

Stalking is a problem behaviour involving unwanted communications or approaches that cause fear or significant distress, and that are repeated over more than 2 weeks. It can include, for example, telephone calls, face-to-face contact, gifts, complaints, threats, libel, property damage or even assault.

What is bullying?

Health professionals can be stalked in the workplace by:

- patients or their relatives
- colleagues
- outsiders (often ex-partners) who intrude into the work situation.

The risk of being stalked by a patient or a patient's relative is between 5% and 10% a year, and around 20% over the course of a career. There is some variation depending on profession and also within psychiatric subspecialties. Undermining the position, status, worth, value or potential of workers.

For example, forensic psychiatrists and general adult psychiatrists appear to be at higher risk, whereas the risk appears to be lower for old age psychiatrists and neuropsychiatrists. In addition, **the life-time risk of being stalked** by an ex-partner or anyone else is, on average, around 8% for women and 2% for men.

The nature of stalking

Patients who stalk are usually either motivated by resentment at what they perceive as inadequate or unreasonable treatment, or seek intimacy in an attempt to establish a romantic or another close relationship.

Stalking may begin gradually but often persists for many months; in a half of cases, stalking of psychiatrists lasts for **over a year**.

Harm caused by stalking

Even brief intense episodes of stalking can be distressing; serious harm, such as physical or sexual assault, is more likely with more extended patterns of harassment.

Between **20%** and **40%** of victims experience symptoms of mental disorder as a result of being stalked.

Patients and relatives driven by resentment may make vexatious complaints to hospital administrators, the General Medical Council or similar bodies in **20–30%** of cases. Intimacy seekers may make complaints following rejection of their advances, sometimes alleging sexual impropriety. The risks of being threatened are high in both resentful and intimacy-seeking stalkers but assault is unusual, being reported by around **8%** of psychiatrists who were stalked.

The risks presented by colleagues who stalk depend on what is motivating them. If it is resentment, then complaints, threats and malicious rumours are the main risk.

Stalking intruding into the workplace

Stalkers from the victim's outside life who intrude into the workplace are usually rejected ex-partners. This is a high-risk group and such intrusions, particularly if they involve force or obvious trespass, are warnings of **imminent assault**. Colleagues may be caught up in the violence perpetrated by intrusive ex-partners.

This should always be a matter for the police, almost irrespective of the victim's wishes, because of the high rate of subsequent assault following such intrusions. The line manager of someone who is being stalked may find this a particularly difficult decision to make and may wish to discuss it with a senior colleague and/or their medical defence organisation first.

Managing stalking and minimising the risks

Employer's responsibilities

The stalking of mental health professionals by patients is sufficiently common, and potentially troublesome, that all workplaces should have clear policies and procedures in place to support and protect victims and manage the perpetrators. In practice it is unusual for trusts to have dedicated policies, but stalking may be covered by a section within bullying and harassment policies.

The policy on stalking should:

- provide a mechanism for the reporting of stalking or possible stalking to an appropriate manager at an early stage, by the victim or others
- make it clear that such reports should be taken seriously and dealt with promptly by thorough but sensitive investigation
- recognise that stalking is only very rarely the fault of the victim (for example, because they have not maintained professional boundaries); the victim should be supported and should not be blamed for the stalking
- allow for the involvement of a union representative or other adviser if appropriate

- maintain confidentiality for the victim and the patient (stalker) so far as is possible with the safe management of the situation
- allow for the provision of counselling where necessary
- set out how workplace safety plans should be devised in the event of serious or particularly harmful stalking, such as where the victim or colleagues are at risk of intimidation or assault by the stalker
- provide access, where appropriate, to legal advice for the victim, and assistance in liaison with the police or in obtaining a non-molestation order or other injunction
- allow for the inclusion of training in spotting the early signs of stalking and managing it appropriately as part of induction programmes and/or other training as appropriate.

Other policies are also relevant. For example, there should be effective, well-enforced policies on confidentiality of staff (and other) information, to minimise the chances of it being obtained and used by a stalker, and on staff identity and security, to minimise the chances of stalkers who are not employees gaining access to private areas of the workplace.

In addition, to minimise the risk of stalking by its employees, the employer should, in consultation with any staff unions or professional bodies, do what it can to foster an open and supportive workplace culture, in which grievances and interpersonal conflicts can be aired and resolved swiftly and sensitively. They should also consider the potential for stalking or other inappropriate behaviour by candidates for employment as part of the recruitment process.

Responsibilities of the professional

All mental health professionals should be aware of the possibility of being stalked, particularly by patients, and should ensure they receive appropriate training in recognising and managing stalking. More generally, they should be aware of the risks inherent in their therapeutic activities (especially those involving an intense, exclusive relationship, such as psychodynamic psychotherapy) and should understand and maintain appropriate professional boundaries at all times. They should make patients aware of those boundaries and set realistic expectations (e.g. ensuring the patient realises that a court report will not necessarily be favourable). Professionals should follow their employer's policies relating to stalking, such as those on confidentiality and personal safety.

