Italian Nurses' Experience of Stalking: A Questionnaire Survey

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Violence and Victims

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Corresponding Author:	daniela acquadro maran, ph.d. univeristà degli studi di torino torino, ITALY
Corresponding Author Secondary Information:	
Corresponding Author's Institution:	univeristà degli studi di torino
Corresponding Author's Secondary Institution:	
First Author:	daniela acquadro maran, ph.d.
First Author Secondary Information:	
Order of Authors:	daniela acquadro maran, ph.d.
	antonella varetto
	massimo zedda
Order of Authors Secondary Information:	
Abstract:	Background: Stalking is a phenomenon characterized by a set of repetitive behaviors, intrusive surveillance and 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 nurses are at greater risk of being stalked than the general population, both by ex-partners and acquaintances (such as colleagues and patients) and by unknown stalkers, who may have different motives: relational rejection, an infatuation, an inability to express their own emotions and recognize those of others, a desire for revenge. Objective: the aim of this study was to explore Italian nurses' experience of stalking (incidence, relationship victim-stalker, motive, impact, coping strategy). Design: a copy of the Italian modified version of the Sheridan Questionnaire on Stalking, BDI and Stai Y1-Y2 scales were distributed in four Italian state hospitals after obtaining the permission of the respective institutional managers who had previously signed a formal letter of agreement. Settings: Italian state hospitals located in the North of the Country that agree to participate in the study. Participants: a sample of 2,000 nurses working in Italian state hospitals. Results: a total of 765 nurses returned the questionnaire, 107 had been victims (13.99%). Most part of victims are female stalked by older males (Acquaintance 41.12%), whose behavior included unwanted communications, following, control, assault and threats. With regard to stalkers' motive, the majority was Rejected (32.71%; Incompetent suitors 26.17%, Resentful 22.43% and Intimacy-Seekers 13.08%). The stalking campaign cause in victims both emotional than physical consequences, but level of depression are not higher as expected. The most used coping strategies involve personal protection (offensive tactics) and confronting stalkers, to explain the disruption they are causing (interactional tactics). Conclusion: the incidence of the phenomenon among nurses require to intervene adopting legal, organizational and individual strategies. Hospital managers are seriously committed to addressing legal issues and to organize educational programs. Individual strategies include to refuse to treat certain patients, guarding personal data and not disclosing personal (or other) details to patients personal data and not disclosing personal (or other) details to patients.
Suggested Reviewers:	eloisa Guerrero Barona

	eloisa@unex.es she is an expert of nurses' workplace issues
Author Comments:	

Introduction

Since the eighties social science scholars have been conducting research in an attempt to describe and analyze stalking from the legal, social, psychological and psychiatric viewpoints. Some authors have described stalking as a form of intimate violence (Coleman, 1997; Douglas & Dutton, 2001; Kurt, 1995), others as a constellation of behaviors in which a person (stalker) inflicts on another (stalking victim) repeated unwanted intrusions and/or communications (Pathè & Mullen, 1997). Others, such as Meloy (1998), have defined it as an ongoing course of conduct in which a person behaviorally intrudes upon another's life in a manner perceived to be threatening. A more comprehensive definition was proposed by Westrup(1998:276), stalking is defined as one or more of a constellation of behaviors that "(a) are directed repeatedly toward a specific individual (the 'target'), (b) are experienced by the target as unwelcome and intrusive, and (c) are reported to trigger fear or concern in the target". It is the repetition/the persistent nature of such behaviors that makes the difference compared to other forms of violence in the workplace and/or in private life (Sheridan, Gillet & Davies, 2000).

Starting from the nineties, some large-scale studies of stalking have been conducted in several countries (USA, Australia, Great Britain, Germany, Austria, Italy). The data gathered during these studies differs considerably, depending on the criteria used to define the phenomenon (e.g. a certain number of episodes of intrusive behavior occurring over a period of more than one month, or the inclusion/exclusion of unwanted attention and harassment), the method used (e.g. telephone interviews or questionnaires) and the subjects involved (females only or males and females). Despite these

limitations, in their analysis of 18 studies on ordinary people, Spitzberg and Cupach (2003) reported an average incidence of 13.9%: they found victims to be mostly women, aged 18-29 years, stalked by a man, whose behavior consisted of surveillance and communications containing threats of injury, in an effort to establish or re-establish a relationship (Tjaden & Thonnes, 1998). First, these data confirmed that stalking is an issue that could affect everybody, not only celebrities (West & Friedman, 2008) and second, they underlined the importance of analyzing and describing the nature and evolution of the stalker's behavior in order to recognize the potential risk for the victim (author, year). Using preliminary data gathered from studies on the general population, some researchers have attempted to analyze the motivations for stalking, the relationship between victim and perpetrator, the type of stalking behavior and the coping strategies adopted by the victims, the physical and psychological consequences for victims, victimization among particular professional groups.

