MEDIATORS AND MODERATORS OF THE ASSOCIATION BETWEEN
STALKING VICTIMIZATION AND PSYCHOLOGICAL DISTRESS

Thesis

Submitted to

The College of Arts and Sciences of the
UNIVERSITY OF DAYTON

In Partial Fulfillment of the Requirements for

The Degree of

Master of Arts in Clinical Psychology

By

Connor Ratcliff Fais

UNIVERSITY OF DAYTON

Dayton, Ohio

December, 2014

MEDIATORS AND MODERATORS OF THE ASSOCIATION BETWEEN
STALKING VICTIMIZATION AND PSYCHOLOGICAL DISTRESS

Name: Fais, Connor Ratcliff

APPROVED BY:

Catherine J. Lutz-Zois, Ph.D.
Faculty Advisor

Jackson A. Goodnight, Ph.D.
Committee Member

Melissa J. Layman-Guadalupe, Ph.D.
Committee Member

Concurrence:

Keri B. Kirschman, Ph.D.
Chair, Department of Psychology

© Copyright by
Connor Ratcliff Fais
All rights reserved
2014

ABSTRACT

MEDIATORS AND MODERATORS OF THE ASSOCIATION BETWEEN STALKING VICTIMIZATION AND PSYCHOLOGICAL DISTRESS

Name: Fais, Connor Ratcliff
University of Dayton

Advisor: Dr. Catherine Lutz Zois

The current study aimed to understand moderators and mediators of the relationship between stalking victimization and mental health of the target. Learned Helplessness Theory (Seligman & Maier, 1967; Seligman, 1957) suggests that learned helplessness develops over time after chronic exposure to uncontrollable environmental stressors. Based on the Reformulated Learned Helplessness Theory (Abramson, Seligman, & Teasdale, 1978), which emphasizes the role of internal, global, and stable attributions for negative events in the development of depression, I predicted that the association between stalking victimization and depression would be mediated by attributional style and self-blame (Calicchia & Pardine, 1984; Janoff-Bulman, 1979). I also predicted that the association between stalking victimization and helplessness would be moderated by length of stalking episode such that longer stalking episodes would be associated with higher depression scores. The research on anxiety and stalking demonstrates conflicting results (e.g., Amar, 2006; Garnefski, & Kremers, 2007; Kraaij, Arensman, Garnefski, &

Kremers, 2007). Therefore, I examined whether length serves as a moderator of the association between stalking victimization and anxiety, in an attempt to help resolve this controversy in the literature. The results indicated that global, but not stable or internal attributions for cause of the stalking significantly mediated the relationship between harassment and depression. The implications of these findings and directions for future research are discussed.

Keywords: Stalking, behavioral intrusion, victimization, harassment, helplessness, depression, anxiety, length of stalking, attributional style, global attributions, and cognitive risk.

ACKNOWLEDGEMENTS

I would like to take this opportunity to thank Dr. Catherine Zois, my advisor, for lending her outstanding insight, and tireless assistance in the completion of this thesis project. Additional thanks goes to Avery Ozimek, my research assistant, for volunteering her time and efforts collecting and entering study data. I would also like to thank Dr. Jackson Goodnight, and Dr. Melissa Layman-Guadalupe for serving on my thesis committee, and taking the time to review and critique this text. Finally, I would like to thank my mother, Beth Fais, my father, Robert Fais, and my fiancée, Karen Kuhlman, for their unyielding support and encouragement.

TABLE OF CONTENTS

ABSTRACT.....	iv
ACKNOWLEDGEMENTS.....	vi
LIST OF FIGURES.....	viii
LIST OF TABLES.....	ix
CHAPTER I INTRODUCTION.....	1
CHAPTER II METHOD.....	15
CHAPTER III RESULTS.....	22
CHAPTER IV DISCUSSION.....	32
REFERENCES.....	43
APPENDICES	
A. Demographic Sheet.....	52
B. BEM Sex Role Inventory.....	53
C. State-Trait Anxiety Inventory.....	57
D. Center For Epidemiologic Studies-Depression Scale.....	58
E. Behavioral And Characterological Self-Blame Scale.....	60
F. Obsessive Relational Intrusion - Modified.....	61
G. Attributional Style Questionnaire - Modified.....	67

LIST OF FIGURES

1. Mediated Moderation Model of Stalking Victimization and Depression.....	11
2. Moderation Model of Stalking Victimization and Anxiety.....	12

LIST OF TABLES

1. Descriptive Statistics for Continuous Study Measures.....	22
2. Zero-Order Correlations Between Continuous Study Variables.....	25
3. Regression Analyses Predicting Internal Helplessness Attributions from Length of Stalking x Harassment Scores, Femininity x Harassment Scores, Masculinity x Harassment Scores, and Gender x Harassment Scores.....	28
4. Regression Analyses Predicting Stable Helplessness Attributions from Length of Stalking x Harassment Scores, Femininity x Harassment Scores, Masculinity x Harassment Scores, and Gender x Harassment Scores.....	29
5. Regression Analyses Predicting Global Helplessness Attributions from Length of Stalking x Harassment Scores, Femininity x Harassment Scores, Masculinity x Harassment Scores, and Gender x Harassment Scores.....	30
6. Regression Analyses Predicting Anxiety from Length of Stalking x Harassment Scores.....	31

CHAPTER I

INTRODUCTION

The purpose of the current study was to attempt to identify mechanisms by which stalking victimization results in psychological distress for the targeted individual. Blaauw, Winkel, Arensman, Sheridan, and Freeve (2002) found that the presence of psychological disorders could not be represented by a dose-response pattern because longer stalking episodes were found to result in lowered risk of mental health issues. Thus, length of stalking was examined to better understand how mental health is affected by stalking victimization.

Research suggests that stalking victims experience significant feelings of helplessness (Turmanis & Brown, 2006), among other symptoms. In an effort to connect stalking victimization and mental health with established theory, I incorporated the Learned Helplessness Model of Depression and research on self-blame. I hypothesized that stalking victimization and depression are mediated by attributional style and self-blame (Abramson, Seligman, & Teasdale, 1978; Calicchia & Pardine, 1984; Janoff-Bulman, 1979). Studies have shown different mental health outcomes for male and female stalking victims (e.g. Bruder-Mattson & Hovanitz, 1990; Calicchia & Pardine, 1984; Wigman, 2009); therefore, gender and sex-role identity were explored as possible moderators of the relationship between stalking victimization and attributional style.

Lastly, in an attempt to clear up contradictory research regarding anxiety, helplessness, and stalking (e.g., Amar, 2006; Cattaneo, Cho and Botuck, 2011; Kraaij et al., 2007; Swendsen, 1997), I examined length of stalking as a moderator of the relationship between stalking victimization and anxiety.

General Background on Stalking

Stalking involves unsolicited and unwanted behavioral pursuit or harassment of an individual. Stalking victimization has been defined as “repeated (at least 10 times) and persistent (lasting for at least 4 weeks) unwelcome attempts to approach or communicate with the victim” (Mullen, Pathé, Purcell & Stuart, 1999). Stalking victimization is a pervasive and serious problem affecting a large portion of individuals. Victims are most likely women stalked by men, with a lifetime prevalence rate of 25% among women and 11% among men (Bjerregaard, 2000). Researchers also suggest that college-aged individuals are subject to even higher risk of stalking victimization than the general population (Buhi, Clayton, & Surrency, 2009). According to a study by Purcell, Pathé, and Mullen (2002), 18% of stalking victims reported being assaulted and 73% of assaulted victims had been subject to threats prior to the assault.

Prior stalker-victim relationship, types and prevalence of different stalking behaviors have also been a major focus of research. Accordingly, some research focused on intimate partner violence (IPV) sheds light on nature and effects of stalking in the context of IPV. A study by Basile, Arias, Desai, and Thompson (2004) defines IPV as “the use of actual or threatened physical, sexual, psychological, or stalking violence, by current or former partners (including same or opposite sex)” (p. 413). This study, focusing on the effects of intimate partner violence among women, found that

psychological, physical, and sexual violence, along with posttraumatic stress symptoms, were significantly related to stalking victimization. This study indicates that violence associated with stalking is positively related to post-traumatic stress symptoms.

In a study with a sample of college-aged students, the mean duration of stalking episodes was 301 days (Björklund, Häkkänen-Nyholm, Sheridan, & Roberts, 2010). The majority of victims confronted with stalking either tried to reason with or avoid the stalker. Results showed that email and telephone were common forms of unsolicited communication. Of the stalkers, 24.8% were previous intimate partners of the victim, 55% were acquaintances, and 18.5% had no previous relationship with the victim. About twenty-two percent of victims had only one stalking episode in their lifetime, and 26.2% of victims had two or more stalking episodes in their lifetime. This evidence suggests that the previous stalker-victim relationship is related to stalking incidence and that stalking may be considered a possible form of IPV.

Mental Health and Stalking Victimization

Stalking victimization is associated with increased risk for a number of mental health issues. In a cross-sectional design, Kuehner, Gass, and Dressing (2007) randomly selected 1,000 men and women for a mail-in questionnaire from the list of residents from Mannheim, Germany. Out of the 1,000 men and women, 679 cases were able to be used for analysis. Items regarding intrusion and mental health (using the Patient Health Questionnaire [PHQ]) were included. According to odds ratio analysis, victims of stalking were found to be at significantly higher risk of being classified with a mental disorder. The adjusted odds ratios for victims versus non-victims were most significant

for Panic Disorder and Major Depressive Disorder (see American Psychiatric Association, 2000).

Thoughts of self-harm or being assaulted by one's stalker may be considered some of the more serious outcomes of stalking. Purcell, Pathé, and Mullen (2005) found that stalking victims were more likely to report suicidal ideation than non-victims. Incidence of assault failed to predict posttraumatic symptoms in comparison to non-assaulted victims. On the other hand, stalking victims had a higher incidence of posttraumatic symptoms when they were subject to threats (as opposed to non-threatened victims). In general, the research above suggests that depression and post-traumatic stress are negatively impacted by stalking victimization.

However, the research on stalking victimization and anxiety shows some conflicting results. For instance, Amar (2006) found no significant association with anxiety symptoms and stalking victimization. Additionally, Swendsen (1997) looked at the comorbidity of anxiety and depression for non-stalking related incidents, but found no connection between anxiety and the onset of depression.

In contrast, some researchers and colleagues found that stalking severity was significantly related to victim anxiety (Kraaij et al., 2007). According to Turmanis and Brown (2006), level of stalking and total amount of harassing behaviors experienced by victims were both positively related to depression and anxiety. Kraaij and colleagues (2007) found that, after controlling for stalking severity, coping methods of self-blame, rumination, and catastrophizing were significantly related to feelings of anxiety. The above research suggests that anxiety may be related to stalking victimization under certain circumstances. Thus, a possible reason for the conflicting results in the literature

is that there may be yet to be identified moderators of the relationship between stalking victimization and symptoms of anxiety.

Learned Helplessness

In order to better understand the possible mental health consequences of stalking victimization, an exploration of relevant theory of psychological distress in general is necessary. Learned helplessness (Seligman, 1975; Seligman & Maier, 1967) and the Reformulated Learned Helplessness Model of Depression (Abramson et al., 1978) serve as basic underlying theories for this thesis proposal. In addition, empirical applications of this model to victimization, intimate partner violence, and stalking is discussed.

