

College Women's Experience of Stalking: Mental Health Symptoms and Changes in Routines

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Background. Stalking is a serious public health and societal concern affecting many college women.

Purpose. The purpose of this study was to explore college women's experiences of stalking. The specific aims were to compare victims and nonvictims on physical and mental health indicators and to identify lifestyle changes made in response to being stalked.

Methods. In this cross-sectional design, 601 women from two universities completed a stalking questionnaire, a mental health screening tool, and an injury checklist. Data analysis included frequencies, multivariate analysis of variance, analysis of variance, and χ^2 analysis.

Results. A quarter of the sample reported experiencing stalking, most often by an intimate or dating partner. Individuals who reported experiencing stalking reported significantly more mental health symptoms and lower perceived physical health status than individuals who did not. Victims reported changing routines, behaviors, and activities.

Conclusions. Psychiatric nurses must be knowledgeable about stalking and its impact on health. Nurses can provide support, services, and community referrals.

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STALKING IS A type of emotional violence that has serious health consequences for its victims. According to [Kamphuis and Emmelkamp \(2001, p. 795\)](#), “[s]talking is the willful, malicious, and repeated following or harassing of another person that threatens his or her safety.” The National Violence Against Women Survey (NVAWS) defined stalking as “a course of conduct directed at a specific person that involves repeated visual or physical proximity, nonconsensual communication, or verbal, written or implied threats, or a combination thereof, that would cause a reasonable person fear,” ([Tjaden & Thoennes, 1998, p. 1](#)). Stalking, by

definition, involves a pattern of repeated activity ([Crowell & Burgess, 1996](#)).

Although celebrity stalking is known by many people, its being an all-too-common event for noncelebrities is not. The NVAWS indicated that 8% of women in the United States were stalked at some point in their lives, which, when compared with other types of violence, means that women are three times more likely to be stalked than raped and two times more likely to be physically assaulted than stalked ([Tjaden & Thoennes, 1998](#)). Furthermore, approximately 1,006,970 women and 370,990 men are stalked annually and 8% of women and 2% of men in the United States have been stalked at some time in their lives. Women are significantly more likely than men to be stalked by an intimate partner ([Tjaden & Thoennes, 1998](#)).

The NVAWS revealed that the primary targets and 52% of victims of violence were adults between 18 and 29 years old ([Tjaden & Thoennes, 1998](#)). Anywhere between 13% and 40% of undergraduate students report experiencing stalking ([Fisher,](#)

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Cullen, & Turner, 2000; Haugaard & Seri, 2003; Roberts, 2005). Although young adults are more likely to experience stalking, the behavior appears among all socioeconomic levels, often in highly educated victims (Pathe & Mullen, 1997; Sheridan, Blaauw, & Davies, 2003).

Regardless of who is victimized, many individuals who experience stalking report health and lifestyle consequences. It is an experience that invades the core of one's personality, affecting one's perception of a safe and peaceful existence. Stalking has been associated with physical and mental health consequences (Bjerregaard, 2000; Kohn, Flood, Chase, & McMahon, 2000). Depression, anxiety, hostility, and general psychological distress are common reactions to experiencing interpersonal violence (Bohn & Holz, 1996; Campbell, 2002).

Stalking is a significant societal problem with criminal justice and public health concerns (Tjaden & Thoennes, 1998). Effective strategies of prevention and intervention must be built upon an understanding of the extent and impact of the problem. The purpose of this study was to explore college women's experiences of stalking. The specific aims were to (1) compare mental health symptoms of women who have experienced stalking with those of women who have not, (2) describe injuries received from stalking perpetrators, and (3) identify the changes made to one's routines and behaviors as a result of experiencing stalking. The specific mental health symptoms of interest are somatization, interpersonal sensitivity, depression, anxiety, hostility, and general psychological distress.

BACKGROUND AND SIGNIFICANCE

In a study on 36 stalking victims at a West Virginia university, 43 victims of harassment, and 48 control subjects, the stalked subjects reported significantly more posttraumatic stress disorder symptoms and had significantly greater severity of mental health symptoms than both the control and harassed subjects (Westrup, Fremouw, Thompson, & Lewis, 1999). Furthermore, the positive symptom totals and distress indices on the Symptom Check List-90-R (SCL-90-R) for stalked subjects were significantly greater than those for control subjects (Westrup et al., 1999). The researchers divided the participants into the groups based on how their responses to items matched definitions of stalking and harassment. Therefore, despite the small sample

size, the researchers' attention to definitional concerns increased the utility of the findings.