Motivations for stalking

Studies aimed at understanding stalkers' motives have described stalking as an ongoing process of disjunctive relationship development in which the pursuer endeavors to re/establish some form of relationship which the object of pursuit refuses (Emerson *et al*., 1998). Mullen *et al* (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 which is used to evaluate the escalation of aggressive behavior (see MacKenzie *et al*, 2008). According to this classification, stalkers may be Rejected stalkers (pursue their victims to avoid or avenge a rejection, e.g. divorce or separation), Intimacy seekers (seek to establish an intimate or loving relationship with their victims),

Incompetent suitors (have a fixation, a sort of entitlement to an intimate relationship with their victim who is the person that has attracted their amorous interest), Resentful stalkers (seek revenge due to a sense of grievance against the victim, perceived as the cause of damage suffered by them or another person), Predatory stalkers (follow and spy on the victim in order to prepare and plan an attack, often sexual).

The first study to investigate stalker typology involved a sample of 145 subjects (79.31% were male, age range 15-75 years, median 38 years) who had been referred to an Australian forensic psychiatry center for treatment (Mullen *et al,* 1999). The data collected in this study showed that 35.86% of the sample were Rejected stalkers. They had started stalking after being rejected in a personal relationship (by a partner, friend, relative) or work relationship (e.g. dismissal). 33.79% of the sample were Intimacy seekers, for whom the aim of stalking was to seek to establish a romantic relationship with their 'true love'. 15.17% were Incompetent suitors who stalked victims who attracted their romantic interest. Resentful stalkers, who represented 11.04% of the sample, sought a victim to blame for their professional or affective distress. Predatory stalkers accounted for 4.14% of the sample.

Relationship between victim and perpetrator

In the literature, the relationship between victims and perpetrators has been categorized according to the degree of intimacy: there is stalking by ex-intimates, (e.g. partner, fiancé), acquaintances (neighbors, friends, colleagues, clients, suppliers) and strangers (people with whom the victim has never had any previous contact) (see Zona, Sharma e Lane, 1993; Mullen *et al*, 1999; Kordvani, 2000). This classification has been used in several studies. For example, a Canadian research project conducted by Kong (1996) found that in a sample of 5,023 reported cases of stalking, 53.48% of stalkers

were ex-intimates (ex-partners 47.26%, relatives 4.66%, partners 1.56%), 32.81% were acquaintances (4.9% were work colleagues), 8.12% were strangers, while 5.59% of the victims had no idea who was stalking them. These results have been confirmed by other studies, such as that by Sheridan and Davies (2001) at the Suzy Lamplugh Trust (Great Britain) involving 95 victims of stalking: 91.58% were women, 49.48% of them had had a previous intimate relationship with the stalker (ex-partner), while 37.89% of them were stalked by someone they knew and 12.63% by a stranger. Hall (1998) conducted a study involving 145 self-declared victims (men 17.24%, women 82.76%) which revealed significant differences in terms of gender and relationship with the stalker: 64% of men were stalked by an acquaintance, 28% by an ex-intimate , 4% by a stranger, and 4% had no idea who was stalking them. Among women, 62.5% were stalked by an ex-partner, 27.5% by an acquaintance, 6.67% by a stranger and 3.33% had no idea who was stalking them. The results revealed that men are more frequently stalked by an acquaintance than women, while women are more often victims of stalking by an intimate partner than men. Similar findings were also reported by Palarea and colleagues (1999). They analyzed 223 cases reported between 1990 and 1996 to the Los Angeles Threat Management Unit: 53.19% of the 47 male victims and 62.5% of the 176 female victims had been in an intimate relationship with the stalker.

Stalking behaviors and victims' coping strategies

Stalking behavior is characterized by repeated intrusions involving unwanted contacts (such as following, spying on and approaching the victim) and unwanted communications (including telephone calls, e-mails, letters) (Meloy, 2000). Victims adopt different coping strategies in relation to the type of stalking behavior. Relatives, children and friends may also be harmed by stalking (Sheridan and Davies, 2001), and

