REVIEW PAPER

Stalking Part I: An Overview of the Problem

Karen M Abrams, MD, FRCPC1, Gail Erlick Robinson, MD, DPsych, FRCPC2

Objective: This paper is the first of a 2-part review on the topic of stalking. It outlines the behaviours involved, epidemiology, motivation of offenders, and mental health consequences for the victim.

Method: Computerized literature searches were used to identify relevant papers from psychiatric and legal journals. Publications by victims’ and women’s organizations provided additional information.

Results: Up to 1 in 20 women will be stalked during her lifetime. The majority of victims are female, while the offenders are usually male. Stalking behaviours range from surveillance to threatening aggressive or violent acts. The majority of stalking relates to failed intimate relationships. Stalkers may also suffer from erotomania or obsessional love with a primary psychiatric diagnosis. Victims may experience anxiety, depression, guilt, helplessness, and symptoms of posttraumatic stress disorder (PTSD).

Conclusion: Stalking is a serious offence perpetrated by disturbed offenders. It can cause major mental health consequences, which are often poorly understood by society.

(Can J Psychiatry 1998;43:473–476)

Key Words: stalking, criminal harassment, posttraumatic stress disorder, women’s mental health

Publicity about celebrity stalking cases, such as those involving Madonna and David Letterman, has raised public awareness of this problem and helped lead to antistalking legislation in the United States (US). The extensive media coverage of the OJ Simpson murder case has also focused public attention on the kind of behaviour seen in criminal harassment cases involving ex-spouses. The fact remains, however, that the majority of stalking cases involve “ordinary people,” who are usually women.

Stalking, or criminal harassment, is defined as the “wilful, malicious, and repeated following or harassing of another person,” usually requiring a “credible threat of violence” against the victim or the victim’s family (1). “Harass” refers to wilful conduct directed at a person that seriously alarms, annoys, or distresses the person and which serves no legitimate purpose (2). Typically, the behaviour involves such things as loitering near the victim, approaching, making multiple phone calls, constantly surveilling, harassing the victim’s employer or children, harming a pet, interfering with personal property, sabotaging dates, and sending threatening or sexually suggestive “gifts” or letters. The harassment usually escalates, often beginning with phone calls that gradually become more threatening and aggressive in nature, and frequently ends in violent acts (3). In essence, the offender’s behaviour is terrorizing, intimidating, and threatening, and restricts the freedom of and controls the victim.

In the US, there are individual state laws but no unified federal antistalking laws. Under the Criminal Code of Canada, it is a crime to knowingly or recklessly harass another person in any of the following ways: 1) by repeatedly following or communicating either directly or indirectly with that person or anyone known to them; 2) by watching where that person or anyone known to them resides, works, or happens to be; or 3) by engaging in any threatening conduct directed at that person or his or her family, if any of these cause the person to reasonably fear for his or her safety (4). In both the US and Canada, antistalking laws are in a state of flux.

This article reviews the topic of stalking, with particular attention to the role for psychiatry in understanding the causes, psychosocial consequences, and therapeutic issues.

Epidemiology

Because no comprehensive study of stalking has been conducted, the full extent of the problem is still unclear. Forensic psychiatrist, Dr Park Dietz, estimated that there are 200 000 stalkers on the streets and that 1 in 20 women in the US will be
stalked at some point in her lifetime (5). Although both sexes have been charged with the crime, most stalkers are male (4). Harassers come from all socioeconomic groups, and some stalkers continue to harass for years (4).

The issue of criminal harassment should not be seen as distinct from the larger issue of violence against women. The Ontario Intimate Femicide Study found that 71% of homicides of women were committed by current or former partners. Women separated from their partners faced risks 5 to 6 times greater than other women (6). At least 50% of women killed in the US and Canada are murdered by a current or estranged intimate; 90% of those murders are preceded by some form of stalking (5).

