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# Professional Psychology: Research and Practice

## **Hurting the Healers: Stalking and Stalking-Related Behavior Perpetrated Against Counselors**

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# Hurting the Healers: Stalking and Stalking-Related Behavior Perpetrated Against Counselors

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The increased risk of stalking faced by mental health professionals (MHPs) raises many important questions for practitioners. For instance, what factors place MHPs at greater risk of being stalked, and what perceptions do MHPs have about stalking? The present study investigates these and other understudied questions pertaining to stalking and stalking-related behavior perpetrated toward MHPs in the context of their work, by surveying a sample of 346 registered clinical counselors in British Columbia, Canada. Results indicated that many respondents had experienced individual stalking-related behaviors, and 7% ( $n = 23$ ) had been stalked by a client. Work-related stalking and stalking-related behavior was perpetrated by clients, coworkers, and the acquaintances of clients. Respondents treating clients for forensic, substance abuse, and sexuality issues as well as for sexual abuse were at greater risk of being victimized. However, respondents treating clients out of their residence were not at greater risk. Less than half (47%) of respondents were aware of their heightened risk of being stalked, and many (50%) endorsed the view that poor clinical skill can increase stalking victimization. The majority of respondents reported that they would call police or terminate therapy in the event that they were being stalked by a client and three-quarters wanted to receive training on stalking. Findings suggest the need and desire for training that raises the awareness and abilities of MHPs to manage stalking behavior, but that also challenges unfounded and potentially harmful beliefs that some MHPs hold about their victimized colleagues.

*Keywords:* stalking, mental health professionals, counselors, violence in the workplace

In their efforts to treat clients through the provision of therapy and other services mental health professionals (MHPs), such as counselors, psychologists, and psychiatrists, can become the targets of stalking and unwanted approach behavior by clients. Although lifetime prevalence rates of stalking in Western populations vary between 2% and 15% (Whyte, Penny, Christopherson, Reiss, & Petch, 2011), these rates are not spread equally within the population. Research has shown that individuals who hold partic-

ular jobs are more likely to be victimized. Evidence from many studies across several decades has shown that one group that is particularly at risk is MHPs (for reviews, see Galeazzi & De Fazio, 2006; Mullen, Pathé, & Purcell, 2009).

Stalking is the “unwanted and repeated communication, contact, or other conduct that deliberately or recklessly causes people to experience reasonable fear or concern for their safety or the safety of others known to them” (Kropp, Hart, & Lyon, 2008, p. 1). In their literature review, which included studies of multiple professional types from several countries, Galeazzi and De Fazio (2006) estimated prevalence rates for stalking of MHPs to be between 10% and 20%. Some studies have found psychiatrists to be at greater risk (McIvor, Potter, & Davies, 2008; Lion & Herschler, 1998), whereas others have failed to find differences based on professional type (Jones & Sheridan, 2009). However, studies of certain types of MHPs such as counselors are limited. For instance, only one study to date has examined the prevalence of stalking among MHPs working at counseling centers. Romans, Hays, and White (1996) found that 5.6% of the MHPs working at a university counseling center had been stalked and 64% had been harassed. Harassment was defined as a “willful course of conduct directed at a specific person which seriously alarms or annoys the person, and which serves no legitimate purpose” (Romans et al., 1996, p. 596). Harassment is typically found to be more prevalent than stalking because its definition has a lower threshold. Although harassing behaviors can be similar to stalking behaviors, harassment usually does not require that the victim experience fear.

As a consequence of stalking, MHPs report being forced to make significant life changes including moving, reducing social activities, increasing security, and enduring substantial psychological consequences such as depression, sleeplessness, and irritabil-

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ity (Galeazzi, Elkins, & Curci, 2005; Gentile, Asamen, Harmell, & Weathers, 2002; Purcell, Powell, & Mullen, 2005; Smoyak, 2003). Leavitt and colleagues (2006) found that it took 35% of MHPs several hours to several months to recover from an incident of intimidation, harassment, or a threat. Most stalking victims also reported making at least one alteration to their therapeutic practice; 19% reported taking time off work, and just under a third contemplated leaving the profession (Brown, Dubin, Lion, & Garry, 1996; Leavitt, Presskreischer, Maykuth, & Grisso, 2006; Purcell et al., 2005). These consequences coupled with the prevalence of this problem necessitate an examination of methods to prevent stalking.

