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The Impact of Severe Stalking Experienced by Acutely Battered Women: An Examination of Violence, Psychological Symptoms and Strategic Responding

Mindy B. Mechanic, Mary H. Uhlmansiek, Terri L. Weaver, and Patricia A. Resick
University of Missouri-St. Louis

Abstract

Stalking has been relatively understudied compared to other dimensions of intimate partner violence. The purpose of this article was to examine concurrent and subsequent intimate partner abuse, strategic responses and symptomatic consequences of severe stalking experienced by battered women. Thirty-five battered women classified as “relentlessly stalked” and 31 infrequently stalked battered women were compared. Compared to infrequently stalked battered women, relentlessly stalked battered women reported: (a) more severe concurrent physical violence, sexual assault and emotional abuse; (b) increased post-separation assault and stalking; (c) increased rates of depression and PTSD; and (d) more extensive use of strategic responses to abuse. Results underscore the scope and magnitude of stalking faced by battered women and have implications for assessment and intervention strategies.

The compelling link between stalking and intimate partner abuse was first made evident by publication of data from the National Violence Against Women Study (NVAWS; Tjaden & Thoennes, 1998). The nexus between stalking and other forms of intimate partner abuse has been relatively understudied, particularly in the context of burgeoning research on intimate partner abuse. Consequently, many unexplored questions remain about both the topography and impact of stalking as it co-occurs with other forms of intimate partner emotional, physical, and sexual violence.

At least in the context of intimate partner violence, stalking has been identified as a risk factor for severe, even lethal violence. One recent study identified stalking as a lethal precursor to attempted and completed femicides (McFarlane et al., 1999). More than 75% of the murdered or nearly murdered women were stalked, and two-thirds were physically assaulted by their partners in the 12 months preceding the lethal or sublethal assaults. Abused women were also more likely than nonabused women to have been stalked by their partners, with former partners more likely than current partners to perpetrate stalking. While stalking and partner abuse were more likely to co-occur, 19% of attempted or completed femicides were associated with histories of recent stalking in the absence of physical violence, suggesting that there might be subtypes of partner abuse both with and without co-occurring stalking.

To look at the relationship between stalking and intimate partner abuse, Mechanic, Weaver, & Resick (2000) studied stalking behaviors as reported by recently battered women. Extremely high rates of harassing and violent forms of stalking were reported by battered women, and relative to physical violence, emotional abuse was a stronger predictor of stalking. Stalking

also predicted women's fears that their partners would lethally harm them in the future, despite the fact that most of the women had separated from their abusive partners. Moreover, consistent with the literature identifying separation as a period of risk for increased violence (Mahoney, 1991; Sevrer, 1997), stalking did not cease upon separation.

PSYCHOLOGICAL AND FUNCTIONAL RESPONSES TO INTIMATE PARTNER ABUSE

Emerging evidence documents the deleterious impact of intimate partner abuse on women's physical, psychological and emotional well-being (Campbell & Soeken, 1999a, 1999b; Campbell, Kub, Belknap & Templin, 1997; Gleason, 1993; Golding, 1999; Koss et al., 1994; Sutherland, Bybee & Sullivan, 1998; Weaver & Clum, 1995). Posttraumatic stress disorder (PTSD), depression, suicidality, substance abuse, diminished self-esteem, along with diminished physical health status occur at extremely elevated levels among women with histories of intimate partner abuse, with even more severe problems found among currently or recently abused women and among women living in poverty (Browne, Salomon & Bassuk, 1999). Rates of PTSD in battered women range from 31% to 84%, with a weighted mean prevalence estimate of 64% (Golding, 1999). These rates are considerably higher than the rates of PTSD found among general community samples of women, which range from 1% to 12%, and are also considerably higher than the PTSD rates found among community samples of women with histories of criminal victimization (Golding, 1999). Research on PTSD with community samples indicate that more than half of the individuals diagnosed with PTSD continue to suffer from the disorder for more than one year, underscoring the chronicity of the problem (Breslau & Davis, 1992; Kessler et al., 1995).

A recent meta-analysis reviewing 18 studies assessing depression among battered women estimated the weighted mean prevalence of depression as 48% (Golding, 1999), again a rate considerably higher than found in epidemiological samples of women. Depression among battered women has been found to be chronic, with symptoms continuing to exist over time for some battered women, even in the absence of recent reabuse (Campbell & Soeken, 1999b; Campbell, Kub, Belknap & Templin, 1997; Campbell, Sullivan & Davidson, 1995; Sutherland, Bybee, & Sullivan, 1998).