Victims of stalking have also reported experiencing fear and psychological distress resulting from being stalked. Bjerregaard (2000) reported that one fifth of female stalking victims reported fear for their physical safety and fear for their lives. This study on 788 students, 65% of whom were women and 75% of whom were White, used a random sample of college students. Moreover, 3 in 10 of women reported being "injured psychologically" from being stalked in the National College Women Sexual Victimization Survey (Fisher et al., 2000). Approximately one third of the women (30%) in the NVAWS reported seeking psychological counseling because of stalking victimization (Tjaden & Thoennes, 1998).

Although stalking constitutes a form of psychological violence, it has also been identified as a form of violence that may lead to physical injury. Population-based surveillance data collected through random-digit-dialed telephone surveys revealed that 42 of the 132 women who reported being stalked (32%) also reported injuries from being physically assaulted by their stalker, such as swelling, cuts, scratches, bruises, broken teeth, and knife or gunshot wounds (Kohn et al., 2000). This survey utilized a sample of women aged 18 years or older and acknowledged that all age groups were representative of census data except for the women aged between 18 and 24 years, warranting further examination of this age group.

Many victims make changes in their routines and activities of daily life. Victims respond to stalking by changing phone numbers, jobs, or residences, and many seek counseling. More than a quarter (26%) of the stalking victims of the NVAWS reported that victimization caused them to lose time from work (Tjaden & Thoennes, 1998). Kohn et al. (2000) reported that 75% of the women surveyed who were currently being stalked reported that they believed the stalking to be somewhat dangerous or life threatening. In addition, participants reported changing usual behaviors (70%), reporting the situation to the police (89%), and moving (36%) as measures they have tried to stop the stalking; also, women reported experiencing stress that interfered with their regular activities for >1 month (Kohn et al., 2000). Bjerregaard (2000) described victims' responses to stalking as changing their phone

numbers, jobs, and residences; calling the police; and going to court.

In summary, the experience of stalking presents a threat to the mental and physical health and well-being of victims. Although studies have explored the impact of stalking on victims, limited research have explored the complete picture of the effects of stalking. This study describes the stalking experiences of college women and the range of associated mental health symptoms, physical injury, perceived health status, and changes to routines and behaviors. This study also addresses a paucity of research on minority women's experiences of stalking by using a sample that was 70% Black/African American. Before interventions can be developed and tested, research must determine the health effects for this population. Descriptive research details the experience of stalking and its associated effects from the perspective of affected individuals.

MATERIALS AND METHODS

A cross-sectional retrospective design was used to explore college women's experiences of stalking. Data collection occurred during the 2002–2003 academic year.

Setting and Sample

A subsample of data collected for a larger study on college women's experiences of dating violence was analyzed (Amar & Gennaro, 2005). Data collection occurred on two college campuses that, in the interest of confidentiality, are referred to as Universities 1 and 2. University 1 is a private historically Black university in the south, and University 2 is a private majority college in the mid-Atlantic. To be included in the study, young women had to be between 18 and 25 years old, able to read English, and have dated socially within the past year. Pregnant women were excluded because the study protocols did not address the complexities of pregnancy and violence. Based on the power analysis techniques of Cohen (1988) for the specific statistical techniques, a sample size of 601 was determined to be adequate for this study.

Data Collection Procedures

After obtaining institutional review board approval from both institutions, the researcher approached young women in campus housings, lecture halls, and sorority meetings about participation in

the study. Informed consent was handled in a manner that protected the rights and privacy of each participant. Each participant received a packet containing two consent forms and a numbered survey. The number on the survey was used instead of a name to sign the consent form. This way, each consent form could be linked with a survey and the participants could remain anonymous. Because of the anonymous nature of the study, each participant also received a packet of educational materials on dating violence, contact numbers for counseling services, and referral information for outside agencies.

Measures

Mental Health Symptoms

The SCL-90-R measured mental health symptoms and general psychological health. Particular subscales of interest were somatization, interpersonal sensitivity, depression, anxiety, and hostility. The Global Severity Index, based on the total scale, reported overall psychological distress. A number of studies have used the SCL-90-R and have shown it to be reliable, with internal consistency coefficients between .80 and .90, and valid, through correlations with other instruments (Derogatis, 1994). Researchers have reported effective use of the SCL-90-R with Black/African American participants (Champion, Shain, Piper, & Perdue, 2002; Martin, Kilgallen, Dee, Dawson, & Campbell, 1998). The reliability coefficients for this study using 601 participants were as follows: total scale = .97, somatization subscale = .84, interpersonal sensitivity = .87, depression = .90, anxiety = .85, and hostility = .79.

