

Why Should Mental Health Providers Learn About Stalking?

Stalking is a prevalent and dangerous form of victimization that can significantly impact mental health. [People who are stalked experience higher rates of a variety of mental health issues](#)—from anxiety to depression to PTSD—than people who are not stalked.¹ Additionally, stalking often precedes and co-occurs with physical and/or sexual violence, making identification and intervention particularly urgent to prevent and address harm and injury. Identifying stalking behaviors, assessing risk, safety planning, and making the appropriate referrals can help clients experiencing stalking improve their mental health and keep them safer; to learn more, see SPARC’s companion resource [Mental Health Professionals’ Guide to Supporting Clients Experiencing Stalking](#).

- Stalking may be the root cause of some clients’ mental health concerns. Identifying stalking in a mental health setting can help more fully address clients’ mental health needs.
- People experiencing stalking may be more comfortable disclosing to a mental health professional than talking to police. Not all people who are stalked want to involve the criminal or civil justice systems.
- It is rarely clear where people experiencing stalking should go for help, as there are no stalking hotlines or stalking crisis centers. While victim service agencies (for example, rape crisis centers or domestic violence shelters) can and do provide services for people who are stalked, most people are not aware that these options are available.

Mental health professionals can help clients experiencing stalking identify what is happening to them, address the psychological effects of stalking, and connect to further help.

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.

Considering the prevalence of stalking² and the percentage of individuals experiencing stalking seeking mental health services, it is important for mental health professionals to become familiar with the basics of this abusive dynamic.




To review the fundamentals about stalking, watch SPARC’s recorded webinar [Context is Key: Recognizing and Responding to Stalking](#) and review the resources below.

- Use these resources for an overview of stalking dynamics and behaviors:
 - Review this [SPARC Stalking Victim Handbook](#) (also a great tool for discussing stalking with clients)
 - Complete these [eLearning Courses](#) (10-20 minutes each)
 - Watch [this series of SPARC awareness videos](#) (15 minutes)
- For a more in-depth look at stalking and health:
 - [Infographic on Stalking & Health](#)
 - [Fact Sheet: Stalking & Health](#) (Spanish available [here](#))
 - [Short Video: Health Impacts of Stalking](#)
 - Webinar/recorded training: [Health Impacts of Stalking for Healthcare Professionals](#).
- Stalking often co-occurs with other types of victimizations and criminal behavior. Here are some resources to learn more about co-occurring victimizations:
 - [Fact Sheet: Stalking and Intimate Partner Violence](#)
 - [Short Video: Stalking and Intimate Partner Violence](#)
 - Webinar/recorded training: [Stalking & Intimate Partner Violence](#)
 - [Fact Sheet: Stalking and Sexual Violence](#)
 - [Stalking Behaviors and Sexual Violence](#)
 - [Short Video: Sexual Violence & Stalking](#)
 - Webinar/recorded training: [Stalking & Sexual Violence](#)

Understanding Context and Fear

Stalking is unique in that the context of the stalking behavior is critical to identifying and understanding what is occurring. Understanding your client’s response and level of fear may be difficult without knowing the full context of the course of conduct and any relationship that may exist between your client and the stalker. If your client is expressing fear or emotional distress and it is not clear to you why, ask follow-up questions to understand the context of the situation.