In order to prevent MHPs from being stalked it is important to understand what places them at risk. Several studies have investigated whether all MHPs are equally at risk of being stalked by a client. A major focus of this research has been whether or not MHPs engaging in forensic work are at greater risk. Forensic work includes MHPs engaged in both treatment and evaluation work with clients who are involved with the legal system or where the legal system is the client (e.g., criminal court). This association between stalking victimization and forensic work was hypothesized based on the adversarial nature of forensic work and the increased contact that forensic MHPs have with offender populations (e.g., clients who may already have a history of stalking) (Purcell et al., 2005). Purcell and colleagues (2005) found support for this hypothesis, with higher rates of stalking among forensic psychologists. In contrast, Leavitt and colleagues (2006) found that when the proportion of time spent in forensic and nonforensic settings was taken into account there was no difference in levels of harassment or intimidation between MHPs in forensic and nonforensic practice. Kivisto and colleagues (2015) also found no association between forensic practice and stalking victimization, although a significant association was found for harassment.

One hypothesis forwarded to explain why MHPs are at greater risk than the general public is that their clients often lack social skills or have relationship problems that lead to loneliness and a tendency to misidentify the understanding and empathetic nature of therapy as a personal or nonprofessional relationship. A variable that could arguably exacerbate this issue is a MHP who treats clients in his or her residence, because seeing and being welcomed into someone's home may increase feelings of familiarity or closeness. Purcell and colleagues (2005) found that 9% of the psychologists they surveyed worked in their residence. Tryon (1986) found that therapists with offices in their residences were more concerned about possible harassment by clients than were those with offices elsewhere. Furthermore, they mentioned not seeing clients in their home as a strategy used to avoid victimization. Despite concerns and the presence of MHPs working in their residence, no published studies have examined whether working from home places MHPs at greater risk of being stalked.

To prevent stalking it is also necessary for MHPs to accurately perceive their risk of stalking victimization and feel comfortable reporting victimization. To assist in creating an accurate perception of risk many researchers have argued for interventions such as education (e.g., McIvor & Petch, 2006; Purcell et al., 2005) and some have argued that the awareness of stalking risk has increased in recent decades among MHPs (e.g., Ashmore, Jones, Jackson, & Smoyak, 2006). Despite this, little research has examined the degree to which MHPs are aware of their risk of being stalked.

Nwachukwu, Agyapong, Quinlivan, Tobin, and Malone (2012) found that most psychiatrists (94%) were aware that they were at greater risk. Maclean and colleagues (2013) found that a global theme in their study of psychiatrists was an awareness of vulnerability among professionals. However, they noted that most participants became aware of their vulnerability only after being stalked. To date, no studies have examined the degree to which the awareness that MHPs have about stalking risk is accurate, that is whether they are over- or underestimating risk.

It has been suggested that comfort with and rates of reporting stalking victimization could be diminished by the perception among MHPs that only poorly skilled MHPs are stalked (Mullen, Pathé, & Purcell, 2000). As a result of this perception MHPs have reported fear regarding what coworkers will say or do (McIvor & Petch, 2006) as well as a fear of being perceived as inept if they report victimization (Morgan & Porter, 1999; Romans et al., 1996). Furthermore, Mullen and colleagues (2000) found that MHPs who report being stalked are not supported by their coworkers and are treated with suspicion. Despite these concerns and the unsupportive behavior identified by MHPs who have been stalked, no studies have investigated whether MHPs do in fact hold negative perceptions of colleagues who are stalked.

To prevent stalking, interventions such as risk management strategies and training have been suggested. Risk management strategies recommended and used in cases of stalking have been described by several authors (e.g., Mullen et al., 2006; Spitzberg, 2002; Storey & Hart, 2011). MHPs who are stalked by clients are in a somewhat unique position because they are bound by professional ethics, with principles such as beneficence and nonmaleficence that state that they should strive to benefit clients and take care to do no harm (e.g., American Psychological Association, 2010). These duties could conceivably impact on a professional's willingness to use commonly suggested risk management strategies such as calling the police or terminating therapy. Identifying the willingness of MHPs to seek police assistance or cut ties with the stalking perpetrator could reveal potential barriers to intervention or indicate areas around which training is needed (e.g., when client referral is warranted, when disclosure to outside parties is permissible).

Training for MHPs around stalking has also been recommended by several authors (Galeazzi & De Fazio, 2006; Laskowski, 2003). Despite their heightened risk, MHPs receive little or no training on the topic of stalking, or other forms of client perpetrated violence and its management (Dinkelmeyer & Johnson, 2002; McIvor & Petch, 2006). Romans and colleagues (1996) found that 60% of counselors had not received any formal training in coping with dangerous clients, yet 63% had been victimized. Furthermore, even when training is available, many MHPs find it to be insufficient. For instance, 75% of psychologists who had been stalked reported that the training and education they received did not prepare them for the experiences they had (Purcell et al., 2005). Many respondents in the same study also noted that their postgraduate training involved no discussion of the risks posed. As yet, no studies have examined what specific kind of training MHPs receive about stalking (when they do receive training) and under what circumstances they receive it. Furthermore, it is unclear whether such training is desired.