DISENTANGLING THE IMPACT OF CONCOMITANT FORMS OF PARTNER ABUSE

While the constructs of stalking, physical violence, sexual coercion, and emotional abuse are tied by the common thread of "coercive control tactics," few studies have addressed the full range of coercive control strategies used against women by their partners. An inclusive approach to the study of partner abuse is necessary in order to delineate the inter-relationships among different forms of abuse and to decipher their relative impacts on behavioral, psychological, and strategic outcomes. When multiple dimensions of abuse are studied conjointly, complex, sometimes contradictory findings pertaining to battered women's psychological and strategic responses to abuse emerge. Dutton (1993,1996) defined strategic responses as those behaviors battered women deploy to respond to, cope with, or merely survive the abuse directed toward them. Emergent literature has begun to tackle these complex issues by studying both symptomatic and strategic responses to abuse in the context of co-occurring physical, emotional, and sexual abuse. However, stalking has not been included as a dimension of partner abuse. Dutton and her colleagues (1999) found varying patterns of psychological and strategic responding as a function of different types of partner abuse, with strategic responses more likely to be influenced by physical aggression whereas symptomatic responses were more closely associated with emotional and verbal abuse. Other research on battered

women's help-seeking has shown that more severe abuse is associated with increased efforts to seek help (Gondolf & Fisher, 1988). The complexity of the relationship between abuse, symptoms and strategic responding is highlighted by a recent study by Arias and Pape (1999), finding that psychological symptoms moderated the relationship between abuse and strategic responding (defined as intentions to terminate the relationship) for both physical and psychological abuse. Specifically, only women who were least distressed felt able to disengage from their abusive relationships. Consistent with the findings of Dutton and colleagues (1999), psychological symptoms, such as PTSD and depression, were better accounted for by psychological abuse than physical violence (Arias & Pape, 1999). None of these studies included stalking as a component of the spectrum of abuse.

Empirical data documenting the impact of stalking are virtually nonexistent. Increased help-seeking, increased fear, and days lost from work are among the few documented findings (Tjaden & Theonnes, 1998). The purpose of the present study was to build upon our previous work on stalking in battered women (Mechanic, Weaver & Resick, 2000) and to begin to understand more about the phenomenon and impact of severe forms of stalking experienced by women who are also subjected to high levels of co-occurring physical and psychological aggression. To achieve this aim, we compared battered women reporting high rates of unremitting, multimodal stalking with a group of battered women reporting relatively infrequent stalking. Our recruitment of an acutely exposed sample of severely battered women permitted us to obtain a relatively large subsample of women experiencing extremely high frequency, multibehavior stalking episodes. We focused on evaluating whether serial stalking might be a "risk factor" for additional severe violence by evaluating both concomitant and (subsequent) post-separation aggression and examining the relationship between relentless stalking, psychological functioning, and strategic responding. On the basis of our previous work (Mechanic, Weaver, & Resick, 2000), we expected relentlessly stalked battered women to evidence more severe forms of co-occurring and post-separation psychological and physical aggression, and more severe psychological symptoms (Arias & Pape, 1999; Dutton et al, 1999). However, given conflicting findings regarding the impact of severe abuse on strategic responding, the direction of effects could not be specified a priori.

METHOD

Participants

Data reported in this article were collected as part of a larger, ongoing study focusing on factors that influence recovery from intimate partner violence in a sample of acutely battered women. The data presented in the present article were drawn from the sample used in Mechanic, Weaver, & Resick, 2000. We will present data on 65 battered women, 35 who were classified as relentlessly stalked, and 31 who were identified as infrequently stalked. This sample was drawn from a pool of 114 battered women who participated in the larger study. The classification procedure for determining stalking status is outlined in the results section.

Recruitment/Screening Criteria

Participants were recruited from local agencies serving battered women, including shelters, police departments, legal assistance agencies, hospital emergency departments, and other support service agencies. To access non-help-seeking battered women, efforts were made to contact participants through media and community outreach events targeting women. Referrals were also made directly by study participants to other battered women acquaintances.

Prospective participants contacted us and were screened for eligibility on the telephone. To recruit a sample of battered women who experienced recent, serial, intimate partner violence,

several screening criteria were employed. The following criteria were used to screen potential participants:

1. length of relationship;
2. recency of violence; and
3. severity of violence.

First, participants were required to have been in an intimate relationship, whether cohabiting or not, for a minimum of three months, effectively ruling out dating violence taking place within the context of casual dating relationships. Second, to improve reporting accuracy, we required that the most recent episode of violence occurred within the past six months. However, if the most recent episode occurred less than two weeks earlier, participants were scheduled so that there was at least two weeks between the most recent episode and the assessment. This was done in order to reduce potential inflation of scores on symptom measures as a consequence of assault recency. Finally, in order to obtain a sample of women who experienced more than an occasional episode of relationship violence, we required that participants experience at least four incidents of minor violence or two episodes of severe violence (or some combination of four incidents of minor and/or severe violence) within the past year. Minor violence items were: pushed, shoved or grabbed you; slapped or hit you; threw things at you that could hurt; twisted your arm or pulled your hair. Severe violence items were: hit or punched you with a fist or with something that could hurt; caused you to have physical injuries; choked you; slammed you against a wall or threw you down stairs; kicked you or beat you up; threatened you with a weapon; used a weapon against you; forced you to have sex when you did not want to; caused you to fear for your life or the lives of your family members.