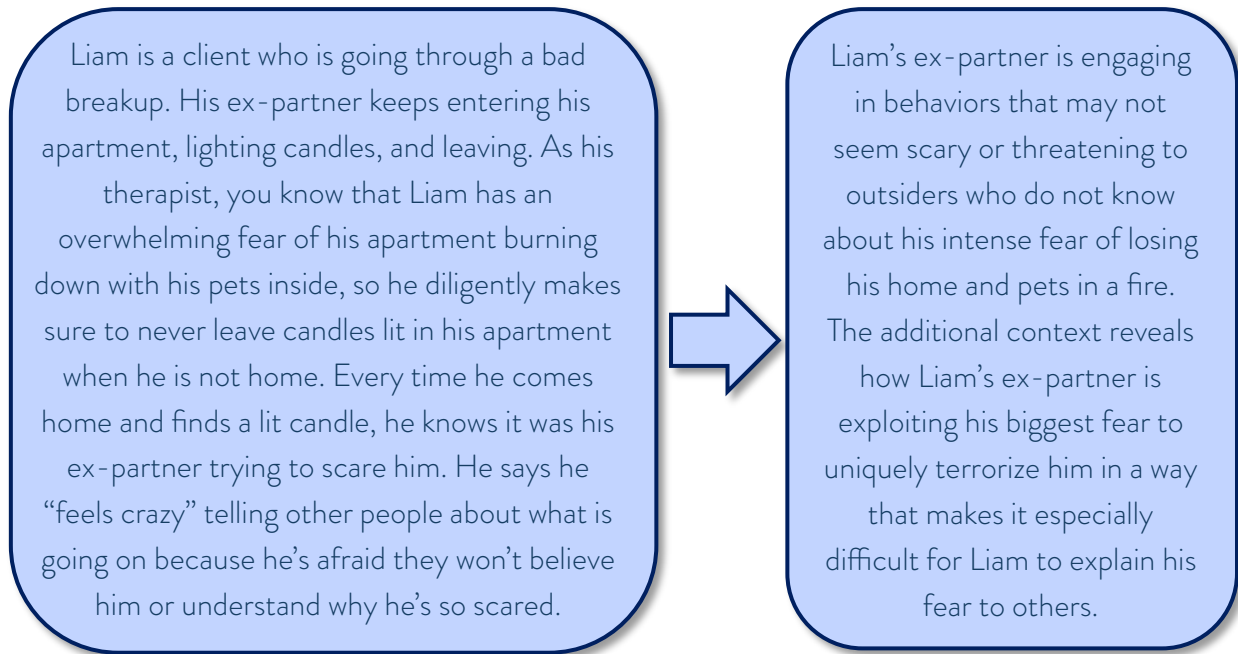


Stalking behaviors often include specific meanings only understood by the victim & may be intended to seem benign to anyone else.

Stalkers may communicate threats covertly in ways that seem harmless to outsiders. For instance, stalkers may send unwanted messages or gifts that seem innocuous or even romantic—such as sending your client a bouquet of roses. But if the context behind the roses is that the stalker has told your client that they will bring roses to the client’s funeral, then the bouquet becomes a death threat. Without this context, your client’s terror may seem irrational. Indeed, stalkers may provoke this reaction in part to discredit your client or cast doubt on their mental health.

It is important for providers to understand that clients may have experienced dismissal or disbelief from other support systems and may therefore take longer to build trust.

Stalkers also exploit specific fears or phobias of the person they are stalking. In the vast majority of cases, the stalker knows the person they are stalking and so may have intimate knowledge about that person's vulnerabilities and fears. The better a stalker knows the person they are stalking, the more they know about that person and what might frighten or intimidate them.