## Current Study

To further efforts aimed at preventing stalking among MHPs, the present study surveyed registered clinical counselors in British Columbia, Canada, to investigate (a) the extent of stalking and stalking-related behaviors experienced within this group, and (b) their perceptions of stalking and opinions on intervention.

## Method

### Procedure

Participants were recruited from the 2,033 clinical counselors who were registered members of the British Columbia Association of Clinical Counselors (BCACC) in November 2009. Current educational requirements for joining the BCACC include a master's degree, completion of six counseling courses, and 100 hours of clinical supervision (more details are available on the association's Website <http://bc-counselors.org/member-info/eligibility/>). This group was selected as the population of interest for this study for several reasons. First, clinical counselors constitute a large group of MHPs who are diverse with respect to education and training, services provided, and clientele serviced. Second, counselors have not been studied extensively in past research on stalking victimization. Third, the BCACC was motivated to learn more about stalking victimization among its members, due to critical incidents that came to the attention of the association's board.

All BCACC members were eligible to participate. The BCACC had no knowledge of which members participated; participation was voluntary and anonymous. Counselors were first made aware of the survey through an article published in the BCACC's magazine. The article provided basic information on the prevalence rates of stalking, risks posed by stalkers, and places to obtain assistance. Next counselors were sent an e-mail with a link to the survey. Two reminder e-mails were sent. A total of 346 counselors responded to the study, a response rate of 17%. The response rate was low and the implications of this will be considered in the discussion.

Following completion of the survey, respondents were thanked and given references to reading material on the stalking victimization of MHPs. Those who were distressed or in need of assistance with a stalking situation were referred to a clinical counselor with experience in the area of stalking. Support was offered confidentially and free of charge.

### Survey Design

The survey was developed using Remark Web Survey 3 (2003). It took approximately an hour to complete for respondents who had been the victim of stalking and 20 minutes for those who had not. The survey included closed and open-ended questions querying (a) demographic information, (b) stalking and stalking-related behaviors experienced, (c) stalking knowledge and perceptions, (d) previous and desired training related to stalking, and (e) use of management strategies.

Survey responses were monitored continuously during the course of the study to detect and fix problems with the survey or the software, where possible and appropriate. Only one problem was identified. One of the first respondents commented that the

survey required respondents to specify only one type of relationship with the perpetrator of stalking-related behavior. The survey settings were immediately adjusted so that any combination of the four relationship types (client, acquaintance of a client, coworker, and nonwork related) could be selected.

### Participants

Respondents ranged in age from 28 to 78 years, with a mean age of 51 ( $SD = 10.91$ ,  $q1 = 43$ ,  $q3 = 59$ ) years; information was missing in eight (2%) cases. The majority ( $n = 264$ , 76%) of respondents were female; information was missing in three (1%) cases. For most respondents ( $n = 308$ , 89%) the highest level of education attained was a master's degree, 29 (8%) had a doctoral degree, and four (1%) had an undergraduate degree. Those with only an undergraduate degree had a mean age of 53 ( $SD = 6.22$ , range: 46–60), and therefore likely joined the BCACC prior to the implementation of the current eligibility requirements. Information regarding the highest degree completed was missing in five (1%) cases. Most respondents ( $n = 208$ , 60%) were working full time as counselors at the time that they responded to the survey, with the rest working parttime ( $n = 118$ , 34%), or not working due to a leave of absence, unemployment, or other reason ( $n = 17$ , 5%); information was missing in three (1%) cases. Respondents had been providing therapy for an average of 14 ( $SD = 9.55$ ) years, although experience varied widely ranging from less than 1 to 40 years.

The BCACC recognizes 14 specific areas in which members provide services. The number of respondents who provided services in each of the 14 areas and the average proportion of time spent providing such treatment is presented in Table 1. The vast majority of respondents ( $n = 336$ , 97%) reported providing services in multiple areas.

### Definitions

Stalking was defined, as in the introduction, based on the *Guidelines for Stalking Assessment and Management*, or SAM (a structured professional judgment violence risk assessment instrument) (Kropp et al., 2008). The SAM has shown adequate to good interrater reliability and significant associations between risk factors identified and risk decisions made by evaluators (Kropp, Hart, Lyon, & Storey, 2011; Storey, Hart, Meloy, & Reavis, 2009). Foellmi, Rosenfeld, and Galiotta (2015) found mixed results pertaining to the predictive validity of the SAM; however, they did not use the entire instrument in their assessment. The stalking-related behaviors queried in the present study were based on the risk factors included in the nature of stalking domain in the SAM (see Table 2). Stalking-related behaviors are behaviors that can be included in stalking but do not necessarily meet the standards of being repeated and of causing fear in the victim.