Seligman and Maier (1967) first developed and provided support for the concept of learned helplessness with a series of experiments with dogs. Their results showed that dogs exposed to inescapable shocks in a shuttle box failed later to produce escape behavior in a task where shocks were, in fact, escapable. The dogs in this condition showed inactivity and simply endured the electric shocks after learning that the shocks were not contingent on their behavior. Seligman and Maier (1967) concluded that the dogs had developed helpless behavior through a learning process. They attributed this learning to a result of being subject to shocks in which behavior had no effect on the persistence of the shocks. These studies led the researchers to suggest that depression was a consequence of learned helplessness. Later, research was conducted to further articulate and test human models of this process (Abramson et al., 1978; Klein & Seligman, 1976, Klein, Fencil-Morse, & Seligman, 1976).

Studies have shown that the effects of learned helplessness can be reproduced in humans. One study showed that non-depressed individuals given unsolvable problems

showed performance deficits on a secondary anagram task in comparison to the non-depressed individuals given solvable problems (Klein et al., 1976). Additionally, among depressed individuals, internal attributions of failure were associated with increased performance deficits in comparison to external attributions of failure.

Klein and Seligman (1976) found that performance deficits as a result of an inescapable noise task could be reversed by providing these participants with solvable problems. In this study, performance deficits were mirrored by both depressed and non-depressed individuals in the unavoidable noise group. This study additionally found that depressed individuals were equally likely to perceive successes and failures at the task as unrelated to their ability (Klein & Seligman, 1976). Taken together, these studies support a human model of learned helplessness as an analog of previous learned helplessness models of depression in animal studies.

Helplessness and Mental Health. Reformulated Learned Helplessness Theory has been used as a model for depression in humans. Abramson, Seligman, and Teasdale's (1978) reformulated version of Seligman's (1975) Learned Helplessness theory proposes that, first, an individual is at increased risk of developing depression after an individual learns that a stressor's persistence is not dependent on their behavior. Second, Abramson et al. (1978) suggested that interpretations on three different dimensions may better predict depression as a result of learned helplessness in humans. These dimensions include internality, globality, and stability. If an individual makes an internal (vs. external) attribution, they may identify the cause of an event or behavior as one that originates from inside the individual. An external attribution may identify situational or circumstantial causes for events or behaviors. The second dimension, globality, points to

the way in which individuals attribute the generality of causes. The reformulation also states that if a cause is global, the individual may feel that the cause will transfer to other situations. Finally, the stability of an event refers to how the individual interprets the likelihood of change in the event. The reformulated learned helplessness theory suggests that individuals who make internal, global, and stable attributions for negative events will be more likely to experience feelings of depression.

There appears to be fewer studies examining how anxiety in particular is affected by helplessness; yet, one study by Swendsen (1997) looked at the comorbidity of anxiety and depression for non-stalking related incidents. First, results failed to show a correlation between attributional style and severity of a participant's anxiety. To the researcher's surprise, the findings suggested that internal attributions did not lead to anxiety. Interestingly, the researcher found that internal attributions tended to predict lower levels of anxiety. They accounted for this by suggesting that daily stressors may produce less anxiety in general, as opposed to laboratory-induced stress from which theories of helplessness and anxiety were founded. On the contrary, their results did indicate that global and stable attributions were associated with higher levels of depression. This research shows that helplessness models can be effective in describing depression, while the connection between helplessness and anxiety is still unclear.

Internal Attributions. Research has focused on the relationship between internal attributions for negative events, in particular, and depression. Peterson, Schwartz, and Seligman (1981) found a distinction between characterological (self-blame attributed to an internal personal characteristic) and behavioral self-blame (self-blame attributed to a person's own behavior in a certain situation) with a sample of female participants.

Characterological self-blame was seen as more stable, more global, and less controllable than behavioral self-blame, and was associated with an increase in reporting negative life events. This study found that behaviorally attributed negative events were negatively associated with depression. Calicchia and Pardine (1984) also studied self-blame and found that clinically depressed individuals placed significantly more self-blame for negative (and positive) events. The results indicated that, in general, women attributed more self-blame for negative events than men. On the other hand, men were more likely than women to attribute personal factors to positive events. Yet, men and women classified within the high depression group both indicated more personal responsibility for negative events.

Helplessness and Victimization

Helplessness has been applied to the general aspects of victimization. For instance, Peterson and Seligman (1983) point out that victims are often helpless and do not have control over the situation. They suggest that this reality may lead the victim to believe that future victimization is also out of their control. The authors offer the general conclusion that passive coping styles may emerge from helplessness if, over repeated events, the victim learns that their efforts to stop the victimization are ineffective. Further, if the victim attributes their victimization to an internal trait, it may influence severity of negative symptoms related to the victimization (e.g. lowered self-esteem). Because of the relatively limited amount of research on learned helplessness and stalking, and because of the link between IPV and stalking, I briefly review the research on learned helplessness and IPV.

Intimate Partner Violence. The Learned Helplessness Theory has been applied to intimate partner violence. Walker (1977) argued that the psychological effects of learned helplessness (Seligman, 1975; Seligman, & Maier, 1967) can provide an explanation for why victims remain in abusive relationships. She argues that if an individual doesn't believe s/he can control outcomes or instances of victimization, they exhibit behavior that is prototypical of learned helplessness. For example, the victim may exhibit extinguished efforts to eliminate the stressor (Seligman, 1975) and start to believe that any intervention to ameliorate the situation will be useless. Walker (1977) proposes that women are taught to relinquish their influence and power to men. Additionally, she asserts that even women in power positions fall into passive and helpless roles in marriage. Lastly, Walker (1977) makes the point that women abuse victims do not stay in these relationships because they enjoy being abused, but because they are affected by social and situational learned helplessness. For example, after interviewing battered women, research found that half of the women had been victims of sexual abuse as children. This suggests that early trauma may be associated with negative socialization experiences that result in higher rates of revictimization. Additionally, research shows that learned helplessness in abusive relationships increased as a function of the frequency of abuse, number of abusive acts, presence of violent threats, and the victim's evaluation of the seriousness of such threats (Walker & Browne, 1985).

Helplessness attributions have also appeared in more contemporary research. Zinzow and Jackson (2009) found that global attributions for victimized women were associated with the severity and experience of post-traumatic symptoms and events. In general women who reported victimization as a risk in many areas of their environment

were more likely to experience symptoms. Additionally, stable attributions were associated with increased post-traumatic stress resulting from sexual-assault compared to a reduction of post-traumatic stress resulting from a natural disaster. The authors suggest that beliefs about the stability of sexual assault may lead to the development of negative internal attributions for the cause compared to natural disasters.

Stalking Victimization. Stalking victims report an inability to control the stalking. For example, Blaauw and colleagues (2002) commented on how stalking countermeasures taken by victims were reported to be generally not effective at deterring stalking behavior. Victims also reported police disbelief and powerlessness in dealing with cases of stalking. Victims reported on the ineffectiveness of warnings and avoidance measures, with some stalking victims reporting that “nothing seems to work” (p. 57). Moreover, a study by Turmanis and Brown (2006) on the psychological effects of relational harassment and stalking found a significant correlation between stalking level and feelings of helplessness. Considering the evidence above, it is clear that stalking victims are subject to behaviors that may lead to increased feelings of helplessness.

Focus of Current Study

This study investigated how stalking victimization is associated with mental health; specifically, how depression and anxiety may be differentially associated with stalking victimization as a function of length of the stalking episode. Accordingly, I proposed two separate models. The first model (see Figure 1), explains stalking victim depression via moderated mediation. In this model, stalking victimization was predicted to be mediated by helplessness attributions and self-blame. Further, this mediation was predicted to be moderated by length of stalking, gender, and sex-role identity. In other

words, increased length of stalking, women, and feminine sex-role identification were predicted to be associated with increased levels of helplessness and self-blame and increases in helplessness and self-blame were predicted to be associated with higher levels of depression. I hypothesized that depression occurs according to the Reformulated Model of Learned Helplessness (Abramson et al., 1978). Length of the stalking episode is an important variable due to the fact that Learned Helplessness occurs after a set of learning trials that occur over time (Seligman & Maier, 1967, Seligman, 1957). If stalking victimization operates in accordance to the Learned Helplessness and Reformulated Learned Helplessness theories, then longer stalking episodes of stalking may lead to increased helplessness (i.e. internal, stable, and global attributions for victimization; Abramson et al., 1978). Research shows that women may be more likely to attribute negative events internally than men, suggesting that they may have higher levels of helplessness and self-blame in stalking cases (Calicchia & Pardine, 1984).

Figure 1. Mediated moderation model of stalking victimization and depression.

The second model (see Figure 2), explained stalking victim anxiety via moderation. This model predicted that stalking victimization would be associated with higher levels of anxiety (see Kraaij et al., 2007), but that this relationship is moderated by length of the stalking episode. In other words, the positive relationship between stalking victimization and anxiety was predicted to be stronger when the length of stalking was short and weaker when it was long. Some research also points to length of stalking as an important factor for psychiatric morbidity. For example, results from Blaauw and colleagues, (2002) showed that longer stalking episodes were associated with less psychiatric pathology. Additionally, Cattaneo and colleagues' (2011) found that while stalking frequency generally decreased over time, this decrease was non-significant. Secondly, distress related to stalking among victims decreased significantly over time and their analysis revealed that 28% of the variance in distress could be accounted for by time. These findings may indicate that stalking distress, while affected stalking behaviors, may not be entirely related to stalking frequency, and may be associated with the length of stalking.

Figure 2. Moderation model of stalking victimization and anxiety.

Hypotheses

Taking into account past research and theories on helplessness outlined above, the following hypotheses were proposed:

- Hypothesis 1: There would be significant, positive relationships between the predictor variable (stalking victimization) and criterion variable of depression. It was also predicted that there would be significant positive relationships between the predictor variable and the hypothesized mediators (i.e., helplessness and self-blame). Finally, significant positive relationships were predicted between hypothesized mediators and the criterion variable of depression.
- Hypothesis 2: The relationship between stalking victimization and depression will be mediated by helplessness attributions and characterological self-blame.
- Hypothesis 3: The association between stalking victimization and helplessness attributions will be moderated by length of stalking episode, gender, and sex-role identity. Specifically, there will be a stronger association between stalking victimization and helplessness attributions when the duration of stalking is longer, the victim is a woman, or the victim has a feminine sex-role identity (see Figure 1).
- Hypothesis 4: There will be a significant relationship between stalking and anxiety and the length of stalking episode will moderate this relationship. Specifically, there will be a stronger, positive association between stalking

victimization and anxiety when the duration of the stalking is short and weaker when the duration is long.

CHAPTER II

METHOD

Participants

Introductory psychology students were recruited from a medium-sized university in the Midwest in exchange for research credit. In total, 127 participants completed the current study. The age of participants ranged from 18 to 22 ($M = 18.92$, $SD = 1.00$). With regard to race, the sample identified themselves as 88.2% “white,” 8.7% “other,” and 3.1% “black.” The sample consisted of 42.5% men and 57.5% women. When presented with the statement, “During some period of my life I have experienced being followed and/or harassed and/or obsessively pursued by someone,” 51.3% answered “yes” (10 participants left that item blank). The length of harassment for the previous statement ranged from 0.5 to 84 months ($M = 8.82$, $SD = 15.92$). For individuals who have been pursued, 33.1% specified that their “most persistent unwanted pursuer,” was female, and 47.2% specified male. In terms of severity, 22 participants indicated that what they had experienced could be identified as “stalking” as the individual defined it. Of these participants, 57.1% reported that their stalker was male, and 42.9 % reported that their stalker was female (1 participant left that item blank). For individuals who reported that they had been “stalked,” the number of people they had been stalked by ranged from 1 to 5 ($M = 1.52$, $SD = .98$). Finally, 5.5% of participants reported “yes” to the statement, “Do

you believe that YOU have ever engaged in romantic pursuit in ways that a reasonable person might consider to be stalking” (26 participants left that item blank).