Participants who were ruled out of the study based on their telephone screening were given support, thanked for their time, and were provided with information about appropriate resources in the community. Twenty-four women were screened out of the study for the following reasons: two women were with their partners for less than three months; six women reported fewer than the required number of episodes of physical violence; 15 women reported abuse that occurred more than six months ago (and for some women the abuse ended many years ago); and one woman declined to participate after hearing more about the study.

Sample Demographic and Relationship Characteristics

The sample ($N = 114$) was predominantly African American (69%; 31% White), and relatively financially disadvantaged. More than half of the women (51%) reported that their own incomes were \$10,000 per year or less. Thirty-nine percent of the women made between \$10,000 and \$30,000, and 9% earned greater than \$30,000. The women in our sample averaged 35 years in age ($SD = 7.9$), and ranged from 19-59. A sizable percentage of the women were married to their abusers (41%); 38% were cohabitating; 14% were separated or divorced, and 8% identified their relationships as dating. Battered women in this sample were in fairly long-term relationships with their abusive partners ($M = 7.4$ years; $SD = 6.0$ years), ranging from 10 months to 27 years. These women experienced abuse in their relationships for an average of 5.3 years ($SD = 5.3$ years), with duration of abuse ranging from two months to 21 years.

Instruments

The Stalking Behavior Checklist (SBC; Coleman, 1997)—The SBC is a 25-item inventory assessing a variety of unwanted harassing and pursuit-oriented behaviors. Each item is rated on a 6-point frequency scale, ranging from (1 = never; 2 = once a month or less; 3 = 2-3 times per month; 4 = once or twice per week; 5 = 3-6 times per week; and 6 = once per day or more). Participants rated each item for the period of time covering the past 6 months.

The Standardized Battering Interview—This interview consists of a variety of questions assessing demographic and abusive relationship characteristics, including recent (past month) stalking behavior experienced by women who left their partner. Post-separation stalking items include: threats to life, threats to children’s lives, threats of custody, threats to kidnap children, telephone and “stalking.” One item queries respondents about whether their partners physically assaulted them after having left the relationship. Items are rated on a 5-point scale for the past month (0 = never; 1 = once or twice; 2 = once or twice a week; 3 = several times a week; 4 = daily or almost every day).

Participants were asked about their use of a number of different strategic responses to the abuse using a dichotomous (yes/no) scale: hotline, counselor, therapist; police; order of protection; shelter medical care; and clergy.

Supplemental questions were asked about injuries. Because we are interested in the role of stalking as a possible risk factor for lethality, we will use the data collected on one of the injury variables, loss of consciousness. The item was measured on a frequency scale anchored to the abuse in the relationship (0 = 0; 1 = 1-3 times; 2 = 4-10 times; 3 = 11-49 times; 4 = 50 + times).

Psychological Maltreatment of Women Inventory—Abbreviated Version (PMWI; Tolman, 1989; 1999)—The abbreviated 14-item version of the PMWI consists of two factor-derived subscales that measure dominance/isolation (DI) and emotional and verbal abuse (EV). Evidence of reliability and validity are presented in Tolman (1999). The scale is a self-report measure, and each item is rated on a five-point frequency scale, ranging from never (1), to very frequently (5). Each subscale consists of 7-items. Coefficient alphas for both subscales in the present sample were .88.

Revised Conflict Tactics Scale-2 (CTS-2; Straus, Hamby, Boney-McCoy & Sugarman, 1995)—Two subscales of the revised CTS-2 were administered to assess the frequency and severity of physical assault (CTS-PA; 12 items) and injury (CTS-I; 6-items). Ratings are made in terms of frequency (0 = never, 1 = once in past year; 2 = twice in past year; 3 = 3-5 times in past year; 4-6-10 times in past year; 5 = 11-20 times in past year; 6 = more than 20 times in past year). The authors of the CTS-2 suggest creating a severity index by adding the midpoint for each item and creating a summed score for each subscale. The midpoint equals the rating for ratings of 0, 1, and 2 for items rated with those scores. Scores of 3 are recoded to 4, scores of 4 are recoded to 8, scores of 5 are recoded to 15 and scores of 6 are recoded to 25. Coefficient alpha for the CTS-PA was .90. Coefficient alpha for the 6-item injury scale was .62, with one item having an item-total scale correlation of $-.03$ (I had a broken bone from a fight with my partner). This item was dropped, resulting in a 5-item scale with an alpha of .66.

To assess sexual coercion, we used a modification of the CTS-2 items, by using two separate questions to assess:

1. use of threats or force to coerce oral or anal sex; and
2. use of threats or force to coerce vaginal intercourse.

CTS-2 scoring was used. The alpha for the two items was .64.

