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A Pattern of Violence: Analyzing the Relationship Between Intimate Partner Violence and Stalking

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As the literature on stalking has grown, several studies have proposed a relationship between stalking and intimate partner violence (IPV). This study examines a clinical sample of intimate partner batterers to assess the stalking-related behaviors committed against the participants' intimate partners. The study examined the levels of severity between stalking-related behaviors and IPV, as well as identified differences between batterers who exhibited stalking-related behaviors and those who did not. A significant relationship between stalking-related behavior and IPV was found, with more severe stalking related to higher levels of IPV and more extreme psychopathology.

Keywords: stalking behavior; domestic abuse; domestic violence; batterers; psychopathology

In recent years, literature on stalking has grown significantly as stalking has gained more recognition both publicly and scientifically. Research has examined various aspects of stalking such as its prevalence, expression, and characteristics of the offenders, and a recent literature review acknowledges the need to delve deeper into specific dimensions of stalking (Logan & Walker, 2009; Spitzberg & Cupach, 2007). Most scholars define stalking in similar terms to the existing antistalking codes (Tjaden, Thoennes, & Allison, 2002). Specific legal definitions vary, but stalking is generally identified "as an intentional pattern of repeated behaviors toward a person or persons that are unwanted, and result in fear, or that a reasonable person (or jury) would view as fearful or threatening" (Spitzberg & Cupach, 2007, p. 66). Stalking may occur in many different forms for numerous reasons and can often lead to severe violence (Meloy, 2003; Spitzberg & Cupach, 2007). Nonetheless, stalking encompasses a pattern of behaviors instead of a single act, making it hard to accurately define and investigate. These behaviors can vary tremendously, but generally fall under acts of "following, communicating, besetting, watching, contacting" when the behavior is unwanted by the victim (Douglas & Dutton, 2001, p. 520). Stalking sometimes includes physical violence, which can lead to serious injury or even death.

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In referring to the literature for estimates of severe violence rates, there may be an underestimation because of the chance that, when investigated, the violence may not have been connected with previous stalking behavior, and therefore not labeled as a stalking case (Rosenfeld, 2004). Law enforcement classifies many stalking cases as incidences of crimes such as harassment and trespassing (Jordan, Logan, Walker, & Nigoff, 2003). Moreover, stalking behaviors are frequently dismissed, especially when the victim knows the perpetrator (Davis & Chipman, 2001), and stalking is especially hard to recognize because it is an "evolving, continual, or progressive crime . . . not static" (Davis & Chipman, 2001, p. 13). Although both men and women can be victims of stalking, Tjaden et al. (2002) found that 8.1% of women and 2.2% of men were stalked at least once in their life. The 2009 National Crime Victimization Survey found that around 3.4 million Americans were stalked in a 12-month period (Baum, Catalano, Rand, & Rose, 2009), highlighting the critical need for more research on the subject.

Empirical studies suggest that the most common perpetrators of stalking behaviors are former intimate partners (Tjaden & Thoennes, 1998). Tjaden and Thoennes (2002) interviewed female victims who made reports of domestic abuse in Colorado Springs. Almost 48% of the women reported being stalked by former boyfriends, 10.9% were stalked by current husbands, and 33.7% were stalked by ex- or separated husbands. This research supports the view that, most often, the victim knows the stalker, and many times, the stalker is a current or former intimate partner. Furthermore, in a meta-analysis of 175 studies of stalking, Spitzberg and Cupach (2007) outlined some of the most prevalent motives for stalking, including love, 60% (Bjerregaard, 2000); reconciliation, 75% (Brewster, 1998, 2000); anger/hostility, 63% (Meloy & Boyd, 2003); and jealousy, 57% (Roberts, 2005). These motives are further indicative of a significant interpersonal relationship between most victims and stalkers. As Spitzberg and Cupach (2007) concluded, "stalking is driven by a wide and ambivalent variety of motives and triggers, many of which reveal relationship-based intentions" (p. 66). Douglas and Dutton (2001) further estimate that 50%–60% of stalking victims are pursued by a former intimate partner. Another study found that it was common for college students to engage in some form of unwanted pursuit behaviors after the end of a romantic relationship (Langhinrichsen-Rohling, Palarea, Cohen, & Rohling, 2002).

