

Stalking and Harassment



What health workers need to know
about gender-based violence

The Scottish Government has introduced a national programme of work across NHS Scotland to improve the identification and management of gender-based violence. A national team has been established to support its implementation.

This guide is one of a series developed by the programme to support health staff. It has been written and compiled by Shirley Henderson (Shirley Henderson -writing, editing and consultancy, www.shirleyhenderson.co.uk) and Katie Cosgrove, Programme Manager (GBV Programme, NHS Scotland).

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Who is this guide for?

This guide is one of a series designed to support health workers to work effectively with the victims of gender-based violence in line with national guidance issued to health boards,^{a,b} and the Scottish Government's shared approach to tackling violence against women.^c

As a health worker you are in a unique position to respond to such abuse. You are not expected to be an expert or to provide everything a patient needs, but you can play a crucial part in improving the immediate and long-term health impact on all those affected.

The series of practice guides covers the following aspects of gender-based violence:^d

- **What health workers need to know about gender-based violence: an overview**
- **Domestic abuse**
- **Rape and sexual assault**
- **Childhood sexual abuse (adult survivors)**
- **Commercial sexual exploitation**
- **Stalking and harassment**
- **Harmful traditional practices (for example, forced marriage, female genital mutilation, and so-called 'honour' crimes)**

Note: Given prevalence statistics, the terminology used in this guide assumes victims are female and perpetrators are male. This is not always the case, however, and the principles of the healthcare response apply to both women and men.

^a Gender-based violence encompasses a range of abuse most often perpetrated by men against women and girls. It includes domestic abuse, rape and sexual assault, childhood sexual abuse, commercial sexual exploitation, stalking and harassment and harmful traditional practices, such as forced marriage and female genital mutilation.

^b SGHD Chief Executive's Letter to health boards on identifying and responding to gender-based violence www.sehd.scot.nhs.uk/mels/CEL2008_42.pdf

^c 'Safer Lives: Changed Lives. A Shared Approach to Tackling Violence against Women in Scotland' Scottish Government 2009 www.scotland.gov.uk/Publications/2009/06/02153519/0

^dThese are available at www.gbv.nhs.scot.uk

What are stalking and harassment?

Although there is no statutory definition of stalking in Scotland, according to the former Scottish Executive 'generally stalking and harassment means intentional behaviour, involving more than one incident, which causes fear, upset or annoyance to the victim'.¹

This behaviour involves persistent, repeated and unwanted attention, often from someone known to the victim.

It can take many forms, and vary in intensity and seriousness. It is seldom an isolated incident, and can include:

- Following / surveillance
- Hanging around an individual's home, place of work and so on
- Repeated unwanted phone calls, texts and/or emails
- Unwanted gifts, cards, flowers etc
- 'Cyber' stalking on the internet
- Driving past the individual's home, school or work
- Threats made in person or by phone calls, emails, letters or texts to the individual or family/friends
- Damage to cars or other property
- Theft
- Physical or sexual assault

The duration of stalking and harassment also varies. In the British Crime Survey, 23% of women noted that it ended after a few days, whilst 25% were subjected to this abuse for a period of one to six months. In 14% of cases the behaviour continued for one to five years with a further 10% being stalked for more than five years.²

Stalkers come from all walks of life, as do their victims. While some may be experiencing mental illness, some experts in the field suggest that the proportion of those with a psychotic illness are small, and that most stalkers are not mentally ill.³

Although there is not a 'typical' stalker, in the majority of cases where the victim is known to the stalker, this is in the context of a current or former relationship. In other cases, the stalker may have a false belief that keeps them tied to the victim e.g. believing they are in love (whether or not they have actually dated). In other instances the behaviour may be borne out of a desire for revenge where the stalker harbours a grudge (e.g. towards a former employer) or feels rejected by the victim.

