Abstract: Stalking occurs frequently enough that physicians and trainees, especially those in the mental health care profession, need to be cognizant of its associated behaviours and psychopathologies. Residents in psychiatry may be at greater risk for being victimized. Stalking-type behaviours are not only highly intrusive, but are also fear-provoking due to the increased potential risk for violence. The importance of educating trainees is highlighted.

Résumé: Stagiaires et harceleurs : faut-il être vigilant?
Le harcèlement criminel se produit assez souvent pour que les médecins et stagiaires, surtout ceux qui oeuvrent en santé mentale, soient au courant des comportements et des psychopathologies qui y sont associés. Les résidents en psychiatrie sont à risque plus élevé d'être victimes de ce type de crime. Les comportements de harcèlement ne sont pas seulement très importuns, mais ils provoquent aussi la peur en raison du risque accru de violence éventuelle. Il faut insister sur l'importance d'éduquer les stagiaires.

Key Words: stalking, residents

Stalking, which many think is an old phenomenon, has recently received much public and media attention. Although there is little extant literature on this subject prior to the 1980s, stalking has become the focus of increased research; several books exist already on the subject (1,2). The goal of this review is to draw attention to the fact that trainees or residents in psychiatry may be at higher risk for becoming targets of stalkers.

Current literature suggests that two per cent to eight per cent of the general population, depending in part on sex, are victims of stalking-type behaviours at some point in their lives (3). Evidently, no studies allude to the prevalence of stalking of residents. One could predict that the rates would be higher for residents, given the opinion that mental health care providers are at much greater risk than those in the general population (4).

That most stalkers are thought to suffer from some type of mental illness and therefore more likely to have contact with mental health care providers explains this increased risk. Two studies found that most stalkers have mood, adjustment or substance abuse disorders. Alternatively, they may only suffer from an Axis II, Cluster B personality disorder or dependent personality disorder—or they may actually suffer from both Axis I and II disorders (5,6). For this reason, stalkers are a diverse group with a wide variety of mental disorders and possibly highly mal-adaptive, if not severely disturbed, attachment styles.

Returning to the issue of increased risk, it is the contact between mental health care providers and those with a predisposition for stalking that is crucial. It provides the setting in which pathological types of attachment are more likely to occur. What could be argued is that trainees may not have the ability to recognize or delineate professional boundaries as well as those with more training and experience. Yet, trainees are often thrust into situations where the same potential for pathological attachment exists. The mental health care provider, by the very nature of the profession, offers an unusually high degree of empathy, attention and willingness to assist where appropriate, which is generally not found in other types of professional encounters. This form of care has the potential to be easily misconstrued as romantic interest by those who may be vulnerable.

The profiling or typologizing of stalkers remains an area in which there is considerable debate. Zona and others (7) would likely categorize the stalker of a physician as either a “simple obsessional” (nonintimate) stalker or an “erotic maniac” stalker, with the latter being applied to those far less frequent instances in which the stalking is driven by delusions. The simple obsessional stalker, on the other hand, may either seek an intimate relationship with a physician or may attempt to avenge some imagined or real act of mistreatment by the physician.

P. Mullen would suggest that most stalkers of physicians fall into either of two categories: intimacy-seeking stalkers or incompetent stalkers, who are, according to Mullen, the most numerous and persistent (2). The overarching goal in both instances is to establish a relationship with the health care provider, one that would most certainly transcend professional boundaries.

Intimacy seekers may present with various psychopathologies, including full-blown erotic maniac delusions.
accompanied by a strong desire to establish a primarily romantic or, even erotic, relationship. Lesser degrees of pathological attachment in intimacy seekers are manifested by a strong wish to develop and maintain a child–parent type of relationship or close friendship. The drives associated with these wishes or fantasies are not as strong as those seen in individuals with morbid infatuation; nevertheless, they may result in intrusive and threatening stalking types of behaviours. Note that such stalkers idealize their victims, and often they are oblivious or indifferent to responses from their victims that are meant to discourage.