Stalking

Participants responded to a single item that asked, "Have you ever been stalked or harassed by a partner, date, or someone important to you?" The yes/no response was used to determine subgroups of victims or nonvictims. To be included as a victim, a participant must have responded *yes* to the item. The individuals included in this study did not report experiencing any physical or sexual violence. Nine items taken from the NVAWS and three additional items found in the stalking literature were used to describe stalking experiences (Brewster, 2000; Davis & Frieze, 2000; Fisher et al., 2000; Kohn et al., 2000; Tjaden &

Thoennes, 1998). (See Table 1 for items.) Dr. Patricia Tjaden, who gave consent for the use of the items, was responsible for the construction of the instrument for the NVAWS.

In the NVAWS, the items screened participants for past or current stalking experience. In this study, the participants indicated if stalking has ever been experienced, and, if so, how many times and by whom. The stalking questions were prefaced with an introduction that told them to include behaviors that occurred from strangers, friends, relatives, and partners and to exclude events occurring from bill collectors, telephone solicitors, or other sales people. Participants indicated if an event occurred, and, if so, how many times and by whom. Content validity was established through the items being consistent with the literature on stalking and reviews by an expert on stalking. The NVAWS researchers established validity using expert and literature reviews in developing the screening tool. The stalking screen was also shown to be a reliable instrument ($\alpha = .82$; Slashinski, Coker, & Davis, 2003). For this study, Cronbach's α was .83 using 601 participants.

Perceived health status was measured by one item that instructed participants to rate their current physical health status. Response options were *excellent, very good, good, fair, and poor*. An injury checklist consistent with the injuries measured in

the NVAWS and the literature on interpersonal violence was used for participants to indicate any injury resulting from stalking (Brockmeyer & Sheridan, 1998; Eby, Campbell, Sullivan, & Davidson, 1995; Tjaden & Thoennes, 2000). The injury checklist included the following: broken bones, dislocated joints; lacerations, knife wounds, cuts; scratches; bruises, welts, black eyes, swelling, busted lip; bite marks/wounds; chipped or knocked-out teeth; sore muscles, sprains, strains, or pulls; knocked unconscious, passing out; perforated ear drum, shattered ear drum, tympanoplasty; genital injury, bleeding genitalia, sore or irritated genitals; gunshot injuries; spinal cord, brain, or head injury; and acquiring a sexually transmitted disease.

Changes in Usual Routines or Activities

Only participants who indicated stalking experience responded to questions about changes in their usual routines or activities. Participants indicated any day missed from school or work or any social activity missed because of stalking violence and any specific behavior used in response to dating violence. The specific behaviors are listed in Table 3.

Data Analysis

All data were entered, cleaned, and analyzed in Statistical Package for Social Scientist 13.0

Table 1. Descriptions of Stalking Behaviors

Stalking behavior	0 = never happened [n (%)]	1 = once or twice [n (%)]	2 = a few times [n (%)]	3 = often [n (%)]
Followed you or spied on you	42 (28)	67 (45)	32 (22)	8 (6)
Sent you unsolicited letters or written correspondence	95 (63)	32 (22)	19 (13)	4 (2)
Made unsolicited phone calls to you	46 (30)	44 (30)	42 (28)	18 (12)
Stood outside your home, school, or workplace	74 (50)	38 (26)	30 (20)	7 (5)
Showed up at places you were although he had no business being there	71 (47)	46 (30)	23 (15)	11 (7)
Left unwanted items for you to find	124 (82)	18 (12)	7 (5)	1 (1)
Tried to communicate with you against your will	42 (28)	48 (32)	38 (26)	22 (14)
Vandalized your property or destroyed something you loved	137 (91)	10 (6)	4 (2)	0 (0)
Ever threatened to harm or kill you	115 (77)	23 (15)	5 (3)	7 (5)
Contacted your friends or family to learn of your whereabouts	71 (47)	40 (26)	25 (17)	14 (10)
Sent unsolicited or harassing e-mails to you	121 (81)	19 (13)	6 (4)	3 (2)
Made you feel fearful for your safety or life	107 (71)	31 (21)	8 (6)	4 (2)

