Health Care Professionals as Victims of Stalking: Characteristics of the Stalking Campaign, Consequences, and Motivation in Italy

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Abstract

Stalking is a phenomenon characterized by a set of repetitive behaviors, intrusive surveillance, control, communication and search of contact with a victim who is afraid and/or worried and/or annoyed by such unwanted attention. Literature analysis show that Health Care Professional are at greater risk of being stalked than the general population. As described by Mullen et al (1999), stalkers may have different motives: relational rejection, an infatuation, an inability to express their own emotions and recognize those of others, a desire for revenge. The aim of this study was to explore stalkers' motivation as perceived by their victims, characteristics of stalking campaign and consequences. A copy of the Italian modified version of the NSS Questionnaire on Stalking, BDI and STAI Y1-Y2 scales were distributed in six Italian state hospitals. Participants were 1842 HCPs, 256 (13.9%) had been victims. The majority of victims reported that the stalker was Rejected (96, 37.5%), Intimacy seekers (41, 16%), Incompetent suitors (60, 23.4%), Resentful (43, 16.8%) ($\chi 2 = 163.3$, $p = .001$). Stalking campaign was characterized by several behavior, principally contact (by telephone calls, text message) and following. The stalking campaign cause in victims both physical and emotional consequences, the most frequent are weight changes, sleep disorders, weakness, apprehension, anger and fear. The most used coping strategies are moving away and moving toward, the less used as moving inward. Intervention programs and preventive measures (both individual and organizational) for HCPs victims and those who could be considered at risk are also discussed.

Introduction

The exposure of Health Care Professionals (HCPs) to the risk of stalking is well known. From an analysis of the literature it has emerged that the percentage of victimization is higher in jobs that involve relations with patients than in the general population (Galeazzi, Elkins & Curci, 2005; Purcell, Powell & Mullen, 2005; Jones & Sheridan, 2009; Magnavita & Heponiemi, 2011; Hesketh, Wu, Mao & Ma, 2012). Few investigations have studied the phenomenon of stalking by non-patients, for instance by partners, ex-partners, colleagues, friends, etc. Yet this occurrence should not be underestimated; due to the nature of their work, HCPs are especially prone to victimization. The care that they provide could lead to the development of disillusioned beliefs (in a wide variety of people with whom they come into contact - relatives, patients, colleagues, friends, and so on) about *what* they provide: others could expect HCPs to pay more attention to the relationship. Failure to fulfill this expectation could trigger reactions such as anger and revenge. Investigating the phenomenon when engaged in not just by patients might help HCPs to pay more attention to repeated harassment and so adopt appropriate safety measures.

The aim of this work was to investigate the relationship between the victim and the stalker, the prevalence, the motivation, the psychological and emotional consequences and the coping strategies adopted in a sample of Italian HCPs working in state hospitals. The Italian context is characterized by the introduction of the recent anti-stalking law (Penal Code, article 612 *bis*, 2009). This law states that: “Provided the act is not recognized as a more serious crime, it is a criminal offence, punishable with imprisonment ranging from six months up to four years, to continuously threaten or harass another person to such an extent as to cause a serious, continual state of anxiety

or fear, or to instill in the victim(s) a motivated fear for his/her own safety or for the safety of relatives or other persons linked to the victim(s) by virtue of kinship or emotional relationship or to force the victim(s) to change his/her living habits". The law establishes clear boundaries of the phenomenon: the duration and repetition of unwanted intrusions and/or communications (Pathè & Mullen, 1997), threatening and harassing behavior, the motivated fear for one's own and others' safety. These are the characteristics that delineate the phenomenon and distinguish it from other types of violent behavior (Kurt, 1995; Coleman, 1997; Sheridan, Gillet & Davies, 2000; Douglas & Dutton, 2001).

Notwithstanding the introduction of this law, in Italy stalking of HCPs is only actually perceived as such when associated with violent crime and reported by the media rather than as a real risk that is part of everyday professional practice (Acquadro Maran, Varetto & Zedda, 2014). Such harassment is not restricted to the professional context, in that the stalkers are not always patients. HCPs are at risk of victimization in all aspects of life, at work (colleagues, superiors, etc.) or in the private sphere (friends, partner, relatives, etc.).