The stalking behaviour reported in the British Crime Survey (1998) included:⁴

- **Being forced to talk to harasser (49%)**
- **Silent phone calls (45%)**
- **Physical intimidation (42%)**
- **Following (39%)**
- **Touching or grabbing (34%)**
- **Waiting outside the victim's home (33%)**

19% of women and 12% of men have experienced stalking or harassment at some point in their lifetimes.⁵

37% of cases of aggravated stalking (with violence additional to the stalking) against women were by an intimate, 59% by other known persons and 7% by strangers.⁶

In such cases amongst men, 8% were by an intimate, 70% by other known persons

Who is at risk?

The key risk factor for experiencing stalking and harassment is being female

Lifetime experience of persistent and unwanted attention of the kind that might be characterised as stalking is relatively widespread in Scotland among women, and among younger women in particular.⁷

The most common situation is of men stalking women. In the majority of stalking cases, the victim and perpetrator know each other and are usually current or former intimates.

Link to domestic abuse

Stalking and harassment often occur within the context of domestic abuse and many women report harassment from ex-partners. While from the outside it may seem harmless, harassment can inflict psychological terror and is often intended to do so. It should be taken very seriously given the risks to women affected by domestic abuse.

Research suggests that the most common period for stalking to take place is both shortly before and after a relationship ends and that stalking represents an extension of domestic abuse.

Former intimate partner stalkers refuse to believe that a relationship has ended. The majority of such stalkers would have been emotionally abusive and controlling during the relationship and are likely to have had a prior history of abusive relationships.⁸

Sexual violence within the relationship is an additional risk factor for ongoing abuse. 29% of women who experienced sexual abuse reported being stalked and harassed after leaving the relationship compared to 18% who experienced other forms of domestic abuse.⁹

Using child contact following separation was also identified as a mechanism by which abusive former partners could harass women.

How stalking and harassment affect health

The impact of stalking and harassment is considerable. It typically has a highly disruptive and damaging effect on the lives of victims, often long after the behaviour has stopped.

It is important to recognise the cumulative impact of such behaviour, and the way additional incidents compound this effect. So, for example, a threatening phone message has to be seen in the context of what has gone before it and of the victim's (understandable) fears of what might come after.

In studies of stalking behaviour, victims repeatedly noted the need to make

significant changes to their lives. Some had to change jobs, move to a different area, or curtail their social and leisure activities as a direct result and this had major consequences for them and their families and friends.

There is significant potential for physical violence and the health effects associated with that. In some cases, it has led to the death of the victim – almost half of all women murdered by a partner are killed following separation.

Victims can also suffer long-term psychological effects. They may lose confidence in themselves, or lose trust in other people. Some people become withdrawn or have nightmares.

IMPACT ON HEALTH:¹⁰

- Anxiety
- Depression
- Panic attacks
- Chronic sleep disturbance
- Nightmares
- Indigestion / nausea
- Eating disorders
- Skin disorders
- Deterioration in physical health following assault
- PTSD
- Self-harm
- Suicidal ideation

Your role as a health worker

Your role as a health worker is to take stalking and harassment seriously.

All health workers should:

- Be aware that stalking and harassment are a possibility, particularly in the context of domestic abuse
- Recognise signs and symptoms
- Initiate discussion where appropriate
- Listen and make time
- Give correct information about sources of help

Stalking and harassment is a serious health issue and you have a duty of care to those affected. Rarely would your actions make things worse, and if you intervene sensitively and appropriately you could improve the long-term health and well-being of your patient.

- Although much stalking consists of attempts to intimidate, threaten or harass from afar, you should not dismiss such behaviour as simply 'mind games' both because of the implicit threat of violence and its very real effects, and

because actual violence is common.¹¹ Stalking and harassment constitute risk to the patient and potentially their dependants and other family members

- Check the context within which stalking and harassment occur
- If they are occurring within the context of domestic abuse, they can be very dangerous. A stalker of a former partner is more likely to behave violently towards their victim than other types of stalkers
- Look at all types of intimate partner violence, rather than simply physical violence: psychological violence has a strong relationship with stalking behaviour
- Assess risk and provide support. If a partner or ex-partner is involved, a domestic abuse risk assessment is appropriate

For guidance on specific interventions including risk assessment see *'What health workers need to know about gender-based violence: domestic abuse'* and *'What health workers need to know about gender-based violence: rape and sexual assault'*, NHS Scotland, 2009.