The following case history illustrates a very typical stalking pattern:

Case Illustration

Ms A, a 22-year-old successful filmmaker, presented with a depressed mood, frequent crying, diminished concentration and energy, and fleeting passive suicidal ideation of several months’ duration related to difficulties in her current relationship of 6 months. She described her boyfriend as extremely emotionally abusive, mentally unstable, and manipulative. Initially, he had appeared to be a decent and respectable man from a professional family. During their early courtship he was loving and attentive, but once the relationship was solidified, he became denigrating, controlling, and critical.

When Ms A decided to end her relationship, the boyfriend began to stalk and harass her. He would leave long messages on her answering machine, repeatedly call and hang up, and wake her up in the middle of the night. As well, he threatened to kill her and himself. Her experience of the police as unempathic, unhelpful, and condescending further aggravated the situation to the point where she felt helpless, was sleeping poorly, and was living in constant fear and sadness.

The Victim–Offender Relationship

As in the case of Ms A, approximately 75% to 80% of stalking cases are related to intimate relationships gone bad, while in 10% to 20% of cases, the offender, who is usually a person with a severe mental illness, stalks a stranger (3).

Celebrities often become targets because of society’s fascination with their personal lives. Movies, television, and print media provide an illusion of intimacy that likely contributes to this (7). Victims may be those in positions of authority over the offender, such as politicians or employers, attractive individuals, or people who have status or prominence in the offender’s environment, such as health care professionals (8,9). Health care providers, particularly psychotherapists, are at increased risk for attracting erotomanically prone individuals (10). Anyone, however, can be the victim of stalking.

The Offender

In Zona and others’ study of obsessional followers, 3 distinct groups of stalkers were identified: an erotomanic group in which there was no actual relationship with the victim; a love-obsessional group characterized by a primary psychiatric diagnosis or a fanatical love in which there was no relationship to the victim; and a simple obsessional group characterized by an actual prior relationship with the victim (11). Erotomania, which is usually a mixture of morbid infatuation and delusions of being loved by another, can be a primary syndrome or part of the symptomatology of another disorder.

Meloy and Gothard compared 20 obsessional followers in custody with 30 offenders with mental disorders in custody and found that there were no significant differences in the Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R) Axis I diagnoses (12). Stalkers, however, were less likely to have an antisocial personality disorder and more likely to have another type of Axis II disorder related to attachment pathology. They were also found to be older, more intelligent, and better educated than other offenders with mental disorders. These traits may explain their resourceful and manipulative behaviour. These obsessional followers had a history of impaired or conflicted social relationships and were likely to have a psychiatric and criminal history. They tended to use projection, projective identification, denial, and minimization as defences.

The Behaviour

In a recent study of 100 stalking victims conducted in Australia (13), the majority of victims were harassed by telephone calls (78%), direct approaches (79%), and following (71%). In more than one-half of the cases, stalkers made overt threats to the victim and/or the victim’s family and friends. Forty-five percent of these threats were associated with eventual physical or sexual assaults. Actual personal violence was more likely to occur when there had been an intimate relationship between the
victim and the stalker.

Security consultant Gavin de Becker, an authority on protecting celebrities, warns of the following danger signs in a relationship which may predict violence and possible obsessive following: an excessive degree of attention to the victim or investment in the relationship, jealousy, inflexibility, wanting the woman to account for her time, and possessiveness. The offender may then follow, surveil, beat, vandalize, threaten, and terrorize the victim as well as make threats to people around her. In de Becker’s experience, potential stalkers often write or talk about obsessive love, weapons (especially as instruments of power), death, suicide, religious themes, and a common destiny with the victim (14).

Sometimes the stalker intentionally shocks the woman by calling to inform her what she had done or been wearing that day. Stalkers often use devious means such as posing as detectives or insurance officials to obtain information from doctors, family, or friends (15).