Prevalence of victimization and the relationship between victim and stalker

The phenomenon has been studied in different samples of HCPs. The review of the literature on stalking by patients revealed that the mean percentage of stalking victimization among psychiatrists is 20% (Paraschakis & Konstantinidou, 2012). The same percentage has been reported among this population in the U.S. (see Brown, Dubin, Lion & Garry, 1996), in Great Britain (see Mcivor, Potter & Davies, 2008) and in Italy (Galeazzi, Elkins & Curci, 2005; Mastronardi, Pomilla, Ricci & D'Argenio, 2012). Gentile (2001; Gentile, Asamen, Harmell, & Weathers, 2002) examined the

phenomenon among psychologists and reported that about 10% had been victims of stalking. Romans, Hays and White (1996) found that more than 50% of workers in counseling services had been victims. Among doctors, more than 20% of plastic surgeons working in Australia and New Zealand are reported to have been victims of stalking (Allnutt, Samuels & Taylor, 2009). In Canada, the percentage of victimization among physicians was found to be more than 14% (Abrams & Robinson, 2011).

All of the above-mentioned studies refer to stalking by patients. But HCPs are also prone to victimization in their private life. For example, in a UK study among psychiatrists it emerged that 21% of the sample had been victims of stalking, one third of them by non-patients (Whyte, Penny, Christopherson, Reiss & Petch, 2011). Also in the UK the prevalence of victimization among nurses working in mental health care services was 50%, and most part of the stalkers were non-patients (Ashmore, Jones, Jackson & Smoyak, 2006). In an Italian study involving 107 nurses who had been victims of stalking (Acquadro Maran, Varetto & Zedda, 2014) it emerged that 13 had been stalked by patients (12%). The other stalkers were strangers (35), acquaintances (31), ex-partners (28).

Stalkers' motivation

Mullen, Pathè, Purcell and Stuart (1999) noted that stalkers have several different motivations, such as pursuing a vendetta because of a real or perceived sense of grievance. The authors proposed a classification that identifies five types of stalkers, one of the most cited in the literature and most often used for evaluating the escalation of aggressive behavior (see MacKenzie, Mullen, Ogloff, McEwan & James, 2008). According to this classification, stalkers may be Rejected stalkers (they pursue their victims to avoid or avenge a rejection, e.g. a divorce or separation), Intimacy seekers

(they seek to establish an intimate or loving relationship with their victims), Incompetent suitors (they have a fixation, a sort of entitlement to an intimate relationship with the victim who is the person that has attracted their amorous interest), Resentful stalkers (they seek revenge due to a sense of grievance against the victim, that is perceived as the cause of a loss or damage suffered by them or another person), Predatory stalkers (they follow and spy on the victim in order to prepare and plan an attack, often sexual). For all of these types of stalkers, with the exception of Predatory stalkers, the stalking behavior usually takes the form of unwanted contact (by telephone, text messages, letters and e-mails), following, control and threats (Acquadro Maran, Varetto & Zedda, 2014).

The first study to investigate the different types of stalker involved a sample of subjects who had been referred to an Australian forensic psychiatry center for treatment (Mullen *et al*, 1999). Data showed that more than one third of the sample were Rejected stalkers. They had started stalking after being rejected in a personal relationship (by a partner, friend, relative) or a work relationship (e.g. dismissal). Another third of the sample were Intimacy seekers, for whom the aim of stalking was to try to establish a romantic relationship with their 'true love'. More than 15% were Incompetent suitors who stalked victims who attracted their romantic interest. Resentful stalkers represented more than 10% of the subjects in the sample, and they sought a victim to blame for their professional or affective distress. Predatory stalkers accounted for fewer than 5% of subjects in the sample. In the study by Galeazzi, Elkins and Curci (2005) the majority of HCPs who had been stalked suggested that the stalking campaign had started due to a misunderstanding, that is the stalker had tried to establish an intimate relationship (Intimacy Seekers in the classification by Mullen and colleagues, 1999). Another

considerable proportion of the victims stated that stalking was driven by a desire to take revenge for a real or supposed loss (Resentful). Different results emerged in a study conducted in Australia on psychologists. One fifth of them were victims of stalking and the main motivation was resentment (Resentful) (Purcell, Powell & Mullen, 2005). In a study conducted by Whyte, Penny, Christopherson, Reiss and Petch (2011) involving English psychiatrists, it emerged that one third of the victims perceived the attempt to establish a relationship (Intimacy Seekers) as the motivation behind the stalking campaign while one fifth of them thought it was for revenge (Resentful). The remainder indicated rejection (Rejected), social incompetence (Incompetent Suitors) and the planning of an attack (Predatory stalkers).

Physical and emotional consequences

The analysis of the impact of the stalking campaign on HCPs revealed that, on the whole, the physical and emotional consequences are the same as those reported by victims of stalking among the general population: victims frequently suffer from sleeping disorders and feel anger, anxiety and fear (Cupach & Spitzberg, 2004; Spitzberg & Cupach, 2007). In general, HCPs who are victims of stalking may experience increasing levels of distress, fear, helplessness and disenchantment (Sandberg, McNiel & Binder, 2002). Ashmore and colleagues (2006) reported that in their sample physical and emotional reactions were primarily anxiety, irritation, anger, distress, sleep disorders. In the Italian sample of nurses who were victims of stalking, emotional consequences such as anxiety, fear, anger, and confusion were predominant, whereas physical consequences included sleep disorders, weight problems and stomach trouble, tiredness, headaches, panic attacks (Acquadro Maran, Varetto & Zedda, 2014). The consequences may also have an impact on the functioning of the health care service

(McIvor & Petch, 2006). Victimization increases the feeling of insecurity at work, the strategies used to cope with what is deemed to be a dangerous situation may foster emotional detachment to the detriment of the helping relationship (Galeazzi & Curci, 2001).

Coping strategies

The most common coping strategy is asking colleagues for help, more than turning to friends and relatives (Romans, Hays & White, 1996; Galeazzi, Elkins and Curci, 2005; Ashmore, Jones, Jackson & Smoyak, 2006). Sharing the same working environment helps to better understand how to avoid risks (Kaplan, 2006). A strategy usually employed by HCPs is that of adopting more preventive measures at the workplace such as paying more attention when new cases are accepted or fixing a limit on the number of patients (Brown, Dubin, Lion & Garry, 1996). Another strategy is to change one's telephone number (work and personal phone numbers) and ask for it not to be made available in publicly accessible sites (along with other personal information), like in professional registers. Some of the psychiatrists examined by Galeazzi, Elkins and Curci (2005) had considered the possibility of changing profession, while more than 10% of mental health nurses had chosen to change their workplace (Ashmore, Jones, Jackson and Smoyak, 2006). In this sample, half of the nurses asked the stalkers to stop their harassment, while a third of them chose to ignore them. Others adopted strategies like improving security systems, avoiding work or getting a weapon in order to defend themselves and their loved ones. Mullen and Purcell (2007) underlined that HCPs should also alert secretarial staff to guarantee not only their own safety but also that of their colleagues at the workplace. The coping strategies used by victims of stalking have been found to be different and specific in response to stalking behaviors (but the results

are not always successful, that is they do not guarantee the end of the stalking campaign – Acquadro Maran, 2012).

For these reasons, the Spitzberg and Cupach classification (2014) is interesting. The authors categorized five types of strategies and tactics: moving inward (focused on the personal ability to manage the situation; e.g. ignoring the problem or denying it, seeking therapies), moving outward (depending on others for help; e.g. engaging social support, engaging legal/law enforcement input), moving away (trying to avoid or limit access to information; e.g. restrictions on personal accessibility, blocking media accessibility), moving toward (trying to discuss the matter with the stalker; e.g. confronting the stalker, asking the stalker to stop), moving against (using defense systems; e.g. using electronic protective responses, threatening).

Method

Participants

The research project was sent to nine Italian state hospitals. Six hospitals agreed to participate in the study. The participating hospitals are situated in large Italian cities, three in the north of the country, one in the centre and two in the south. By Italian standards, one is a large hospital (more than1,400 beds), the others are all medium sized (with an average of 600 beds). The questionnaires were distributed to over 4,000 HCPs and 1,842 questionnaires were filled out (46%). The majority of respondents were female (1310, 71.4%), aged from 19 to 65 years (M = 38.06, SD = 11.63); 7 participants (0.4%) did not answer the questions. Most part were married (569, 36%), 318 participants were single (20.1%), 276 were engaged (17.5%), 110 were cohabiting (7%), 70 were divorced (4.4%) and 13 were widowed (0.8%). The remainder of the sample

(261, 14.2%) did not answer this question. The sample was made up of nurses (765, 41.5%), psychologists (436, 23.7%), physicians (272, 14,8%), health care operators (221, 12%), health technicians (82, 4.4%). The remainder did not answer the question. All respondents took part on a voluntary basis.