In contrast, incompetent stalkers are socially impaired and may have, in particular, difficulty in acquiring and using appropriate courting skills (2). This social impairment tends to accompany a sense of entitlement to a relationship with someone who has attracted their interest. They are thought to suffer overall from less psychopathology than do the more “sophisticated” intimacy-seeking stalkers, who have fantasies and beliefs that may be more developed and intricate.

To be the recipient of persistent and unwanted attention is, at the very least, an annoyance. Many victims end up fearing for their safety and may ultimately suffer from long-term psychological distress. It is difficult to see how trainees might be immune from the effects of the often relentless and intrusive behaviours that the more persistent stalkers tend to exhibit. Given the amount of energy that stalkers often expend to carry out their actions, it is not surprising that studies have uncovered a myriad of potentially disturbing stalking-type behaviours (1). These range from the largely innocuous (that is, sending flowers) to more intrusive behaviours (that is, making repeated and unwanted telephone calls, following and keeping surveillance of victims and their place of residence, appearing unannounced at their place of work and sending letters or e-mail). Unfortunately, these behaviours can extend to malicious and threatening behaviours; namely, spreading gossip, damaging property, maiming and even killing pets and threatening or actually assaulting the victim.

This raises the issue of predicting violence. Applying risk assessment principles to stalkers is challenging, but Mullen (2, p 214–15) proposed the following generalizations about stalkers and violence:

- Approximately half of all stalkers threaten the victim, the incidence being higher among those with a prior intimate relationship with the victim, or those with a real or imagined injury related to a business or professional relationship.
- The majority of those who threaten do not proceed to subsequent violence against the victim or their property. Nonetheless, threats by stalkers should be taken seriously, as those who proceed to assault have usually issued prior ‘warnings’.
- In approximately 15% of cases, the stalker is violent without prior threats.
- Violence usually occurs in approximately a third of cases, yet infrequently results in serious physical injury; most victims being grabbed, punched, slapped or fondled by the stalker.
- The most likely victim of violence is the object of attention, followed by a third party perceived as impeding access to the victim.

Fortunately, homicide as an outcome of stalking behaviours is extremely rare, and no studies on stalking to date can begin to estimate with any degree of certainty its rate of occurrence (2). Given the potential for violence, trainees should take the act of being stalked and any associated threats seriously.

Unlike someone with training and experience in the mental health profession, the average person may be unable to predict or cue in to warning signs to the same degree. This confers an advantage in that patterns of thinking or behaviour that predate or predict stalking can potentially be identified earlier, perhaps before there is an escalation. Some general principles apply to physicians and trainees, in particular (4, p 172). These are as follows:

- First, the clinician should be attuned to early inappropriate behaviours that reflect a deranged transference. These inappropriate behaviours develop gradually over time, thus giving the clinician opportunity to intervene.
- Second, the clinician who encounters boundary violations should at least ponder the possibility of such violations escalating to the point of physical danger.
- Third, legal and forensic consultation should be sought early, preferably prior to an intervention, which should include a clear confrontation and statement of consequences.

It is important for trainees, in particular, to discuss such issues with supervisors and to follow their advice. This may necessitate terminating contact with the patient and reassigning to another therapist.

In summary, the phenomenon of stalking trainees brings to light the delicate balance that exists between striving for excellence in patient care to alleviate suffering and maintaining professional boundaries for one’s own protection from potential victimization. Supervisors need to educate trainees about the hazards of their practice at an emotional level, just as this is being addressed in didactic teaching on boundary issues and the ethics of practice. In addition, we need to make trainees aware that they may be at greater risk for becoming the object of unwanted attention. It is also important that we encourage them to seek assistance the moment there is any evidence to suggest the development of pathological attachments and stalking-type behaviours. Last, we need to establish that
trainees may actually be at greater risk by addressing the lack of empirical evidence on this issue.

References: