

# The Role of Cognitive Coping in Female Victims of Stalking

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The aim of the study is to examine the role of cognitive coping in a sample of 47 female victims of stalking. Stalking victims who blamed themselves more for the stalking report significantly higher symptoms of depression, anxiety, and posttraumatic stress disorder (PTSD). Respondents who ruminated more about the stalking experience, or respondents who explicitly emphasized the terror of the stalking to a higher extent, also report significantly higher symptom levels. Finally, respondents who thought more about what steps to take and how to handle the stalking report significantly higher symptom levels of depression, anxiety, and PTSD. This conclusion holds also after controlling for the severity of stalking. If the findings of the present study can be confirmed, this could possibly contribute to the help provided to victims of stalking.

**Keywords:** *stalking; cognitive coping; depression; anxiety; PTSD; intrusion; avoidance*

Stalking has received increased attention during the past decade and has now been recognized as a criminal act. Reported estimates of the lifetime prevalence of stalking victimization are around 12% to 16% among women and 4% to 7% among men (Davis, Coker, & Sanderson, 2002; Sheridan, Blaauw, & Davies, 2003). Using a large representative sample of the U.S. population (the National Violence Against Women Survey), Davis and colleagues (2002) found that among those who had been stalked, 41% of women and 28% of men were stalked by an intimate partner.

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Two reviews (Abrams & Robinson, 1998; Sheridan et al., 2003) showed that stalking has a severe negative impact on victims, such as economical consequences, social consequences, and psychological consequences (e.g., depression, anxiety, or symptoms of posttraumatic stress disorder [PTSD]). Davis and colleagues (2002) surveyed a nationally representative sample (the National Violence Against Women Survey) and found that those who had been stalked were significantly more likely to report depression. Based on the same sample, Pimlott-Kubiak and Cortina (2003) found that the effects of stalking were similar across both genders. Another study (Westrup, Fremouw, Thompson, & Lewis, 1999) showed that stalked female undergraduates endorsed significantly more PTSD symptoms and with greater severity compared to harassed or control subjects. Stalked subjects also had significantly higher scores on several subscales of the Symptom Checklist-90-R. Stalking by intimate partners appears to be related to physical, sexual, and psychological violence, with a high co-occurrence of the different types of violence (Basile, Arias, Desai, & Thompson, 2004; Mechanic, Uhlmansiek, Weaver, & Resick, 2000). However, the study by Basile and colleagues (2004), based on the National Violence Against Women Survey, showed that stalking violence was still associated with PTSD symptoms when controlling for other types of violence.

The severity of the stalking has been found to be related to the symptom level of the victim (Blaauw, Winkel, Arensman, Sheridan, & Freeve, 2002; Mechanic et al., 2000), explaining about 10% of the variance of the level of distress (Blaauw et al., 2002). These findings indicate that the objective features of the stalking behavior alone cannot fully predict the level of emotional problems. Therefore, other factors also seem to play a crucial role in explaining the level of distress in stalking victims. So far, this aspect has not been addressed in detail among victims of stalking.

An important factor that has been shown to play an important role in the relationship between stress and emotional problems is coping (e.g., Lazarus, 1998). Coping strategies consist of behavioral and cognitive attempts to manage those demands (conditions of harm, threat, or challenge) that are appraised as taxing or exceeding the resources of the person. It recently has been suggested that is not appropriate to range the concepts of cognitive and behavioral coping strategies in one and the same dimension, and focusing on pure cognitive coping strategies could be a promising direction (e.g., Garnefski, Kraaij, & Spinhoven, 2002). Previous studies using various age groups and clinical and nonclinical samples (e.g., Garnefski & Kraaij, 2006) showed that cognitive coping strategies such as self-blame, catastrophizing, and rumination have been found to have a significant positive relationship

with maladjustment, whereas positive reappraisal (thoughts of attaching a positive meaning to the event in terms of personal growth) has been found to have a significant negative relationship with maladjustment. There is no evidence yet as to whether these same cognitive coping strategies are related to well-being for victims of stalking. If we gain insight into which cognitive coping strategies are adaptive or maladaptive in response to stalking, we could integrate these findings into (cognitive) therapy programs for victims of stalking.