(Statistical Programs for Social Scientists, 2001). All statistical analyses were conducted for an $\alpha = .05$ level of significance. Data analysis for comparing victims with nonvictims included the entire sample of 601 participants. Subsequent analyses included only those who identified as victims of stalking. Frequencies were used to describe the prevalence estimates of stalking and the reporting of specific stalking behaviors within this sample. Multivariate analysis of variance (MANOVA) and analysis of variance (ANOVA) were used to compare the mental health scores of individuals who had experienced stalking with those of individuals who had not. Cross-tabulation and χ^2 analysis were used to compare the perceived physical health status of individuals who reported stalking with that of individuals who did not. Descriptive statistics presented reports of injury, missed activities, and changes to routines and behaviors.

RESULTS

The sample of 601 participants consisted of 354 participants from University 1, a private historically Black college in the south, and 247 participants from University 2, a private majority school in the mid-Atlantic. The participants ranged in age from 18 to 25 years ($M = 19.3$, $SD = 1.47$). Grade point averages ranged from 1.0 to 4.0 ($M = 3.2$, $SD = 0.50$). Most participants were Black/African American ($n = 417$, 70%), and Protestant ($n = 357$, 60%). Further breakdown of the sample's ethnicity is as follows: 18% White ($n = 108$), 7% Asian/Pacific Islander ($n = 42$), 1% Hispanic ($n = 7$), and 4% mixed race/multiracial ($n = 26$). The level of family household income was evenly distributed, with \$50,000–\$74,999 as the most reported category ($n = 142$, 24%).

As would be expected, the sample from University 1 had 90% Black/African American and 2% White participants whereas University 2 had 40% Black/African American and 41% White participants. Although age was in the same range at both university samples, University 1 patients had a mean age of 18.9 years ($SD = 1.3$ years) whereas University 2 patients had that of 19.9 years ($SD = 1.6$ years). Although Protestantism was the most often reported religious affiliation at both universities, 74% of respondents from University 1 and 41% of those from University 2 were Protestants. Income represented major differences within this primarily middle class sample. The total sample

mean of \$50,000–\$74,999 was most often reported at University 1 (28%), whereas a higher range of \$100,000–\$250,000 was the most often reported category (30%), followed by the \$50,000–\$74,999 range (20%), at University 2.

One hundred fifty participants (25%) reported experiencing stalking and 451 participants (75%) did not report experiencing stalking. No statistical difference existed in the reporting of stalking between the universities. In University 1, 91 participants (25%) reported stalking; in University 2, 56 (23%) did. Victims did not differ significantly from nonvictims in race, age, school attended, and other demographic features. As seen in Table 1, the most commonly reported stalking behaviors were “tried to communicate with you against your will” ($n = 108$, 72%), “followed or spied on you” ($n = 108$, 72%), and “made unsolicited phone calls to you” ($n = 104$, 70%). More than two thirds of the participants identified their stalker as either a former boyfriend (32%) or someone interested in dating them (39%).

Mental Health Symptoms

The mental health symptoms of individuals who experienced stalking were compared with those of individuals who had not experienced stalking using MANOVA and ANOVA techniques. Initially, correlations were determined between mental health variables. All mental health symptoms were significantly correlated at the $P = .01$ level. Although a relationship among the various mental health symptoms was acknowledged, each symptom was determined to represent a distinct concept. Each symptom was therefore included in the analysis. Multivariate analysis of variance is an extension of ANOVA that takes into account the relationships among two or more dependent variables while testing the significance of the differences of the means (Field, 2000). Multivariate analysis of variance was used to determine the differences in the mental health symptoms of victims and nonvictims. The MANOVA indicated significance, Wilks $\lambda = .031$, $f(5, 595) = 3,724.55$, $P < .001$, suggestive of differences in mental health symptoms between the two groups. Post hoc ANOVAs revealed significant differences in the scores on somatization, depression, and hostility of victims and nonvictims. Interpersonal sensitivity and anxiety were not significant. (See Table 2.)