Measures

Demographics. Demographic information was placed at the beginning of the questionnaire packets and included questions regarding age, gender, and race. In regard to gender, 54 men and 73 women participated in the current study. Age ranged from 18 to 22 years ($M = 18.92$, $SD = 1.00$). The Demographics page can be found in Appendix A.

Sex Role. The Bem Sex Role Inventory (BSRI; Bem, 1981) was used to assess femininity and masculinity in the current study. This measure consists of 60 items; twenty tap feminine qualities, twenty tap masculine qualities, and the remaining twenty are “filler” items. Participants responded to each item on a 7-point scale (e.g., 1 = “never or almost never true” to 7 = “always to almost always true”) (Antill & Cunningham, 1982). The masculine and feminine subscales were summed separately to produce separate composite scores. Choi and Fuqua (2003) found that the internal consistency estimates for the femininity subscale range from .80 to .82, and the masculinity subscale reportedly has an internal consistency of .86. Bem (1974) estimated test-retest reliability for males on masculinity and femininity subscales to be .94 and .89, respectively. In addition, the test-retest reliability estimates for females on masculinity and femininity were .94 and .82, respectively. Previous factor analyses have shown that the two scales, feminine and masculine, measure independent constructs (Gaudreau, 1977; Moreland, Gulanick, Montague, & Harren, 1978; Waters, Waters, & Pincus, 1977).

A more recent study by Holt and Ellis (1998) supports the BSRI’s validity. This study asked men and women to rate the desirability of BSRI adjectives describing

stereotypically masculine and feminine characteristics. The results of this study showed that all masculine adjectives were found to be more desirable for men than women. Additionally, the vast majority of feminine adjectives (except for “loyal” and “childlike”) were found to be more desirable for women. This study also found a weaker effect for feminine and masculine differences than Bem’s (1974) original results. This suggests that masculine and feminine preferences for men and women are becoming less dichotomous over time. The Cronbach's alpha for the Masculine and Feminine BSRI subscales in the current study were .84 and .83, respectively. The BSRI can be found in Appendix B.

Anxiety. Spielberger, Gorsuch, Lushene, Vagg, and Jacobs’ (1983) State-Trait Anxiety Inventory (STAI) was used as an anxiety measure. This measure (Form Y) contains 40 items, half of which measure state anxiety and half measure trait anxiety. Each item is in a 4-point response format (i.e. “almost never” to “almost always”) in response to statements aimed at assessing anxiety. In the current study, I used the state anxiety items to assess participants’ current level of anxiety. Test-retest reliability for this measure has been shown to range from .69 to .89 (Spielberger, 1989), and internal consistency values of this measure have ranged from .86 to .95 (Spielberger et al., 1983). Research also shows evidence of good predictive validity for this measure in a study that looked at changes in caregiver distress over time (Elliott, Shewchuk & Richards, 2001). The Cronbach's alpha for the STAI in the current study was .93. The STAI can be found in Appendix C.

Depression. To assess symptoms of depression, The Center for Epidemiologic Studies-Depression (CES-D) scale (Radloff, 1977) was used. This measure contains 20 self-report items that are retrospective over the past week, and tap depressive symptoms

(e.g., “I enjoyed life,” “I was happy,” and “I felt hopeful about the future”). This measure has a 4-point response scale indicating how often during the past week respondents experienced the statement in the question (i.e. “less than one day,” “1-2 days,” “3-4 days,” and “5-7 days”). The total score is used, and a score of 16 or greater indicates clinical depression. Olson, Presniak, and MacGregor (2010) found support for this measure’s validity by finding a significant positive correlation between depressed affect and CES-D scores, and a significant negative correlation between positive affect and CES-D scores. Furthermore, positive and depressed affect factors showed significant differentiation between high, low and moderate scores on Morey’s (1991) Personality Assessment Inventory depression scale. Question #7 on the CES-D was omitted in the current study due to researcher error. The Cronbach's alpha for the CES-D in the current study was .66. The CES-D can be found in Appendix D.

Self-Blame. The Behavioral and Characterological Self-Blame Scale (BCSB; O'Neill, & Kerig, 2000), a 12-item self-report measure, was modified to assess the amount and type of self-blame that the participant attributes to stalking victimization. Out of the 9 items retained, 4 asked participants to rate their agreement to behavioral statements (e.g., “If I had done things differently, it wouldn’t have happened”) and 5 asked participants to rate their agreement to characterological statements (e.g., “It happened because of the kind of person I am”) on a 6-point scale (1 = strongly disagree to 6 = strongly agree). Participants were asked to answer each as they relate specifically to being a stalking victim. O'Neill and Kerig (2000) reported a Cronbach alpha of .71 for behavioral self-blame and .78 for characterological self-blame using a sample of women who were victims of battering. According to Janoff-Bulman (1979, 1992),

characterological self-blame is positively related to depression. More recently, Plaufcan, Wamboldt (2012), found that characterological self-blame was related to higher levels of depression symptoms. The current study used the sum of the characterological self-blame subscale to measure amount of self-blame regarding stalking victimization. The Cronbach's alpha for the BSCB in the current study was .79. The BCSB can be found in Appendix E.

Stalking/Harassment. Cupach and Spitzberg's (1998) Obsessive Relational Intrusion (ORI) measure was used to assess stalking frequency. The ORI contains 28 items and assesses four factors of relational intrusion: pursuit (e.g., "drove by your house or work"), violation (e.g., "sent you offensive photographs"), threat (e.g., "physically shoved, slapped, or hit you"), and hyper-intimacy (e.g., "engaged in excessive self-disclosure"). For all the behaviors on each factor the participant indicates the frequency of these behaviors on a 0 to 4 point rank scale (i.e., 0 = never, 2 = rarely – two to four times since age 18, 3 = sometimes – five to nine times since age 18, 4 = frequently – more than ten times since age 18) in regard to both the most serious stalker and across all stalking experiences, separately (Cupach, & Spitzberg, 2000). Although this design may have allowed for a more generalized measure of stalking/harassment experiences, this question format resulted in numerous participant errors. Therefore, we decided to record the higher number for each item (be it across all stalking experiences or limited to the most serious stalker). An index of stalking severity was obtained for across all stalking experiences and for the most serious stalker by summing the first 30 items for each set. Of the questions, 2 were created to assess stalking behaviors online (i.e., Facebook). The ORI has been estimated to have a coefficient alpha of .83, and the ORI scores have been

shown to significantly differentiate stalking victims from non-stalking victims (Spitzberg, Nicastro, & Cousins, 1998). The Cronbach's alpha for the first 30 items of the ORI measuring harassment behavior for this study was .91. The ORI can be found in Appendix F.

Helplessness. In order to assess attributional style for stalking victimization, the question from the ORI above that directly assessed the presence of harassment (item #32) was used. Specifically, if a participant endorsed this item, they were then asked, using the format of the Attributional Style Questionnaire (ASQ; Abramson et al., 1978), to identify the cause of the stalking victimization. The participant then rated on three 7-point scales the internality vs. externality, stability vs. instability, and globality vs. specificity of the cause of the event. The ASQ has been shown to have significant subscale reliability with Cronbach's alpha levels of .70 or higher. Moderate correlations of the measure with symptoms of depression (.28 or above) support the validity of the measure (Dykema, Bergbower, Doctora, & Peterson, 1996). The Cronbach's alpha for the ASQ in the current study was .54. The ASQ can be found in Appendix G.

Procedure

Participants who agreed to participate by reading and signing the informed consent form received printed packets containing the measures for the study. The demographic data sheet came first followed by the coping scale, sex-role, anxiety, and depression questionnaires, which were counterbalanced using a random starting order with rotation. Following these, the harassment, self-Blame and helplessness attribution questionnaires were presented in that order. Participants completed packets in groups of approximately ten to fifteen students. Once completed, students returned the packets to

the researcher, were thanked for participating, and debriefed as a group as to the purpose of the study.

CHAPTER III

RESULTS

Preliminary Analyses

The ranges, means, and standard deviations for the continuous variables used in the current study are summarized in Table 1.

Table 1

Descriptive Statistics for Continuous Study Measures

Variables	M	SD	Min-Max
MASC	97.89	13.82	66-130
FEM	96.83	13.40	52-130
INT	1.36	2.04	0-7
GLOB	.95	1.58	0-7
STAB	1.05	1.62	0-6
CESD	38.47	5.86	26.32-60
STAI	46.20	4.29	34-57
SB	24.10	9.69	9-41
ORI	14.81	16.05	0-75.52

Note. MASC = masculinity total score, FEM = femininity total score, INT = internal/external scores on the ASQ, GLOB = global/specific scores on the ASQ, STAB = stability scores on the ASQ, CESD = depression total score, STAI = state anxiety total score, SB = self-blame total score, and ORI = harassment total score.

Preliminary analyses were conducted to determine relationships or group differences between demographic variables (i.e., age, gender, and race/ethnicity) and the criterion variables of depression and anxiety in order to identify possible confounding variables. In order to examine the relationship between the continuous demographic variable of age and the criterion variable (i.e., depression and anxiety), zero-order correlations were computed. The results revealed no significant relationships between age and depression, $r = .04, p > .05$, or age and anxiety, $r = .04, p > .05$. Therefore, age was not statistically controlled for in the primary analyses. For categorical demographic variables, a t-test or one-way Analysis of Variance (ANOVA) was used to determine if there were any significant group differences in the demographic variables on the criterion variables.

T-tests were computed to determine if there were gender differences in depression or anxiety. The results indicated that there were no significant gender differences for anxiety, $t(125) = .23, p > .05$, or depression, $t(123) = 1.55, p > .05$. Therefore, gender was not statistically controlled for in the primary analyses. A one-way ANOVA was computed to determine if there were any significant race differences in participants' standing on the criterion variables. The results indicated that there was no significant race group differences for anxiety, $F(2) = .35, p > .05$. However, the results indicated that there was a significant race difference for depression, $F(2) = 8.74, p < .05$. Therefore, Tukey and Scheffe post-hoc tests were computed to determine the specific nature of this difference. Both tests indicated that those who endorsed the "other" category ($M = 44.88, SD = 6.21$) scored higher on the depression measure compared to Black ($M = 34.77, SD =$

3.99) and White ($M = 37.99$, $SD = 5.50$) participants. Therefore, race was controlled for in analyses involving depression.

Primary Analyses

Hypothesis 1. The first hypothesis was that there would be significant, positive relationships between the predictor variable (stalking victimization) and criterion variable of depression. The results indicated a significant positive relationship between stalking victimization and depression ($r = .20$, $p < .05$). It was also predicted that there would be significant, positive relationships between the predictor variable and the hypothesized mediators (i.e., helplessness and self-blame). The results suggest partial support for this hypothesis. First, there was a significant, positive relationship between stalking victimization and helplessness. Specifically, there were significant positive relationships between stalking victimization and the hypothesized mediators of internal, global, and stable attributions for the cause of the stalking. That is, the more stalking experiences that participant reported, the more likely they were to attribute the causes to internal, global, and stable factors. However, self-blame was not significantly related to stalking victimization. Finally, significant positive relationships were predicted between hypothesized mediators and the criterion variable of depression. The results showed that measures of internal, global, and stable attributions for the cause of the stalking showed significant positive relationships to depression. Specifically, participants who made internal, global, or stable attributions for the causes of the stalking were more likely to report symptoms of depression than those who made external, specific, or unstable attributions. Self-blame, on the other hand, was not significantly related to depression. The correlations are summarized in Table 2.

