicating significant change before and after their experience.

In a similar fashion, the participants' responses to questions about their mental health before and after stalking. It was found that 70% of participants reported no mental health problems before whereas after only 5% reported no mental health problems. Again, a McNemar's test was applied to these data producing a Chi-square value of 59.4, 1 df ($p < .001$).

3.1.3 Healthcare services.

Participants also completed a series of questions which focused on their experiences with Healthcare services as a victim of stalking. Participants were able to provide a detailed response which was qualitatively analysed and categorised into themes. This allowed participants to provide more than one response to a question.

Results indicated that overall, 60% of people accessed health care services as a result of being stalked and of those 66% accessed their GP for support while 38% accessed counselling services or mental health services (30%). A&E was accessed by 6% and health visitors were accessed in 7% of respondents. Some participants (22%) confided in a victim support service or specialist stalking service and 8% of participants accessed domestic violence services.

Responses indicated that in 24% of cases health professionals referred the victim to counselling services. These services were accessed while stalking was present and ongoing in 65% of cases and 33% of victims felt that the professionals accessed understood the victim experience. However 28% reported that the professional did not understand the impact of stalking on their lives and 11% of participants believed that the healthcare provider was not particularly interested in what the participant was trying to tell them or reported feeling like they weren't being believed.

“Couldn't really help at all, dealt with physical injuries but no counselling etc available for 18+ months” (Participant 36).

“I was already accessing them, a private psychologist as NHS said I didn't fit their criteria” (Participant 84).

Participants were also asked to report how well they believed that the healthcare professional understood what they were going through when they disclosed stalking. Responses indicated that 8% thought the HCPs needed more training on issues of stalking, and only 6% of participants were offered safeguarding advice. The following quotes are samples of the participants comments in response to this question.

“They were very understanding and helpful” (Participant 4).

“Not at all, made me feel it was my fault so did police” (Participant 12).

“I didn’t think he had enough experience in this area” (Participant 59).

When participants were asked if they were screened for PTSD as a result of their experiences, 77% of victims indicated that no screening took place while accessing HCPs services, and 15% indicated that they already had a diagnosis of PTSD. From the responses of the PTSD checklist in the questionnaire, it was noted that 78% of the respondents may benefit from being referred for full assessment for PTSD.

Medication only was prescribed in 46% of cases and 33% of these victims said that it helped with their symptoms, another 6% of participants said that they refused medication or did not take any that were prescribed. The most frequently prescribed medication was sertraline (11%), citalopram (8%), and Diazepam (5%). In addition to this, 10% of participants reported being prescribed a combination of medications for mental health symptoms.

3.1.4. The impacts of stalking on personal and social life.

Participants completed a series of questions which focused on the impacts of stalking had on their personal and social lives. Participants were able to provide detailed responses to these questions which were qualitatively analysed. This allowed participants to provide more than one response to a question. Results showed that stalking affected others in the lives of the victims, 66% reported that family were affected and 71% said friends and acquaintances were impacted. Children (60%) and work colleagues (51%) were also reported to be affected. Feeling isolation was reported in 25% of victims. Shame, burden, and guilt was also felt by

17% of respondents, 16% felt that they had been abandoned by people and felt isolated and 18% felt feelings of stress and anxiety.

“It put a great strain on my relationship with my partner who felt unable to assist and found it difficult to cope with my changed behaviour” (Participant 34).

“They were all worried. I felt guilty and ashamed like I bothered them myself.”
(Participant 64).

Victims also felt that others did not understand what they were living through and 12% of victims felt others thought it was their problem and that they were blamed for the situation and 4% of participants reporting a loss of faith in police/ justice system.

“I can only describe it as feeling like a prisoner in my own life” (Participant 19).

“It made me question my trust in many other people and caused me to have enormous resentment toward this person which I still hold today” (Participant 28).

“I wanted to die. I do not feel I can be the person I was before being stalked.

Everyday [*sic*] was living a nightmare, scared about her next move.” (Participant 51).