The Posttraumatic Diagnostic Scale (PDS; Foa, Cashman, Jaycox, & Perry, 1997)—The PDS is a 34-item measure of PTSD symptoms that can be used to compute a continuous severity score, severity scores for each of the 3 clusters of symptoms, and for making a formal diagnosis of PTSD. Seventeen items assess symptom frequency, rated for the past month using a 4-point scale (0 = not at all or only one time; 1 = once a week or less/once

in a while; 2 = 2-4 times per week/half the time; 3 = five or more times a week/almost always). Coefficient alpha for the 17-point scale was .90. Consistent with DSM-IV criteria requiring functional impairment or clinically significant distress for a diagnosis, the PDS assesses functional impairment secondary to PTSD symptoms with nine dichotomously scored items (yes/no) addressing:

1. work;
2. household chores and duties;
3. fun and leisure activities;
4. relationships with friends;
5. schoolwork;
6. relationships with family;
7. sex life;
8. general satisfaction with life; and
9. overall level of functioning in all areas of life.

The PDS has been found to possess excellent psychometric properties, including internal consistency, test-retest reliability, and convergent validity with other well-established measures of PTSD.

Beck Depression Inventory—Second Edition (BDI-II; Beck, Steer, & Brown, 1996)—The BDI-II is an updated version of its widely used predecessor, the BDI (Beck et al., 1961), which measures depressive symptoms. The BDI-II contains 21-items assessing depressive symptoms corresponding to the Diagnostic and Statistical Manual of Mental Disorders, Fourth edition (DSM-IV; American Psychiatric Association, 1994) criteria for major depressive disorder. Items are rated on a 4-point severity scale. Coefficient alpha for the scale was .92 in the present sample. Total scores are obtained by summing the items and scores can be clinically evaluated using the following cut score guidelines: 0-13 = minimal; 14-19 = mild; 20-28 = moderate; 29-63 = severe. Evidence of construct validity and reliability has been obtained, and the BDI-II has been successfully used in cross-sectional (Campbell, Kub, Belknap & Templin, 1997) and longitudinal studies of battered women (Campbell & Kub, 1995).

Procedure

Participants who met study criteria and agreed to participate completed the study in two visits that typically occurred within several days of each other. On day one, women first completed several symptom-based measures programmed onto a laptop computer in order to reduce the likelihood that symptom scores would be elevated as a consequence of discussing traumatic material. Next, they were interviewed by trained clinicians with extensive experience dealing with traumatized populations. The second day consisted of non-symptom-based self-report instruments that were programmed onto a laptop computer. Debriefings were conducted with participants following completion of all instruments.

RESULTS

Classification Into Stalked Groups

To address our interest in studying the impact of relentless stalking experienced by battered women, we first defined the groups conceptually and then developed empirical criteria to operationalize the conceptual criteria. Two dimensions were part of our conceptual definition:

high frequency of occurrence, plus repeated exposure to multiple types of stalking events. Thus, we defined our group of relentlessly stalked women as those who experienced a multiplicity of stalking events, each occurring with very high frequency. Defined in this way, our relentlessly stalked group represents a qualitatively and quantitatively distinct group.

To operationalize this definition, we first rescored the SBC to reflect very high frequency, defined as a minimum of weekly occurrence. Items scored as four or higher were recoded with a score of one. Items with a frequency of monthly or less frequent occurrence (scores of 3 or less) were recoded as zero. The items were then summed, resulting in a 25-item index with a possible range from zero to 25. Twenty-eight percent of the sample ($n = 31$) received a score of zero. This group was identified as the infrequently stalked subgroup. It is important to note that there were only two women in the full sample who reported no incidents of stalking, therefore identification of a “nonstalked” comparison group was not possible.

The relentlessly stalked group was defined as those participants reporting a minimum of six different stalking events that each occurred once per week or more ($n = 35$). Thus, this group could be said to represent a group of relentlessly stalked women exposed to a multiplicity of stalking events. The cutoff score of six was selected by examining the distribution of scores and selecting the top third of the distribution. This enabled us to generate two roughly equal comparison groups comprising approximately the bottom and top thirds of the distribution 27th and 73rd percentile, respectively. Battered women who scored in the middle third of the distribution were eliminated from analyses in order to focus on severely stalked women, and to contrast them with a much lower frequency comparison group. The frequency scores on the full scale SBC were approximately one standard deviation below the mean of the full sample ($N = 114$) and one standard deviation above the mean for the infrequently and relentlessly stalked groups, respectively. For the relentlessly stalked group, the women reported experiencing an average of 10.2 different stalking events at the minimum level of at least weekly ($SD = 3.3$). The number ranged from a minimum of six (fixed by design) to a maximum of 19.

Data Analysis Plan

First we will present descriptive findings on the relentlessly and infrequently stalked battered women. Next, we will present univariate analyses focusing on co-occurring abuse, postseparation abuse, psychological impact, and strategic responding.