Table 2

Zero-Order Correlations Between Continuous Study Variables

Variable	ORI	LEN	MASC	FEM	SB	STAB	GLOB	INT	CESD	STAI
ORI	--									
LEN	.07	--								
MASC	.05	-.13	--							
FEM	.04	.14	-.02	--						
SB	.24	.20	.09	-.07	--					
STAB	.42**	.00	-.01	-.02	.42**	--				
GLOB	.32**	-.34	-.03	-.13	.30	.74**	--			
INT	.48**	.21	-.01	-.04	.50**	.81**	.77**	--		
CESD	.20*	-.07	-.10	-.06	-.08	.23*	.33**	.21*	--	
STAI	.00	-.30	.16	.15	.08	.02	-.01	.06	-.04	--

Notes. * $p < .05$. ** $p < .01$. ORI = harassment total score, LEN = Length of harassment score, MASC = Masculinity score, FEM = Femininity score, SB = self-blame total score, STAB = stability scores on the ASQ, GLOB = global/specific scores on the ASQ, INT = internal/external scores on the ASQ, CESD = depression total score, and STAI = state anxiety total score.

Hypotheses 2 and 3. My first model relates to hypotheses 2 and 3. I tested these two hypotheses using a moderated mediation model using Hayes' (2013) bootstrapping method (i.e. "PROCESS").

Hypothesis 2 stated that the relationship between stalking victimization and depression is mediated by helplessness attributions and characterological self-blame. The mediation model was run separately for both self-blame and all three dimensions of

helplessness attributions (i.e., globality, stability, specificity). Bootstrap confidence intervals that exclude zero would provide support for hypothesis 2. Therefore, four analyses were conducted to test hypothesis 2. The results indicated that global attributions for the self-identified cause of the harassment mediated the relationship between harassment and depression (95% confidence interval [CI] = .4432 to 1.7107, $p < .01$). Self-blame (95% confidence interval [CI] = -.2374 to .1608, $p > .05$), internal/external attributions for the cause of harassment (95% confidence interval [CI] = -.1068 to .9905, $p > .05$), and stability attributions for the cause of harassment (95% confidence interval [CI] = -.0405 to 1.2926, $p > .05$) failed to mediate the relationship between harassment and depression.

Hypothesis 3 stated that the association between stalking victimization and the hypothesized mediator of helplessness attributions would be moderated by length of stalking episode, gender, and sex-role identity. Each moderator was tested separately for all three dimensions of helplessness attributions. The moderators that are continuous (i.e., sex-role identity and length of stalking episode) were mean-centered prior to creating interaction terms in order to reduce the chances of problems with multicollinearity (Cohen, Cohen, Aiken, & West, 2003). Length of harassment ($\beta = .07$, $p > .05$), feminine sex-role ($\beta = .00$, $p > .05$), masculine sex role ($\beta = .02$, $p > .05$), and gender ($\beta = -.67$, $p > .05$) all failed to moderate the relationship between harassment and internal/external helplessness attributions. Second, length of harassment ($\beta = -.02$, $p > .05$), feminine sex role ($\beta = .00$, $p > .05$), masculine sex role ($\beta = .01$, $p > .05$), and gender ($\beta = -.42$, $p > .05$) all failed to moderate the relationship between harassment and global/specific helplessness attributions. Finally, length of harassment ($\beta = .01$, $p > .05$), feminine sex

role ($\beta = .00, p > .05$), masculine sex role ($\beta = .02, p > .05$), and gender ($\beta = -.43, p > .05$) all failed to moderate the relationship between harassment and stable/unstable helplessness attributions. See tables 3, 4, and 5 for the main effects of for all three dimensions of helplessness attributions.

Table 3

Regression Analyses Predicting Internal Helplessness Attributions from Length of Stalking x Harassment Scores, Femininity x Harassment Scores, Masculinity x Harassment Scores, and Gender x Harassment Scores

Variable	Beta	T	p	R ²	p
Length	.07	.91	.37	.11	.37
Harassment	.02	1.38	.18		
Harassment x Length	.00	- .71	.48		
Femininity	.00	.03	.97	.23	.00
Harassment	.13	1.52	.13		
Femininity x Harassment	.00	-.82	.41		
Masculinity	.02	1.18	.24	.25	.00
Harassment	.21	2.84	.00		
Masculinity x Harassment	.00	-2.06	.04		
Gender	-.67	-1.51	.13	.24	.00
Harassment	.01	.44	.67		
Gender x Harassment	.03	1.48	.14		

Table 4

Regression Analyses Predicting Stable Helplessness Attributions from Length of Stalking x Harassment Scores, Femininity x Harassment Scores, Masculinity x Harassment Scores, and Gender x Harassment Scores

Variable	Beta	T	p	R ²	p
Length	.01	.12	.90	.01	.96
Harassment	.01	.49	.62		
Harassment x Length	.00	-.20	.84		
Femininity	.00	-.23	.82	.17	.00
Harassment	.05	.70	.49		
Femininity x Harassment	.00	-.10	.92		
Masculinity	.02	1.11	.27	.20	.00
Harassment	.16	2.56	.01		
Masculinity x Harassment	.00	-1.90	.06		
Gender	-.43	-1.18	.24	.18	.00
Harassment	.03	1.07	.27		
Gender x Harassment	.01	.53	.60		

Table 5

Regression Analyses Predicting Global Helplessness Attributions from Length of Stalking x Harassment Scores, Femininity x Harassment Scores, Masculinity x Harassment Scores, and Gender x Harassment Scores

Variable	Beta	T	p	R ²	p
Length	-.02	-.22	.83	.13	.29
Harassment	.01	.37	.71		
Harassment x Length	.00	-.50	.63		
Femininity	.00	-.20	.84	.13	.00
Harassment	.12	1.73	.08		
Femininity x Harassment	.00	-1.30	.20		
Masculinity	.01	.41	.68	.11	.00
Harassment	.10	1.50	.14		
Masculinity x Harassment	.00	-1.01	.31		
Gender	-.42	-1.13	.26	.12	.00
Harassment	.03	1.19	.24		
Gender x Harassment	.00	-.02	.98		

Hypothesis 4. I tested Hypothesis 4 (i.e., that length of the stalking moderates the relationship between stalking victimization and anxiety) using multiple regression. The continuous moderator (i.e., length of stalking) was mean-centered prior to creating interaction terms in order to reduce the chances of problems with multicollinearity

(Cohen, Cohen, Aiken, & West, 2003). Anxiety (criterion variable) was regressed onto the main effects for Length of Stalking, Stalking Victimization, and the Length of Stalking x Stalking Victimization interaction. The results indicated no significant interaction between the product of length of stalking and victimization and anxiety, $F(3) = 1.21, p > .05$. The results for Hypothesis 4 for are summarized in Table 6.

Table 6

Regression Analyses Predicting Anxiety from Length of Stalking x Harassment Scores

Variable	Beta	T	p	R ²	p
Length	-.28	-1.66	.12	.10	.32
Harassment	-.03	-.19	.85		
Harassment x Length	-.68	-.68	.50		

CHAPTER IV

DISCUSSION

This study examined possible mediators and moderators of the relationship between stalking harassment and victim distress (i.e., depression and anxiety). One of the main goals of this study was to better understand the development of psychological distress following stalking using an existing theoretical model of general depression. In this case, Learned Helplessness Theory (Seligman & Maier, 1967; Seligman, 1957), and Abramson et al.'s (1978) Reformulated Model of Learned Helplessness were used as a framework for developing the mediated moderation model of the relationship between stalking victimization and depression that was tested in the current study.

In the remainder of the discussion, I review the findings in regard to each of the four hypothesis presented in the current study and discuss possible implications of these findings. I will then discuss possible clinical applications, limitations of the current study, and directions for future research.

Correlations Between Continuous Study Variables

Helplessness was measured along three attributional dimensions related to the cause of stalking behaviors, and was derived from Abramson and colleagues' (1978) Reformulated Model of Learned Helplessness. The three dimensions included internal/external, global/specific, and stable/unstable attributions of negative events. In accordance with research that found links between stalking victimization and depression

(e.g., Kuehner et al., 2007), the current study found that harassment was significantly related to symptoms of depression. With regard to the study mediators, harassment was significantly related to internal, global, and stable attributions for the self-identified cause of the stalking. Furthermore, victim self-blame for the stalking was significantly related to internal and stable attributions. This study's findings echoed the established theoretical linking of helplessness attributions and depression (i.e., Abramson et al., 1989).

Swendsen (1997) conducted a study on attributions of control in general (as opposed to attributions for stalking events), and their relationship to anxiety and depression for daily life events. Participants provided data throughout the day, filling out a questionnaire in response to a pager call. This study indicated that global and stable attributions for negative events were associated with increased depressed mood. However, this study failed to find a similar association between global/stable attributions and anxiety. The current study found comparable results, showing that depression was significantly correlated with all three dimensions of helplessness attributions, but failed to establish a similar connection with anxiety. Watson et al. (1989) were also unable to show using locus of control that helplessness was associated with anxiety after controlling for denial and irrational beliefs.

The current study's results, in combination with the results of Swendsen (1997) and Watson et al. (1989), may suggest that global and stable helplessness attributions do not necessary lead to anxiety, but do lead to depression. Thus, our study fits with a small body of others that suggest that there may be a specificity in the cognitive risk factors for depression and anxiety. The current study is unique in that not only is it one of the only

studies that has examined attributional style among stalking victims, it is the only one to show this kind of cognitive specificity in emotional sequelae for this type of trauma in particular. In future studies, multiple measures for anxiety and alternative measurements for helplessness (e.g., negative cognitive biases and locus of control) may help clarify the relationship between anxiety and helplessness.

Hypothesis 2 and 3: Mediator and Moderators of the Relationship between Stalking Victimization and Depression

In the current study, I predicted that relationship between stalking victimization and depression would be mediated by helplessness attributions and characterological self-blame. Past research suggests that global and stable attributions for negative life events are related to higher levels of depression (Abramson et al., 1989; Swendsen, 1997). The current study was successful in supporting a portion of the existing research and may offer a novel finding in regards to describing the relationship between harassment and depression. Additionally, the separate testing of participants' gender, sex-role identity and length of stalking did not moderate the relationship between victimization and helplessness attributions. This finding is contrary to what I had expected considering research that suggested participant's sex as a factor affecting self-blame (see Calicchia & Pardine, 1984). The results of the current study suggest that sex-role identity may only act as predictor of helplessness and self-blame for certain situations or populations.