coping strategies can be more or less effective. In an interesting study Nicastro, Cousins and Spitzberg (2000) analyzed 55 cases of stalking and domestic violence filed with the Domestic Violence Unit in San Diego between 1992 and 1997. Most of the victims were females (92.73%) stalked by males (90.91%), and the case files included information such as police reports, statements by witnesses and the victims, pictures and even some statements by the suspects themselves. All the information was coded. The study revealed the use of several tactics by stalkers: pursuit (e.g. calls, following the victim, messages/letters/notes), threats (e.g. verbal and/or physical, offensive language), violence (e.g. harming with weapons, sexual coercion), violation of privacy (e.g. trespassing). Victims responded to such behaviors by adopting various coping strategies, categorized as below: interactional tactics (e.g. threatening to harm perpetrators, telling perpetrators what they are doing is wrong), offensive avoidance tactics (e.g. calling the police, obtaining a restraining order), defensive avoidance tactics (e.g. ignoring the stalker, changing their phone number), therapy (e.g. seeking professional advice). The findings revealed that stalkers used a variety of tactics, mostly calls (70.91%), verbal threats (67.27%), harassment (61.82%), violation of private property (54.55%), following (50.91%), offensive language (50.91%), vandalism (47.27%), physically hurting (45.45%), physically restraining (38.18%) and driving by work/home/school (36.36%). The coping strategies adopted were equally varied, victims required police intervention (96.36%) and/or threatened to call the police (14.55%), had a physical confrontation (18.18%), hung up when the stalker called (16.36%), asked a friend and/or relative to offer protection (14.55%) and screened phone calls (14.55%). Further studies have confirmed the findings of Nicastro and colleagues: stalking activities usually involve following around, trying to control, sending flowers and gifts, communicating

through letters and e-mails, searching for information about the victim, disseminating false and defamatory information, sexual and physical aggression, damaging private property, breaking and entering, theft (Spitzberg, 2002). While various studies have reported different coping strategies adopted by victims, several found that victims prefer to seek the help of friends and relatives rather than law enforcement. These findings emerged from an investigation by Buhi, Clayton and Surrency (2009) involving 391 college women. 19.95% of them were victims of stalking, and more than half (52.56%) sought the help of a friend (90.24%), a relative (29.27%), a hall of residence supervisor or the police (19.51%). Victims do not usually call the police and would rather minimize the problem, ignore the stalker, try to get away from him/her, limit access to information (e.g. by changing their e-mail address, using a nickname, blocking e-mails from the stalker's address) (Amar & Alexis, 2010) or block access to private data via social networks (Kennedy & Taylor, 2010).

Physical and psychological consequences for the victim

While the duration of stalking has been found to vary from a few weeks to several years, Spitzberg (2002) calculated that the average duration of stalking is approximately two years. Stalking has a deep impact on the victim, with physical, emotional and psychological consequences. Some authors, such as Kamphuis and Emmelkamp (2001), reported that stalking victims show trauma symptoms similar to those of the victims of road accidents, people during periods of mourning and those who have been repeatedly caught up in bank robberies. Brewster (1998) interviewed 187 women who were self-declared victims of stalking, 45.97% of whom reported being subjected to violence during stalking. 66.28% had been involved one or two accidents, 33.72% in three or more. The most frequent forms of violence were: punching in the

face (59.3%), serious cuts requiring medication (39.53%), nose-bleeds (26.74%), internal injuries (13.95%) and bruising (10.47%). The most common reactions were: fear (57.22%), anger (23.53%), insomnia (12.83%), frustration (12.3%), depression (11.23%), mistrust and sense of insecurity (11.23%) and irritation/anxiety (10.16%). Victims also said that during stalking they were particularly suspicious (44.38%), scared (41.71%) and nervous (31.02%). They also experienced other changes that affected their quality of life: 93.58% constantly looked away, 71.67% locked the door (something they had not done before), 63.64% took a different route to go to work and avoided certain places, 58.82% left the house lights turned on or off, 40.64% carried pepper spray in their pocket, 23.53% never left the house on their own and 9.63% took a dog for protection. Some victims reported having sustained costs as a result of being stalked. Such costs were related to attempts to discourage the stalker, purchase security measures, legal expenses, lower income (2.14% lost their job), professional help and repairs for damage to property. Research conducted in other countries has confirmed these results. For example, a study in Pakistan involving 100 female victims of stalking (Haider & Haider, 2002) reported that 82 victims suffered from deterioration of mental health (70 reported poorer job performance) and 47 victims received a diagnosis of PTSD (DSM-IV classification). More than half of the victims (55) suffered from symptoms such as flashback and intrusive memories. Physical symptoms included chronic sleep disorder (74), headache (55), appetite disorder (48), fatigue (47), weight changes (45), sickness and digestive disorders (30), heart palpitations (25).

Victimization among particular professional groups

In an attempt to understand the context in which the phenomena occurred and identify any correlations – in addition to gender – including social and professional

status, some researchers have investigated whether certain groups are more at risk of victimization.