Not only do many instances of stalking occur within an interpersonal relationship, but there also may be several implications to examining the link between stalking and intimate partner violence (IPV). Walker and Meloy (1998) stress the danger of stalking, identifying it as "a risk factor for further physical abuse or a lethal incident . . . especially if it occurs in combination with several other high risk behaviors" (p. 142). There is even research that suggests intimate partner stalkers are more violent compared to stalkers who did not abuse their partner within the intimate relationship (Mohandie, Meloy, McGowan, & Williams, 2006; Palarea, Zona, Lane, & Langhrichsen-Rohling, 1999; Walker & Meloy, 1998). Reasons for this pattern could be related to the high number of stalking cases in domestically violent relationships and the proximity of the victim to the abuser (Walker & Meloy, 1998).

Stalking is increasingly being considered a form of IPV. If a stalker has pursued a former intimate partner, the question can arise whether the stalking was rooted in IPV (Douglas & Dutton, 2001). Furthermore, Holtzworth-Munroe and Stuart (1994) suggest a typology of batterers that may indicate that the most likely batterers to exhibit stalking-related behaviors are those termed *borderline/dysphoric batterers*. These batterers are characterized by some of the same pathology and overall emotional dysregulation that characterizes many men who stalk intimate partners. Stalking is often understood as a continuum of IPV against an intimate partner through the increase in severity of stalking-related behaviors (Palarea, 2005).

Few studies have directly examined aspects of stalking in IPV samples. Logan, Shannon, and Cole (2007) used a sample of women who were victims of intimate partner abuse, finding that 53% had been stalked by their abusive partner. In another study, stalking was associated with more fear experienced by the victim when the abuse was greater (Logan, Cole, Shannon, & Walker, 2006). Another study sampled both male and female intimate partner batterers, finding that batterers might use stalking behaviors as a method of "[re-establishing] dominance and control" in the relationship (Burgess et al., 1997, p. 398). Melton (2007) interviewed female victims of IPV and concluded that stalking was an extension, often violent, of IPV even if the relationship had been terminated. However, studies have not used a significant clinical sample of male-only batterers until the current study.

The hypotheses for this study are divided into three parts. First, we believe that a significant number of intimate partner batterers seeking treatment engaged in stalking-related behaviors, indicating a relationship between stalking and IPV. Second, we hypothesize that there will be a significant relationship between scores on the measure of stalking-related behaviors and on the measures of IPV. Specifically, higher scores on stalking-related behaviors will be associated with more IPV. We believe that the relationship between stalking and generalized violence will not be as strong as it is with IPV. Finally, we hypothesize that batterers who engage in stalking-related behaviors differ from batterers who do not engage in stalking-related behaviors in terms of psychopathology and other potential pathways to stalking.

METHOD

Participants

Our sample comprised of 120 men, ranging in age from 19 to 62 years old, with a mean age of 36.4 years old. The participants had all committed IPV and were either self-referred (28%) or court-referred (62.6%) for IPV treatment. Breaking the sample down by race, 82.5% of the participants were White, 10.8% were African American, 4.2% were Hispanic, 0.8% were Asian American, and 1.8% were Other. Of the participants, 31.7% were married, 24.2% were divorced, 13.3% were single and in a committed relationship, 10.8% were separated, 8.3% were single and not dating anyone, 5.8% were living with an intimate partner, 4.2% were engaged, and 1.7% were single and dating several people. Years of education ranged from 7 years to 20 years, with a mean education of 12.1 years. Annual income ranged from $700 to $120,000, with a mean income of $29,778.

MEASURES

The primary instrument used in this study was the *Risk Assessment Inventory for Stalking* (RAIS; Palarea, Scalora, & Langhinrichsen-Rohling, 1999). This 36-item self-report measure was designed to assess a range of stalking-related behaviors, their severity, and their impact on the victim. Of these questions, 27 items ask the participant to rate the frequency of various stalking behaviors on a 6-point scale (0 = *never*, 5 = *very frequent*). These behaviors were separated further into four subscales: Distant Contact (e.g., making unwanted phone calls); Proximate Contact (e.g., making unwanted visits); Threat Behaviors (e.g., threatening to kill himself); and Harm Behaviors (e.g., committing violence against her pet). Carefully crafted wording was used to describe the behaviors to encourage honest replies. These

questions also ask the participant to indicate if the partner's response to these stalking behaviors was positive or negative, and if he or she felt encouraged or provoked by the intimate partner to commit the behaviors. The last nine questions ask for more details about the participants' stalking behaviors, such as the perpetrator's motive for committing the behaviors, the length of time they were committed, and the intimate partners' response behaviors. The alpha reliabilities for the individual scales in this sample were as follows: Distant Contacts, .60; Proximate Contacts, .87; Threat Behaviors, .90; and Harm Behaviors, .68.