Importantly, the current study showed that global attributions for the self-reported cause of the harassment significantly mediated the relationship between harassment and depression. In this study, participants were asked to identify the main cause of the harassment/stalking and then rate globality, specificity, and stability of the cause. When

taking a qualitative look at the causes that participants listed, “loneliness,” “alcohol,” sexual abuse/victimization, and an ex-partner’s unacceptance of the break up are some examples of causes that were generated by participants who gave high ratings for the globality dimension. This finding is significant because there does not appear to be extant research depicting a mediating effect of global attributions on depression for individuals who have been behaviorally harassed. This finding may also have an important implication in terms of hopelessness depression (Abramson et al., 1989). Moreover, individuals who indicated helpless global attributions for the cause of harassment/stalking may be more likely to develop hopelessness, and therefore feel more depressed. Internality and stability attributions, along with self-blame, failed to mediate the relationship between victimization and depression. Correlational support for the role of stable attributions in predicting depression suggests that stability of the cause would also act as a mediating factor between victimization and depression (e.g. Abramson et al., 1989; Swendsen, 1997). The way in which stability was measured may point to an explanation for this discrepancy. The hopelessness model of depression as outlined by Abramson et al. (1989) indicates that both global and stable attributions for negative events lead to hopelessness, and therefore, depression. In the current study, we measured stability by asking participants to rate if they expected the cause of the stalking to be present in future situations. It may be possible to see different results in regard to the impact of stable attributions if we had asked them to rate the stability of the event itself and not the cause.

The current study found that internal attributions associated with the cause of stalking did not mediate the relationship between harassment and depression. This

finding appears less surprising considering that an internal versus external attributional cause of a negative event became less critical as a predictor of depression in the formulation of hopelessness depression (Abramson et al., 1989). The findings of the current study suggest that internal attribution for the cause of harassment versus an external cause does not differentiate between high and low scores of depression. This may indicate that internal and external attributions for the cause of stalking may both be depressing for the victim. For example, “I am unable to confront the stalker,” an internal attribution, and “I am being stalked because the person has a mental health issue,” an external attribution, may both be depressing thoughts for the victim.

Hypothesis 4: Length (Time) as a Moderator Between Stalking Victimization and Anxiety

In the current study, I predicted that length of stalking would moderate the relationship between harassment and anxiety, such that stalking would be related to lower levels of anxiety, but only when the stalking had occurred for a long period of time. However, the results of the current study indicated that length of stalking did not significantly moderate the relationship. Albeit non-significant, there was a trend in the predicted direction. This may parallel Cattaneo and colleagues’ (2011) finding that victim distress may significantly decrease over time as stalking frequency decreases. Future research expanding upon this research question may help researchers and clinicians understand changes in stalking victims’ anxiety over time.

Clinical Implications

The hopelessness theory of depression may help inform clinical implications of the current study’s findings. Some evidence suggests that global attributions for positive

events and positive alternative attributions for negative events may protect individuals from experiencing depression. For example, Voelz, Haefel, Joiner, and Wagner (2003) found that global and stable attributions for positive events served to decrease hopelessness even among individuals with global and stable attributions for negative events. Additionally, Kammer (1983) found that depressed participants showed more global expectations for failure than non-depressed individuals. In terms of clinical relevance, this research also found that providing depressed participants with alternatives to negative attributions after failure helped reduce global failure expectations on future trials.

The hopelessness theory of depression suggests that individuals who tend to use global and stable attributions for negative events may be more likely to interpret situations in ways that lead to hopelessness and feelings of depression. Still, according to the theory, unstable and specific attributions may therefore be protective against feelings of depression (Abramson et al., 1989; Feng & Yi, 2012). In accordance with these findings, cognitive techniques that help individuals reframe negative events with a positive attribution may help individuals alleviate depression caused by negative global and stable attributions. For example, if an individual came to therapy seeking help with depression during or following a stalking incident, the clinician might try challenging cognitions that frame the cause of stalking as something that negatively impacts many areas of the client's life. It may be the case that the ex-partner is unable to move on from the relationship. In this scenario, the clinician could help the client identify other areas of their life where that cause does not have a negative impact. In this way, the clinician can

help the client frame the cause leading to negative events in a specific situation and try to reduce possible risk that global attribution may have on depression.

There may be occasions in which a client reports that they are unable to stop the stalking directly. In this case, the clinician could help the client develop assertiveness skills to intervene or provide resources to obtain necessary help in case of a more dangerous situation (e.g., local police). Perhaps the cause of the stalking may lead to negative situations in many areas of the client's life. With that situation, the clinician could provide treatment to reduce the impact of the cause. For example, if the client reports that his or her use of alcohol is associated with experiencing harassment, the clinician may offer an alcohol intervention to reduce this risk.

Limitations

Due to the correlational design, caution is warranted against drawing causal conclusions for the significant results of the current study. For instance, while we describe depression as a consequence of stalking victimization, it may be possible that there is another, unidentified variable leading to an increase in harassment or stalking victimization. Similarly, a stronger association between depression and victimization may be a result of depressed participants evaluating stalking incidents as more severe than non-depressed participants. Although global helplessness attributions mediated the relationship between victimization and depression, it is still unclear if attributions lead to depressed mood or if depressed mood leads to the development of negative attributions.

Use of a cross-lagged longitudinal study design may allow researchers to make more accurate assumptions about the causal directions of these correlations. Unlike the standard correlational design, such a design may be able to measure anxiety and

depression before, during, and after a stalking event. This would help researchers gather evidence to suggest that changes in anxiety, depression and event attributions may be accounted for by the stalking incident, and did not exist prior to the incident. In a similar vein, frequency of stalking behaviors experienced and length of stalking may be confounding variables when using a standard correlational design.

The current study used length of stalking as a key variable to predict the severity of helplessness depression and anxiety, and this variable did not yield any moderator effects. The literature on learned helplessness (Abramson et al., 1978; Seligman, 1975; Seligman & Maier, 1967) suggests that helplessness is learned over time, and therefore, length of stalking was considered to be an important variable in terms of symptom severity. Despite the lack of significant findings regarding length of stalking as a moderator between victimization and anxiety, this variable may still hold importance in future studies. Moreover, in the current study, only 36 participants correctly indicated how long the most serious stalking period had lasted on the questionnaire form. With this limited sample size, I found a $-.30$ correlation between anxiety and length of stalking. With more participants correctly indicating length of stalking, it is likely that this negative association would have been statistically significant. Related, frequency of stalking behaviors was used as a measure of stalking severity in the ORI, which determined participant scores on the harassment variable. It may be important to consider that frequency of stalking behaviors experienced may not accurately reflect stalking severity. For example, a participant may have experienced a few, intense stalking experiences, while another participant may have experienced many mild stalking

behaviors. Furthermore, how the participant interprets the behavior may determine the severity or impact that behavior has on the individual.

The current study was not longitudinal by design and was not able to track harassment frequency over time. The questionnaire measuring length was also unable to differentiate between past and current stalking. If the participant reported length of stalking in retrospect, I have no way with the current design to determine the possible impact of time since their last harassment experience. Taking this issue into account, it may be possible to control for time of onset and cessation of stalking as a way of isolating the effect of stalking length.

Another limitation is associated with the measurement of anxiety in this study. Anxiety was measured in terms of state-anxiety, that is, how much anxiety the participant was currently experiencing. Possible random variability in state anxiety and chronological separation between a stalking event and state-related anxiety may have accounted for difficulties drawing conclusions about stalking and anxiety. Questions regarding a participant's past and present anxiety specifically for stalking-related experiences may help determine the possible role of anxiety and characteristics of individuals more likely to experience anxiety in these situations.

Directions for Future Research

An examination of Abramson and colleagues' (1989) formulation of hopelessness depression may help put these findings within a meaningful context and help direct future research. Abramson et al. (1989) identify hopelessness as the expectation that negative events will happen (or the inverse, that positive events will not happen) and that the individual will not have any control over the outcome of the future events. Like the

reformulated theory's (Abramson et al., 1978) globality dimension of attributional style, the hopelessness theory of depression incorporates both generalized and specific forms of hopelessness. The authors hypothesize that global forms of hopelessness (i.e., extending to multiple situations) may produce greater levels of depression. In the current study, I did find evidence to support this theoretical standpoint. The hopelessness theory of depression (Abramson et al., 1989) integrates uncontrollability with the expectation of negative events (or lack of positive events) in the future. In my study, I did not include a question aimed to specifically tap the participants' expectancy of future harassment/stalking. In an effort to develop a clearer understanding of the possible role of hopelessness in cases of stalking or harassment, I may want to include questions that measure the individual's future expectations of the stalking relationship (e.g. stability, possibility of relapse).

The current study did not find a significant correlation between participant depression and state anxiety. Perhaps an association between depression and anxiety would emerge with the measurement of trait anxiety in future studies. Future research may also take into consideration which individuals should serve as the comparison group for individuals who have been stalked. For instance, should victims be compared to non-victims, or should comparisons be made using a dimensional approach (i.e., compare high and low severity)? It is still unclear which comparison method best serves the aims of follow-up research on this topic.

As I have already mentioned in the limitations section, there is a possibility that depressed mood may have led participants to report more severe forms of stalking on the harassment measure. A future study may be able to include an other-report of depression

symptomology in order to control for possible effects of depressed mood. A longitudinal study design may also allow researchers to gather data that were not available in the current study. For instance, with a longitudinal design, researchers could get a clearer picture of how anxiety and depression changes over time, and provide researchers with more information about the developmental process of anxiety and depression in cases of stalking. Does anxiety develop into depression for individuals who exhibit global and stable attributions for the stalking (Abramson et al., 1989; Swendsen, 1997)? Can the hopelessness model of depression better explain the onset of depression for individuals who have been stalked (Abramson et al., 1989)? Can existing models of helplessness or hopelessness account for the onset or severity of anxiety in cases of stalking (Abramson et al., 1978; Abramson et al., 1989)? These questions may be a starting point for adding to a theory-based understanding of the mediators and moderators of psychological distress in cases of stalking.

REFERENCES

- Abramson, L. Y., Metalsky, G. I., & Alloy, L. B. (1989). Hopelessness depression: A theory-based subtype of depression. *Psychological Review*, 96, 358-372.
doi:10.1037/0033-295X.96.2.358
- Abramson, L. Y., Seligman, M. E., & Teasdale, J. D. (1978). Learned helplessness in humans: Critique and reformulation. *Journal of Abnormal Psychology*, 87, 49-74.
doi:10.1037/0021-843X.87.1.49
- Amar, A. F. (2006). College women's experience of stalking: Mental health symptoms and changes in routines. *Archives of Psychiatric Nursing*, 20, 108-116. doi: 10.1016/j.apnu.2005.10.003
- American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorders* (4th Ed., Text Revision). Washington, DC: American Psychiatric Association.
- American Psychological Association (2012). The State-Trait Anxiety Inventory (STAI). Retrieved from <http://www.apa.org/pi/about/publications/caregivers/practice-settings/assessment/tools/trait-state.aspx>
- Antill, J.K., & Cunningham, J.D. (1982). Comparative factor analyses of the Personal Attributes Questionnaire and the Bem Sex-Role Inventory. *Social Behavior and Personality*, 10, 163-172.