Table 2. Post Hoc ANOVA of Mental Health Symptoms in Victims and Nonvictims

Victim versus nonvictim	<i>M</i>	<i>SD</i>	<i>n</i>	ANOVA	
				<i>f</i>	<i>P</i>
Somatization					
Nonvictims	50.07	10.98	451	10.10	.002
Victims	53.30	10.22	150		
Interpersonal sensitivity					
Nonvictims	56.35	10.70	451	0.673	.41
Victims	57.20	10.40	150		
Depression					
Nonvictims	53.95	10.53	451	4.46	.035
Victims	55.99	9.31	150		
Anxiety					
Nonvictims	50.02	10.50	451	2.01	.157
Victims	51.43	10.80	150		
Hostility					
Nonvictims	53.00	9.53	451	7.08	.008
Victims	57.43	10.16	150		

The measure of general psychological distress, Global Symptom Inventory, is derived from the total scale. Thus, an individual ANOVA was used. The ANOVA for general psychological distress revealed significant differences in the scores of victims and nonvictims, $f(1, 599) = 7.963, P < .005$. The mean score for victims ($M = 56.7, SD = 10.4$) was higher than that for nonvictims ($M = 53.78, SD = 11.1$).

Physical Injury and Perceived Health Status

Twenty individuals (13%) who reported being stalked also reported being physically injured by their stalker. The most often reported injuries were scratches; sore muscles, sprains, strains, or pulls; and bruises, welts, black eyes, swelling, or busted lips. As previously stated, cross-tabulation and χ^2 analysis were used to determine significant differences in the perceived physical health status of victims and nonvictims. Participants who reported experiencing stalking were more likely to report poorer physical health status, $\chi^2(3) = 11.58, P < .009$. Fifty-four percent ($n = 244$) of those who did not report experiencing stalking reported excellent or very good physical health status as opposed to 45% ($n = 67$) of those who did report experiencing stalking.

Impact on Routines and Behaviors

Participants who experienced stalking reported making changes to their routines and behaviors as a result of the stalking. As seen in Table 3, the most

commonly made changes were avoiding contact with the perpetrator ($n = 70, 47\%$), taking extra precautions ($n = 57, 38\%$), and getting help from family and friends ($n = 50, 33\%$). However, only 46% ($n = 69$) told anyone about the stalking. Only 39% ($n = 59$) told a friend and only 25% ($n = 38$) told a family member. In addition, 4% ($n = 6$) reported having missed school, 5% ($n = 8$) did having missed work, and 9% ($n = 14$) did having missed social activities because of the stalking.

DISCUSSION

The study findings enrich the growing body of knowledge on stalking as a form of intimate partner violence. A quarter of the sample ($n = 150$) experienced stalking, most commonly by a former boyfriend or someone interested in dating them. The prevalence of stalking in this study was consistent with the reported prevalence in the literature on college students and stalking, which ranges from 20% to 35% (Haugaard & Seri, 2003; Roberts, 2005). Clearly, stalking affects many young women.

The very nature of stalking as a pattern of behaviors contributes to associated mental and physical health effects. The chronicity of stalking makes it a frightening experience that has been associated with psychological symptoms. In this study, individuals who reported experiencing stalking also reported significantly more somatization, depression, and hostility symptoms than those who did not report experiencing stalking. This is consistent with other research on the association of stalking and depression (Davis, Coker, & Sanderson, 2002; Westrup et al., 1999) and with increased somatic complaints (Pathe & Mullen,

Table 3. Changes in Behaviors and Routines

Behavior change	<i>n</i> (%)
Avoided contact with the perpetrator	70 (47)
Took extra precautions	57 (38)
Got help from family and friends	50 (33)
Changed routines	30 (20)
Changed phone number	20 (13)
Called the police	12 (8)
Wore concealing clothes or accessories	9 (6)
Moved to new city or state	5 (3)
Moved/changed residence	3 (2)
Changed job or school	3 (2)
Hired a private investigator	2 (1)
Changed vehicle	1 (1)

1997). Depression is a common reaction to violence and a likely result caused by feelings of no control over a stalker and the repeated nature of stalking (Campbell, 2002). Hostility could be aimed at the stalker and the situation. Furthermore, stalking victims had significantly higher general psychological distress than nonvictims, consistent with previous findings (Kamphuis & Emmelkamp, 2001; Westrup et al., 1999).