4. Discussion

The current study aimed to assess the impact stalking has on the physical health and mental health of victims, as well as their experiences of accessing health services. The distribution of the relationship type to stalkers is consistent with previous research where generally over half of cases are found to be of this type (Mullen et al 2000), in this case 63% were ex-partners. The majority of responses were from women (95%), which also reflects previous work, Sheridan & Lyndon (2010). Physical violence was a recurring theme and the vast majority feared physical assault and lived in fear, and almost all experienced a decrease in their quality of life. Considering these findings, unsurprisingly nearly all victims report mental health issues such as depression and anxiety as a result of stalking. While a small number of

participants accessed accident and emergency departments most accessed their GP for support. Others were offered help through mental health services and counselling provision. The experience of these services was very variable with around one third of victims satisfied with the support offered (Reid, Stanko & Grove-Hills, 2006; Logan, Walker, & Jordan, 2010). However, around a quarter of victims believed that the HCP was unable to understand the impact of stalking was having on the victim's life and very few were offered safeguard advice. Some participants felt that healthcare services did not understand their situation, suggesting that additional training of professionals could help them comprehend the psychological and physiological impact that stalking has on a victim's wellbeing. The research also identified that stalking had a negative impact on a victim's physical and mental health which would suggest that healthcare services ought to assess all areas of a victim's healthcare needs.

The results indicated that almost half the participants were prescribed medication to assist with the health effects of stalking, and that some found the medication helpful. It would be beneficial to conduct further research on this aspect of the health impact on stalking by asking participants why they did not take the medication and to express their opinions on the efficacy of medication in more detail. Three quarters of the participant reached the threshold for PTSD symptoms and may have benefited for follow up assessment PTSD which supports previous research (Pathé & Mullen, 1997; Westrup, Fremouw, Thompson, & Lewis, 1999; Kamphuis & Emmelkamp, 2001; Kamphuis, Emmelkamp, & Bartak, 2003; Short, Guppy, Hart, & Barnes, 2015) and indicates that victims can develop symptoms of PTSD due to their experiences of stalking. It should be noted, however, that many of these participants felt that their healthcare professional did not fully understand PTSD and the impact it had on their lives.

During the review of how stalking has impacted the victims' personal and social lives the study found themes similar to the ones presented by Pathé and Mullen (1997) as well as Brewster (1998). The findings also indicate that stalking has an impact on other people close to the victim. This supports the findings of Sheridan (2004) as well as Spitzberg and Cupach, (2007) where incidents can cause situations and friends/family become victims of the stalker. In addition to this, there are occasions where a loss of social support leaves the victims feelings not being believed, which supports the findings of Korkodeilou, (2017). It would be beneficial to suggest support for secondary victims of stalking, and additional awareness sessions so that the victim's social network can comprehend the situation and offer support to the victim. Healthcare professionals (HCPs) can play an important role here in providing support to victims by listening to their experiences and validating their feelings, as well as offering them with appropriate resources. They can also, offer referrals to therapeutic services, and help them access necessary specialised services and agencies where they can be supported by skilled advocates, as well as helping them manage their symptoms and distress resulting from their experiences with stalking.

4.1 Conclusion

Overall, the present study highlights that incidents of stalking have an impact on the overall health of victims. While the psychological impact has been established in previous research, the negative effects on physical health have not had the same attention. This study has found that impact on overall health status is likely to lead individuals to access health services in connection with their stalking experiences and highlights the necessity for an informed and effective response from practitioners. However, a general lack of awareness amongst health care professionals of the implications of stalking and the physical symptoms that may present as a result of this harassment was apparent. Though, this raises the question of how we inform

front line health services around the impact of stalking and how such training is developed and disseminated. The primary recommendation arising from this study is that HCPs should undertake training so that stalking behaviours and the impact of such behaviours can be identified to ensure individuals are supported by suitably informed professionals who have knowledge of the correct referral routes for specialist services and access to legal advice. There are several national and regional organisations who form the National Stalking Consortium and who can offer training in stalking awareness and the response to stalking. The Suzy Lamplugh Trust who chairs the consortium has an established history of education. The organisation campaigns for and supports stalking victims and provides the National Stalking helpline service, which offers both open access stalking awareness courses and bespoke stalking awareness courses that can be tailored to the requirements of the team or organisation.

This study also demonstrates that stalking can impact various areas of the victims personal and social lives. To comprehend these impacts further it would be beneficial to conduct additional research which assesses negative changes in physical health status that individuals experience during a period of fixated stalking.

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