Descriptive Findings

No statistically significant differences were obtained between relentlessly stalked and infrequently stalked battered women in terms of race, age and income. A nonsignificant difference in marital status was found between the groups. Dating relationships longer than three months in duration were reported by 7% of the infrequently stalked and 9% of the relentlessly stalked women. Married couples comprised 36% of the infrequently stalked and 46% of the relentlessly stalked groups. Nearly one-third (29%) of the relentlessly stalked women were cohabitating with their partners, whereas 48% of the infrequently stalked women reported cohabitating status. It is interesting to note that nearly twice as many relentlessly stalked women (17%) were separated or divorced from their abusive partners, compared to 9% of the infrequently stalked women. There were no statistically significant differences in the relentlessly stalked ($M = 8.0$ years; $SD = 5.9$ years; Minimum = 10 months, Maximum = 23 years) and infrequently stalked ($M = 6.8$ years; $SD = 6.2$ years; Minimum = 12 months, Maximum = 73 years) women in terms of the length of their relationships. The groups were also comparable in terms of the duration of the abuse they experienced. Infrequently stalked women were abused by their partners for an average of 4.7 years ($SD = 5.3$ years; minimum =

2 months, maximum = 20 years), and relentlessly stalked women reported abuse lasting an average of 5.8 years ($SD = 5.3$ years; minimum = 4 months, maximum = 21 years).

At the time of participation in the study, 85% of the women identified their status as having left the abusive relationships. Although 91% of the relentlessly stalked women, compared to 78% of the infrequently stalked women had left their partners, this difference did not reach statistical significance [$\chi^2(1) = 2.5, p = .11$]. At the time of the assessment 41% of the sample was housed in a shelter for battered women. No differences in shelter status was found between the stalked groups [$\chi^2(1) = < 1, ns$].

Relentless Stalking in Relation to Other Forms of Abuse

We compared the relentlessly stalked battered women with the infrequently stalked group on dimensions of co-occurring forms of intimate partner abuse to ascertain whether, as predicted, relentless stalking would be associated with more severe physical, sexual, and emotional abuse. A one-way MANOVA was conducted on the two psychological abuse variables (Emotional/Verbal Abuse, Dominance/Isolation), one measure of sexual coercion, and the three measures of physical violence and injury (CTS-PA, CTS-I, loss of consciousness). A significant overall effect was found for the relentlessly stalked group on the abuse measures using Wilks's Lambda = .57, $F(6, 59) = 11.6; p = .000$. Follow-up univariate tests indicated that the relentlessly stalked group reported significantly greater abuse, violence and injuries of all indices of concomitant abuse. These findings are presented in Table 1.

We were interested in whether women who were relentlessly stalked during the prior 6-month period experienced additional abuse and stalking once they separated from their partners. To examine this question, we compared the women on several indicators of post-separation abuse and stalking unrelated to the stalking measure used to classify the sample. Only the 56 separated women were included in these analyses. The results of these analyses are presented in Table 2. As expected, relentlessly stalked battered women reported higher rates of post-separation stalking than infrequently stalked battered women. Women who reported having children who lived with them were asked about post-separation threats to harm, abduct or take custody of their children. Threats targeted toward children were more commonly reported by relentlessly stalked than infrequently stalked battered women. Finally, women were asked if they were physically assaulted by their partners after having left the relationship. Relentlessly stalked women were five and one-half times more likely (22%) than infrequently stalked (4%) women to report at least one incident of post-separation physical assault, $\chi^2(1) = 3.5, p = .06$.

Strategic Responses to Abuse

The use of strategies to respond to relationship abuse were compared among the relentlessly stalked and infrequently stalked battered women. The findings from these analyses are presented in Table 3. Relentlessly stalked women were more likely than infrequently stalked women to obtain an order of protection and to seek medical care. There was a nonsignificant trend for relentlessly stalked battered women being more likely to have gone to a battered woman's shelter. No differences were found in the likelihood of having contacted the police, having sought assistance from mental health sources, including hotlines, counselors and therapists, or from members of the clergy. We computed a simple sum of the seven dichotomously scored help-seeking behaviors to assess differences in global strategic responding. Overall, relentlessly stalked battered women engaged in a greater number of help-seeking behaviors ($M = 4.3; SD = 1.3$) than infrequently stalked battered women ($M = 3.5; SD = 1.3$), $t(64) = -2.39, p = .02$.

Finally, a greater number of prior attempts to leave the relationship were reported by relentlessly stalked than infrequently stalked battered women (5 or fewer attempts: 35% vs.

71%; 6-15 attempts: 41% vs. 19%; 16+ attempts: 24% vs. 10%, respectively, $\alpha^2(2) = 8.3, p = .02$.

