



## STALKING AND HEALTH CARE PROFESSIONALS: AN ANALYSIS OF RELEVANT LITERATURE

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### ABSTRACT

In the last decade stalking has emerged as a significant social problem which now constitutes a specific form of criminal offence in most Western jurisdictions. Also in Italy, the Government has recently introduced new legislation on the subject. Scholars describe Stalking as a constellation of behaviour in which a person (stalker) inflicts on another (stalking victim) repeated unwanted intrusions and/or verbal pressure. Health care professionals, particularly those involved with mental health patients, are at greater risk than the general public of being the victims of stalking, particularly by patients. However, actual incidence and distribution remain largely unknown, owing to international differences in definition and legal status. The purpose of this work is to present the results of literature analysis on the nature and incidence of stalking of helping professional, focussing on the approach adopted in national and international investigations on this subject.

*Key words:* stalking – health care professionals – literature analysis

### INTRODUCTION

In the last decade stalking has emerged as a significant social problem which now constitutes a specific form of criminal offence in most Western World jurisdictions. Also in Italy, in recent months The Government adopted stalking laws. Stalking is a form of intimate violence (Coleman, 1997; Douglas & Dutton, 2001; Kurt, 1995), affecting approximately 1 million women and 400,000 men each year (Tjaden & Thoennes, 2000), who are primarily stalked by current or former love interests (see Spitzberg & Cupach, 2001, for review). Pathè and Mullen (1997) describe Stalking as a constellation of behaviors in which a person (stalker) inflicts on another (stalking victim) repeated unwanted intrusions and/or communications. Other scholars, such as Meloy (1998) define the phenomenon as an ongoing course of conduct in which a person behaviorally intrudes upon another's life in a manner perceived to be threatening.

From investigations focused on stalkers motivation emerges that stalking is an ongoing process of disjunctive relationship development in which the pursuer sends messages intended to establish or re-



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establish some form of relationship which the object of pursuit refuses (Emerson et al., 1998). Pathè and Mullen (1997) have described five categories of stalkers: *The rejected* who pursue ex-intimates, either in the hope of reconciliation or for vengeance, or out of a mixture of both; *Intimacy seekers* who stalk someone they believe they love and who they think will reciprocate; *Incompetent suitors* who inappropriately intrude on someone, usually seeking a date or brief sexual encounter; *The resentful* who pursue victims to exact revenge for some actual or perceived injury; *The predatory* whose stalking forms part of sexual offending. Anyone can be victim of a stalker, he/she could be previous or present partners, friends or casual acquaintances, professional, workplace colleagues, strangers, and so on.

Investigations on stalking have been reported frequently among individuals from a variety of social groups. For example, Budd and Mattinson (2000) note that in the UK 11.8% of adults aged 16–59 had been stalked on at least one occasion since the age of 16, with 2.9% of the sample reporting a stalking experience in the last year. In Australia, Purcell et al (2002) have observed similar incidences. In 1996 the National Institute of Justice in the USA (Tjaden & Thoennes, 1998) reported similar findings.

Health care professionals, particularly those involved in mental health, are at greater risk than the general population of being stalked, particularly by their patients (Pathè et al, 2002; Purcell et al, 2005b). However, incidence and prevalence rates in this population remain largely unknown (Lion & Herschler, 1998), owing to international differences in definition and legal status.

The aim of this work is to present recent literature analysis on the nature and prevalence of stalking among helping professionals. Our focus is to describe how international and national studies approach this phenomenon and to present an investigation that involves Health care professionals operating in the Piedmont Region.

### STALKING AND HEALTH CARE PROFESSIONALS

The analysis of relevant literature on stalking and Health care professionals (HP) shows that abuse and harassment of therapists in a variety of settings by their patients has been examined. Pathè et al. (2002) provide evidence that HP are over-represented in stalking victim populations. Bernstein (1981) found that 14% of therapists reported being assaulted and 36% had been threatened; the sample was constituted by psychologists, social workers, psychiatrists, and marriage and family therapists. In 1986 Tryon reported a survey on psychologists in independent practice who worked at hospitals and clinics: in her sample 81% reported at least one incident (physical attack, verbal abuse, other type of harassment). Guy, Brown and Poelstra (1990) investigated the incidence of physical assault to psychologists practicing psychotherapy by their patients, and found that nearly 40% of their sample reported attack. In 1994 Flannery, Hansen, Penk, and Flannery published a study on risk for physical and verbal assault on the staff at a psychiatric inpatient facility and at residential treatment settings. Pope and Tabachnik (1993) studied physical attack by clients on psychologists, they found that over 18% of their sample reported being assaulted. Stalking has been noted also on the college campus: college professors have reported cases of stalking as college students. Stalkers were mainly fellow students (Romans, Hays & White, 1996).