Participants completed two versions of the *Conflict Tactics Scale-2* (CTS-2; Straus, Hamby, Boney-McCoy, & Sugarman, 1996) to assess more specific forms of violence, including the CTS-Partner (CTS-P) for violence perpetrated against the partner over the course of the relationship, and the CTS-Others (CTS-O) for violence perpetrated against others not including the intimate partner. The CTS-P and CTS-O were chosen to have more specific results in regard to the extensiveness of violence with an intimate partner and the amount of nonpartner generalized violence against others. The reliability of the subscales for the CTS-O was as follows: Physical, .94; Psychological, .85; Negotiation, .89; and Injury, .93. For the CTS-P, reliability of the subscales were as follows: Sexual, .51; Injury, .63; Physical, .93; Psychological, .89; and Negotiation, .91. Both forms of the CTS were scored on a 5-point frequency scale (1 = *very rare*, 5 = *very frequent*).

The *Millon Clinical Multiaxial Inventory-III* (MCMI-III; Millon, Davis, & Millon, 1997) is a 175 true–false question measure composed of various scales intended to measure Axis I and Axis II disorders, personality, and validity. The MCMI-III was chosen for its relevant scales to measure the psychopathology of the sample. In this study, it was used to measure the scores of various scales of psychopathology, including Anxiety, Narcissism, Schizotypal, Borderline, Histrionic, Antisocial, Sadistic, and Thought Disorder. Additionally, scores were used to measure alcohol and substance abuse.

The *Beck Depression Inventory-II* (BDI-II; Beck, Steer, & Brown, 1996) was used to measure the levels of depression of the participants. The measure contains 21 items, each made up of a depressive symptom, and four choices ranging from 0 to 3, which are statements about the particular symptom. The participant chooses which statement is most applicable. The total score is then added up, ranging from 0 to 63. The BDI-II has high reliability and validity (Beck, Steer, & Garbin, 1988; Nietzel, Russell, Hemmings, & Gretter, 1987), with a coefficient alpha of .91 (Beck, Steer, Ball, Ranieri, 1996; Steer, Ball, Ranieri, & Beck, 1997).

The *Multidimensional Anger Inventory* (MDAI; Siegel, 1986) was used to measure the anger of the participants. The MDAI consists of 38 questions measured on a 5-point scale (5 = *completely descriptive of you*, 1 = *completely undescriptive of you*). Within the test, various aspects of anger are assessed through eight subscales: Anger Arousal, Range of Anger Eliciting Situations, Hostile Outlook, Anger-in, Anger-out, Guilt, Brood, and Anger-Discuss. The test–retest reliability for the MDAI is $r = .75$, and the alpha in the current sample was .95 (Siegel, 1986).

PROCEDURE

Participants were referred to a men's IPV group at a local public hospital. Prior to receiving treatment, participants underwent an initial semistructured intake interview to collect information about the participants' social, familial, educational, criminal, and substance abuse histories. Afterward, participants scheduled a 2-hour appointment to complete the

series of psychological measures. All institutional review board requirements of the hospital and authors' affiliated institutions were followed. Although all men referred to the group participated in the admissions process, only data for those men who volunteered for the study were used for research purposes.

RESULTS

Examination of participants' responses on the RAIS showed support for the first hypothesis. Participants endorsed various stalking-related behaviors (see Table 1 for a list of the most frequently endorsed stalking behaviors). For example, on Item 2 of the RAIS, 44.2% of participants indicated that they had left hang-up calls for their intimate partner. Furthermore, 26.7% of participants endorsed at least one item of Distant Contacts, 24% of Proximate Contacts, 18% of Threat Behaviors, and 8% of Harm Behaviors subscales of the RAIS. More than 66.7% of participants endorsed at least one item from the RAIS and thereby endorsed at least one stalking-related behavior.