What every health worker can do

There are clear links between domestic abuse, sexual violence and stalking and harassment. Given the introduction of routine enquiry into domestic abuse and sexual violence, it may be more common for health workers to receive a disclosure that a patient is being stalked or harassed. Depending on the context, you may find it helpful to refer to *'What health workers need to know about gender-based violence: domestic abuse'* and *'What health workers need to know about gender-based violence: rape and sexual assault'*, NHS Scotland, 2009.

Support disclosure

- Provide a quiet and confidential environment to ensure safety and privacy
- Treat the patient with dignity and respect. She may be embarrassed to discuss the behaviour, and she may fear that it will be dismissed or she will be blamed for it
- Check the context within which stalking and harassment has occurred e.g. is the perpetrator a current or former partner. Is the abuse still going on or has it ceased?
- Provide an interpreter for hearing impaired patients or those for whom English is not their first language. Do not use family or friends

Assessment and treatment

- Treat the woman for any physical injuries or refer for further assessment, treatment or specialist help
- Assess the pattern and nature of the abuse e.g. how long it has been going on; the degree of control over her life (e.g. money, freedom to go out, social isolation)
- Assess the impact of the abuse on her health. Any treatment should be based on fully understanding what has happened to her, otherwise, you may not be able to treat appropriately

For example:

- *'How do you feel this is affecting/has affected your health?'* (e.g. check for chronic neck or back pain, persistent headaches, stomach pains, IBS, pelvic pain)
- *'How do you think his behaviour is affecting/has affected how you feel'* (e.g. feeling 'low', depressed, anxious, suicidal)

- If the harassment is ongoing, assess her safety – is there an immediate or future safety risk to her or any dependent children? Undertake a risk assessment

Support and information

- Check whether she wants to report the behaviour to the police. Advise her that a solicitor can assist her in seeking a civil order against the perpetrator
- Give her correct information about local support agencies including the **Domestic Abuse Helpline 0800 027 1234**. Give supporting literature in a format she can use
- Go over a safety plan with her (see *'What Health Workers Need to Know about Domestic Abuse'* NHS Scotland 2009)
- Encourage her to keep evidence of the stalking e.g. note down dates and times when she has been contacted or followed; keep emails /texts/phone messages which can be used to support her case
- If she wishes, refer the woman to a support agency such as Women's Aid. She may find it helpful if you make the first contact on her behalf
- Give the woman the name and number of the service and contact person to whom you are referring her and keep a copy for your records so you can follow up the referral

- Consider other specialist health services such as counselling
- Stress that she can ask the NHS for help at any time

Documenting and recording

Keep detailed records as this may build up a picture over time of the nature of the abuse. This is important health information which will enable continuity of care. Health care staff do not require permission to record disclosures. If a patient is anxious about the confidentiality of medical records, reassure her about this but explain that if someone, especially a child is at risk of significant harm, this overrides confidentiality requirements.

Explain the benefits of keeping a record. For example, it may help in any future legal proceedings such as prosecution of the perpetrator, or court orders or where deportation is a risk because of immigration status. It may also be used to assess risks to children. Record the following in her case notes, never in hand held notes:

- Nature of abuse, and if physical, the type of injuries and symptoms
- Disclosure as an allegation not fact; contemporaneous notes should be taken where possible and records completed as soon as possible after disclosure
- What the woman says and not what you think, but note if you have any concerns
- Missed appointments and unanswered telephone calls
- Outcome of risk assessment, detailing any concerns about the woman and/or child/ren
- Action taken
- Whether the information is being shared with other agencies

Sharing information

You may need to share information about a particular case. It may be required by law or it may be necessary to share information with support agencies to make sure that the woman and any children are safe and properly supported and the perpetrator is held accountable.