Measures

As already used in a previous study involving nurses working in Italian hospitals (Acquadro Maran, Varetto & Zedda, 2014), in this study we used the modified Italian version of the Questionnaire constructed by The Network for Surviving Stalking (NSS) with Dr Lorraine Sheridan (Forensic Psychologist, University of Leicester), a questionnaire on depression, and two scales on anxiety. The Italian version of the Stalking Questionnaire covered issues such as: demographic details of the participants (victims and not), demographic details of the stalkers (if known) the duration and frequency of stalking. These were followed by yes/no type questions about:

- the nature of their relationship (categorized as Ex-partners, Acquaintances, Unknown) , e.g. 'I have had a close personal relationship with the stalker' (7 items; Cronbach' α .76);
- the motivations as perceived by the victims built on Mullen's classification described above; e.g. 'the stalker was unable to accept that a relationship had ended' (9 items; Cronbach' α .80).
- the stalking behaviors, classified on the basis of the results obtained in the study on stalking of nurses (Acquadro Maran, Varetto & Zedda, 2014); e.g. 'the stalker sent me gifts'. Possible responses also included 'other', in which case the interviewee was asked to describe the behavior (see table 1; 15 items; Cronbach' α .79);

- any help the stalker had received, e.g. ‘did anyone help the stalker?’ (1 item);
- the coping strategies used, e.g. ‘did you make any plans of action and escape?’ (15 items, Cronbach’ α .55);
- the physical and emotional consequences, e.g. ‘panic attack’. Possible responses also included ‘no physical symptoms’, ‘no emotional symptoms’ and ‘other’ (in which case the interviewee was asked to describe the symptom) (see table 2 - 25 items; Cronbach’ α .91).

The coping strategies were subsequently re-classified as suggested by Spitzberg and Cupach, 2014. For example, ‘making plans of action and escape’ was classified as a moving away strategy.

The Beck Depression Inventory (BDI, Beck, Ward, Mendelson, Mock & Erbaugh, 1961; Italian version by Scilligo, 1988) and the State Trait Inventory (STAI, Spielberger, 1983; Italian version by Pedrabissi and Santinello, 1989) were used to investigate the psychological signs in victims as a consequence of the stalking campaign. The BDI is a 21-question survey designed to determine the presence of depression. Scoring permits the classification of minimal depression (scores 0-13), mild depression (14-19), moderate depression (29-28), severe depression (>29) (in this study Cronbach’s α was .95). The STAI consists of two forms (Y1 and Y2; each of the two scales comprises 20 items that measure state and trait anxiety) used for assessing how victims of stalking feel “right now”, at this moment, and how they feel most of the time. Total scores can range between 20 and 80, 40 is the threshold value considered predictive of anxiety symptoms. A rating scale defines the level of severity: from 40 to 50 mild, 50 to 60 moderate, > 60 severe. Cronbach’s α was .77 and .88, respectively. All the questionnaires were self-administered.

Procedure

A letter with the invitation to take part in the research study was sent to six hospitals. The purpose of the research, the voluntary nature of participation, the anonymity and privacy statement, the scales used and the procedure for filling in and collecting the questionnaires were all set out in the letter. After obtaining the written permission of the Hospital Administration, we contacted the Department Chiefs to define the method of delivery of the questionnaires.

The purpose of the research, the instructions for filling in and returning the questionnaires and the contact details for any doubts or problems were printed on the first page of the questionnaire. In the section describing the aims of the research, stalking was described using the definition by Galeazzi and Curci (2001), similar to that set forth in article 612 *bis*, 2009 of the Italian Penal Code: a repetitive pattern of behavior, intrusive surveillance and control, unwanted communication or contact with a victim which causes a state of fear and/or anxiety and/or annoyance (for the victim him- or herself and/or for his or her loved ones). All the participants – victims and non-victims - were asked to fill in the first part of the questionnaire (socio-personal data). To discriminate between victims and non-victims, in one question subjects were asked if they had ever been the victim of stalking during their lifetime, based on the above definition. For subjects who answered no, the questionnaire ended there. Subjects who answered yes were asked to complete all parts of the questionnaire. All the subjects were asked to place the completed questionnaire in an envelope and post it in a sealed box situated in the locker room. The scheduled date for collection was one week from the date on which the questionnaires were distributed and a new deadline was planned after a further 15 days. Data were processed using SPSS version 20 to produce mainly

descriptive and inferential statistics. Descriptive measures (means ± SD) were calculated for all test variables for each typology of stalker. χ^2 tests were used to measure the differences between groups. Differences were considered statistically significant if $p < .05$. Correlations were calculated to examine the relationship between the type of harassment and the physical and emotional symptoms reported by each victim of stalking, and between the number of methods of harassment and the coping strategies used by each type of victim.

Results

Demographic details and relationship between victims and stalkers

256 of the HCPs in the sample had been the victims of stalking (13.9%), 217 females (84.8% - 16.5% of victims among the female participants) and 39 males (15.2% - 7.5% of victims among the male participants), aged from 19 to 60 years (M = 36.86, SD = 10.98).