In the present study, we will examine the relationship between the cognitive coping strategies and symptoms of depression, anxiety, and PTSD. Based on previous research, we hypothesized that stalking victims who used self-blame, catastrophizing, and rumination to a higher extent reported more symptoms of depression, anxiety, and PTSD. Victims who reported using positive reappraisal to a higher extent were hypothesized to have lower depression, anxiety, and PTSD scores. In addition, we will examine whether the relationships between the cognitive coping strategies and symptoms of depression, anxiety, and PTSD will remain when controlling for the severity of stalking. As previous studies (Garnefski, Baan, & Kraaij, 2005; Kraaij & Garnefski, 2006) showed strong relationships between cognitive coping strategies and symptoms of depression, anxiety, and PTSD after controlling for trauma severity, it was expected that the relationships would remain.

## Method

### Sample

The sample consisted of 47 female victims of stalking. The mean age was 36 years ( $SD = 9.36$ , range = 22 to 56). Most victims were single, either with children (36%) or without children (36%). Another 24% lived with a partner (13% with children, 11% without children). Most victims were stalked by a man (87%), and most victims knew the stalker beforehand (92%). The majority of the stalkers were a (former) partner of the victim (66%). The mean duration of the stalking was 33 months, with a range of 5 to 136 months. For 62% of the sample, the stalking was still ongoing at the time of the study. Victims were exposed to various types of stalking behavior, such as telephoning (89%), letters or e-mail (55%), following (75%), physical assault (61%), and sexual assault (23%). Excluding victims who were stalked by a (former) partner, 36% reported sexual abuse and 77% reported physical abuse.

## Procedure

Participants were recruited through various means. Adverts were placed in national newspapers and on websites of female magazines. A Web site announcing the study was created and registered to noncommercial search machines. Letters including an announcement of the study were circulated in all Dutch regional institutes for mental health and well-being, victim support centers, general psychiatric hospitals, and female shelters. Participants were included in the study if they were 18 years or older, if the stalking episode lasted 2 months or longer, and if the (last) stalking episode occurred in the past 5 years. Participants received a mailed questionnaire with a prepaid return envelope but were not compensated. Anonymity was guaranteed. Eighty-two questionnaires were sent out, of which 57 were returned (70%). Four victims were excluded because they did not fulfill the inclusion criteria.

## Measures

*Cognitive coping strategies.* Cognitive coping strategies were measured by the Cognitive Emotion Regulation Questionnaire (CERQ; Garnefski et al., 2002; Garnefski, Kraaij, & Spinhoven, 2001). The CERQ assesses what people think at the time of or after the experience of threatening or stressful life events. In the present study, respondents were asked which specific cognitive coping strategies they used in relation to their stalking experience. The CERQ consists of 36 items and nine conceptually different subscales. A subscale score is obtained by adding up the 4 items (with Likert scales), indicating the extent to which a certain cognitive coping strategy is used. The CERQ subscales are self-blame, acceptance, rumination, positive refocusing, refocus on planning, positive reappraisal, putting into perspective, catastrophizing, and other-blame. The psychometric properties of the CERQ have been proven to be satisfactory (e.g., Garnefski & Kraaij, 2006), with Cronbach's alpha coefficients in most cases higher than .70 and in many cases even more than .80. Furthermore, the CERQ has been shown to have good factorial validity, discriminative properties, and construct validity (Garnefski et al., 2002). In the present study, the alpha coefficients of the subscales also appeared to be satisfactory, with alphas ranging from .72 to .86.