Although the occurrence of significant mental health symptoms was not surprising, it was surprising to note the lack of significance for anxiety symptoms. Fear is a common reaction to a situation over which one has no control, such as stalking. No plausible explanation comes to mind. Anxiety symptoms were significantly associated with the experience of stalking in other research (Bjerregaard, 2000; Davis et al., 2002). Posttraumatic stress disorder, an anxiety-based disorder, was also commonly associated with stalking victimization (Kamphuis & Emmelkamp, 2001; Westrup et al., 1999). This study did not include a measure for posttraumatic stress disorder, neither did it account for any premorbid psychiatric condition, both of which could be construed as limitations.

Whereas the link between the occurrences of mental health symptoms and stalking is intuitive, the link to physical health indicators is not as clear. Psychological violence has been linked to physical health indicators such as increased health care utilization and poorer perceived health status (Davis et al., 2002). Individuals who reported experiencing stalking also reported poorer perceived physical health status and had significantly higher somatization scores than individuals who did not report experiencing stalking. Victimization invades the core of one's personality and manifests itself in physical, psychological, and social aspects (Bohn & Holz, 1996). Although it is surprising to note that participants reported physical injury from a stalker, stalking is an obsession that is often perpetrated by a current, former, or potential partner and is thought of as a variant of intimate partner violence (Logan, Leukefeld, & Walker, 2000). Although the respondents in this study did not report other forms of intimate partner violence, the most commonly reported perpetrators of stalking were former boyfriends and someone interested in dating them. Injury from one's stalker was reported in other studies (Fisher et al., 2000; Kohn et al., 2000).

Almost half ($n = 58$, 46%) reported making changes to their daily routines and behaviors as a result of stalking experience. This was consistent with other victims' behaviors (Bjerregaard, 2000; Kohn et al., 2000). Women in the NVAWS reported missing work resulting from experiencing stalking (Tjaden & Thoennes, 1998). It was not surprising that individuals reported missing school, work, or social activities related to stalking. It is a natural response to avoid places that the stalker associates with the victim. More research is needed on which activities are effective and those that are counterproductive.

Limitations

The major limitations of this study were the use of a convenience sample, cross-sectional design, and self-identification of participants as victims of stalking. For the purposes of the statistical analyses, a normally distributed population was assumed. This limits the generalizability of the findings as a convenience sample was used. The use of a cross-sectional design limited causal inferences because the researcher could not control for preexisting conditions. Finally, it was necessary that participants identify themselves as having experienced stalking. There was then the possibility that participants could have overreported or underreported stalking or responded to questions in what they felt was a positive manner.

Clinical Practice Recommendations

That a quarter of the sample reported experiencing stalking supports screening for stalking as a form of intimate partner violence. It is important that psychiatric nurses are able to recognize stalking as a serious societal issue with physical and mental health consequences. Routine screening for stalking along with other forms of interpersonal violence allows nurses to provide support, interventions, and referrals for community resources. Finally, mental health nurses can play a role in increasing public awareness by helping victims not to feel alone and educating clients about stalking.

Recognition of the associated health effects can guide the assessment of stalking violence. Mental health symptoms can often occur when an individual is experiencing violence and serve as a prompt for nurses to probe in the assessment process.

Because stalking is a traumatic emotional experience, it is important that psychiatric nurses

provide victims with support and guidance. Stalking can cause an individual to doubt the safety and security of his or her world. It is important that nurses empower individuals and boost their self-esteem. Although many victims do not contact the police, it is important that, if they do, they have a record of the stalking activity. Nurses can encourage victims to keep a log recording and describing every stalking incident.

Psychiatric nurses must collaborate with clients to facilitate management of the stalking experience and associated effects. Referrals to community agencies, support networks, and criminal justice organizations may be necessary.

Research Recommendations

Although the last decade has uncovered more data on stalking, there is much to be learned. An understanding of a victim's perspective aids nurses in providing care and referrals. Qualitative research would be invaluable in understanding victims' perspectives on stalking. Descriptions of mental health symptoms and life experiences associated with stalking can guide interventions. Longitudinal research that follow individuals over time would be useful in describing the long-term effects of stalking victimization. Studies must also explore the effectiveness of interventions used to manage stalking so that future victims can be counseled to use the best evidence-based practices.

In conclusion, stalking is experienced by many college women. It is associated with increased mental health symptoms, decreased perceived physical health status, and physical injury. Furthermore, victims reported myriad changes to their life routines and behaviors as a result of experiencing stalking. Because stalking represents a criminal activity, it is important that mental health nurses are knowledgeable about stalking and its impact on health. Furthermore, nurses can help individuals recognize the effects of stalking and provide referrals for community resources, support, and services.

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