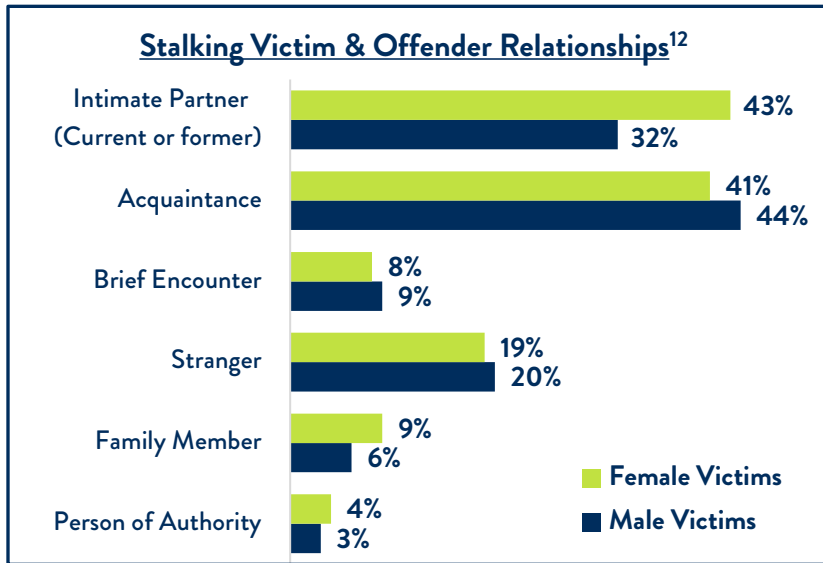


Experiencing stalking is a traumatic experience that can have varying impacts on mental and physical health. As with other forms of trauma, clients may have a difficult time clearly identifying and/or articulating how it has impacted them or makes them feel, particularly if the impact is a vulnerable emotional state like fear. Clients may be afraid or unwilling to name the emotion, may believe that showing fear will escalate the situation or provide satisfaction to the stalker, or may wish to minimize the danger. It’s important for mental health professionals to keep this in mind so they do not overlook a client’s stalking experience and can carefully structure the care and conversations with the client to reinforce their emotional safety and trust. Mental health professionals should provide access to the same levels of support for all clients experiencing stalking, regardless of how fearful they appear.

To identify fear and emotional distress, it is helpful to consider how clients have changed their lives to cope with the stalking. Most people who are stalked take some kind of protective action, such as blocking unwanted contacts, changing their day-to-day activities, changing their personal information, and/or adopting security measures. Learning about the accommodations a client has made in response to the stalking behavior can help mental health professionals assess the intensity and impact of this abusive behavior.

Who are Stalkers?

Many people assume that stalkers are strangers and that the person being stalked does not know who is doing the stalking. While stranger stalking does occur, it is not the majority of cases. In reality, most people are stalked by someone they know, most often an intimate partner (current or former), friend, neighbor, co-worker, or classmate.³ Typically, stalkers want the person they are stalking to know who they are—they are engaging in behavior that is designed to uniquely threaten and terrify the person they are stalking. The misconception that stalkers are typically strangers can impact how a client who is being stalked by someone they know views and identifies their situation.



Intimate Partner Stalkers

While all stalkers can be dangerous and have the potential to be violent, intimate partner stalkers are, on average, the most violent and threatening category of stalker.⁴ In these cases, the stalker often has deep personal knowledge about the person they are stalking, such as their routines, relationships, and vulnerabilities, which can be used to manipulate, threaten, or harm them. Intimate partner stalkers are more likely to engage in severe and escalating forms of harassment, including threats, property damage, and physical or sexual violence.⁵

A common misconception is that stalking usually begins after an abusive relationship ends—that an abusive partner first starts stalking their ex after their ex leaves the abusive relationship. In fact, 57% of people who are stalked by an intimate partner report that the stalking behaviors began while the relationship was ongoing.⁶ A client's partner checking their phone logs, reading their emails, tracking their location and activities—these behaviors may seem normal to your client or less alarming than physical abuse. However, these behaviors are indicators of intimate partner violence AND stalking, and identifying these behaviors as both is critical. Research is clear: when intimate partner violence and stalking co-occur, there is a greater risk of physical violence—including homicide—and comprehensive safety planning is essential.⁷



Stalking Behaviors

Stalkers engage in many different behaviors, and most stalkers use multiple tactics.⁸ They frequently invest time, energy, and money in monitoring and pursuing the person they are stalking. Common stalking behaviors your client may experience include:⁹