Mental Health Consequences of Relentless Stalking

A MANOVA was used to evaluate whether relentlessly stalked women were more psychologically distressed than those who reported infrequent stalking. The overall MANOVA was significant, Wilks's Lambda = .89, $F(2,62) = 3.9, p = .025$. Follow-up univariate tests were conducted to evaluate the significance of the individual distress measures. At a univariate level, symptoms of both posttraumatic stress disorder (Infrequent: $M = 44.0; SD = 9.3$; Relentless: $M = 49.6; SD = 10.4, t(63) = -2.26, p < .05$) and depression (Infrequent: $M = 27.1; SD = 10.9$, Relentless: $M = 34.9; SD = 11.9, t(63) = -2.75, p < .01$) were more severe among women reporting relentless stalking. An index of impairment was created by summing the nine dichotomously scored impairment items from the PDS. PTSD-related impairment was very high among both groups of women, endorsing an average of nearly seven out of a total of nine indices of impairment ($M = 6.9; SD = 2.4, t(63) = < 1.0, ns$).

Within-Group Correlations

To explore the possibility that the stalking groups might be differentiated on qualitative as well as quantitative dimensions, within-group correlations among several mental health, strategic responding and abuse variables were computed. Increased strategic responding was associated with greater symptoms of PTSD ($r = .42, p = .02$), and increased symptoms of depression ($r = .28, p = .12$) for the infrequently stalked women, but not for those who were relentlessly stalked (r 's = $-.10, .03$, respectively). Symptoms of depression were more strongly associated with dominance/isolation ($r = .43, p = .01$) among the relentlessly stalked, compared to the infrequently stalked women ($r = .16, n.s.$), as were injuries ($r = .41, p = .02; p = .16, n.s.$, respectively). Emotional/verbal abuse was moderately correlated with depression (r 's = $.35, .36; p = .04$) in both groups.

Both forms of psychological abuse were more strongly associated with increased PTSD symptoms among the infrequently stalked than the relentlessly stalked battered women: emotional verbal: $r = .44, p = .01; r = .27, p = .13$, respectively; dominance/isolation: $r = .45, p = .01; r = .31, p = .08$, respectively. Finally, sexual coercion was highly correlated with injuries ($r = .42, p = .01$) among the relentlessly stalked, but was unrelated to injuries among the infrequently stalked women ($r = .07, ns$).

DISCUSSION

This article represents one of the first efforts to examine the experiences of relentless stalking among battered women who were also subjected to high levels of concomitant and subsequent emotional, physical and sexual abuse. The sheer magnitude of stalking faced by the battered women was notable, particularly given the relative lack of attention accorded to stalking in the research literature and in assessment and intervention practices targeted toward battered women. Findings from this article highlight the experiences of a subsample of battered women that could be distinguished *a priori* based on the qualitative and quantitative patterns of stalking they experienced. Relentlessly stalked women in our sample were defined by having experienced a minimum of six different stalking events occurring *at least* weekly, yet it is notable that the mean number of such events was ten, and only two women reported no incidents of stalking by their partners during a six-month period for which stalking was assessed. For some women, stalking events were daily occurrences.

The staggering persistence and relentless pursuit of battered women during and after leaving their relationships is alarming and aptly fitting within the rubric "obsessional

following” (Meloy, 1996) that has been applied as a label to describe unwanted, unremitting pursuit by romantic partners. Results provide growing support for the conceptualization of stalking (among battered women) as a particularly virulent form of the dominance and isolation component of emotional abuse (Mechanic, Weaver, & Resick, 2000). Research suggests that it is psychological abuse rather than physical violence that appears to instill the greatest amount of fear in battered women (Mechanic, Weaver & Resick, 2000; Sackett & Saunders, 1999). Despite the emerging associations between stalking and psychological abuse, and at the severe end, between stalking and high levels of violence, assessment of stalking-related behaviors has been relatively underrepresented on all measures of psychological abuse and physical violence used for both research and for screening purposes in victim assistance, medical, mental health care settings. These findings underscore the need to include an assessment of stalking-related behaviors in measures of abuse used in all contexts: screening, intervention, and research. Future research needs to continue to explore the nexus between stalking and emotional/psychological abuse by focusing on women reporting little or no co-occurring physical violence in order to more clearly delineate the inter-relationships among these overlapping constructs.

Relentlessly stalked women reported extremely high levels of concurrent emotional abuse, sexual assault, and physical violence resulting in severe injuries such as loss of consciousness. While this study was not explicitly designed to assess lethality per se, our data suggest that it might be fruitful to consider the type of relentless stalking experienced by the battered women in this sample as a possible risk factor for lethality. The severely stalked women were exposed to multiple episodes of life threatening violence that resulted at times in loss of consciousness, which might be considered a good proxy variable for lethality. The severity and frequency of the violence continued to persist and escalate despite repeated efforts at help-seeking and separating, and these acts may have even elevated the risk of the violence erupting in ways that have lethal potential. Our findings are consistent with those of our previous report which found that stalking was related to fears of future lethal violence perpetrated against battered women who left their abusive partners (Mechanic, Weaver, & Resick, in press). Given the data linking stalking, partner abuse, and femicide (McFarlane et al., 2000) it may be prudent to consider including an assessment of stalking in lethality assessment screening tools such as the Danger Assessment Scale (Campbell et al., 1999c) which does not include stalking behaviors as part of the assessment.