From an analysis of the literature it has been found that health care professionals (doctors, nurses, therapists, social workers, psychologists, psychiatrists and so on) are more at risk than other professionals (Galeazzi, Elkins & Curci, 2005; Jones & Sheridan, 2009; Purcell *et al*, 2005). The reasons for this higher incidence of victimization were investigated by Pathè, Mullen and Purcell (2002), who found a correlation with the nature of the health care profession, characterized by contact with people who are lonely and/or suffer from some disorder: some people may misinterpret care and attention as romantic interest, which can provoke aggressive reactions, intrusive behavior and harassment (Laskowsky, 2003). Above all their findings showed nurses to be exposed to the greatest risk of victimization (see Magnavita & Heponiemi, 2011; Hahn *et al*, 2012): this appears to be due to the fact that they provide constant and daily care to patients. The perception is that nurses are more caring and pay more attention to relationships, including intimate relationships, and if this expectation is not fulfilled it can trigger resent in partners, friends, relatives and acquaintances. The risk of victimization in nurses was confirmed by research carried out in Great Britain by Ashmore, Jones, Jackson and Smoyak (2006). The study involved 112 mental health nurses, 50% of respondents had been stalked. Most were females (78.57%) who had been stalked for less than 12 months by a male stalker (82.14%) aged 17-60 years. In some cases (31.43%) the stalker was a patient. Stalking behaviors included unwanted communications (calls, letters) and unwanted gifts (41.07%). In 26.79% of cases the communications contained threats (21.43% had suffered physical aggression), and/or sexual threats (33.93%, with 1.79% of victims sexually assaulted), and/or self-harm

threats (19.64%) and/or threats to third parties (19.64%).

Other stalking behaviors included following around (42.86%), property damage (12.5%), theft (7.14%), trespassing (.79%) and defamation (1.79%). Physical and emotional reactions were similar to those reported in other research, primarily anxiety (46.43%), irritation (37.5%), anger (37.5%), stress (30.36%) and sleep disorders (25%). Victims adopted interactional coping strategies, for instance, 50% attempted to reason with the stalker, defensive avoidance tactics (37.5% ignored the stalker), offensive avoidance tactics (12.5% threatened the stalker) and therapy (28.57% sought clinical supervision). Some victims sought help by telling a close friend (46.42%) or a family member (37.5%) about what was happening, while 23.21% called the police. Kaplan (2006) reported that victims took more precautions at work, sought help, shared their experience with a colleague and told a supervisor. Authors such as Sandberg, McNiel and Binder (1998) suggested that under-reporting of episodes of stalking to colleagues, supervisors and the police (including those within the hospital) is related to denial and minimization: it is assumed that intrusions are correlated with the nursing profession, which involves dealing with people with physical, emotional, relational and mental disorders (Smoyak, 2003). The denial strategy might help victims to ignore the situation – which they see as potentially dangerous – and continue with their care work (Brown, Dubin, Lion and Garry, 1996). Another aspect that could influence under-reporting is the possibility of being accused of incompetence, victimization could arouse skepticism among colleagues and supervisors about the relational ability to intervene (McEwan, Mullen and Purcell, 2007).

Research involving a sample of nurses in Italy

Aim

The aim of this study was to explore Italian nurses' experience of stalking. Specifically, this study sought answers to the following research questions:

- What is the incidence of stalking among a sample of nurses in Italy?
- What is the prior relationship between victims-stalkers, the motive for stalking?
- What impact does stalking have on Italian nurses, does it have consequences on the quality of life?
- How do Italian nurses cope with being stalked?

Method

In this study we used the modified Italian version of the Sheridan Questionnaire on Stalking (Sheridan & Davies, 2001), to investigate the incidence, relationship between stalkers and victims, motivations and consequences for victims. The questionnaire was adapted for use with an Italian audience, by translating it from British English and then 'back translating' it (White & Elander, 1992), and modified in some parts to adapt it to the research questions. Finally, it was piloted using a sample of 35 trainee nurses before use in this study. This process did not result in any further revision of the instrument. The modified questionnaire covered such issues as: demographic details of victims and stalkers, the nature of their relationship, the perceived motivation for stalking, the duration and frequency of stalking and stalking behavior, the reactions of victims and others, physical and emotional consequences. Moreover, as suggested in the literature, we used the Beck Depression Inventory (BDI, Beck & Ward, 1961; Italian version by Scillico, 1978) and the State Trait Inventory (STAI, (Spielberger, 1983, Italian version by Pedrabissi and Santinello, 1989) to investigate the psychological signs in victims and their exasperation during/after stalking. The BDI is a 21-question survey,

in which each answer is scored by assigning a value of 0 to 3, designed to determine the presence of depression. A total score of 0-13 indicates minimal depression, 14-19 indicates mild depression, 20-28 moderate depression, and 29-63 severe depression. The STAI consists of two forms (Y1 and Y2), each comprising 20 items rated on a 4-point scale. It is used for assessing anxiety levels. Form Y1 is used to assess a transitory emotional state that varies in intensity, fluctuates over time, and is characterized by feelings of tension and apprehension and by heightened activity of the autonomic nervous system. It evaluates how stalking victims feel "right now", at this moment. Form Y2 evaluates trait anxiety, a relatively stable predisposition of individuals to respond to situations perceived as threatening. This scale evaluates how stalking victims feel most of the time. The scores for each of the forms range from 20 to 80, with a value of 40 indicating the presence of anxiety symptoms (from 40 to 50: mild anxiety). Scores of 50 to 60 indicate moderate anxiety and those of more than 60 indicate severe anxiety symptoms. All questionnaires were self-administered.