Correlations were examined between the RAIS total and subscales and the CTS-P and CTS-O total and subscales to identify whether a significant relationship existed between the two measures of stalking and IPV behaviors. There were positive correlations between the RAIS total score with both the CTS-P total score ($r = .261$) and the CTS-O total score ($r = .334$), indicating that the higher levels of stalking-related behaviors were related to more intimate partner and general violence. Within the subscales, the CTS-P and CTS-O psychological abuse subscales had significant positive correlations with almost all subscales of the RAIS (seven of eight). This is depicted in Table 2, as well as the correlations with the CTS totals. The correlations between the RAIS subscales and the Physical Abuse subscale of the CTS-P and CTS-O were all positive, although only the correlation between Harm Behaviors and CTS-O Physical Abuse scales was significant ($r = .215$).

TABLE 1. Most Frequent Self-Reported Stalking Behaviors

Stalking Behavior	Participants Endorsed
Talk with her on the phone or leave her phone messages when she did not want to hear from you.	44.2%
Unexpectedly visit her at home/work/other places.	25.0%
Send/leave her items/gifts.	24.2%
Visit her in person even if she did not want to see you.	24.2%
Contact her family/friends without her permission.	18.3%
Ask her family/friends information about her.	18.3%
Show up at places you thought she might be.	15.8%
Wait outside or drive by her home/work/other public places.	14.2%
Threaten to kill/harm yourself.	14.2%
Send/leave her cards/letters even if she did not want to hear from you.	13.3%

TABLE 2. Correlations of CTS Subscales and RAIS Subscales

	CTS-P Psych	CTS-P Phys	CTS-P Sexual	CTS-P Injury	CTS-P Total	CTS-O Psych	CTS-O Phys	CTS-O Injury	CTS-O Total
Distant contacts	.266**	.001	.200*	.173	.161	.141	−.012	−.012	.079
Proximate contacts	.257**	.034	.305*	.007	.187*	.203*	.051	.044	.147
Threat behaviors	.279**	.107	.052	.107	.217*	.395**	.137	.082	.308**
Harm behaviors	.368**	.157	.328**	.135	.322**	.396**	.215*	.124	.354**

*$p < .05$. ** $p < .01$.

To examine differences between batterers who perpetrate stalking-related behaviors and those who do not, we divided batterers into three possible categories based on their RAIS responses. We recognize the possible implications of using the term *stalker*, although for the purpose of this study, the labels are used to be helpful in recognizing differences across the categories and are not meant to be fully descriptive or indicative of having committed the crime of stalking. Those subjects who did not endorse any items on the RAIS were identified as *nonstalkers*. Those subjects who endorsed one or more items from the RAIS Contact Behaviors (items 1–14) were placed in another group labeled *subclinical stalkers*. Those in the subclinical stalker group are not considered stalkers, but endorsed several unwanted pursuit behaviors toward their intimate partners. The third group was characterized by subjects who endorsed at least one item from the Threat/Harm behavior items on the RAIS (items 15–27) and were labeled *clinical stalkers*. Subjects who were labeled clinical stalkers may have also endorsed items from the Contact Behaviors, but were classified using the most severe stalking behavior endorsed.

Prior to examining central differences among the batterer groups, we analyzed the data for any demographic differences that could explain the results. Chi-square analyses were conducted for race and marital status; however, both were statistically nonsignificant. Analyses of variance (ANOVAs) were examined, comparing the years of education and income of the participants across stalker types. These analyses also revealed no statistically significant differences across stalker types in our sample of batterers. These results suggest that demographic differences across stalker types do not account for differences in subsequent analyses.

Several chi-square analyses were conducted to analyze aspects of the criminal history of each participant, comparing the three categories of stalkers. The first chi-square examined whether the participant had ever been arrested or charged across stalker types. This analysis showed significant results, $\chi^2(1) = 6.061$, $p = .048$, indicating that nonstalkers were less likely to have been arrested compared to subclinical and clinical stalkers, with no statistical differences in the occurrence of an arrest or charge between the subclinical and clinical stalkers. The other chi-square analyses were not significant across stalker types, measuring whether the participant had ever been convicted of a crime, ever charged or arrested for assault, and the frequency of assaults. These results indicate that the use of criminal histories of the participants, with the exception of the occurrence of arrests or

charges, may only marginally differentiate the stalker types and do not account for any of the differences we found in psychopathology, IPV, and general violence.