Given the extraordinarily high levels of co-occurring abuse, it is not surprising that the relentlessly stalked women also evidenced greater psychological distress as indexed by symptoms of PTSD and depression. Depression scores for women in the complete sample were in the “severe” range of the scale and were higher than those reported in some other studies of battered women (Orava, McLeod, & Sharpe, 1996; Sackett & Saunders, 1999). However, it is notable that the magnitude of the distress was significantly greater among the relentlessly stalked, even relative to a severe comparison group. Impairment could not be adequately examined due to ceiling effects on the impairment measure due to the generally high levels of impairment reported by all of the battered women in this sample. A more detailed understanding of the multiplicity of ways in which stalking and other forms of intimate partner abuse affect functional impairment would be useful information to gather for both researchers and direct care providers.

Despite the pervasiveness, severity, and multiplicity of abuse perpetrated upon the women in the sample identified as “relentlessly stalked,” they evidenced remarkable resilience in their efforts to respond to the abuse in their lives. In spite of greater psychological distress, these women managed to access resources at higher rates than the women exposed to less severe abuse. However, the high rates of help-seeking in both groups support the emerging consensus that battered women are active in their efforts to strategically respond to the violence they experience (e.g., Gondolf & Fischer, 1988). Moreover, the relentlessly stalked battered women

reported having made a greater number of attempts to leave their partners, which may have been a trigger for increased violence (e.g., Mahoney, 1991). However, these findings do not address the extent to which existing services are adequate for dealing with the extreme and unremitting violence faced by stalked and battered women.

While the relentlessly stalked women reported more severe abuse, greater psychological distress, and increased strategic responding, preliminary examination of within-group correlations suggest some complicated findings with respect to the inter-relationships among these variables within each group. Greater psychological distress was associated with increased strategic responding, only for the women who experienced relatively lower levels of stalking. In concert with the findings of Arias and Pape (1999), these results indicate that strategic responding is may be differentially affected by the presence of abuse-related symptomatology. Psychological abuse evidenced stronger relationships with symptoms of PTSD and depression among the infrequently stalked women, a relationship also documented in other studies of battered women (e.g., Dutton et al., 1999). It is likely that the diminished relationship between psychological abuse and symptoms among the relentlessly stalked women is a function of the extremely high levels of psychological abuse in this group, thus restricting the range of scores suppressing the correlation for that subgroup. Not only was sexual coercion reported more frequently by the severely stalked women, but these experiences associated with injuries only among women who reported relentless stalking.

Despite numerous efforts to leave and seek help, the relentlessly stalked women were more likely to be physically assaulted and stalked after they left their abusive partners. The post-separation stalking was not confined to the women themselves. Threats to harm, abduct or threaten child custody were more often experienced by the relentlessly stalked women. The continued use of coercive control via threats to children or child custody is another arena of intervention that has not been successfully navigated for many battered women (Doyne et al., 1999). Court-ordered visitation can serve as a potent means for a batterer to continue a reign of terror and coercive control against his partner, via the children. These data underscore the need to better assist battered women, especially those also experiencing high levels of stalking with finding safety as they make efforts to exit abusive relationships. Moreover, we may need to broaden our conceptualization of “assistance,” by considering other strategies for intervening with abusers who commit these relentless acts of continued pursuit.

Although the relentlessly stalked women did report a higher level of symptoms, these findings pale in the face of the extreme levels of concomitant and subsequent violence they face. The literature on PTSD indicates that each form of abuse experienced by these women is by itself a “high magnitude,” event, meaning it carries with it a high risk of developing PTSD upon exposure. Consequently, disentangling the independent contributions of physical aggression, injuries, sexual assault, and psychological abuse to the development of posttraumatic symptoms in this sample of severely and acutely battered women did not seem to be meaningful approach to understanding the phenomenon. However, this is an important task and should be completed in a considerably more heterogeneous sample with respect to the dimensions of intimate partner abuse experienced.

Limitations of this study include the small sample sizes of women in each of the two stalking groups, coupled with the homogeneity of abuse experiences that limited our ability to study these phenomena with respect to abuse occurring at lower levels of the severity spectrum. These methodological issues resulted in ceiling effects leading to diminished power to detect differences on some measures, especially those with very low or very high base rate of occurrence in the sample. Nonetheless, these encouraging results can serve as a springboard to evaluate these important questions in samples of women with considerably greater heterogeneity with respect to stalking, psychological abuse and physical violence.

