



# Guide to Screening for Stalking in Healthcare Settings

## Why Ask About Stalking?

Stalking is a prevalent and dangerous victimization that can significantly impact health. [Stalking victims experience higher rates of a variety of health issues](#) – from anxiety to blindness to chronic disease – than people who are not stalked.

Additionally, stalking often precedes physical and/or sexual violence, making identification and intervention particularly urgent to prevent and address harm and injury. Identifying stalking **and also** making the appropriate referrals can help keep victims healthier and safer. In addition, introducing stalking education in healthcare settings can open the door for future conversations and assistance.

**1 IN 4 STALKING VICTIMS REPORT FEELING PHYSICALLY SICK**

Brady, P. (2024). Analysis of the 2019 National Crime Victimization Survey: Supplemental Victimization Survey. (ICPSR version). United States: Bureau of Justice Statistics. Ann Arbor, MI: Inter-university Consortium for Political and Social Research.

The guidance in this stalking screening tool is not intended as a basis to diagnose patients and/or solicit explicit or detailed disclosures. Rather, the information is meant to help providers learn the signs of stalking, introduce the topic in healthcare spaces, and refer patients who indicate a significant likelihood of stalking victimization to appropriate help.

**Stalking screening is only meaningful if a positive screen leads to helpful action. Before screening starts, healthcare agencies must build partnerships with victim service providers, create a clear plan for referrals, and ensure providers are trained to respond appropriately to patients who may be experiencing stalking.**

**1 IN 3 WOMEN & 1 IN 6 MEN EXPERIENCE STALKING AT SOME POINT IN THEIR LIFETIMES**

Smith, S.G., Basile, K.C., & Kresnow, M. (2022). The National Intimate Partner and Sexual Violence Survey (NISVS): 2016/2017 Report on Stalking. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Note that most domestic violence and/or rape crisis agencies provide services for stalking victims even if they aren't marketed that way (see the section "[where can stalking victims go for help?](#)" for more information). Since there are no stalking hotlines or stalking crisis centers in the United States, it often falls to domestic violence and rape crisis agencies to support stalking victims. [Learn more about building partnerships at this link.](#)



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## Refresher: What is stalking?

Stalking is a criminal, traumatic, and dangerous victimization that is often misunderstood. Stalking is a pattern of behavior directed at a specific person that would cause a reasonable person to feel fear for their safety or the safety of others, and/or suffer substantial emotional distress.

While you don't need to be an expert on stalking to help patients, all providers screening for stalking should, at minimum, attend a short training and become familiar with the basics.

- Complete the short [eLearning training about stalking, health, and screening](#) designed to go along with this guide (20-30 minutes).
- Use these resources as a refresher on stalking dynamics and behaviors:
  - Review the [SPARC Stalking Victim Handbook](#) (available in multiple languages and a great tool for discussing stalking with patients)
  - Watch [this series of SPARC awareness videos](#) (15 minutes).
  - Complete these short eLearning trainings (20-30 minutes each) covering the basics of stalking: [What is Stalking?](#), [Identifying Stalking](#), [Stalking Prevalence & Behaviors](#)
- For more information about stalking and healthcare:
  - [Infographic on Stalking & Health](#)
  - [Fact Sheet: Stalking & Health](#) (Spanish available [here](#))
  - [Short Video: Health Impacts of Stalking](#)
  - [Recorded Webinars](#):
    - [Health Impacts of Stalking](#)
    - [Stalking of Healthcare Professionals: A Roundtable Discussion](#)