- Seek the woman's permission before you pass on information and get advice if you are in any doubt
- It may be safer to share information than keep it confidential
- Be careful not to divulge confidential information by accident

Child protection

If the stalking and harassment are part of a systematic pattern of domestic abuse this should significantly increase your suspicion that any children in the family may be at risk. While the existence of domestic abuse does not require you to automatically instigate child protection procedures, your assessment of risk to the woman should include risks to any children in the family. This should include situations where there is child contact following a separation since many women are harassed during such contact.

For more detailed guidance, please refer to: '*What Health Workers Need to Know about Domestic Abuse*' NHS Scotland, 2009.

Adult support and protection

You should also consider whether the woman is an adult who is '*unable to safeguard her own interests though disability, mental disorder, illness or physical or mental infirmity, and who is at risk of harm or self harm, including neglect*' as defined by the Adult Support and Protection Act, (October 2008) and in need of more directive intervention.

Support for staff

If you are supporting someone on an ongoing basis, this can be stressful and you may need support and guidance from a supervisor or colleague.

Given the prevalence of stalking and harassment and the number of people employed in the NHS, this may directly affect you or a colleague. If this applies to

you, check the local employee policy. This gives guidance on who to approach, for example occupational health or employee counselling.

You may also want to contact the Domestic Abuse Helpline or Women's Aid for advice. This also applies if you, a colleague or a patient are experiencing sexual harassment at work.

Further information

Rape Crisis Scotland:

information about rape and sexual assault and main contact for network of local centres

www.rapecrisisscotland.org.uk

Rape Crisis Scotland Helpline

08088 01 03 02 (daily, 6pm-midnight)

Survivors UK National Helpline:

information, support and counselling for men who have been raped or sexually abused

www.survivorsuk.org

0845 122 1201

Domestic Abuse Helpline 0800 027

1234 (24 hours)

www.domesticabuse.co.uk

www.scotland.gov.uk/Publications/2008/04/16112631/0

information and help after rape and sexual assault

Survivor Scotland

Scottish Government information and education resource on childhood sexual abuse

www.survivorscotland.org.uk

Women's Support Project

Information, support and training on violence against women and children

www.womenssupportproject.co.uk

Role of local health boards

As part of the implementation of the CEL on gender-based violence and the Public Sector Duty for Gender, your health board should have an identified lead to help staff address gender-based violence and direct you towards training and further information.

Your health board is represented on the local Violence Against Women Training Consortium. Training for health staff may also be available through the consortium.

References

¹ 'Stalking and Harassment: a consultation document'. Scottish Executive (2000), Edinburgh.

² Walby, S. & Allen, J. (2004) 'Domestic violence, sexual assault and stalking: findings from the British Crime Survey'. Home Office Research Study 276. London.

³ Mullen, P.E. & Pathé, M. (1994), 'Stalking and the pathologies of love'. Australian and New Zealand Journal of Psychiatry 1440-1614, Volume 28, p313-328.

⁴ Budd, T. & Mattinson, J. (2000) 'Stalking: findings from the 1998 British Crime Survey'. Home Office Research, Development and Statistics Directorate, Research Findings No. 129.

⁵ Walby, S. & Allen, J. (2004) Domestic violence, sexual assault and stalking: findings from the British Crime Survey'. Home Office Research Study 276. London.

⁶ Ibid.

⁷ Morris, S. et al. (2002) 'Stalking and harassment in Scotland'. www.scotland.gov.uk.

⁸ Pitt, T. & Marshall, L. (2007) 'The relationship between stalking and intimate partner violence: an exploratory study'. Glasgow Caledonian University.

⁹ Walby, S. & Allen, J. (2004) Domestic violence, sexual assault and stalking: findings from the British Crime Survey'. Home Office Research Study 276. London.

¹⁰ Pathé, M. & Mullen, P.E. (1997) 'The Impact of stalkers on their victims'. British Journal of Psychiatry, Vol 170 (1), p12-17.

¹¹ Morris, S. et al. (2002) 'Stalking and harassment in Scotland'. www.scotland.gov.uk.

Local information and notes

These pages are for you to record any local information or services for your area



You can download this guide online at: www.gbv.scot.nhs.uk
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