*Depressive and anxiety symptoms.* Depressive and anxiety symptoms were measured by the Symptom Check List (SCL-90; Derogatis, 1977;

Dutch translation and adaptation by Arrindell & Ettema, 1986). Depressive symptoms were assessed by 16 items and anxiety symptoms by 10 items (with Likert scales). Psychometric properties of the SCL-90 have been found to be good, with Cronbach's alpha coefficients ranging from .82 to .93 for depression and from .71 to .91 for anxiety. Furthermore, the SCL-90 has been shown to have good factorial validity and good construct validity (Arrindell & Ettema, 1986). In the present sample, alpha coefficients of .96 were found for the depression and the anxiety subscales.

*PTSD symptoms.* PTSD symptoms were assessed by the Impact of Event Scale (IES; Horowitz, Wilner, & Alvarez, 1979). In the present study, respondents were asked about their reactions during the past 7 days in relation to the stalking experience they had experienced. The IES contains two subscales, namely intrusion, which consists of seven items, and avoidance, which consists of eight items. The subscale scores can be obtained by adding up the items belonging to the subscale. Higher scores reflect a greater frequency of intrusive thoughts and attempts at avoidance. The IES has been found to have good psychometric properties, with Cronbach's alpha coefficients of .78 for intrusion and .82 for avoidance. Furthermore, the IES differentiates between those who receive a diagnosis of PTSD and those who do not (Joseph, 2000; Sundin & Horowitz, 2002). In the present sample, the Cronbach's alpha for intrusion was .90, and for avoidance this was .83.

*Severity of stalking.* Severity of stalking was assessed by means of a checklist consisting of eight questions, with a yes/no response format (based on Blaauw et al., 2002). The respondent was asked whether she had been exposed to the following stalking behaviors: telephoning, letters or e-mail, harassment outside victim's home, harassment inside victim's home, following, destruction or theft of property, sexual assault, and physical assault. In line with Blaauw and colleagues, a sum score was used by adding the different stalking behaviors, with a higher score reflecting a stronger severity of stalking.

## Data Analysis

Because our sample was too small to perform multiple regression analyses, correlations were calculated. To correct for multiple testing (Type I error), a Bonferroni correction was applied. To maintain statistical power (and avoid Type II error), the level of significance (.05) was divided by the number of

tests performed for each dependent variable separately (9). Therefore, all effects are reported at a .006 level of significance. In calculating correlations, pairwise deletion was used to prevent loss of information (de Heus, van der Leeden, & Gazendam, 1995).

## Results

### **Relationship Between Cognitive Coping Strategies and Symptoms of Depression, Anxiety, and PTSD**

To examine the relationship between the cognitive coping strategies and symptoms of depression, anxiety, and PTSD, Pearson correlations were calculated (see Table 1). The use of self-blame, rumination, refocus on planning, and catastrophizing all had a significant positive relationship with symptoms of anxiety, depression, intrusion, and avoidance (except for the correlation between catastrophizing and avoidance). This means that a higher use of these specific strategies was related to higher symptom levels. The coping strategies of acceptance, refocus positive, positive reappraisal, putting into perspective, and other-blame were not significantly related to symptoms of anxiety, depression, and PTSD.<sup>1</sup> The hypotheses were confirmed, except for positive reappraisal.

### **Relationship Between Cognitive Coping Strategies and Symptoms of Depression, Anxiety, and PTSD After Controlling for the Severity of Stalking**

The severity of stalking appeared to be significantly correlated with symptoms of depression, anxiety, and intrusion, respectively: Pearson  $r = .39, p \leq .01$ ; Pearson  $r = .42, p \leq .01$ ; and Pearson  $r = .38, p \leq .01$  (avoidance,  $r = .16, p = .31$ ). To examine the relationship between the cognitive coping strategies and the outcome variables, after controlling for the severity of stalking, partial correlations were calculated. As hypothesized, almost all cognitive coping strategies that appeared to be significantly associated with symptoms of depression, anxiety, and PTSD remained significant after controlling for stalking severity. After controlling for severity of stalking, only refocus on planning was no longer significantly related to anxiety symptoms, self-blame was no longer significantly related to intrusion and avoidance, and rumination was no longer significantly related to avoidance.