Sample and procedure

The research project were send to Italian state hospitals located in the North of the Country. Four hospitals agree to participate in the study: the questionnaires were distributed to a suitable sample of 2,000 nurses after obtaining the permission of the respective institutional managers who had previously signed a formal letter of agreement.

Full disclosure of the purpose of the investigation was provided in the letter accompanying the questionnaire, with a definition of the phenomenon, a synthesis of those found in literature as purposed by Galeazzi and Curci (2001): set of repetitive behaviors, intrusive surveillance and control, communication and search of contact with

a victim who is afraid and/or worried and/or annoyed by such unwanted attention. The accompanying letter also included a privacy statement (with the indication that the questionnaire was anonymous and the data would be used for research purposes only, thus treated as confidential), instructions about how to fill-in and return the questionnaire. The completed questionnaires were placed in a specific box that had been specially designed to guarantee privacy and anonymity and were collected 15 working days later. Data were processed using SPSS version 18 to produce mainly descriptive statistics.

Results

Sample and stalkers' characteristics

A total of 765 (38.35%) nurses returned the questionnaire. The majority of respondents were female (68.89%), aged from 19 to 65 years (mean=40.13, s.d.=10.57); 11.50% were trainees. 107 had been victims of stalking (13.99%), 90 females (84.11%) and 17 (15.89%) males, aged from 19 to 60 years (mean=37.80, s.d.=10.62). Victims represented 17.08% of all female respondents and 7.26% of all male respondents. Before being stalked the nurses had no previous knowledge of the phenomenon (57.01%).

Relationship between victims and stalkers and motivations for stalking

Stalkers were classified on the basis of their motives (as suggested by Mullen *et al*, 1999: missing item MI=6) and relationship (see table 1).

- Table 1 approximately here –

None were classified as Predatory stalkers. The majority of the victims knew their stalker (67.29%), who was generally male (75.7%; MI=7). 17 stalkers stalked victims of the same sex, 8.64% of male stalkers stalked other men and 52.63% of female

stalkers stalked other women (MI= 7). Within the acquaintance category 38.64% were colleagues, 31.82% friends and 29.55% others (including patients and a chaplain). At the time they filled-in the questionnaire, most of the respondents were no longer victims (77.57%), while 9.57% were still victims and 13.08% did not know whether they were still victims or not. The duration of stalking ranged from 4 to 572 weeks, with a mean duration of 67 weeks. The frequency of contact was one or more times a day for most of the victims (61.36%). For the 83 subjects who were no longer victims, stalking had simply ended (32.53%) or had ended as the result of intimidation by the victim, a relative or friend (27.71%), delivery of a police warning (16.87%), the stalker had found a new victim (7.23%) or other type of intervention (15.66%, including one case in which the stalker died). Stalkers engaged in various stalking activities, mainly unwanted communications (in particular by former partners and Rejected stalkers), following and control (such as visiting and waiting outside the home and/or workplace, forms of behavior used on average by all types of stalkers; following was more frequent among Intimacy seekers), assault and threats of assault (this type of behavior was more frequent among former partners and Rejected stalkers than others - see table 2).

- Table 2 approximately here -

Our findings revealed that both unknown and Resentful stalkers (e.g. patients) had access to nurses' personal data and could communicate with their victims by telephone, text messages, letters and by waiting outside their home. Furthermore these types of stalkers were more able than others to find information at the workplace (54.17%) and to switch services on/off (such as telephone; 12.5%). Another alarming finding regarded threat and assault, including harassment of others (colleagues, relatives, friends, current partner, children). This type of aggressive behavior

characterized relationships with former partners (80%), 28.57% of whom suffered psychological violence (e.g. jealousy) and 32.14% both psychological and physical violence (e.g. battering,). The ANOVA analysis (Tukey's HSD Post-hoc test) showed that items related to fear, confusion and increasing distrust ($p < 0.05$) were significantly different for Ex-partners than for Acquaintances and Unknown stalkers: victims who had had a previous relationship with their stalker are more exposed than others, since the stalker knows their routine, friends and relatives. In line with this data, our findings revealed that Ex-partner stalkers generally involved other individuals (82.14%; e.g. family members, colleagues, doorkeepers).

Impact on victims' lives

Stalking has both physical and emotional consequences for victims, as shown in table 3. On average, emotional consequences such as anxiety, anger, confusion and fear are predominant, while physical consequences include sleep disruption, weight and appetite disturbances, headaches, tiredness and panic attacks. One interesting finding was the increasing distrust observed, in particular, among victims of Ex-partners, Rejected and Resentful stalkers.