- Basile, K. C., Arias, I., Desai, S., & Thompson, M. P. (2004). The Differential Association of Intimate Partner Physical, Sexual, Psychological, and Stalking Violence and Posttraumatic Stress Symptoms in a Nationally Representative Sample of Women. *Journal of Traumatic Stress, 17*, 413-421.
- Bem, S.L. (1981). *A manual for the Bem Sex Role Inventory*. Palo Alto, CA: Consulting Psychologist Press.
- Bjerregaard, B. (2000). An empirical study of stalking victimization [Abstract]. *Violence and Victims, 15*, 389-406.
- Björklund, K., Häkkänen-Nyholm, H., Sheridan, L., & Roberts, K. (2010). Coping with stalking among university students. *Violence and Victims, 25*, 395-408. doi: 10.1891/0886-6708.25.3.395
- Blaauw E., Winkel F., Arensman E., Sheridan L., & Freeve A. (2002). The toll of stalking: The relationship between features of stalking and psychopathology of victims. *Journal of Interpersonal Violence [serial online], 17*, 50-63.
- Bruder-Mattson, S., & Hovanitz, C. A. (1990). Coping and attributional styles as predictors of depression. *Journal of Clinical Psychology, 46*, 557-565. doi: 10.1002/1097-4679(199009)46:5<557::AID-JCLP2270460503>3.0.CO;2-1
- Buhi, E. R., Clayton, H., & Surrency, H. (2009). Stalking victimization among college women and subsequent help-seeking behaviors. *Journal of The American College Health Association, 57*, 419-425. doi:10.3200/JACH.57.4.419-426

- Calicchia, J. P., & Pardine, P. (1984). Attributional style: Degree of depression, respondent's sex, and nature of the attributional event. *Journal of Psychology: Interdisciplinary and Applied*, 117, 167-175. doi: 10.1080/00223980.1984.9923673
- Carver, C.S., Scheier, M.F., & Weintraub, J.K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology*, 267-283.
- Cattaneo, L., Cho, S., & Botuck, S. (2011). Describing intimate partner stalking over time: An effort to inform victim-centered service provision. *Journal of Interpersonal Violence*, 26, 3428-3454. doi:10.1177/0886260511403745
- Choi, N., & Fuqua, D.R. (2003). The structure of the Bem Sex Role Inventory: A summary report of 23 validation studies. *Educational and Psychological Measurement*, 63, 872-887.
- Cohen, J., Cohen, P., West, S. G., & Aiken, L. S. (2003). *Applied multiple regression/correlation analysis for the behavioral sciences*, 3rd ed. Hillsdale: Erlbaum.
- Cupach, W.R., Spitzberg, B.H. (1998). Obsessive relational intrusion and stalking. In B.H. Spitzberg & W.R. Cupach (Eds.), *The dark side of close relationships*, pp. 233–263.
- Cupach, W. R., & Spitzberg, B. H. (2000). Obsessive relational intrusion: Incidence, perceived severity and coping. *Violence and Victims*, 15, 357-372.

- Dykema, J., Bergbower, K., Doctora, J. D., & Peterson, C. (1996). An Attributional Style Questionnaire for general use. *Journal of Psychoeducational Assessment*, 14, 100-108. doi:10.1177/073428299601400201
- Eklund, R. C., Grove, J., & Heard, N. (1998). The measurement of slump-related coping: Factorial validity of the COPE and modified-COPE inventories. *Journal of Sport & Exercise Psychology*, 20, 157-175.
- Elliott, T, Shewchuk, R, & Richards, J.S. (2001). Family caregiver problem solving abilities and adjustment during the initial year of the caregiving role. *Journal of Counseling Psychology*, 48, 223-232.
- Feng, Z., & Yi, H. (2012). A causal model of hopelessness depression in Chinese undergraduate students. *Social Behavior and Personality*, 40, 359-368.
doi:10.2224/sbp.2012.40.3.359
- Gaudreau, P. (1977). Factor analysis of the Bem Sex Role Inventory. *Journal of Consulting and Clinical Psychology*, 45, 299-302.
- Gray, M. J., & Lombardo, T. W. (2004). Life Event Attributions as a Potential Source of Vulnerability Following Exposure to a Traumatic Event. *Journal of Loss and Trauma*, 9, 59-72. doi:10.1080/15325020490255313
- Hayes, A.F. (2013). An introduction to mediation, moderation, and conditional process analysis: A regression-based approach. New York: Guilford Press.
- Holt C. L., & Ellis, J. B. (1998). Assessing the Current Validity of the Bem Sex-Role Inventory. *Sex Roles*, 39, 929-941.

- Janoff-Bulman, R. (1979). Characterological versus behavioral self-blame: Inquiries into depression and rape. *Journal of Personality and Social Psychology*, 37, 1798-1809.
- Janoff-Bulman, R. (1992). *Shattered assumptions*. New York: Free Press.
- Kammer, D. (1983). Depression, attributional style, and failure generalization. *Cognitive Therapy And Research*, 7, 413-423. doi:10.1007/BF01187169
- Klein, D. C., & Seligman, M. E. (1976). Reversal of performance deficits and perceptual deficits in learned helplessness and depression. *Journal of Abnormal Psychology*, 85, 11-26. doi:10.1037/0021-843X.85.1.11
- Klein D., Fencil-Morse E., Seligman M. (1976). Learned helplessness, depression, and the attribution of failure [Abstract]. *Journal of Personality and Social Psychology [serial online]*, 33, 508-516.
- Kraaij, V., Arensman, E., Garnefski, N., & Kremers, I. (2007). The role of cognitive coping in female victims of stalking. *Journal of Interpersonal Violence*, 22, 1603-1612. doi: 10.1177/0886260507306499
- Kuehner, C., Gass, P., & Dressing, H. (2007). Increased risk of mental disorders among lifetime victims of stalking -- Findings from a community study. *European Psychiatry*, 22, 142-145. doi:10.1016/j.eurpsy.2006.09.004
- Moreland, J.R., Gulanick, N., Montague, E.K., & Harren, V.A. (1978). Some psychometric properties of the Bem Sex Role Inventory. *Applied Psychological Measurement*, 2, 249-256.
- Morey, L.C. (1991). *Personality Assessment Inventory: Professional Manual*. Tampa, FL: Psychological Assessment Resources.

- Mullen, P. E., Pathé, M., Purcell, R., & Stuart, G. W. (1999). Study of stalkers. *The American Journal of Psychiatry*, *156*, 1244-1249.
- Olson, T., Presniak, M., & MacGregor, M. (2010). Reevaluating positive affect in the Center for Epidemiologic Studies-Depression scale. *Psychiatry Research*, *178*, 545-549. doi:10.1016/j.psychres.2010.05.014
- O'Neill, M. L. & Kerig, P. K. (2000). Attributions of self-blame and perceived control as moderators of adjustment in battered women. *Journal of Interpersonal Violence*, *15*, 1036-1049. doi:10.1177/088626000015010002
- Peterson, C., Schwartz, S. M., & Seligman, M. E. (1981). Self-blame and depressive symptoms. *Journal of Personality and Social Psychology*, *41*, 253-259. doi:10.1037/0022-3514.41.2.253
- Peterson, C., & Seligman, M. E. (1983). Learned helplessness and victimization. *Journal of Social Issues*, *39*, 103-116. doi: 10.1111/j.1540-4560.1983.tb00143.x
- Peterson, C., Semmel, A., von Baeyer, C., Abramson, L. Y, Metalsky, G. I., & Seligman, M. E. P. (1982). The Attributional Style Questionnaire. *Cognitive Therapy and Research*, *6*, 287-299.
- Plaufcan, M. R., Wamboldt, F. S., & Holm, K. E. (2012). Behavioral and characterological self-blame in chronic obstructive pulmonary disease. *Journal Of Psychosomatic Research*, *72*, 78-83. doi:10.1016/j.jpsychores.2011.10.004
- Preacher, K. J., & Hayes, A. F. (2004). SPSS and SAS procedures for estimating indirect effects in simple mediation models. *Behavior Research Methods, Instruments, & Computers*, *36*, 717-731.

- Purcell, R., Pathé, M., & Mullen, P. E. (2002). The incidence and nature of stalking in the Australian community. *Australian and New Zealand Journal of Psychiatry*, 36, 114-120. doi:10.1046/j.1440-1614.2002.00985.x
- Purcell, R., Pathé, M., & Mullen, P. E. (2005). Association between stalking victimisation and psychiatric morbidity in a random community sample. *The British Journal of Psychiatry*, 187, 416-420. doi:10.1192/bjp.187.5.416
- Radloff, L.S. (1977) The CES-D scale: a new self-report depression scale for research in the general population. *Applied Psychological Measures*, 1, 385-401.
- Seligman, M. P. (1975). Helplessness: On depression, development, and death. New York, NY US: W H Freeman/Times Books/ Henry Holt & Co.
- Seligman, M. E., & Maier, S. F. (1967). Failure to Escape Traumatic Shock. *Journal of Experimental Psychology*, 74, 1-9. doi:10.1037/h0024514
- Spielberger, C. D. (1989). *State-Trait Anxiety Inventory: Bibliography* (2nd ed.). Palo Alto, CA: Consulting Psychologists Press.
- Spielberger, C. D., Gorsuch, R. L., Lushene, R. R., Vagg, P. R., & Jacobs, G. (1983). *State-Trait Anxiety Inventory*.
- Spitzberg, B.H., Nicastro, A.M., & Cousins, A.V. (1998) Exploring the Interactional Phenomenon of Stalking and Obsessive Relational Intrusion. *Communication Reports*, 11, 33-47.
- Swendsen, J. D. (1997). Anxiety, depression, and their comorbidity: An experience sampling test of the Helplessness–Hopelessness theory. *Cognitive Therapy and Research*, 21, 97-114. doi: 10.1023/A:1021872410824

- Turmanis, S.A. & Brown, R.I. (2006). The Stalking and Harassment Behaviour Scale: Measuring the incidence, nature, and severity of stalking and relational harassment and their psychological effects. *Psychology and Psychotherapy: Theory, Research and Practice*, 79, 183-198. doi:10.1348/147608305X53161
- Voelz, Z. R., Haeffel, G. J., Joiner, T. r., & Wagner, K. (2003). Reducing hopelessness: The interaction [sic] of enhancing and depressogenic attributional styles for positive and negative life events among youth psychiatric inpatients. *Behaviour Research and Therapy*, 41, 1183-1198. doi:10.1016/S0005-7967(03)00030-5
- Walker, L. A. (2006). Battered woman syndrome: Empirical findings [Abstract]. In F. L. Denmark, H. H. Krauss, E. Halpern, J. A. Sechzer (Eds.), *Violence and exploitation against women and girls* (pp. 142-157). Malden: Blackwell Publishing.
- Walker, L. E. (1977). Battered women and learned helplessness. *Victimology*, 2, 525-534.
- Walker, L. E. (1983). Victimology and the psychological perspectives of battered women [Abstract]. *Victimology*, 8, 82-104.
- Walker, L. E., & Browne, A. (1985). Gender and victimization by intimates. *Journal of Personality*, 53, 179-195. doi:10.1111/j.1467-6494.1985.tb00363.x
- Waters, C.W., Waters, L.K., & Pincus, S. (1977). Factor analysis of masculine and feminine sex-typed items from the Bem Sex Role Inventory. *Psychological Reports*, 40, 567-570.
- Watson, C. G., Vassar, P., Plemel, D., Herder, J., Manifold, V., & Anderson, D. (1989). The contributions of self-defeating philosophies, perceived helplessness, and repression to anxiety among psychiatric patients. *Journal of Clinical Psychology*,

45, 513-520. doi:10.1002/1097-4679(198907)45:4<513::AID-JCLP2270450404>3.0.CO;2-M

Wigman, S. (2009). Male victims of former-intimate stalking: A selected review.