Considering all the victims, 72 (28.1%) were married, 62 (24.2%) were single, (54) 21.1% were engaged, 30 (11.7%) were cohabiting, 29 (11.3%) were divorced and 1 (0.4%) was widowed. The rest part of the participants did not answer the question. Victims of stalking were nurses (107, 41.8%), psychologists (56, 21.9%), physicians (42, 16.4%), health care operators (32, 12.5%), health technicians (10, 3.9%). The remainder did not answer the question. Most of the victims knew their stalker (209, 79.3%), who was a man in 75% of cases, aged from 17 to 80 (at the time of the events) (M = 35.81 SD = 11.92). The stalkers were ex-partners for 88 victims (33.2%), for 95 were acquaintances (37.1% - 14.8% were colleagues and 9.4% friends), for 76 were strangers (29.7%) (χ^2 = 293.8, p = .000). For most of the victims (197, 77%) the stalking campaigns had already ended, their duration varied between 3 to 60 months (M = 15

months). For the rest of the sample, 25 (10.5%) subjects were still a victim of stalking while 34 (13.2%) did not know whether the stalking campaign had ended or not.

Descriptive statistics

Stalkers' motivations and characteristics of their stalking campaign. Victims classified stalkers on the basis of their motivations to begin the stalking campaign: Rejected (96, 37.5%), Intimacy seekers (41, 16%), Incompetent suitors (60, 23.4%), Resentful (43, 16.8%) ($\chi^2 = 163.3$, $p = .001$). 15 victims did not indicate the motivation, therefore those questionnaires were excluded from further analysis. None were classified as Predatory stalkers.

The victims of Rejected stalkers stated that their stalker contacted them once or more a day (66, 69.1%), 25 (28.7%) indicated that contacts were once or more a week, one victims indicated once or less a month. The rest part of the victims did not answer the question. Victims suffered different forms of stalking behavior, the most frequent were (see table 1): telephone calls, following and text messages. Other behavior included the use of Internet; two of the victims discovered that their stalkers had created a Facebook profile using their names. Victims reported being subjected to different types of harassment ($M = 6.31$, $SD = 3.29$).

- table 1 here -

The victims of Intimacy Seekers stated that their stalkers contacted them once or more a day (24, 57.5%), 15 (37.5%) once or more a week, and 2 (5%) less than once a month. They reported different forms of stalking behavior, on average they had been subjected to 4.85 different types of harassment ($SD = 3.12$), mainly: telephone calls, asking neighbors, friends and colleagues for information, following. Other behavior included leaving cards on the windshield.

The victims of Incompetent Suitors stated that their stalkers contacted them once or more a week (31, 51.7%), 26 (43.3%) once or more a day, 1 once a month and 2 less than once a month. The most common forms of stalking behavior were: telephone calls, visits to the workplace, text messages. Other behavior included insults written on walls. Victims stated that Incompetent Suitors used different forms of harassment (M = 2.57, SD = 1.66).

The victims of Resentful stalkers stated that the stalker contacted them once or more a day in most cases (22, 51%), once or more a week (19, 45%), 1 once a month, 1 less than once a month. One subject specified that contacts occurred at scheduled events like special health consultations, birthdays, anniversaries, holidays. Victims reported different forms of stalking behavior, on average they suffered from 4.47 different types of harassment (SD = 2.73). These consisted of telephone calls, asking neighbors, friends and colleagues for information, waiting outside their home. Other behaviors included insults on social networks and threats to relatives and friends.

The results indicated that certain kinds of behavior were typical of Rejected stalkers: acts of vandalism, following, sending text messages, telephone calls, threats, waiting outside the home, waiting outside the workplace. Visiting the victim's home was typical of the behavior of Resentful stalkers.

Some victims suspected that their stalker had been knowingly helped by someone else; this was the case for 14 (14.6%) victims of Rejected stalkers, 3 (7.3%) victims of Intimacy Seekers, 7 (11.7%) victims of Incompetent Suitors and 16 (37.2%) of Resentful stalkers.

Physical and emotional consequences. The victims reported various physical and emotional consequences (see Table 2).