No victims reached cut-off on the BDI, while anxiety levels were, on average, mild (<40), particularly on STAI form Y2 determining how victims felt over time.

- Table 3 approximately here –

Multivariate ANOVA was used to determine differences in gender, depression and anxiety symptoms of victims and stalking behavior. The results revealed no significant associations between scores on the BDI scale for gender or behavior. However the interaction between anxiety and gender was significant (Wilks' Lambda =0.89, F (3,17)=0.11 $p < 0.05$). This interaction was subsequently analyzed considering

the STAI scores (forms Y1 and Y2) and the gender and stalking behavior variables. Post hoc ANOVAs revealed a significant difference in trait anxiety scores ($p < 0.001$), and forms of behavior such as following ($p<0.05$) and unwanted communications ($p<0.05$), suggesting a difference in how the possible hazard is perceived by men and women. Physical and emotional consequences were not significant.

Coping strategies

To cope with the phenomenon, victims adopted a range of strategies as shown in table 4. From our results it appears that no single strategy successfully stopped the stalking, and that stalking behavior did not end with the implementation of coping strategies. Victims of Rejected stalkers constituted an exception, since gathering evidence proved useful for 14 (40%) of them. The victims of Ex-partner stalkers were also an exception, with half of them finding that reducing contact with friends was helpful. A common strategy was to talk to somebody about the stalking experience, for example, the victim's partner, family members, friends and/or colleagues, but this strategy was only considered useful for victims of Rejected (47.20%) and Ex-partner (50.00%) stalkers. On average, the most used strategies were offensive tactics (e.g. collecting evidence) and interactional tactics (e.g. answering calls, text messages and e-mails), while defensive tactics (e.g. having a security plan) and therapy (e.g. seeking professional advice) were used less. ANOVA and multivariate analyses were used to determine differences in gender, relationship, motives and coping strategies, but the results revealed no significant associations.

- Table 4 approximately here -

Conclusion

The analysis of the literature has shown that health professionals and in

particular nurses are at greater risk of being stalked than the general population, both by ex-partners and acquaintances (such as colleagues and patients, Pathè *et al*, 2002) and by unknown stalkers, who may have different motives: relational rejection, an infatuation, an inability to express their own emotions and recognize those of others, a desire for revenge (Mullen *et al*, 1999). Despite these data, in our sample the percentage of nurses' victims (13.99%) was very similar to the average across the general population (13.9%; Spitzberg and Cupach, 2003). Another difference regarded the type of relationship: the majority of stalkers in our study were Acquaintances (41.12%), while in the studies by Kong (1996) and Sheridan and Davies (2001) stalkers were generally former partners. With regard to stalkers' motives, according to Mullen *et al* (1999) the majority are Rejected stalkers (32.71%), but we found more Incompetent suitors than Intimacy-Seekers (respectively 26.17% and 13.08%), and a large proportion of Resentful stalkers (22.43%). These data could be explained in relation to the particular nature of the work performed by nurses. The fact that they care for others could cause patients, colleagues, friends, family members or partners to develop disillusioned beliefs about the care they provide: they expect nurses to pay more attention to the relationship and failure to fulfill this expectation could trigger reactions such as anger and revenge. This causes high levels of anger and anxiety among victims, especially women, who perceive themselves to be more exposed, and the emotional consequences include fear, professional insecurity, a sense of isolation and in some cases adverse effects on performance at work. Our results for depression were interesting: we expected to report higher levels, as suggested in the literature (see Brewster, 1998; Haider & Haider, 2002), than those actually found. Further research is needed to investigate levels of depression and anxiety in nurses – both among victims of

stalking and those who are not – also in relation to the organizational context, in order to compare results.

In line with other studies (see Meloy, 2000), our findings showed most victims to be females stalked (on average) by older males, whose behavior included unwanted communications, following, control, assault and threats. Victims who had a closer relationship with the stalker (former partner) were more exposed to the phenomenon, but findings about access to information on victims was alarming: anybody could obtain private information, for instance by asking colleagues or using the internet. Much information was actually available on the hospital's official website (e.g. CV, e-mail address, work phone). We found the average duration of stalking to be more than one year, and that victimization affected the quality of life, for example by limiting social life and forcing people to change their routine. The most used coping strategies involve personal protection (offensive tactics) and confronting stalkers, to explain the disruption they are causing (interactional tactics).