International Journal of Men's Health, 8, 101-115. doi:10.3149/jmh.0802_101

Zinzow, H. M., & Jackson, J. L. (2009). Attributions for different types of traumatic events and post-traumatic stress among women. *Journal of Aggression,*

Maltreatment & Trauma, 18, 499-515. doi:10.1080/10926770903051025

APPENDIX A
DEMOGRAPHIC SHEET

Please complete the demographic information on this page and then move on to complete the remainder of the questionnaire packet.

1. Age (circle): 18 19 20 21 22+
2. Gender (circle): Woman Man Other
3. Race (check one):
 ___ Black
 ___ White
 ___ Other

APPENDIX B

BEM SEX-ROLE INVENTORY

Rate yourself on each item, on a scale from **1 (never or almost never true)** to **7 (always or almost always true)**. Remember, you have the right to leave any and/or all of the questions blank. **M = Male item, F = Female item, N = Neutral item.**

	never or almost never true						always or almost always true
1. self-reliant(M)	1	2	3	4	5	6	7
2. yielding(F)	1	2	3	4	5	6	7
3. helpful (N)	1	2	3	4	5	6	7
4. defends own beliefs(M)	1	2	3	4	5	6	7
5. cheerful(F)	1	2	3	4	5	6	7
6. moody(N)	1	2	3	4	5	6	7
7. independent(M)	1	2	3	4	5	6	7
8. shy(F)	1	2	3	4	5	6	7
9. conscientious(N)	1	2	3	4	5	6	7
10. athletic(M)	1	2	3	4	5	6	7
11. affectionate(F)	1	2	3	4	5	6	7
12. theatrical(N)	1	2	3	4	5	6	7
13. assertive(M)	1	2	3	4	5	6	7
14. flatterable(F)	1	2	3	4	5	6	7

	never or almost never true					always or almost always true	
15. happy(N)	1	2	3	4	5	6	7
16. strong personality(M)	1	2	3	4	5	6	7
17. loyal(F)	1	2	3	4	5	6	7
18. unpredictable(N)	1	2	3	4	5	6	7
19. forceful(M)	1	2	3	4	5	6	7
20. feminine(F)	1	2	3	4	5	6	7
21. reliable(N)	1	2	3	4	5	6	7
22. analytical(M)	1	2	3	4	5	6	7
23. sympathetic(F)	1	2	3	4	5	6	7
24. jealous(N)	1	2	3	4	5	6	7
25. has leadership abilities(M)	1	2	3	4	5	6	7
26. sensitive to the needs of others(F)	1	2	3	4	5	6	7
27. truthful(N)	1	2	3	4	5	6	7
28. willing to take risks(M)	1	2	3	4	5	6	7
29. understanding(F)	1	2	3	4	5	6	7
30. secretive(N)	1	2	3	4	5	6	7
31. makes decisions easily(M)	1	2	3	4	5	6	7
32. compassionate(F)	1	2	3	4	5	6	7
33. sincere(N)	1	2	3	4	5	6	7
34. self-sufficient(M)	1	2	3	4	5	6	7

	never or almost never true					always or almost always true	
35. eager to soothe hurt feelings(F)	1	2	3	4	5	6	7
36. conceited(N)	1	2	3	4	5	6	7
37. dominant(M)	1	2	3	4	5	6	7
38. soft-spoken(F)	1	2	3	4	5	6	7
39. likable(N)	1	2	3	4	5	6	7
40. masculine(M)	1	2	3	4	5	6	7
41. warm(F)	1	2	3	4	5	6	7
42. solemn(N)	1	2	3	4	5	6	7
43. willing to take a stand(M)	1	2	3	4	5	6	7
44. tender(F)	1	2	3	4	5	6	7
45. friendly(N)	1	2	3	4	5	6	7
46. aggressive(M)	1	2	3	4	5	6	7
47. gullible(F)	1	2	3	4	5	6	7
48. inefficient(N)	1	2	3	4	5	6	7
49. acts as a leader(M)	1	2	3	4	5	6	7
50. childlike(F)	1	2	3	4	5	6	7
51. adaptable(N)	1	2	3	4	5	6	7
52. individualistic(M)	1	2	3	4	5	6	7
53. does not use harsh language(F)	1	2	3	4	5	6	7
54. unsystematic(N)	1	2	3	4	5	6	7
55. competitive(M)	1	2	3	4	5	6	7

	never or almost never true					always or almost always true	
56. loves children(F)	1	2	3	4	5	6	7
57. tactful(N)	1	2	3	4	5	6	7
58. ambitious(M)	1	2	3	4	5	6	7
59. gentle(F)	1	2	3	4	5	6	7
60. conventional(N)	1	2	3	4	5	6	7

Note: Neutral (N) Scale items not included in scoring

APPENDIX C

STATE-TRAIT ANXIETY INVENTORY

A number of statements which people have used to describe themselves are given below. Read each statement and then write the number in the blank at the end of the statement that indicates *how you feel right now*, that is, *at this moment*. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best.

Not at all = 1 Somewhat = 2 Moderately so = 3 Very much so = 4

1. _____ I feel calm*
2. _____ I feel secure*
3. _____ I am tense
4. _____ I feel strained
5. _____ I feel at ease*
6. _____ I feel upset
7. _____ I am presently worrying over possible misfortunes
8. _____ I feel satisfied*
9. _____ I feel frightened
10. _____ I feel comfortable*
11. _____ I feel self-confident*
12. _____ I feel nervous
13. _____ I am jittery
14. _____ I feel indecisive
15. _____ I am relaxed*
16. _____ I feel content*
17. _____ I am worried
18. _____ I feel confused
19. _____ I feel steady*
20. _____ I feel pleasant*

Note: * indicates reverse score items.

APPENDIX D

CENTER FOR EPIDEMIOLOGIC STUDIES-DEPRESSION SCALE

A number of statements which people have used to describe themselves are given below. Read each statement and then circle the appropriate value to the right of the statement to indicate how you have felt over the past **week**.

	During the Past Week			
	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	Most or all of the time (5-7 days)
1. I was bothered by things that usually don't bother me.	1	2	3	4
2. I did not feel like eating; my appetite was poor.	1	2	3	4
3. I felt that I could not shake off the blues even with help from my family.	1	2	3	4
4. I felt that I was just as good as other people.*	1	2	3	4
5. I had trouble keeping my mind on what I was doing.	1	2	3	4
6. I felt depressed.	1	2	3	4

	During the Past Week			
	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or a moderate amount of time (3-4 days)	Most or all of the time (5-7 days)
8. I felt hopeful about the future.*	1	2	3	4
9. I thought my life had been a failure.	1	2	3	4
10. I felt fearful.	1	2	3	4
11. My sleep was restless.	1	2	3	4
12. I was happy.*	1	2	3	4
13. I talked less than usual.	1	2	3	4
14. I felt lonely.	1	2	3	4
15. People were unfriendly.	1	2	3	4
16. I enjoyed life.*	1	2	3	4
17. I had crying spells.	1	2	3	4
18. I felt sad.	1	2	3	4
19. I felt that people disliked me.	1	2	3	4
20. I could not get going.	1	2	3	4

Note: * indicates reverse score items.

APPENDIX E

BEHAVIORAL AND CHARACTEROLOGICAL SELF-BLAME SCALE

Below is a list of beliefs regarding past harassment and stalking experiences. Please read each item, and then indicate your level of agreement with each of the statements with respect to your most intense stalking-related experience.

NOTE: If you have never experienced unwanted pursuit by another individual, please skip this measure and move on to the next.

Use the following scale to indicate your opinion:

1= Strongly Disagree	4= Slightly Agree
2= Mostly Disagree	5= Mostly Agree
3= Slightly Disagree	6= Strongly Agree

*Please indicate that you have never experienced behavioral harassment by circling 7 for each of the following questions.

1. It happened because of something I did.	1 2 3 4 5 6 7
2. It happened because of the kind of person I am.	1 2 3 4 5 6 7
3. It happened because I am unattractive.	1 2 3 4 5 6 7
4. If I had done things differently, it wouldn't have happened.	1 2 3 4 5 6 7
5. It has nothing to do with the kind of person I am.*	1 2 3 4 5 6 7
6. It wasn't caused by anything I did.*	1 2 3 4 5 6 7
7. It happened to me because of who I am.	1 2 3 4 5 6 7
8. It happened because I am too passive to confront the stalker.	1 2 3 4 5 6 7
9. If I were a different person, it wouldn't have happened.	1 2 3 4 5 6 7

Note: * indicates reverse score items.

APPENDIX F

OBSESSIVE RELATIONAL INTRUSION - MODIFIED

ORI (Victim Short Form)
(© Spitzberg & Cupach, 1997)

People often pursue intimate relationships without realizing that the person being pursued does not want such a relationship. These pursuers may want friendship, or romantic intimacy, or perhaps just recognition. In addition, they often do things that do not appear in normal circumstances to be intimate, such as invading your privacy, intruding into your life, and/or making threats (e.g., “if you don’t go out with me, I’ll kill myself”), or refusing to let go. We are interested in finding out if you have ever experienced such a “relationship,” and what kinds of actions this pursuer displayed.

Important:

A= across all stalking experiences

B= the most serious stalking experience that you have had

		Circle the best Answer				
		ONLY 2 to 3	4 to 5	OVER 5		
		NEVER	ONCE	TIMES	TIMES	TIMES
<i>Has anyone ever undesirably & obsessively pursued you by...</i>						
1. LEAVING UNWANTED GIFTS	A	0	1	2	3	4
(e.g., flowers, stuffed animals, photographs, jewelry, etc.)	B	0	1	2	3	4
<i>Has anyone ever undesirably & obsessively pursued you by...</i>						
2. LEAVING UNWANTED MESSAGES OF AFFECTION	A	0	1	2	3	4
(e.g., romantically-oriented notes, cards, letters, voice-mail, e-mail, messages with friends, etc.)	B	0	1	2	3	4
<i>Has anyone ever undesirably & obsessively pursued you by...</i>						
3. MAKING EXAGGERATED EXPRESSIONS OF AFFECTION	A	0	1	2	3	4
(e.g., saying “I love you” after limited interaction, doing large and unsolicited favors for you, etc.)	B	0	1	2	3	4
<i>Has anyone ever undesirably & obsessively pursued you by...</i>						
4. FOLLOWING YOU AROUND	A	0	1	2	3	4
(e.g., following you to or from work, school, home, gym, daily activities, etc.)	B	0	1	2	3	4
<i>Has anyone ever undesirably & obsessively pursued you by...</i>						
5. WATCHING YOU	A	0	1	2	3	4
(e.g., driving by home or work, watching you from a distance, gazing at you in public places, etc.)	B	0	1	2	3	4

In your lifetime, how often, if at all, has anyone ever obsessively pursued you over a period of time for the purpose of establishing an intimate relationship that you did NOT want? That is . . .

Important:

A= across all stalking experiences

B= the most serious stalking experience that you have had

Circle the best Answer
 ONLY 2 to 3 4 to 5 OVER 5
 NEVER ONCE TIMES TIMES TIMES

Has anyone ever undesirably & obsessively pursued you by...

6. INTRUDING UNINVITED INTO YOUR INTERACTIONS	A	0	1	2	3	4
(e.g., "hovers" around your conversations, offers unsolicited advice, initiates conversations when you are clearly busy, etc.)	B	0	1	2	3	4

Has anyone ever undesirably & obsessively pursued you by...