- Table 2 here -

As far as physical symptoms were concerned, “no symptoms” were reported by 31 (32.3%) victims of Rejected stalkers, 20 (48.8%) victims of Intimacy seekers, 33 (55%) victims of Incompetent suitors, 11 (26.8%) victims of Resentful stalkers (χ^2 = 10.9, p = .012). Some symptoms, like self-inflicted injuries, use of laxatives or forced vomiting, were not reported by any of the victims. Among “other” physical symptoms, nine victims reported distress and sweating. No emotional symptoms were reported by 5 (5.2%) victims of Rejected stalkers, 4 (9.3%) victims of Resentful stalkers, 2 (4.9%) victims of Intimacy seekers, 14 (23.3%) victims of Incompetent suitors (χ^2 = 10.2, p = .017). Victims of Rejected stalkers reported suffering more from certain symptoms, both physical and emotional: weight change, stomach trouble, weakness, sadness, lack of confidence and paranoia. Victims generally reported more than one physical and emotional symptom, but their emotional symptoms were more varied than their physical ones. The victims of Rejected stalkers reported a mean of 2.25 physical symptoms (*SD* = 1.56) and 2.69 emotional symptoms (*SD* = 1.81), the victims of Intimacy seekers a mean of 2.00 physical symptoms (*SD* = 2.03) and 2.67 emotional symptoms (*SD* = 2.02), the victims of Incompetent suitors a mean of 1.57 physical symptoms (*SD* = 1.21) and 2.24 emotional symptoms (*SD* = 1.28), while the victims of Resentful stalkers reported means of 2.69 (*SD* = 2.16) and 2.92 (*SD* = 1.68) for physical and emotional symptoms, respectively. Scores on the BDI, STAI Y1 and Y2 scales showed minimal levels of depression in all the victims and mild levels of state and trait anxiety (see Table 3).

- Table 3 here -

Coping strategies. Moving toward was the strategy used by 52 (54.2%) victims of Rejected stalkers, in particular 35 (66.7%) demanded that their stalker stop bothering

them. Part of the sample (47, 48.7%) used a moving away strategy, 30 (63.2%) changed their e-mail address. The moving against strategy was used by 18 (18.8%) victims, of them 5 (29.3%) had physically threatened their stalkers. Victims who used the moving outward strategy were 14 (14.6%) and, of these, 4 asked friends and relatives for help while 3 turned to the police. Some victims used a moving inward strategy (10, 10.4%) and, of these, 3 consulted a psychotherapist.

Moving away was the strategy used by 25 (61%) victims of Intimacy seekers (19 changed their telephone number - 76%). One third of the victims used a moving toward strategy (13, 31,7% - 3 sought a direct confrontation with the stalker), while 7 (17.1%) used a moving against strategy, and 6 (14.6%) used a moving outward strategy (2 asked friends and relatives for help, 1 asked the police). A moving inward strategy was used by 3 (7.3%) victims, 1 of them consulted a psychotherapist.

Victims of Incompetent suitors mainly used a moving away strategy (40, 66.7%), of them 31 (77.5%) ignored the stalker's behavior. More than one third used a moving toward strategy (20, 33.3%), 3 asked the stalker for an explanation; 13 (21.1 %) used a moving outward strategy (5 asked friends and relatives for help, 2 asked the police). A moving against strategy was used by 8 (13.3%) victims, while a moving inward strategy was used by 2 (5.5%), one of them consulted a psychotherapist.

Victims of Resentful stalkers mainly used a moving away strategy (24, 55.8%), 15 of them (62.5%) changed the daily routine. Victims who used a moving toward strategy were 15 (34.9%), 3 asked their stalker to leave them alone. A moving against strategy was used by 6 (14%) victims, and a moving outward strategy by 6 (14%): 3 asked friends and relatives for help. A moving inward strategy was used by 2 (7.4%) victims, one of them asked for psychotherapeutic support. None of the differences were

statistically significant.

Inferential statistics

An additional correlation matrix examined the relationship between the type of harassment and the physical and emotional symptoms reported. The results revealed that among the victims of Rejected stalkers, threatening behavior was significantly correlated with weight change (r = .38, p = .004), stomach trouble (r = .38, p = .003), sleep disorder (r = .35, p = .009), and aggressiveness (r = .38, p = .004). Following was significantly correlated with the physical symptoms of weight change (r = .38, p = .003), stomach trouble (r = .34, p = .009), headache (r = .36, p = .003). The stalking behavior of sending text messages was significantly correlated with sleep disorder (r = .41, p = .002), and telephone calls with fear (r = .36, p = .003). Waiting outside the victim's home and asking for information were both correlated with confusion (respectively r = .44, p = .001 and r = .42, p = .001). Irritation was significantly correlated with state anxiety (r = .43, p = .010).