**Table 1**  
**Pearson Correlations Between Cognitive Coping Strategies and**  
**Symptoms of Depression, Anxiety, and Posttraumatic**  
**Stress Disorder (PTSD;  $n = 44$  to 47)**

	Depressive Symptoms	Anxiety Symptoms	Intrusion	Avoidance
Self-blame	.61*	.51*	.45*	.43*
Acceptance	.31	.30	.22	.05
Rumination	.80*	.72*	.72*	.43*
Refocus positive	-.39	-.36	-.39	-.12
Refocus planning	.48*	.44*	.50*	.61*
Positive reappraisal	.02	.09	.01	.06
Putting into perspective	.07	.02	.00	-.01
Catastrophizing	.55*	.52*	.50*	.11
Other-blame	.08	.04	-.03	-.05

\* $p < .006$ .

## Discussion

Cognitive coping strategies used in response to stalking appeared to play an important role in relation to symptoms of depression, anxiety, and PTSD. The findings of the present study showed that victims who blamed themselves more for the stalking also reported significantly higher symptoms of depression, anxiety, and PTSD. Victims who ruminated more about the stalking experience, or victims who explicitly emphasized the terror of the stalking to a higher extent, also reported significantly higher symptom levels. Finally, victims who thought more about what steps to take and how to handle the stalking reported significantly higher symptom levels of depression, anxiety, and PTSD. The findings suggest that these cognitive strategies are not a good way to cope with stalking. Various other studies, focusing on different victim groups, people from different age groups, and clinical and non-clinical samples, found these cognitive coping strategies also to be important in relation to symptoms of depression, anxiety, and PTSD (e.g., Garnefski & Kraaij, 2006). The present study adds to these findings that several cognitive coping strategies also appear to be related to symptoms of depression, anxiety, and PTSD in female victims of stalking. These findings can possibly contribute to the help provided to stalking victims.

In contrast with our expectations, thinking about what steps to take and how to handle the stalking appeared to be related to increased levels of emotional problems. Generally, problem-focused coping is expected to be

beneficial for well-being (e.g., Thoits, 1995). However, it is important to note that *thinking* about what steps to take does not necessarily indicate that the person also engages in active behavior to actually deal with the problem. It may well be that victims of stalking keep on thinking about the steps to take but do not succeed in translating this into action. As a consequence, emotional problems are likely to increase rather than decrease. Another explanation could be that stalking is a type of situation which is difficult to control. Trying to make a plan of action to deal with a stressful event which is hard to control might lead to more emotional problems (e.g., Thoits, 1995).

As indicated in earlier studies (Blaauw et al., 2002), the severity of stalking appeared to be related to the level of emotional distress. When controlling for the severity of the stalking, almost all significant relationships between cognitive coping strategies and symptoms of depression, anxiety, and PTSD remained. Moreover, correlations that were no longer significant were still rather high (.37 to .41) and would have been significant without the Bonferroni correction. These findings suggest that cognitive coping strategies in response to stalking play an important role, irrespective of the severity of the stalking experience. One should keep in mind, however, that in the present study only one general indicator of stalking severity has been used.

Of course, there were several methodological considerations, such as the use of self-report instruments, a cross-sectional design, and the representativeness of the group. Future studies should overcome these shortcomings. However, even though only a small sample was reached, the findings seem to be promising. If the findings of the present study can be confirmed, this knowledge about cognitive coping strategies could possibly contribute to the help offered to victims of stalking.

## Note

1. These findings are independent of the fact whether the stalking is still ongoing at the time of the study. Partial correlations showed the same significant relationships (at the  $p = .05$  level of significance) after controlling for currency of stalking.

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