7. INVADING YOUR PERSONAL SPACE	A	0	1	2	3	4
(e.g., getting too close to you in conversation, touching you, etc.)	B	0	1	2	3	4

Has anyone ever undesirably & obsessively pursued you by...

8. INVOLVING YOU IN ACTIVITIES IN UNWANTED WAYS	A	0	1	2	3	4
(e.g., enrolling you in programs, putting you on mailing lists, using your name as a reference, etc.)	B	0	1	2	3	4

Has anyone ever undesirably & obsessively pursued you by...

9. INVADING YOUR PERSONAL PROPERTY	A	0	1	2	3	4
(e.g., handling your possessions, breaking and entering into your home, showing up at your door or car, etc.)	B	0	1	2	3	4

Has anyone ever undesirably & obsessively pursued you by...

10. INTRUDING UPON YOUR FRIENDS, FAMILY OR COWORKERS	A	0	1	2	3	4
(e.g., trying to befriend your friends, family or coworkers; seeking to be invited to social events, seeking employment at your work, etc.)	B	0	1	2	3	4

Has anyone ever undesirably & obsessively pursued you by...

11. MONITORING YOU AND/OR YOUR BEHAVIOR	A	0	1	2	3	4
(e.g., calling at all hours to check on your whereabouts, checking up on you through mutual friends, etc.)	B	0	1	2	3	4

Has anyone ever undesirably & obsessively pursued you by...

12. APPROACHING OR SURPRISING YOU IN PUBLIC PLACES	A	0	1	2	3	4
(e.g., showing up at places such as stores, work, gym; lying in wait around corners, etc.)	B	0	1	2	3	4

Has anyone ever undesirably & obsessively pursued you by...

13. COVERTLY OBTAINING PRIVATE INFORMATION	A	0	1	2	3	4
(e.g., listening to your message machine, taking photos of you without your knowledge, stealing your mail or e-mail, etc.)	B	0	1	2	3	4

<p>In your lifetime, how often, if at all, has anyone ever obsessively pursued you over a period of time for the purpose of establishing an intimate relationship that you <u>did NOT</u> want? That is . . .</p>

Important:

A= across all stalking experiences

B= the most serious stalking experience that you have had

Circle the best Answer					
	ONLY 2 to 3	4 to 5	OVER 5		
	NEVER	ONCE	TIMES	TIMES	TIMES

Has anyone ever undesirably & obsessively pursued you by...

14. INVADING YOUR PROPERTY

(e.g., breaking and entering your home, car, desk, backpack or briefcase, etc.)

A	0	1	2	3	4
B	0	1	2	3	4

Has anyone ever undesirably & obsessively pursued you by...

15. LEAVING UNWANTED THREATENING MESSAGES

(e.g., hang-up calls; notes, cards, letters, voice-mail, e-mail, messages with friends, implying harm or potential harm, etc.)

A	0	1	2	3	4
B	0	1	2	3	4

Has anyone ever undesirably & obsessively pursued you by...

16. PHYSICALLY RESTRAINING YOU

(e.g., grabbing your arm, blocking your progress, holding your car door while you're in the car, etc.)

A	0	1	2	3	4
B	0	1	2	3	4

Has anyone ever undesirably & obsessively pursued you by...

17. ENGAGING IN REGULATORY HARASSMENT

(e.g., filing official complaints, spreading false rumors to officials- boss, instructor, etc., obtaining a restraining order on you, etc.)

A	0	1	2	3	4
B	0	1	2	3	4

Has anyone ever undesirably & obsessively pursued you by...

18. STEALING OR DAMAGING VALUED POSSESSIONS

(e.g., you found property vandalized; things missing, damaged or hurt that only this person had access to, such as prior gifts, pets, etc.)

A	0	1	2	3	4
B	0	1	2	3	4

Has anyone ever undesirably & obsessively pursued you by...

19. THREATENING TO HURT HIM- OR HERSELF

(e.g., vague threats that something bad will happen to him- or herself, threatening to commit suicide, etc.)

A	0	1	2	3	4
B	0	1	2	3	4

Has anyone ever undesirably & obsessively pursued you by...

20. THREATENING OTHERS YOU CARE ABOUT

(e.g., threatening harm to or making vague warnings about romantic partners, friends, family, pets, etc.)

A	0	1	2	3	4
B	0	1	2	3	4

Has anyone ever undesirably & obsessively pursued you by...

21. VERBALLY THREATENING YOU PERSONALLY

(e.g., threats or vague warnings that something bad will happen to you, threatening personally to hurt you, etc.)

A	0	1	2	3	4
B	0	1	2	3	4

<p>In your lifetime, how often, if at all, has anyone ever obsessively pursued you over a period of time for the purpose of establishing an intimate relationship that you <u>did NOT</u> want? That is . . .</p>

Important:

A= across all stalking experiences

B= the most serious stalking experience that you have had

Circle the best Answer					
	ONLY 2 to 3	4 to 5	OVER 5		
	NEVER	ONCE	TIMES	TIMES	TIMES

Has anyone ever undesirably & obsessively pursued you by...

22. LEAVING OR SENDING YOU THREATENING OBJECTS

(e.g., marked up photographs, photographs taken of you without your knowledge, pornography, weapons, etc.)

A	0	1	2	3	4
B	0	1	2	3	4

Has anyone ever undesirably & obsessively pursued you by...

23. SHOWING UP AT PLACES IN THREATENING WAYS

(e.g., showing up at class, office or work, from behind a corner, staring from across a street, being inside your home, etc.)

A	0	1	2	3	4
B	0	1	2	3	4

Has anyone ever undesirably & obsessively pursued you by...

24. SEXUALLY COERCING YOU

(e.g., forcefully attempted/succeeded in kissing, feeling, or disrobing you, exposed him/herself, forced sexual behavior, etc.)

A	0	1	2	3	4
B	0	1	2	3	4

Has anyone ever undesirably & obsessively pursued you by...

25. PHYSICALLY THREATENING YOU

(e.g., throwing something at you, acting as if s/he will hit you, running finger across neck implying throat slitting, etc.)

A	0	1	2	3	4
B	0	1	2	3	4

Has anyone ever undesirably & obsessively pursued you by...

26. PHYSICALLY HURTING YOU

(e.g., pushing or shoving you, slapping you, hitting you with fist, hitting you with an object, etc.)

A	0	1	2	3	4
B	0	1	2	3	4

Has anyone ever undesirably & obsessively pursued you by...

27. KIDNAPPING OR PHYSICALLY CONSTRAINING YOU

(e.g., by force or threat of force, trapped you in a car or room; bound you; took you places against your will; etc.)

A	0	1	2	3	4
B	0	1	2	3	4

Has anyone ever undesirably & obsessively pursued you by...

28. PHYSICALLY ENDANGERING YOUR LIFE

(e.g., trying to run you off the road, displaying a weapon in front of you, using a weapon to subdue you, etc.)

A	0	1	2	3	4
B	0	1	2	3	4

<p>In your lifetime, how often, if at all, has anyone ever obsessively pursued you over a period of time for the purpose of establishing an intimate relationship that you <u>did NOT</u> want? That is . . .</p>

Important:

A= across all stalking experiences

B= the most serious stalking experience that you have had

Circle the best Answer				
ONLY 2 to 3	4 to 5	OVER 5		
NEVER	ONCE	TIMES	TIMES	TIMES

Has anyone ever undesirably & obsessively pursued you by...

29. CONTACTING YOU THROUGH FACEBOOK	A	0	1	2	3	4
OR OTHER SOCIAL MEDIA	B	0	1	2	3	4
- (e.g. through Twitter, posting on your wall, emailing, instant messaging, etc.)

Has anyone ever undesirably & obsessively pursued you by...

30. LOCATING YOU THRU INFORMATION ON FACEBOOK	A	0	1	2	3	4
OR OTHER SOCIAL MEDIA	B	0	1	2	3	4
- (e.g., where you work, where you go to school, where you live, etc.).

The next items ask you to indicate whether you have experienced a certain type of relationship pursuit at some point in your life. If at any point your answer is "NO," or the item does not apply to you, skip to the next item of the survey.

31. If you answered any of the previous 30 items with anything other than "0", what is the sex of the person who was your most persistent unwanted pursuer?	B	___ MALE	___ FEMALE

32. "During some period of my life I have experienced being followed and/or harassed and/or obsessively pursued by someone."	___ YES	___ NO

33. If "yes" to #32, did it occur in a manner that you personally felt was threatening, or placed you in fear of your own safety, or the safety and security of your family, friends, or possessions . . .	___ YES	___ NO

34. If "yes" to #32, approximately how long did it occur, in . . .	A	___ Years	___ Months
	B	___ Years	___ Months

35. If "yes" to #32, would you consider what you experienced as a form of "stalking." That is, have you ever been "stalked"?	___ YES	___ NO

36. If "yes" to #35, on average how many times a month did this person do something to stalk you?	A	___ Number?
	B	___ Number?

37. If "yes" to #35, how many different people have you been stalked by?	___ Number?

38. If "yes" to #35, what was the sex of the person pursuing you?	B	___ MALE	___ FEMALE

Important:

A= across all stalking experiences

B= the most serious stalking experience that you have had

39. If "yes" to #35, do you have reason to believe that this person has stalked others before or after you?	B	___ YES	___ NO

40. If "yes" to #35, considering the most serious stalking experience you have had (if you have multiple stalking experiences), what type of relationship did you have, if any, prior to the time that the pursuit became unwanted?

- ☐ STRANGER
☐ ACQUAINTANCE
☐ COLLEAGUE, OR SERVICE RELATIONSHIP
☐ FRIENDSHIP
☐ FAMILY MEMBER OR RELATIVE
☐ "CASUALLY DATING" RELATIONSHIP
☐ "SERIOUSLY DATING" RELATIONSHIP
☐ SPOUSE
☐ EX-SPOUSE, ESTRANGED OR SEPARATED SPOUSE
☐ OTHER (Please specify: _____)

41. If "yes" to #35, and if it has since stopped, why do you think the Person ultimately stopped stalking or pursuing you? Explain briefly:

42. How long did the relationship in #40 last before the person's pursuit became unwanted? _____ Years _____ Months

43. How long ago did the stalking relationship (past or ongoing) in #40 begin? _____ Years _____ Months

44. Do you believe that YOU have ever engaged in romantic pursuit in ways that a reasonable person might consider to be stalking? _____ YES _____ NO

45. What is your sex? _____ MALE _____ FEMALE

APPENDIX G

ATTRIBUTIONAL STYLE QUESTIONNAIRE – MODIFIED

If you have NOT experienced the following situation, please skip this measure and move on to the next.

SITUATION: “During some period of my life I have experienced being followed and/or harassed and/or obsessively pursued by someone.”

A) On the line below, write down the **one** major cause of this situation.

CAUSE _____

B) Think about the **cause** that you wrote down. Is it something about you or something about other people the causes this situation?

Totally caused by other people or circumstances	1 2 3 4 5 6 7	Totally caused by me
--	---------------	----------------------

C) Think about the **cause** you wrote down. Is it something that leads to negative outcomes in **other** areas of your life or **just** in this situation?

This cause leads to negative outcomes just in this situation	1 2 3 4 5 6 7	This cause leads to negative outcomes in all areas of my life
--	---------------	--

D) Think about the **cause** you wrote down. Will the case of this current situation be present in similar situations in the future?

This cause will never be present in similar situations	1 2 3 4 5 6 7	This cause will always be present in similar situations
--	---------------	---