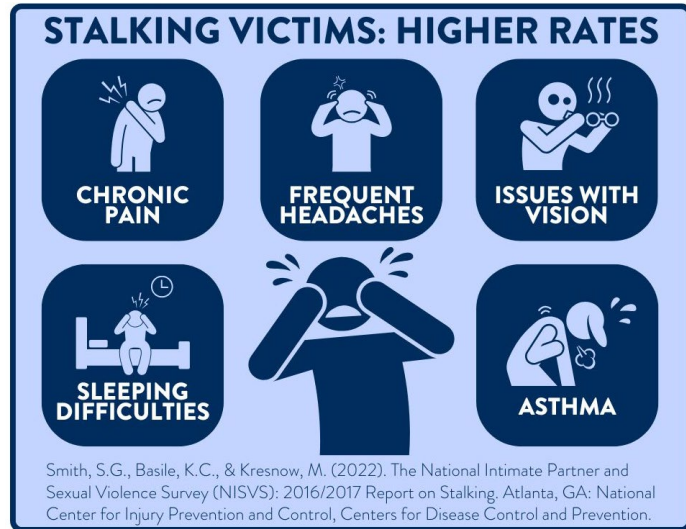
## Why Healthcare Settings?

Stalking victims need help, but few know how or where to ask. Most stalking victims do not seek out victim services or report to police.



However, stalking victims may visit a healthcare provider for help with health issues they experience as a result of the stalking. Healthcare settings are a critical entry point to identify stalking and help get victims to the right services to enhance their safety and consider their legal options.

- Stalking may be the root cause of some of the patient’s health concerns. Identifying stalking in a healthcare setting can help more fully address the patient’s health needs.
- Victims may be more comfortable disclosing to a health provider than talking to police. Not all victims want to involve the criminal justice system.
- It is rarely clear where stalking victims should go for help, as there are no stalking hotlines or stalking crisis centers in the United States. While victim service agencies (for example, rape crisis centers or domestic violence shelters) can and do provide services for stalking victims, most people are not aware that this is available.



Healthcare professionals can help victims identify stalking and connect them to further help.

## How Should I Screen?

**Before screening for stalking, determine appropriate local resources that you can confidently make referrals to.**

There are different screening options depending on your role, time available, setting, and judgment of what will be most helpful in assessing the patient. You may wish to ask questions verbally, provide a written screening tool, or both.

- [Verbal screening questions](#) (preferred; page 9)
- [Written screening tool](#) (first ensure the patient is able to read and understand the questions; page 11)



The same trauma-informed practices for screening for dating/domestic and sexual violence apply to stalking screening. Learn more about trauma-informed healthcare [at this link](#).

**The goal is for healthcare providers to recognize signs of stalking, to educate all patients on stalking, and to provide resources for further help.  
Do not push the patient for disclosure and/or details of their experience.**

## Co-occurring Victimizations

Many healthcare facilities screen for sexual and/or domestic/dating violence. If a patient reports sexual assault or physical assault, follow your facility/hospital/jurisdictional protocols to offer medical forensic care by a trained SANE or SAFE (sexual assault nurse/forensic examiner).



### If a patient has disclosed sexual assault, ask about stalking behaviors connected to the assault as well:

- Has the person who did this been showing up, watching you, following you, threatening you, disrespecting your privacy, or otherwise making it difficult to live your normal life?
  - Did they follow you, contact you, learn information about you, or otherwise seem to target you **before or after** they harmed you?
  - After the [assault/incident], have they done or said anything to threaten you (or others in your life)?
  - Are you worried they will harm you again or that they might continue to show up, watch you, follow you, threaten you, disrespect your privacy, or otherwise make it difficult to live your normal life?

### If the patient has disclosed domestic/dating violence, ask about stalking as well:

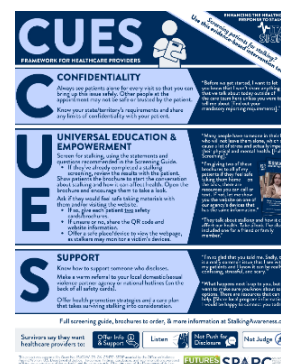
- Has your current or previous partner been showing up, watching you, following you, threatening you, disrespecting your privacy, or otherwise making it difficult to live your normal life?

## Creating a Safe Environment: CUES Framework

Stalking screening should be done in the context of the [CUES framework](#), an evidence-based intervention tool for healthcare providers. Review, print, and share [the CUES poster](#) in your workplace for quick tips and reminders about this promising practice (available as the last page in this document).