- Repeated unwanted contact
- Following or watching the client
- Driving by, waiting at, showing up at, or forcing confrontations at the client's home, school, or work
- Searching for information about the client by conducting public records or online searches, hiring private investigators, digging through their garbage, or contacting the client's friends, family, neighbors, or co-workers
- Sending unwanted gifts, letters, or cards
- Using road rage to scare or harm the client, or others close to them
- Using a third party to monitor, contact, threaten, or harm the client (i.e., proxy stalking)
- Committing identity theft or financial fraud against the client, such as opening, closing, or taking money from accounts
- Using children to harass or monitor the client
- Harassing the friends, family, neighbors, or co-workers of the client
- Publicly humiliating the client
- Posting information or spreading rumors, in public places or by word of mouth
- Symbolic violence, such as ruining up the client's uniform, religious clothing, or favorite jeans
- Keeping the client from leaving
- Vandalizing or destroying the client's property, car, or home
- Violating protective orders or other injunctions
- Threatening to hurt and/or kill the client or their family, friends, pets, or others close to the client as a means to cause the client harm



These behaviors are not exhaustive and may change or escalate over time. The average duration of stalking is approximately two years, and intimate partner stalking tends to last longer than non-intimate partner stalking.¹⁰ Mental health professionals should check in regularly with their clients about the stalker's behaviors, as stalkers often modify their tactics based on how their target reacts. Also note that people who are stalked commonly experience times of little stalking activity and times of constant activity; their level of motivation to focus on the stalking during the course of treatment may fluctuate correspondingly.

Technology-Facilitated Stalking

80% of people who are stalked report being stalked through the use of technology.¹¹ Sometimes called “cyber-stalking,” the technologies and tactics used by stalkers in technology-facilitated stalking constantly evolve and may seem impossible or unrealistic when you first hear about them, but stalkers are creative and often go to great lengths to terrorize their targets. Common technology-facilitated stalking behaviors your client may experience include:

- Repeated phone calls, voicemails, emails, or text messages
- Monitoring the client’s phone, computer, or online activity
- Posting information or spreading rumors about the client on social media sites
- Using technology, such as hidden cameras, to watch the client
- Tracking the client via the use of technology (e.g., GPS or Bluetooth devices, apps)
- Impersonating the client online, in text messages or phone calls, and/or other platforms
- Impersonating others to access the client (masking or spoofing phone numbers, social media accounts)
- Accessing or hacking into the accounts of the client and causing harm
- Humiliating or spreading rumors online about the client
- Using technology to find events and locations the client frequents, and showing up at those locations knowing the client will be there
- Harassing the client’s friends, family members, colleagues, or others close to the client online
- Blackmail or sextortion
- Without permission, sharing intimate images through text messages, messaging apps, online forums, websites, etc.
- Engaging in symbolic violence online, like posting or sending violent photos or videos
- Threatening to post or share private information, photos, or videos (real or fake) online or through text messages, email, messaging apps, etc.
- Posting or sharing private information, photos, or videos (real or fake) online or through text messages, email, messaging apps, etc.
- Using technology to encourage others to harm the client or their friends, family, or pets
- Prohibiting or interfering with the client’s ability to use technology



“I felt like she was in my pocket, and in my house, and in my brain, all of the time, saying these horrendous things, and I couldn’t get away.”
– Stalking Survivor

The impact of technology-facilitated stalking is vast and just as invasive, threatening, fear-inducing, and harmful as in-person stalking.¹² However, this type of abuse is often minimized and not treated as seriously as in-person stalking.

When a person discloses technology-facilitated abuse, too often they are met with a response like, “It’s just online, what’s the big deal?” Stalkers are pervasive in the ways they monitor, surveil, contact, control, and isolate their targets, as well as in the ways they damage targets’ credibility or reputation. The use of technology can make the stalking feel all-encompassing. People experiencing stalking are often told to “just log off” to stop experiencing the abuse. This suggestion can increase a client’s feelings of isolation and can imply that the client is to blame for the stalking, leading to feelings of shame or guilt. It is also vital to recognize that a client logging off or blocking their stalker’s access to them through technology may increase the risk that the stalker escalates their behaviors or shows up in person.