The results of the correlation analysis among the victims of Intimacy seekers showed that stalking behavior involving the spreading of lies was significantly correlated with various symptoms, both physical (weight change r = .54, p = .000) and emotional (anger and paranoia, respectively r = .50, p = .008 and r = .60, p = .001). Waiting outside the victim's home was correlated with weight change (r = .69, p = .000) and being hurt by the stalker (r = .55, p = .003). Telephone calls and text messages were significantly correlated with headache (respectively r = .56, p = .002 and r = .48, p = .008). Anger was significantly correlated with STAI Y1 (r = -.77, p = .001) and STAI Y2 (r = -.79, p = .001).

The results of the correlation analysis among the victims of Incompetent suitors

showed that stalking by following was significantly correlated with the physical symptom of weakness (r = .42, p = .002) and emotional symptoms of fear and paranoia (respectively r = .48, p = .002 and r = .42, p = .003). Stalking by sending e-mails, letters and cards was significantly correlated with stomach trouble (r = .46, p = .004), lack of confidence (r = .47, p = .003) and aggressiveness (r = .56, p = .000). Spreading lies was significantly correlated with weight change (r = .67, p = .000), nausea (r = .49, p = .000) and anger (r = .54, p = .001). Other types of behavior (e.g. insults written on walls) were correlated with weight change (r = .64, p = .000) and aggressiveness (r = .70, p = .000). Waiting outside the victim's workplace was correlated with weight change (r = .80, p = .000), nausea (r = .70, p = .000), paranoia (r = .47, p = .008), and agoraphobia (r = .56, p = .000). Asking for information was correlated with sleep disorder (r = .48, p = .006) and panic attacks (r = .47, p = .003). Telephone calls were correlated with anger (r = .49, p = .001) and acts of vandalism with nausea (r = .70, p = .000).

From the results for the victims of Resentful stalkers, it emerged that the stalking behavior of visiting the victim's workplace was significantly correlated with weight change (r = .42, p = .006), sleep disorder (r = .47, p = .004), being hurt by the stalker (r = .45, p = .005) and sadness (r = .42, p = .009). Spreading lies was correlated with fear (r = .45, p = .005), paranoia (r = .49, p = .003) and confusion (r = .53, p = .001). Threat was correlated with anger and fear (respectively r = .52, p = .001 and r = .70, p = .000). Waiting outside the victim's workplace and visiting their home were correlated with fear (respectively r = .42, p = .009 and r = .48, p = .003), while following was correlated with sleep disorder (r = .52, p = .002).

A correlation matrix examined the relationship between the number of methods of harassment and the coping strategies used by each type of stalking victim. The results

revealed, among the victims of Rejected stalkers, a negative correlation between the inward coping strategy and the number of harassments previously reported (r = -.92, p = .029). The moving away strategy significantly correlated (r = .46, p = .007) with the number of harassments. The same coping strategy significantly correlated with both the victims of Incompetent suitors and those of Resentful stalkers (r = .49, p = .035 and r = .61, p = .005, respectively).

Discussion

From the analysis of data, it emerged that the percentage of victims in this population is in line with those reported by previous studies conducted in Italian samples (Galezzi & Curci, 2005; Mastronardi, Polilla, Ricci & D'Argenio, 2013; Acquadro Maran, Varetto & Zedda, 2014) but is lower than those found in the U.S. (e.g. Romans et al. 1996), Australian and New Zealand (Allnut et al, 2009) and UK samples (Ashmore et al, 2006). The percentage of victimization differed in our sample compared to the categories reported in previous studies: Galeazzi, Elkins and Curci (2005) found that the most common type of stalking is by Intimacy Seekers, followed by Resentful stalkers. Whyte, Penny, Christopherson, Reiss and Petch (2011) found similar results, while research conducted by Purcell, Powell and Mullen (2005) showed that stalking by Resentful stalkers was the most common type. Our data revealed that most of the victims indicated rejection (Rejected) as the motivation behind the beginning of a stalking campaign, followed by social incompetence (Incompetent suitors), resentment (Resentful) and some sort of intimacy (Intimacy seekers). In our opinion, the large and diversified sample of HCPs involved in this research allowed us to identify a wider range of motivations for stalking of victims in this particular population.

From the comparison among victims it emerged that Rejected stalking

campaigns were characterized by acts of vandalism, following, text messages, threats, waiting outside the victim's home and workplace. These behaviors determined physical symptoms (such as weight changes, stomach trouble and weakness) as well as emotional ones (sadness, lack of confidence, paranoia) more than in other victims of stalking. Concerns about the situation have significant effects on the health of these victims. Some behaviors, like threats, following and waiting outside the victim's home, particularly affect general physical (weight change, stomach trouble, sleeping disorder) and emotional symptoms (aggressiveness, fear, confusion). This state is not contextualized in the anxious or depressive symptomatology (Table 3).