### C: Confidentiality

- Always see patients alone for a portion of every visit so that you can bring up this issue safely.
  - Other people at the appointment may not be safe or trusted by the patient.
  - Know your state/territory/jurisdiction's mandatory reporting requirements and share any limits of confidentiality with your patient.



## **UE: Universal Education & Empowerment**

- Screen for stalking, using the sample statements and verbal or written questions recommended in this Screening Guide. If the patient completes a written stalking screening, review the results with the patient.
- Show patients [this SPARC brochure](#) to start the conversation about stalking and how it can affect health. Open the brochure and encourage them to take a look at the information.
  - Ask if they would feel safe taking printed brochures with them and/or visiting the website.
  - Offer each patient two brochures.
  - If they are unsure or don't want the brochures, share the [online version of the brochure](#) (the written screening tool has a QR code linking to the online version).
  - Offer a safe place/device to view the online version, as stalkers may monitor a victim's devices.
- If taking physical copies, give two so they can share with a friend/loved one.
  - More information on helping friends and loved ones experiencing stalking is [available on the SPARC website](#).

## **S: Support**

- Know how to support someone who discloses.
- Make a warm referral to your local domestic/sexual violence partner agency or national hotlines (local information should be added to the back of all brochures).
- Offer health promotion strategies and a care plan that takes surviving stalking into consideration.

## **What should I do if screening indicates a low likelihood of stalking?**

**Answering “no” to all questions indicates a low likelihood of stalking. If the screening indicates a low likelihood of stalking, it is still helpful to remind the patient that you are a safe person to come to with any future issues.**

- Patients experiencing stalking may answer “no” because they do not want to disclose to you at this time. Make it clear that they can come to you for help at any time.
- Sample statements:
  - “If you do find someone bothering or scaring you, please know this is a safe place to discuss those concerns.”
  - “Since this is such a common issue, I'd like to share some resources with you that you can share with a friend.”

### **If using the written tool, still follow up verbally and offer brochures explaining the basics of stalking.**

- Explain that you are still going to share information in case they – or someone they know – do experience this problem in the future.
- Sample statements:
  - “Your answers to these questions indicated a low likelihood of stalking, but I’d still like to share some information.”
  - “Since this is a such a common issue that I see with patients, I’m going to give you some information just in case you – or someone you care about – have this experience in the future.”



### **Always provide information and options.**

- [Order or print the SPARC stalking and healthcare brochure](#) to have available to offer patients and/or have the patient access the online version (the QR code link is on the written screening tool).
- [The SPARC Victim Handbook](#) is another useful resource to talk through the basics of stalking with a patient. It is available in multiple languages, and can be printed or accessed online.
- Sample statement:
  - “Here’s some basic information about stalking. These resources can help you or someone you know.”

## **What should I do if screening indicates a high likelihood of stalking and/or the patient discloses they are a victim?**

**Answering “yes” to one or more questions indicates likelihood of stalking. Screening is only meaningful if a positive screen leads to helpful action.** Healthcare providers should respond with empathy, provide information, and make a warm referral to the appropriate local resource(s).

- **Respond with empathy** and make it clear that the patient did the right thing by telling you.
  - Sample statements:
    - “Thank you for telling me – I’m sure it was difficult to share.”
    - “I’m so glad you told me.”
    - “No one deserves to be treated that way.”
    - “Sadly, this is a really common issue that I see with my patients and I know it can be really confusing, stressful, and scary.”