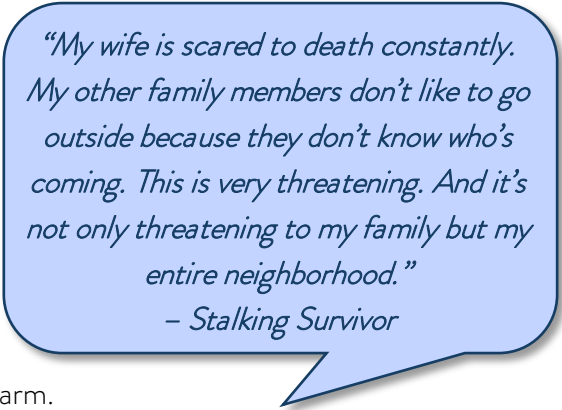
Technology-facilitated stalking should be given the same consideration and concern as in-person stalking. When working with clients experiencing technology-facilitated abuse, always consider the client’s use of technology as a method of support as well as the stalker’s use of technology as a method of abuse. The [Safety Net Project](#) has a toolkit for survivors, information on safety planning, and more.

Proxy Stalking

Some stalkers may ask third parties to contact, follow, threaten, or harm your client; some may attempt to monitor or contact the client’s family members, friends, colleagues, neighbors, or other acquaintances or loved ones to gather information. This practice is called proxy stalking. One in three people who are stalked report that their stalker involved other people to keep track of, harass, harm, and/or threaten them.¹³ Some of these third parties know that they are helping a stalker, while others may be tricked into it. For example, a stalker might call your client’s workplace and ask what time they are working next. Stalkers may also attempt to use children to stalk; intimate partner stalkers in particular may exploit supervised visitation or custody exchanges to gain access to your client. Proxy stalkers are likely to be part of a client’s social network, which makes it even more challenging for the client to reach out for support and can increase their feelings of distrust, betrayal, and hypervigilance.

Target Dispersion

Stalking affects not only clients who are experiencing stalking, but also those in their social network. Known as “target dispersion”, many stalkers will begin to stalk people close to their primary target. Common targets are new romantic partners, family, friends, neighbors, colleagues, and others. For example, your client is being stalked by their ex-partner, who is also contacting, harassing, and threatening members of your client’s social circle as a way to cause your client harm.



“My wife is scared to death constantly. My other family members don’t like to go outside because they don’t know who’s coming. This is very threatening. And it’s not only threatening to my family but my entire neighborhood.”
– Stalking Survivor

Behaviorally, this is still considered directed towards your client, as the stalker’s intent behind target dispersion is still to monitor, scare, threaten, and/or harm your client. However, many people close to your client may also experience negative impacts as a result of the target dispersion and even be considered co-victims in a stalking case.

Screening for Stalking

Mental health professionals can play a critical role in identifying stalking, starting with the intake process. Individuals experiencing stalking rarely identify what is happening as stalking behaviors, nor are they likely to use the word stalking in their disclosures. Including specific questions on intake forms that address repeated unwanted contact, surveillance, threats, or harassment can help uncover stalking behaviors that clients may not recognize or feel comfortable naming. These questions create



an opportunity for clients to share experiences they might otherwise dismiss or minimize, and they provide mental health professionals with crucial information to assess safety, psychological impact, and support needs. Early identification of stalking through intake assessments can guide more effective treatment planning and help build a sense of validation and safety for the client. [See our Guide to Screening for Stalking in Healthcare Settings.](#)

Stalking frequently co-occurs with [intimate partner violence](#) and [sexual violence](#), making it essential for mental health professionals to understand how these forms of abuse overlap. Screening questions that address coercion, jealous or controlling behaviors, threats/intimidation, or unwanted sexual contact can also reveal stalking patterns, especially in cases where the stalker is a current or former partner. Since stalking often overlaps with intimate partner violence but can persist long after a relationship ends, mental health professionals should be attuned to these dynamics and ask follow-up questions when red flags appear. [Stalking can also overlap with sexual violence in many ways](#), including as part of planning a sexual assault, monitoring a victim after a sexual assault, taking or stealing or sharing intimate images without permission, and more. By recognizing how these dynamics intersect, and by using screening tools that account for them, clinicians can more accurately identify risk, respond to complex trauma, and ensure that appropriate safety and therapeutic measures are in place.