A multivariate analysis of variance (MANOVA) was conducted on 10 subscales of the MCMI-III, the total score of the BDI, and the MDAI total score. The overall MANOVA was significant, $F(24, 188) = 1.874$, $p = .011$. We found significant main effects across six of the dependent variables: the Antisocial, $F(2, 108) = 5.285$, $p = .006$; Narcissistic, $F(12, 112) = 63.657$, $p = .045$; and Sadistic, $F(2, 108) = 5.365$, $p = .006$, subscales; Alcohol Dependence, $F(2, 108) = 7.565$, $p = .001$; and Drug Dependence, $F(2, 108) = 4.203$, $p = .017$ scales; and the MDAI total score, $F(2, 108) = 4.021$, $p = .021$. The clinical stalkers claimed the highest means for all significant categories with the exception of Narcissism. See Table 3 for means and complete results.

TABLE 3. Means and Standard Deviations of MCMI-III Subscales by Stalker Type

	Nonstalkers	Subclinical Stalkers	Clinical Stalkers	Total Sample
n	35	42	38	115
Mean (and *SD*)				
Histrionic	50.171 (17.547)	50.643 (19.893)	51.079 (19.754)	50.631 ($p = .981$)
Antisocial	49.514 (21.444)[c]	46.738 (21.791)[c]	61.658 (21.271)[a,b]	52.637 ($p = .006$)
Sadistic	39.000 (26.079)[c]	39.310 (22.752)[c]	55.105 (24.998)[a,b]	44.472 ($p = .006$)
Narcissistic	63.657 (16.574)[b]	54.381 (15.209)[a]	58.763 (16.472)	58.934 ($p = .045$)
Schizotypal	38.343 (38.160)	34.786 (29.325)	40.421 (30.532)	37.730 (29.224)
Borderline	34.514 (28.229)	36.048 (28.380)	46.816 (28.935)	39.139 (28.789)
Anxiety	35.686 (37.599)	40.143 (35.831)	54.421 (30.793)	43.504 (35.409)
Thought disorder	31.971 (28.310)	33.905 (28.697)	36.211 (29.687)	34.078 (28.708)
Alcohol dependence	50.086 (23.122)[c]	48.143 (24.361)[c]	67.447 (24.353)[a,b]	55.225 ($p = .001$)
Drug dependence	46.429 (19.719)[c]	46.762 (21.534)[c]	58.395 (20.051)[a,b]	50.528 ($p = .017$)
MDAI total	78.921 (19.307)[b,c]	90.004 (24.424)[a]	94.137 (26.161)[a]	87.687 ($p = .021$)

[a]Significantly different from nonstalkers, $p < .05$.
[b]Significantly different from subclinical stalkers, $p < .05$.
[c]Significantly different from threat/harm stalkers, $p < .05$.

TABLE 4. Means and Standard Deviations of CTS-P Subscales by Stalker Type

	Nonstalker	Subclinical Stalker	Clinical Stalker	Total Sample
n	37	43	39	119
Mean (and *SD*)				
Negotiation	16.978[b,c] (8.747)	21.707[a] (6.072)	21.128[a] (5.881)	20.047 (7.207)
Psychological abuse	7.487[c] (7.658)	10.415 (6.414)	12.718[a] (7.511)	10.259 (7.424)
Physical abuse	6.992 (12.321)	4.492 (6.237)	5.627 (5.195)	5.641 (8.361)
Sexual abuse	0.351 (1.252)	0.302 (.773)	0.821 (1.958)	0.487 (1.407)
Injury	0.803 (1.480)	1.349 (2.213)	1.359 (1.478)	1.182 (1.783)

[a]Significantly different from nonstalkers, $p < .05$.
[b]Significantly different from subclinical stalkers, $p < .05$.
[c]Significantly different from threat/harm stalkers, $p < .05$.