- **Provide information and options.**

- [Order or print the SPARC stalking and healthcare brochure](#) to have available to offer patients and/or have the patient access the online version (the QR code link is on the written screening tool).
- [The SPARC Victim Handbook](#) is another useful resource to talk through the basics of stalking with a patient. It is available in multiple languages, and can be printed or accessed online.
  - Note that it may not be safe for patients to take written materials with them and/or visit the website on their own device, as stalkers often monitor their victims in-person and through technology; this can alert the stalker that the victim is seeking help and put them at greater risk.
  - Ask about safety concerns and offer alternatives, like using an office computer or phone.
- Sample statements:
  - “Here’s some basic information about stalking.”
  - “What happens next is up to you, but I want to make sure you know about some options.”
- Suggest that they start to document every incident using a [documentation log](#) and consider taking a [risk assessment online](#) – both available at [StalkingAwareness.org](#). Ideally, victims will complete the risk assessment with a victim advocate.

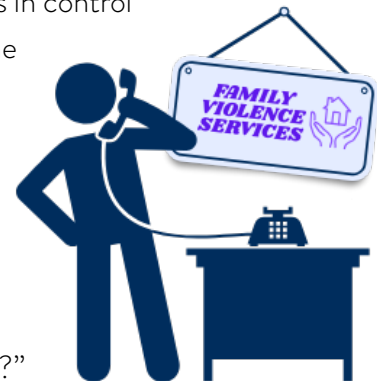
- **Make a warm referral, ideally personally connecting the patient to specific local providers.**

Explain that local victim advocates can help plan for safety, discuss legal options, and connect victims with additional services. Make it clear that the patient is in control of what happens next. Relevant agencies should be listed on the cards/brochures that you hand out.

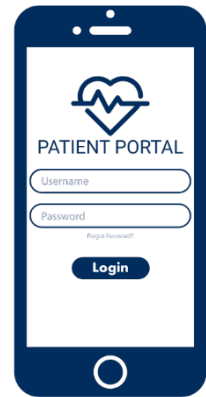
- Ideally, connect the patient to a specific person at an agency while they are with you at the appointment.

Sample statement:

- “I know this really nice person over at [name of agency] who has helped other patients of mine before. Can we give them a call together right now?”
- If they decline, share resources that they can utilize at a later time if they so choose.
    - “It may take some time to figure out what to do. I’d like to give you contact information for [name of agency] so if you’d like to contact them later, you can.”
    - “There are people who can help. I’d like to share some options for you to consider.”



- **Address potential privacy and access concerns with the patient.** While privacy and confidentiality are critical and well-regulated for all patients, be aware that stalkers may try to impersonate their victims (or a family member) to gain access to private health information.
  - Ask the patient if the stalker may have (or gain) access to patient portals or other online health accounts.
  - Be mindful of what notes are included (i.e., don't write "disclosed stalking victimization" in a visit summary that can be accessed through a health portal that the stalker may be able to find).
    - Sample documentation: "Universal education offered, health promotion and harm reduction strategies shared, referrals offered, and follow up discussed."
    - For more information, see [Futures Without Violence: "Privacy Principles for Protecting Survivors in Healthcare Settings."](#)
  - Stalkers may sabotage the patient by making or canceling appointments, picking up prescriptions, or otherwise causing harm and creating barriers to the patient accessing care. Consider more lenient cancellation policies and other accommodations relevant to your agency's policies and practices.
  - Stalkers may also impersonate healthcare professionals and contact the patient. Consider having a password the patient and healthcare professionals can use to verify it's really them if they call.
  - The same privacy principles for protecting survivors of dating/domestic and sexual violence apply to survivors of stalking. If you're new to privacy considerations in this context, [review this guide](#).



## Where can stalking victims go for help?

**Before screening for stalking, determine appropriate local resources that you can confidently make referrals to.** Building meaningful relationships with local partners is critical.

Domestic violence and sexual assault services are often the best place to start. Even if the stalker is/was not an intimate partner (for example, the stalker is a neighbor, estranged friend, or stranger), **many domestic violence service providers will work with victims of stalking.** Stalking survivors are usually eligible for the same services and resources that domestic violence victims are (especially federally- and state-funded services).

- Ask your local partners what services they do and do not provide for stalking survivors before referring victims.
- [VictimConnect](#), the [DV Hotline](#), and [RAINN](#) are national hotlines that make local referrals.