The most used coping strategies are moving away (victims tried to defend their spaces, for example by changing e-mail address) and moving toward (victims sought a direct confrontation in order to ask the stalker to stop), while the least used strategy is moving inward, probably because the condition of the victims is mostly characterized by anger: on average, this is the feeling reported by the highest percentage of victims of all types of stalkers (64.7% - see Table 1). Perhaps their anger prevents them from finding the most fitting answer in themselves, by getting psychological support, in order to manage the stalking campaign. Among the victims of Rejected, Incompetent suitors and Resentful stalkers, the use of moving away strategies increased with the number of methods of harassment used. Among the victims of Rejected stalkers, the use of moving inward strategies decreased as the number of methods of harassment increased. These results underline how the victims tried to cope with the different types of harassment by increasing the distance between them and their stalkers.

The opportunity to investigate the phenomenon in professionals not specifically related to the patients allowed us to find aspects that have an impact both on victims'

private lives and on their professional roles. For these reasons, researchers have underlined the importance of offering prompt support to victims, and of evaluating the short and long term impact to prevent consequences such as the inability to work for a long period of time (Galeazzi & Curci, 2001).

The literature reports different approaches. The psycho-educational approach can be useful in reducing self-doubt, the feelings of guilt associated with the situation, the condition of being a victim, the need to protect oneself. The aims of this type of intervention would not so much be those of discussing the victims' "wrong" choices, but rather explaining the criminal and pathological aspects associated with stalking behaviors and clarifying that other people are living the same experiences (Abrams & Robinson, 1998; Kamphuis & Emmelkamp, 2005). Psychological help is also very useful, irrespectively of the type of approach used (psychodynamic, behavioral, cognitive, systemic, humanistic, biological). As previously described, a stalking campaign is really challenging for the victim's resilience and proper psychophysical balance; a sense of extreme vulnerability, linked to a state of distress in anticipation of a possible assault, is very frequent. Techniques such as EMDR, relaxation and cognitive-behavioral therapy for trauma are particularly effective (Kamphuis & Emmelkamp, 2005). Self-help groups reduce the feeling of being alone, victims develop a sense of mutual understanding, sharing advice, experiences and strategies (Acquadro Maran, 2012).

Limitations of the Present Study

Some limits of this research should be underlined. First, the sample investigated was composed of a self-selected group, as the subjects we contacted were able to choose whether or not to take part in the study. The sample may not have been entirely

representative of the population of reference. The results should therefore be considered as restricted to the participants who took part in the study. Moreover, we did not include any questions about premorbid psychiatric symptoms among stalkers, as perceived by the victims. Future studies will need to investigate this variable, which might be helpful in order to gain a better understanding of any pathology that could affect the motivation of stalkers.

Second, the BDI and STAY Y1 and Y2 did not find any depressive and anxiety symptoms. These data seem to be in contradiction with the analytical results which emerged from the questionnaire on stalking, where victims reported feelings like rage, worry and sadness and also physical symptoms that have a clinically relevant impact on mood. One possible explanation could lie in the fact that most of the victims reported that the stalking campaign had ended. Another explanation could lie in the victims' resilience. This specific population develop resilient strategies, that permit them to adapt to stressful experiences. Moreover, resilience mitigates the development of maladaptive physical and emotive symptoms (Mealer et al, 2014; Anisman, 2015). Further research should investigate the actual presence of the symptomatology in a larger more general population, victims of stalking who are not just HCPs; HCPs might actually have developed particularly effective working strategies due to the stressful working conditions to which they are exposed and which are also useful for their job. In view of these aspects, further research could consider the age and working experience of the HCP victims in order to evaluate resilience (comparing victims and non-victims of stalking).

Conclusions

Despite these limitations, the study revealed the general exposure of HCPs to

stalking by a variety of subjects in their professional and private lives. Hospitals could benefit from the results of this research to define individual and organizational measures. Individual measures include prevention both for HCPs who are actual victims and those who could be considered at risk, and intervention programs. Prevention programs include, for example, information courses on the phenomenon, the risk of victimization, defense strategies and the Italian anti-stalking law. Organizational measures include methods for safeguarding privacy, the availability of better means of protection inside (e.g. CCTV systems) and outside the organization (e.g. adequate lighting in car parks).

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