Stalker clinical characteristics remain largely unknown (Meloy & Gothard, 1995). Zona, Sharma, and Lane (1993) found that erotomaniac individuals were almost twice as likely to engage in stalking behavior than individuals suffering from obsessional disorders. Meloy and Gothard (1995) found that obsessional followers were more likely to have a nonantisocial personality disorder and were also more likely to be older and more consistent with their manipulative behaviors. In a survey in the USA by Sandberg et al (2002) findings show that patient who stalked staff members in psychiatric units were more likely (than a comparison group) to have a diagnosis of personality disorder and/or paranoid disorder. Other investigations show that patients stalker were more likely to have never been married, to misuse drugs and alcohol, to have a history of assault, fear-inducing and self-harming behavior, and multiple hospitalization (Sandberg et al, 1998).



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As in the rest of the world, also in Italy the characterizations of job tasks does of HP a social group at risk of stalking. In Galeazzi, Elkins and Curci (2005) survey in Italian context emerges that in the doctor population a majority of victims reported patient's desire for more intimacy as the perceived motivation.

Scholars suggested to HP protective measures that psychologists could use, such as refusal to treat certain clients, guarding personal data, prohibiting clients to appear at the therapist's home, and reviewing the safety of the office (Guy, Brown & Poelstra, 1992). Galeazzi et al. (2005) advise HP to maintain high levels of attention to the maintenance of boundaries in working with patients. They also suggest avoiding confusion between personal and professional involvement, taking seriously features that possibly herald the initiation of stalking, such as requests for personal details by patients and reporting stalking incidents to colleagues in team meetings or in supervision.

## EVIDENCE FROM STALKING AND HEALTH CARE PROFESSIONALS INVESTIGATION

Since 90 scholars studied the phenomenon of stalking for HP. A survey of psychological literature (Ovid database) showed that 19 investigation have been made on this issue.

In table 1 there is a synthesis of these investigations. The table contains information (from original articles) about author/s, publication year, investigation aim and scope, method, sample and findings. About the publication year our goal was to identify the investigation year, but for most part of it this information is not available. In the sample category there is also where the investigation was conducted (also this information is not available for all investigations): 5 investigations were conducted in the USA, 3 in the UK, 3 in the EU (1 involved different countries, 1 Germany and 1 Italy), 1 in New Zealand, 1 in Australia.

## DISCUSSION AND CONCLUSION

HP are the professionals most likely to be stalked, aspects of the relationship can produce misunderstandings about the nature of the intimacy generated and about appropriate boundaries in this type of relationship. Few studies have reported the cumulative incidence of stalking of HP. Thus, authors of this work have begun a survey on HP and stalking in the Piedmont Region. The aim is to describe and analyze the phenomenon, stalker characteristics and typology, consequences (physical and psychic) of stalking in individual and context, evolving of the behavior (interruption or not, policy involvement...). The Sheridan Questionnaire on Stalking (2001; 2003) will be used. Sheridan (University of Leicester, UK) assess a questionnaire in order to describe the phenomenon and responses of territorial institutional services (e.g. policy, psychological service, medical service, media...) and improve its quality. The questionnaire covers issues such as: demographic details for both victim and stalker, the nature of their relationship, whether the stalker acted alone and had stalked before, whether the stalker had recruited others to aid his/her campaign, location, duration and frequency of stalking, specific behaviors targeted toward the victim, reason for the stalking, the victim's reaction, the response of the authorities, and action taken by the victim and its consequences. The questionnaire has been translated and adapted to the aim of the investigation and to the sample. Additional pages were provided at the end of the questionnaire for respondents to add any further information or comments about the phenomenon. The questionnaire doesn't request personal data in order to respect the privacy law. After a descriptive study of a non-random sample of convenience of HP in selected institution, our aim is to propose the questionnaire to all HP in the Piedmont Region. Findings will be used by institutions and individuals in order to better understand the stalking phenomenon by patient and to use behavior strategy to promote safety strategy.

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