Miller, Cohen and Wiersema (1996) estimated that intimate partner violence costs \$67 billion dollars per year (estimated in 1993 dollars), accounting for nearly 15% of total crime costs. These costs accrue from medical expenses, other tangible losses and reductions in quality of life and functional impairment as a consequence of partner abuse. Clearly the reduction of quality of life and functional impairment stemming from severe intimate partner abuse and stalking can be profound (Byrne, Resnick, Kilpatrick, Best, & Saunders, 1999; Fairbank, Ebert, & Zarkin, 1999). Finding ways to decrease the deleterious impact of stalking and other forms of intimate partner violence on women's lives must be considered our highest priority.

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Mindy B. Mechanic, Terri L. Weaver, and Patricia A. Resick, Department of Psychology and Center for Trauma Recovery, University of Missouri-St. Louis. Terri Weaver is now in the Department of Psychology at Saint Louis University.

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TABLE 1

Group Comparisons on Indices of Concomitant Abuse

| Measure | Relentlessly Stalked <i>n</i> = 35 | | | Infrequently Stalked <i>n</i> = 31 | | | <i>F</i> | <i>p</i> | | |
|--------------------|---------------------------------------|-----------|------|---------------------------------------|-----------|------|----------|----------|------|------|
| | <i>M</i> | <i>SD</i> | Max. | <i>M</i> | <i>SD</i> | Max. | | | | |
| PMWI-D/I | 31.2 | 6.2 | 10 | 35 | 21.50 | 6.4 | 11 | 34 | 38.5 | .000 |
| PMWI-E/V | 31.9 | 4.7 | 17 | 35 | 26.90 | 6.0 | 12 | 35 | 14.8 | .000 |
| CTS-PA | 120.0 | 65.0 | 13 | 256 | 53.80 | 47.2 | 12 | 194 | 21.9 | .000 |
| CTS-I | 39.2 | 20.6 | 5 | 74 | 17.60 | 18.0 | 5 | 71 | 20.2 | .000 |
| Sexual Coercion | 17.0 | 17.5 | 2 | 50 | 8.80 | 13.8 | 2 | 50 | 4.4 | .040 |
| Lost Consciousness | 1.0 | 1.0 | 0 | 4 | .32 | .6 | 0 | 2 | 10.3 | .002 |

Note. PMWI-EV = Psychological Maltreatment of Women Inventory-Emotional Violence subscale; PMWI-DI = Psychological Maltreatment of Women Inventory-Dominance/Isolation Subscale; CTS-I = Conflict Tactics Scale 2-Injury Subscale; CTS-PA- Conflict Tactics Scale 2-Physical Assault Subscale. High scores reflect higher endorsement of the construct.

Possible ranges for the scales are as follows: PMWI-EV and DI (7-35); CTS-PA (0-300); CTS-I (0-150); Sexual Coercion (0-50); and Lost Consciousness (0-4).

Degrees of freedom for the univariate *F*'s (1,64).

TABLE 2

Group Comparisons on Indices of Post Separation Stalking

| Measure | Relentlessly Stalked | | | Infrequently Stalked | | | t | P | | |
|------------------|----------------------|-----|------|----------------------|----------|------|----|---|-------|------|
| | M | SD | Max. | M | SD | Max. | | | | |
| General Stalking | 3.2 | 3.4 | 0 | 10 | 1.0 | 1.8 | 0 | 7 | -2.89 | .005 |
| Child Threats | 2.0 | 2.4 | 0 | 8 | 0.4 | 1.1 | 0 | 4 | -2.33 | .026 |
| | % | n | % | n | χ^2 | p | df | | | |
| Physical Assault | 22 | 7 | 4 | 1 | 3.5 | .06 | 1 | | | |

Note. These analyses were restricted to women who were separated ($n = 56$), and the numbers responding to the child-related questions were smaller due to the lack of children for some women (child threats, $n = 22$). Possible ranges for both scales are 0-12.

TABLE 3

Group Comparisons on Strategic Responses to Abuse

| Variable | Relentlessly Stalked <i>n</i> = 35 | | Infrequently Stalked <i>n</i> = 31 | | χ^2 | <i>p</i> |
|----------------------------|---------------------------------------|----------|---------------------------------------|----------|----------|-----------|
| | % | <i>n</i> | % | <i>n</i> | | |
| Obtain Order of Protection | 74% | 26 | 45% | 14 | 5.8 | .02 |
| Seek Medical Care | 77% | 27 | 55% | 17 | 3.7 | .05 |
| Seek Shelter | 71% | 25 | 52% | 16 | 2.7 | .09 |
| Contact Police | 86% | 30 | 81% | 25 | < 1 | <i>ns</i> |
| Seek Mental Health Care | 77% | 27 | 81% | 25 | < 1 | <i>ns</i> |
| Seek Clergy | 43% | 15 | 39% | 12 | < 1 | <i>ns</i> |

df = 1 for all analyses.