Listening for Stalking

Your client may disclose stalking behaviors during the course of care without using the words “stalking” or “fear” to describe their experiences. They may seek mental health services to address and alleviate the negative psychological and emotional impacts from what is happening to them without ever naming it as “stalking” or saying that they are afraid, so it is important to understand how

to listen for signs that your client may be experiencing stalking. You may hear your client say things like, “My ex is bothering me,” “An old co-worker is being weird,” or “My neighbor is harassing me.” While stalking often occurs in dating and domestic violence situations, stalkers are not always current or former intimate partners. If your client discloses that they are experiencing repeated behaviors from *anyone* that causes them emotional distress, they may be experiencing stalking. Your client may disclose this information over time during the course of treatment, so it is vital to listen for signs of stalking and statements of emotional distress.



During her third therapy session, Kaleigh mentioned feeling anxious at home, describing how her neighbor had begun standing outside her window late at night. At first, she dismissed it as a weird coincidence, but over the following week, he started leaving notes on her door expressing anger over a noise dispute. In session five, Kaleigh reported avoiding parts of her home and keeping the blinds shut, saying she felt “on edge all the time” but wasn’t sure if she was overreacting. She described seeing him follow her when she left for work and said she now takes longer routes to avoid him. In session six, she shared that he had begun recording her on his phone whenever she stepped outside. Kaleigh said, “He hasn’t touched me or said anything threatening, so I don’t know if it’s serious, but it’s freaking me out.” By session seven, Kaleigh admitted she had stopped inviting friends over and avoided going outside alone, saying, “It’s gotten so uncomfortable, I don’t even want to go to the mailbox anymore.” Kaleigh hesitated to call it anything serious and said she was frustrated that it was impacting her so much, saying, “It’s just some neighbor with a grudge—it shouldn’t be affecting me this much.”

Clients Engaging in Stalking Behaviors



Mental health professionals may also work with clients who are themselves engaging in stalking behaviors. Clients may knowingly disclose to their mental health provider that they are repeatedly monitoring, contacting, threatening, or harming someone. Conversely, they may unknowingly disclose stalking behaviors by saying things like, “I know they told me to stop calling them, but I can’t help myself,” “I keep checking their social media to see where they are so I can show up and get them to talk to me,” or “I’ve been asking our kids to give me updates about their new dating life.” When working with clients who are engaging in stalking behaviors, mental health professionals should assess for risk to the person being stalked and refer to their specific state’s law requirements regarding duty to warn/protect as well as mandated reporting requirements for minors, dependent adults, and elderly individuals.

Supporting Clients / Learning More

Stalking is a serious form of violence that is often misunderstood and minimized. It is vital that mental health professionals are able to identify stalking behaviors and the barriers that clients experiencing stalking face in order to be able to help them and refer them to appropriate additional services. To be better prepared to help and refer clients, see SPARC's companion resource [Mental Health Professionals' Guide to Supporting Clients Experiencing Stalking](#).

To learn more about stalking, visit StalkingAwareness.org. Contact SPARC at tta@stalkingawareness.org with questions, concerns, or requests for technical assistance on responding to survivors of stalking. While SPARC resources can help mental health professionals, other professionals, and survivors learn more about stalking, SPARC does not provide direct services to victims and survivors of stalking. The resources below may be particularly useful for mental health professionals:

- [Tools to help identify stalking](#)
- [Short Handbook for Stalking Victims \(available in 10 languages\)](#)
- [Stalking Incident & Behavior Log \(available in 10 languages\)](#)
- [Safety Planning Strategies for Stalking Survivors](#)
- [Stalking's intersections with specific victimizations and specific populations](#)



Citations

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- ⁷ Logan *supra* note 5.
- ⁸ Mohandie, K., Meloy, J. R., McGowan, M. G., & Williams, J. (2006). The RECON typology of stalking: Reliability and validity based upon a large sample of North American stalkers. *Journal of Forensic Sciences*, 51(1): 147-155. <https://doi.org/10.1111/j.1556-4029.2005.00030.x>
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