Mental Health Effects

Much of the information about the mental-health effects of stalking comes from newspapers, magazines, therapists, victims’ organizations, victim impact reports, and police. Most of the limited number of studies have been on forensic populations or erotomania and have focused on the physical risks of assaultive behaviour while ignoring the psychosocial damages resulting from criminal harassment (9). Pathe and Mullen surveyed 100 Australian stalking victims. These women suffered from anxiety, including panic attacks and hypervigilence (83%), sleep disturbances (74%), intrusive recollections or flashbacks (55%), suicidal thoughts (24%), and various somatic complaints or a worsening of serious medical conditions such as asthma (13).

Criminology research shows that every victimization has a psychological impact and may leave long-term or short-term emotional scars, including feelings of shame, depression, anxiety, embarrassment, guilt, humiliation, abandonment, and an enhanced sense of vulnerability (16,17). Physical complaints are also not uncommon (15). Initially, there is often much denial by the victim (18). Over time, however, the stress begins to erode the victim’s life and psychological brutalization results. Sometimes the victim develops an almost fatal resolve that, inevitably, one day she will be murdered (15). Victims, unable to live a normal life, describe feeling stripped of self-worth and dignity. Personal control and resources, psychosocial development, social support, premorbid personality traits, and the severity of the stress may all influence how the victim experiences and responds to it (19–22).

Victims stalked by ex-lovers may experience additional guilt and lowered self-esteem for perceived poor judgement in their relationship choices. Many victims become isolated and deprived of support when employers or friends withdraw after also being subjected to harassment or are cut off by the victim in order to protect them (13,15). Other tangible consequences include financial losses from quitting jobs, moving, and buying expensive security equipment in an attempt to gain privacy. Changing homes and jobs results in both material losses and loss of self-respect. Unfortunately, many early attempts by victims to protect themselves may only lead to a heightened panic and sense of helplessness. Removing addresses and phone numbers from telephone listings only deters unintelligent, undetermined harassers (7). Protective orders deter only a minority of stalkers who are afraid of potential arrest. Most offenders test the order and, if not arrested, continue or even escalate the behaviour.

The threatening behaviour of the stalker forces the victim to challenge assumptions about her personal invulnerability and control over her life and may result in a posttraumatic stress disorder (PTSD) (13,23). Victims often experience anxiety and constant fear for their lives. They commonly report poor sleep and nightmares. Reminders of the stalker, such as the scent of his brand of cologne or the sound of cowboy boots, may also produce intense psychological or physiological distress. Other PTSD symptoms described include diminished interest in significant activities, feelings of detachment from others, decreased concentration, hypervigilance, and exaggerated startle reactions. There is some evidence that women suffer even more anxiety when they do not know the stalker’s identity or when the threat is ambiguous or unclear, such as with anonymous phone calls (2). In Pathe and Mullen’s study, over one-half of the victims suffered the range of emotional symptoms consistent with PTSD; however, many did not technically qualify for the DSM-IV PTSD diagnosis because of the absence of actual or threatened physical harm. Harassment by following or surveillance was closely associated with the development of PTSD symptoms (13).

As reported by the Metro Toronto Action Committee on Public Violence Against Women and Children, “the degree of harm that is caused through stress, medical ailments exacerbated by stress, the complete disruption of the victim’s lifestyle, the experience of living in constant fear, are no less traumatic than a physical assault, and perhaps even more so as there is no end to the length of time that this form of violent victimization continues” (24).
The stalking victim is frequently the recipient of outright aggression, often physical or sexual assaults (9). The emotional effects of assaults in these cases are compounded by the fear that the clearly obsessed offender will return to try again (9). It is quite obvious, however, that victims suffer severe emotional distress even if the stalker has never made an overt threat or touched them (2,15). It is the totality of the stalker’s conduct that leads to the woman’s fear and realistic belief that she is in danger. Women lose peace of mind, physical freedom, and career hopes as their stalkers use escalating intrusion and terror in the name of “love,” which is really a pathological need to control (25).