In addition, two separate MANOVAs examined responses on the CTS-O and CTS-P subscales of Negotiation, Psychological Abuse, Physical Abuse, Sexual Abuse (only in the CTS-P), and Injury across stalker types (see Tables 4 and 5). The first MANOVA of the CTS-O subscales across stalker types revealed significant differences, $F(8, 226) = 2.835$, $p = .005$. There were significant main effects in the Psychological Abuse subscale,

TABLE 5. Means and Standard Deviations of CTS-O Subscales by Stalker Type

	Nonstalker	Subclinical Stalker	Clinical Stalker	Total Sample
n	37	43	39	119
Mean (and *SD*)				
Negotiation	15.557[b] (7.026)	19.967[a] (6.274)	18.197 (4.378)	18.016 (6.456)
Psychological abuse	9.243[c] (3.609)	9.637[c] (3.561)	12.017[a,b] (6.390)	10.295 (4.808)
Physical abuse	14.391 (5.484)	12.584 (1.743)	14.272 (6.440)	13.699 (4.932)
Injury	7.168 (3.682)	6.056 (0.366)	6.862 (2.926)	6.666 (2.678)

[a]Significantly different from nonstalkers, $p < .05$.
[b]Significantly different from subclinical stalkers, $p < .05$.
[c]Significantly different from threat/harm stalkers, $p < .05$.

TABLE 6. Means of RAIS Subscales by Stalker Type

	Nonstalker	Subclinical Stalker	Clinical Stalker	Total Sample
n	38	41	36	115
Mean (and *SD*)				
Distant contacts	.000[b,c] (.000)	3.195[a] (2.216)	3.861[a] (4.058)	2.348 (3.098)
Proximate contacts	.000[c] (.000)	1.049[c] (1.303)	3.389[a,b] (5.145)	1.435 (3.267)
Threat behaviors	.000[c] (.000)	.000[c] (.000)	2.667[a,b] (4.421)	0.835 (2.746)
Harm behaviors	.000[c] (.000)	.000[c] (.000)	0.9444[a,b] (1.999)	0.296 (1.192)

[a]Significantly different from nonstalkers, $p < .05$.
[b]Significantly different from subclinical stalkers, $p < .05$.
[c]Significantly different from threat/harm stalkers, $p < .05$.

$F(2, 119) = 3.981$, $p = .021$, and Negotiation subscale, $F(2, 119) = 4.979$ $p = .008$. The CTS-P MANOVA, $F(10, 224) = 3.494$, $p = .001$, showed significant results in the same subscales of Psychological Abuse, $F(2, 119) = 5.053$, $p = .006$), and Negotiation, $F(2, 119) = 5.292$, $p = .008$. See Table 6 for means of RAIS subscales by stalker type.

DISCUSSION

The purpose of this study was to provide further perspective into the relationship between stalking and IPV through the use of a clinical sample of intimate partner batterers. To start, we believed that participants would exhibit stalking behaviors against their intimate partners. We expected a high level of stalking behaviors to be related to high levels of IPV. Finally, we hypothesized that there would be differences in psychopathology and criminal history between subjects who endorsed stalking behaviors and nonstalkers.

The first step in the study was to identify stalking behavior in the sample using the RAIS. Our sample did endorse behaviors in all four subscales of the RAIS. With more than 66% of subjects endorsing at least one item of the RAIS, the percentages of stalking behaviors endorsed in each subscale show that as the severity of the subscales increases, the percentage of which they were endorsed by participants decreases. Only 8% of subjects endorsed one or more Harm Behaviors, whereas the highest percentage endorsed in a Distant Contacts subscale is more than 26%. We should make it clear at this point that these figures do not conclusively indicate that the participants are "stalkers," but that they engaged in at least one stalking-related behavior in these categories. Stalking is a persistent pattern of behaviors, and these analyses only identify the endorsement of at least one behavior. Nonetheless, we will be referring to these behaviors as stalking, stalking behaviors, or stalking-related behaviors throughout the discussion in order to be straightforward and clear in our discussion.

Our hypothesis that higher levels of stalking would correlate with higher levels of partner violence compared to generalized violence was not fully supported. A statistically significant positive correlation was found between the psychological aggression scales of both measures of violence (intimate partner and generalized) and almost all (seven of eight) subscales of the RAIS. In addition, the sexual aggression scale on the CTS-P was significantly correlated with the Distant Contacts, Proximate Contacts, and Harm Behaviors subscales of the RAIS. The Physical and Injury subscales for the CTS-P and CTS-O (with the exception of CTS-O physical with Harm Behaviors) were surprisingly nonsignificant. Although these results were in contrast to our original predictions, the consistent pattern of results is interesting. Generally speaking, whether statistically significant or not, categories of more severe or intrusive stalking behaviors were more strongly related to physical aggression whether between partner or other based.