Can this phenomenon be prevented? The findings of research into victimization among nurses could be used by institutions and individuals to acquire further knowledge of stalking, its impact on nurses' lives, and the strategies that can be implemented to promote safety, including at the workplace. Researchers have suggested at least adopting legal, organizational and individual strategies (both to prevent and to intervene). Hospital managers are seriously committed to addressing legal issues (rights and duties of each worker): it is important to pay attention to this problem in order to ensure the timely intervention of safety officers and avoid any infringement of the law. Thus means that it is important know the laws adopted in the country under which stalkers and stalking behaviour (the different degrees based on the number of instances

and gravity of intent) are punishable (Sheridan & Davies, 2001). Organizational strategies should include formal educational programs, especially for nurses in the early stages of their career, who should be informed of this professional risk (Kaplan, 2006). Educational programs could focus on raising awareness, paying special attention to all unwanted behavior (own and other) likely to generate annoyance and physical assault. Assessments of risks among nurses should contribute to the development of management approaches that reduce the emotional consequences of stalking.

About individual strategies, researchers have suggested that nurses should protect themselves by refusing to treat certain patients that who have experienced an attraction or a certain kind of attention, guarding personal data and not disclosing personal (or other) details to patients (Hughes, Thom & Dixon, 2007). Finally, in case of victimization, the treatment of nurses must be based on a comprehensive approach including practical measures, such as recommended behavior, advice and practical assistance for accessing police and other legal protection (Mullen *et al*, 2006), education and supportive psychotherapy, such as group therapy with stalking survivors, Cognitive Behavioral Therapy (CBT), Eye Movement Desensization and Reprocessing (EMDR) and other stress management techniques (Abrams & Robinson, 1998; Bisson *et al*, 2007). This is an expensive phenomenon, from both a personal and organizational point of view.

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Table
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Table 1 – Socio-demographic characteristic, relationship victims-stalkers and motivation of stalking campaign

	Victims						Stalkers				
	f	M%	F%	Age Range	Means	s.d.	M%	F%	Age Range	Means	s.d.
Relationship											
Ex- partner	28	21.43	78.57	19-55	38.25	10.03	75.00	25.00	20-56	39.65	9.32
Acquaintance	44	13.64	86.36	21-56	35.91	10.03	84.09	15.91	20-80	38.84	13.37
Unknown[1]	35	22.86	77.14	20-60	39.88	11.69	65.71	14.29	25-60	38.38	11.24
Motivation											
Rejected	35	22.86	77.14	19-55	36.77	10.10	77.14	22.86	20-57	39.74	10.52
Intimacy Seeker	14	7.14	92.86	21-54	38.86	11.48	78.57	21.43	20-80	42.93	10.31
Incompetent[2]	28	21.43	78.57	20-60	38.36	11.67	78.57	14.29	25-60	36.60	10.32
Resentful[3]	24	16.67	83.33	22-52	36.04	9.30	79.19	16.67	20-54	35.43	10.59

[1] stalkers gender and age MI= 7

[2] stalkers gender and age MI=2

[3] stalkers gender and age MI=1

Table 2 – Harassing behavior characterizing stalking campaign (values expressed in percentage)

Behaviors	**Ex-partner** n=28	**Acquaintance** n=44	**Unknown** n=35	**Rejected** n=35	**Intimacy S.** n=14	**Incompetent** n=28	**Resentful** n=24
Calls	60.71	50.00	62.86	57.14	42.86	67.86	58.33
Letters	17.86	15.91	20.00	22.86	14.29	21.43	12.50
Sms	46.43	34.09	8.57	48.57	28.57	17.86	20.83
Gifts	7.14	11.36	14.29	8.57	14.29	7.14	8.33
Other unwanted communication	14.29	29.55	5.71	22.86	42.86	7.14	12.50
Following	46.43	40.91	31.43	42.86	57.14	28.57	33.33
Breaking home	3.57	6.82	0.00	2.86	14.29	0.00	4.17
Visiting							
- Home	10.71	11.36	0.00	11.43	14.29	7.14	4.17
- Workplace	25.00	27.27	20.00	22.86	14.29	32.14	29.17
Waiting							
- Outside Home	50.00	40.91	20.00	42.86	50.00	21.43	45.83
- Outside Workplace	32.14	29.55	17.14	37.14	21.43	14.29	29.17
Vandalizing (home, car, properties…)	28.57	15.91	5.71	31.43	14.29	3.57	12.50
Physical assault	14.29	11.36	0.00	8.57	14.29	3.57	12.50
Sexual assault	3.57	0.00	0.00	2.86	0.00	0.00	0.00
Threat							
- Physical assault	35.71	11.36	5.71	28.57	0.00	3.57	25.00
- Sexual assault	0.00	9.09	2.86	0.00	7.14	7.14	8.33
- Third parties assault	10.71	2.27	5.71	5.71	7.14	7.14	4.17
Harass others (relatives, friends, colleagues…)	14.29	2.27	8.57	11.43	0.00	10.71	4.17
Manipulate others	17.86	9.09	8.57	14.29	14.29	10.71	8.33
Spread rumors	35.71	13.64	11.43	25.71	14.29	7.14	29.17