## Verbal Screening Questions<sup>1</sup>

### **Introductory Statement Options:**

- I don't know if this is a problem for you, but many of the people I see as patients are dealing with an unwanted person in their life who is causing them stress. Since this often has real impacts on health, I've started asking everyone about it.
- Many people have someone in their lives who will not leave them alone, which can cause a lot of stress and actually impacts their physical and mental health.
- Stalking is so common in our society and has real effects on health, but it's often not taken seriously – so I have started asking all of my patients about it.

### **Single Question Options:**

- Has anyone in your life been following you, watching you, showing up unexpectedly, or communicating with you in ways that seem obsessive or make you concerned for your safety or the safety of others?
  - Has anyone in your life been showing up, watching you, contacting you, threatening you, disrespecting your privacy, or otherwise making it difficult to live your normal life?
- ***If the patient says “yes” – or seems unsure – proceed to ask about common stalking behaviors.***

### **Asking About Common Stalking Behaviors**

Asking one question is efficient in terms of time, but the generic nature of the question leaves room for confusion – the patient may not know what kinds of experiences you are trying to identify. If you have any sense that the patient may not be clear on what you're asking, consider asking about these common stalking behaviors for a more accurate response. You do not need to read the examples in full, but providing one or two often helps patients better identify what kinds of behaviors you are asking about – use your judgment and assess patient comprehension. The Written Screening Questions Tool has the same questions, so consider printing it to use as a guide.

#### **1) Has this person been tracking, following, or monitoring you in any way without your consent?**

This could happen in-person or through technology. Examples include:

- Reading your text messages, e-mails, or other communications that should be private
- Watching you, following you, or waiting for you at places you go (like the gym or your house)
- Tracking where you go, who you talk to, or other information about you

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<sup>1</sup> Questions are based on Logan, TK, & Walker, R. (2017). Stalking: A Multidimensional Framework for Assessment and Safety Planning, *Trauma, Violence and Abuse* 18(2), 200-222.

**2) Has this person repeatedly initiated unwanted contact with you (e.g., repeated phone calls, texts, messages, emails, gifts, etc. or through third parties)?**

This could happen in-person or through technology. Examples include:

- Contacting you again and again even though you don't want to communicate with them (phone calls, texts, messages, emails)
- Showing up at your work, school, or other places where they are not wanted
- Sending or leaving unwanted gifts, objects, mail, or other items

**3) Has this person, more than one time, intimidated or scared you through threats, property damage, threats or actual harm of pets, or other means?**

This could happen in-person or through technology. Examples include:

- Threatened to share or post private information, photos, or videos of you or people you care about
- Made gestures, said words, or left objects that felt threatening but were not direct threats
- Threatened to harm or kill you, friends, family, pets or others that you care about
- Gotten other people threaten, harass, intimidate, stalk, or attack you or your friends/family

**4) Has this person significantly and directed interfered with your life? (e.g., spread rumors, publicly humiliated you, jeopardized your job, interfered with finances, interfered with your housing)?**

This could happen in-person or through technology. Examples include:

- Damaging your property, stealing your property, or breaking into your home
- Spreading rumors about you, including sharing private images or information
- Physically harming you

**5) Has this person done anything else that's made you feel scared, threatened, or like you can't live your normal life?**

**Follow Up Question(s): Impact**

- Do you feel unsure of how far this person will go and what they might do next?
- Has this situation impacted your physical or mental health in any way?

## Screening Questions: Written

Print the form on the next page to share with the patient and have them complete it independently.