Where a patient is viewed as posing a risk of stalking, they should only be seen in well-staffed facilities with suitable security arrangements. The use of a chaperone should be considered, particularly for physical examinations.

Responsibilities of colleagues

The colleagues of a professional who is a victim of stalking should:

- not add to the victim's plight by overtly or covertly suggesting that being stalked represents a failure to manage a clinical situation; both the experienced and the inexperienced are **equally vulnerable** to being stalked
- provide tangible support (this includes accepting the transfer of the stalker if requested); stalkers tend to stick to their initial victim and few, if any, will begin stalking a new therapist.

What to do if you are being stalked

If you suspect (or know) you are being stalked, you should take the following steps.

Recognise the possibility that you are being stalked at an early stage. Approaches outside the workplace, repeated inappropriate communications, expressions of inappropriate affection, following, repeated loitering near the professional or their home, office or car, all are warnings of possible stalking. Mental health professionals are prone to minimise and normalise the behaviour of their patients, and may try to explain away obviously inappropriate actions as 'transference' or as illness-related. Although this might explain the stalker's behaviour, it does not change the fact that it must be recognised and dealt with as stalking.

Inform colleagues of your suspicions. This provides an opportunity for a reality check. The usual enquiry is in the form of 'I wonder if this might be stalking'. The usual answer is 'That's stalking for sure'. Inform the appropriate manager at an early stage, following the employer's policy covering stalking, and cooperate with the requirements of that policy.

In consultation with the relevant manager, inform colleagues (particularly secretaries and receptionists) of the stalking, so that they do not inadvertently disclose information to the stalker or otherwise assist them.

Inform the stalker, once only and in clear language, that their communications and approaches are unwanted and cause fear and distress. This message should be given with a colleague present and should be followed up in writing; it should go on to explain the consequences if the stalking continues (e.g. prosecution for harassment). In some cases, it may be more appropriate for a colleague, manager or legal representative to give the stalker this message.

Keep a careful record of all relevant events, including a detailed record of all stalking behaviours experienced, all discussions that have taken place about the issue, and what actions have been taken. This should be countersigned by a colleague or witness where possible. A copy should be given to any medical defence organisation involved in the case.

- Also keep all letters from the stalker, tapes of recorded messages, copies of any messages or texts (with the time and date), and a record of approaches and intrusions (including the time and place). Such records are essential for the police to take action if and when they are involved.
- Cease all further contact with the stalker and do not respond directly in any way to any further stalking behaviours (e.g. do not take or return telephone calls, do not reply to letters, ignore approaches). All communications should be passed on to the appropriate manager under the stalking policy, or to a legal representative, for a response; approaches should be dealt with by security staff or the police.
- If the stalker is a patient, transfer their care to another professional immediately, making a careful record of the transfer and the reasons for it. Only in exceptionally rare circumstances, such as when practising in a very isolated geographical area where no other suitable mental health professional is available, should any form of professional contact continue. In such exceptional circumstances, all contact should follow a plan carefully devised with managers to ensure safety, and face-to-face contact should only occur with a co-therapist, colleague or chaperone present.

If the stalking continues, approach the police, accompanied by a senior colleague or manager, and insist on criminal prosecution.

Coping with being stalked

Stalking is always anxiety provoking and if it continues, it usually causes psychological and social damage to the victim. Stalking can produce a state of chronic fear which disrupts concentration, sleep and effective function as well as causing the victim to reduce their social activities.

Prolonged stalking is associated with the emergence of depressive and chronic anxiety symptoms, with suicidal ruminations in up to 24% of victims.

Victims of stalking, like many other types of victim, tend to blame themselves despite bearing no responsibility for what is being done to them.

To reduce the impact of stalking, victims can:

- inform colleagues, family and friends so that they can provide support and also protect themselves from the stalker, who might victimise them at some stage
- seek help and advice from those experienced in managing the stalking situation

- take up offers of help from the employer and others, such as counselling services or legal advice where necessary
- make full use of the protections provided in the workplace and by the police and criminal justice system
- remember that being stalked is a risk inherent in the therapeutic process, not a sign of being at fault.

Sources of further help and support can be found in the PSS resource booklet.

References

- Mullen PE, Pathé M, Purcell R (2009) *Stalkers and Their Victims*. Cambridge University Press.
- Pathé M, Mullen PE (1997) The impact of stalkers on their victims.
- British Journal of Psychiatry, 170, 12–17.
- Purcell R, Powell MB, Mullen PE (2005) Clients who stalk psychologists: prevalence, methods and motives. *Professional Psychology: Research and Practice*, 36, 537–543.