Table 3 – Consequences of stalking campaign on victims

	Ex-partner n=28	**Acquaintance** n=44	**Unknown** n=35	**Rejected** n=35	**Intimacy S.** n=14	**Incompetent** n=28	**Resentful** n=24
Physical %							
- Digestive disorder	60.71	22.73	22.86	51.43	35.71	7.14	37.50
- Sleep disorder	50.00	34.09	37.14	45.71	28.57	35.71	45.83
- Headache	28.57	18.18	11.43	20.00	21.43	14.29	25.00
- Tiredness	32.14	13.64	20.00	20.00	7.14	17.86	37.50
- Sickness	3.57	6.82	0.00	5.71	14.29	0.00	0.00
- Weakness	7.14	11.36	8.57	8.57	7.14	3.57	20.83
- Self harm	3.57	2.27	0.00	0.00	7.14	0.00	4.17
- Purging	0.00	6.82	0.00	2.86	7.14	0.00	4.17
- Panic attack	25.00	15.91	17.14	14.29	28.57	14.29	29.17
Emotive %							
- Suicidal thoughts	0.00	2.27	0.00	0.00	7.14	0.00	0.00
- Depression	21.43	6.82	8.57	14.29	7.14	0.00	25.00
- Anxiety	64.29	45.45	48.57	62.86	42.86	46.43	54.17
- Anger	42.86	50.00	48.57	48.57	50.00	50.00	54.17
- Confusion	35.71	25.00	8.57	22.86	28.57	10.71	37.50
- Fear	64.29	43.18	45.71	54.29	57.14	46.43	54.17
- Increased distrust	21.43	6.82	2.86	14.29	7.14	0.00	16.67
- Aggression	14.29	13.64	0.00	20.00	7.14	0.00	8.33
- Paranoia	14.29	13.64	11.43	17.14	14.29	14.29	8.33
- Annoyance	17.86	27.27	25.71	22.86	21.43	28.57	29.17
- Agoraphobia	0.00	4.55	0.00	0.00	14.29	0.00	0.00
Psychological Mean (*s.d.*)							
- BDI	10.06 *(8.93)*	11.30 *(8.39)*	11.26 *(6.29)*	9.45 *(8.21)*	10.33 *(6.04)*	10.21 *(5.48)*	11.53 *(6.97)*
- STAI Y1	40.17 *(12.92)*	41.51 *(13.56)*	44.65 *(8.76)*	38.49 *(11.62)*	36.15 *(12.77)*	42.62 *(10.91)*	42.50 *(11.18)*
- STAI Y2	42.73 *(13.92)*	44.55 *(12.87)*	44.85 *(11.91)*	40.50 *(12.34)*	38.85 *(8.93)*	43.42 *(12.14)*	43.68 *(11.41)*

Table 4 – Coping strategies (values expressed in percentage)

	Ex-partner n=28	**Acquaintance** n=44	**Unknown** n=35	**Rejected** n=35	**Intimacy S.** n=14	**Incompetent** n=28	**Resentful** n=24
Get evidence of stalker in action	57.14	43.18	25.71	60.00	35.71	32.14	37.50
Hold on any evidence	53.57	47.43	20.00	51.43	28.57	21.43	62.50
Have a safety plan	28.57	15.91	2.86	31.43	21.43	0.00	8.33
Tell to relatives, colleagues, friends…	57.14	43.18	22.86	48.57	42.86	28.57	45.83
Assume more alcohol or drugs than usual	10.71	11.36	4.55	7.41	21.43	7.14	8.33
Reduce social activity	28.00	22.73	4.55	28.60	7.14	10.71	20.83
Change routine	28.57	36.36	20.00	34.29	50.00	25.00	16.67
Carry a weapon	14.29	2.27	2.86	11.43	0.00	3.57	8.33
See a counselor or psychologist	21.43	13.64	2.86	14.29	35.71	0.00	12.50
Ignore the stalker	14.29	11.36	28.57	8.57	28.57	32.14	12.50
Answer:							
- Calls	46.43	52.27	42.86	48.57	42.86	53.57	54.17
- E-mail/letters	21.43	4.55	2.86	22.86	0.00	3.57	0.00
- Sms	35.71	20.45	2.86	42.86	21.43	3.57	4.17
Confront the stalker	35.71	34.09	11.43	45.71	28.57	7.14	29.17
Threat the stalker	14.29	22.73	11.43	20.00	28.57	10.71	16.67
Attack the stalker	10.71	13.64	2.86	17.14	0.00	3.57	12.50
Ask to stop	53.57	45.45	17.14	51.43	28.57	14.29	62.50

Title page:

Italian nurses' experience of stalking: a questionnaire survey.