# Written Screening Questions: Stalking

**Has anyone in your life been following you, watching you, showing up unexpectedly, or communicating with you in ways that seem obsessive or make you concerned for your safety or the safety of others?**

Yes  No  Not Sure

**1) Has this person been tracking, following, or monitoring you in any way without your consent?**

Yes  No  Not Sure

This could happen in-person or through technology. Examples include:

- Reading your text messages, e-mails, or other communications that should be private
- Watching you, following you, or waiting for you places you go (like the gym or your house)
- Tracking where you go, who you talk to, or other information about you

**2) Has this person repeatedly initiated unwanted contact with you (e.g., repeated phone calls, texts, messages, emails, gifts, etc. or through third parties)?**

Yes  No  Not Sure

This could happen in-person or through technology. Examples include:

- Contacting you again and again even though you don't want to communicate with them (phone calls, texts, messages, emails)
- Showing up at your work, school, or other places where they are not wanted
- Sending or leaving unwanted gifts, objects, mail, or other items

**3) Has this person, more than one time, intimidated or scared you through threats, property damage, threats or actual harm of pets, or other means?**

Yes  No  Not Sure

This could happen in-person or through technology. Examples include:

- Threatened to share or post private information, photos, or videos of you or people you care about
- Made gestures, said words, or left objects that felt threatening but were not direct threats
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- Gotten other people threaten, harass, intimidate, stalk, or attack you or your friends/family

**4) Has anyone significantly and directly interfered with your life? (e.g., spread rumors or publicly humiliated you, jeopardized your job, interfered with finances, interfered with your housing)?**

Yes  No  Not Sure

This could happen in-person or through technology. Examples include:

- Damaging your property, stealing your property, or breaking into your home
- Spreading rumors about you, including sharing private images or information
- Physically harming you

**5) Has anything else happened that's made you feel scared, threatened, or like you can't live your normal life?**

Yes  No  Not Sure

**If yes to any of the above:**

- **Do you feel unsure of how far this person will go and what they might do next?**
- **And/or has this situation impacted your physical or mental health in any way?**

Yes  No  Not Sure



Use this link to learn about stalking and health from **SPARC**

STALKING  
PREVENTION,  
AWARENESS,  
AND RESOURCE  
CENTER

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# CUES

FRAMEWORK FOR HEALTHCARE PROVIDERS



Use this evidence-informed intervention tool!  
Screening patients for stalking?

## C

### CONFIDENTIALITY

Always see patients alone for every visit so that you can bring up this issue safely. Other people at the appointment may not be safe or trusted by the patient.

Know your state/territory's requirements and share any limits of confidentiality with your patient.

"Before we get started, I want to let you know that I won't share anything that we talk about today outside of the care team here unless you were to tell me about [discuss mandatory reporting requirements]."

## U E

### UNIVERSAL EDUCATION & EMPOWERMENT

Screen for stalking, using the statements and questions recommended in the Screening Guide.

- If they completed the written stalking screening, review the results with the patient.

Show patients the SPARC brochure to start the conversation about stalking and how it can affect health. Open the brochure and encourage them to take a look.

Ask if they would feel safe taking materials with them and/or visiting the website.

- Offer each patient two brochures.
- If they are unsure or don't want the brochure, share the online version using the QR code on the written screen tool.
- Offer a safe place/device to view it online, as stalkers may monitor a victim's devices.

"Many people have someone in their lives who will not leave them alone, which can cause a lot of stress and actually impacts their physical and mental health. [Continue with screening questions]."

"I'm giving two of these brochures to all of my patients if they feel safe taking them home -- on the back, there are resources you can call or text. If not, let me show you the website on one of our agency's devices that has the same information."



"They talk about stalking and how it can affect our health. Take a look. I've also included one for a friend or family member."

## S

### SUPPORT

Know how to support someone who discloses.

Make a warm referral to your local domestic/sexual violence partner agency or national hotlines (local info should be added to the back of all brochures).

Offer health promotion strategies and a care plan that takes surviving stalking into consideration.

"I'm so glad that you told me. Sadly, this is a really common issue that I see with my patients and I know it can be really confusing, stressful, and scary."

"What happens next is up to you, but I want to make sure you know about some options. There are resources that can help. [Share local support information.] I would be happy to connect you today."

Full screening guide, brochures to order, & more information at [StalkingAwareness.org](http://StalkingAwareness.org)

Survivors say they want healthcare providers to:

Offer Info & Support

Listen

Not Push for Disclosure

Not Judge