Case Illustration

Ms B, a 34-year-old switchboard operator, had tried 1 year earlier to end a common-law relationship with a physically and emotionally abusive boyfriend. Despite a restraining order, he repeatedly followed her, called her, and watched her at home and at work. The police appeared unsympathetic, blaming Ms B for supposedly giving the ex-boyfriend unclear messages. She began to feel depressed and helpless and attempted suicide. After stalking her for 6 months, the patient’s ex-boyfriend broke into her apartment and strangled her with a rope, leaving only once Ms B had passed out. When he was criminally charged, he and his friends threatened to kill the patient’s family if she testified against him. Ms B, firmly believing the boyfriend to be capable of this, reduced her complaints. Even while in prison for 4 months, he continued to call her frequently at home and at work. Eventually, she moved in with her parents. At the time of the initial assessment, her ex-boyfriend was out of jail.

The patient continued to experience the symptoms of a major depressive disorder, feelings of guilt related to being in this relationship, low self-esteem, severe anxiety symptoms, and constant fear for her life. She would avoid answering the telephone and being in crowds. She suffered symptoms of PTSD, including panic attacks, hypervigilance, a heightened startle response, recurring nightmares of the attack, frequent affective recollections of this trauma, and a feeling of detachment from others.

Conclusion

Stalking is a serious offence whose consequences are often ignored or minimized. Stalkers may suffer from erotomania, a primary psychiatric diagnosis, or a simple obsession. In most cases, the victim is a woman who has been involved with the offender in a relationship that has gone bad. Women who are stalked may suffer from depression, anxiety, guilt, shame, humiliation, and PTSD. The second part of this review discusses the problems that women face in dealing with the legal system and treatment of the victim.

Clinical Implications

- Stalking is a serious offence that is usually perpetrated by men against women.
- Stalking has serious mental health consequences.
- Women experience added stress because of society’s failure to acknowledge the seriousness of this problem.

Limitations

- This subject has not been well studied.
- Factors that make some individuals more vulnerable to stalking are unknown.
- Information could be biased by male victims’ failure to report being stalked.

References


Résumé

**Objectif :** Le présent document est le premier volet d’une étude en 2 parties au sujet du harcèlement avec menaces. Il présente les comportements en cause, l’épidémiologie, la motivation des contrevenants et les conséquences sur la santé mentale des victimes.

**Méthode :** Des recherches informatisées de la documentation ont été utilisées pour repérer les ouvrages pertinents des publications psychiatriques et juridiques. Les publications des organisations de victimes ou de femmes ont été sources d’information additionnelle.

**Résultats :** Jusqu’à une femme sur vingt sera harcelée avec menaces au cours de sa vie. La majorité des victimes sont des femmes, tandis que les contrevenants sont habituellement des hommes. Les comportements de harcèlement vont de la surveillance aux menaces d’actes violents. Dans la majorité des cas, le harcèlement est lié à des relations intimes ratées. Les harceleurs peuvent également souffrir d’erotomanie ou d’amour obsessionnel qui a reçu un diagnostic primaire en psychiatrie. Les victimes peuvent ressentir anxiété, dépression, culpabilité, impuissance et des symptômes du syndrome de stress post-traumatique (SSPT).
Conclusion : Le harcèlement est une infraction grave commise par des contrevenants instables. Il peut avoir des conséquences graves sur la santé mentale, lesquelles sont souvent mal comprises par la société.

Manuscript received July 1997 and accepted December 1997.

1Associate Staff Member, Department of Psychiatry, The Toronto Hospital, Toronto, Ontario; Assistant Professor of Psychiatry, University of Toronto, Toronto, Ontario.

2Director, Program in Women’s Mental Health, The Toronto Hospital, Toronto, Ontario; Professor of Psychiatry and Obstetrics/Gynecology, University of Toronto, Toronto, Ontario.

Address for correspondence: Dr KM Abrams, The Toronto Hospital, Department of Psychiatry, 8th Floor, Eaton Wing North, 200 Elizabeth Street, Toronto, ON M5G 2C4