Nonetheless, the RAIS subscales suggested that the strongest relationships were between stalking-related behaviors and psychological and sexual aggression. Given the threatening and harassing nature of most stalking behaviors, these findings should not be surprising. For example, Burgess et al. (1997) suggest that batterers are motivated to commit stalking behaviors to reestablish control of the relationship and the victim. This need for control can be externalized as sexual aggression or psychological violence, such as through threats or harassment. Unlike physical violence, psychological violence can be maintained even if there is separation between the perpetrator and the victim (Burgess et al., 1997). Other studies have also found a connection between stalking and psychological distress (Davis, Coker, & Sanderson, 2002; Logan & Walker, 2009; Sheridan, Blaauw, & Davies, 2003) and IPV and psychological distress (Logan, Walker, Jordan, & Leukefeld, 2006). The effect of the stalking-related behaviors is manifested in the victim's fear, paranoia, or view of the perpetrator as threatening to his or her safety.

Although our categories of stalking-related behaviors were somewhat artificial because of the nature of stalking as a persistent pattern of behavior, the categories do provide some useful insight into the differences between men who engage in this type of behavior. Antisocial personality is believed to be an important difference among the three categories, rising with the endorsement and increasing severity of stalking behaviors. Stalkers displaying higher scores on measures of antisocial personality disorder (APD) traits are likely to have a history of intimate partner abuse, given the indications such as impulsivity and disregard for safety (Zona, Palarea, & Lane, 1998). A sadistic/aggressive personality and drug and alcohol dependence significantly separated clinical stalkers, suggesting that abuse of drugs and alcohol might affect the stalker, possibly promoting more severe behaviors. The MDAI also showed significant differences between stalkers and nonstalkers, indicating that anger could play a role in whether a batterer chooses to engage in stalking behaviors against an intimate partner.

Douglas and Dutton (2001) postulated that batterers identified as psychopathic are likely to exhibit antisocial and violent behavior, even outside of an intimate relationship. The violence displayed by these psychopathic batterers does not seem to be impulsive but controlling (Dutton, 1997). Results show that subclinical and clinical stalkers are significantly more likely to engage in more negotiation behaviors with their intimate partner than nonstalkers, with psychological abuse significantly more likely in clinical stalkers. These results echo the previous discussion of batterers engaging in controlling behaviors to intimidate the victim, even in the absence of physical violence.

Although this study serves an important step in the literature by assessing stalking-related behaviors in a clinical sample of IPV perpetrators, there are possible limitations. The

sample was limited to participants from the IPV treatment program at one public hospital that was not very ethnically diverse. The sample size was comparable to similar studies but not overwhelmingly large. The operational definition of stalking in this study is certainly definitive, but it is recognized that stalking is a construct that is much more useful along a continuum and cannot always be so clearly delineated by the labels used. The RAIS is not a widely used measure of stalking or unwanted pursuit behaviors, but the items are similar to other measures of stalking. In addition, several of the measures are self-report, and participants may have misrepresented their stalking behavior, or intimate violence, or drug and alcohol tendencies. Future studies should look into the suggested relationship between stalking behaviors and psychological abuse for deeper understanding of why batterers who endorse stalking behaviors are likely to commit psychological, as well as sexual, abuse.

To study the link between stalking and IPV, we used a sample of participants who were currently in treatment for IPV. Data of demographics, criminal histories, violence, and psychological measures aided in examining the stalking behaviors in intimate partner offenders, as well as identifying differences among stalkers and nonstalkers. This study produced especially interesting results concerning the role of high psychological abuse in stalkers, suggesting that psychological intimidation is indicative of a batterer prone to stalking as a form of violence against an intimate partner as compared to other, more direct forms of violence such as physical assault or sexual abuse. Stalking behaviors and psychological violence may be harder to identify and assess, but their suggested relationship identifies important batterer behaviors to consider. Psychopathology can also highlight significant differences among the types of stalkers and could be used to assess potential risks of stalking behaviors in batterers who show high levels of drug and alcohol dependence, anger, sadistic/aggressive personality, and other traits. This research intends to demonstrate possible differences between batterers who commit stalking-related behaviors and those who do not, in the hopes of making a contribution to current research connecting stalking and IPV.

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