Stalking and stalking-related behaviors were classified based on the relationship held between the victim and the perpetrator. Since the present study selected respondents based on their profession, stalking and stalking-related behaviors were examined when the perpetrator was known to the victim through (a) a work relationship generally (this included perpetration by a client, a coworker, or the acquaintance of a client), (b) when the perpetrator was a client, and (c) when the perpetrator was the acquaintance of a

Table 1  
*Number of Respondents Engaged in Treating Therapeutic Issues and Mean Percentage of Respondent Time Spent Treating Therapeutic Issues*

Therapeutic issue	<i>N</i>	<i>M</i>	<i>SD</i>	Range
Depression, panic/anxiety, anger	280	25%	25%	0%–100%
Relationship counselling	268	22%	24%	0%–100%
Sexual abuse	222	17%	25%	0%–100%
Communication skills, assertiveness, conflict resolution	219	15%	23%	0%–100%
Stress management	213	15%	24%	0%–100%
Grief and bereavement	203	8%	14%	0%–90%
Personal growth and self-development	181	13%	24%	0%–100%
Childhood and adolescent issues	177	16%	27%	0%–100%
Life transitions	175	8%	16%	0%–100%
Substance abuse counselling	168	10%	21%	0%–100%
Obsessive/compulsive behavior	110	4%	10%	0%–100%
Cross-cultural	86	4%	10%	0%–100%
Sexuality (sex therapy)	64	3%	10%	0%–96%
Forensic related counselling	38	1%	6%	0%–90%

Note. *N* = 346.

client. This decision was made so as to include any work situations and then to specifically examine those work situations unique to MHPs. One caveat was that stalking was examined in any work-related relationships and when it was perpetrated by clients, as the proportion of victims stalked by a coworker or the acquaintance of a client could not be analyzed separately.

For the purpose of clarity and conciseness, survey respondents who were stalked or the target of stalking-related behavior will be referred to as *victims* and those individuals who engaged in stalking or stalking-related behaviors will be referred to as *perpetrators*.

### Data Analyses

Analyses were conducted using SPSS (Version 22). Owing to the small number of counselors stalked, nonparametric tests were used for questions related to stalking so as not to overestimate the significance of the results. Discrete variables were examined using

Fisher's exact test, and continuous variables were compared using Kendall's tau. For stalking-related behaviors, parametric tests were used including Pearson's *r*, *t* tests, and analysis of variance. Finally, one within-subjects analysis was run using McNemar's test to examine repeated ratings of clinical skill.

## Results

### Prevalence of Stalking and Stalking-Related Behaviors

The prevalence of stalking and stalking-related behaviors in relation to the type of victim–perpetrator relationship is presented in Table 3. The prevalence of stalking and stalking-related behaviors was relatively high when all possible relationships were considered. However, compared to previous studies, the prevalence of stalking perpetrated by clients was somewhat low.

Table 2  
*Frequency and Percentage of Work-Related Stalking-Related Behaviors Experienced by Relationship Type*

Stalking-related behaviors	<i>n</i> (%)		
	Any at work	By client	By client's acquaintance
Communication with	106 (31%)	86 (25%)	18 (5%)
Communication about	76 (22%)	30 (9%)	11 (3%)
Following	32 (9%)	23 (7%)	5 (1%)
Watching	39 (11%)	20 (6%)	5 (1%)
Unfounded complaints	95 (28%)	46 (13%)	14 (4%)
Intimidation	54 (16%)	33 (10%)	10 (3%)
Deliberate property destruction	20 (6%)	17 (5%)	2 (<1%)
Verbal abuse	142 (41%)	112 (32%)	18 (5%)
Harassment of someone close to the victim	12 (4%)	4 (1%)	1 (<1%)
Threats of physical harm	39 (11%)	33 (10%)	3 (1%)
Threats of other harm	57 (17%)	39 (11%)	10 (3%)
Threats to someone close to the victim	18 (5%)	7 (2%)	3 (1%)
Assault	26 (8%)	22 (6%)	0
Assault of someone close to the victim	8 (2%)	3 (1%)	4 (1%)

Note. *N* = 346.

Table 3  
*Frequency and Percentage of Respondents Who Experienced Stalking and Stalking-Related Behaviors by Relationship Type*

Behavior	Any	Total	n (%)		
			Any at work	By client	By coworker
Stalking	79 (23%)	41 (12%)	23 (7%)	—	—
Stalking-related behaviors	289 (84%)	243 (70%)	191 (55%)	93 (27%)	54 (15%)

Note.  $N = 346$ . Dash indicates data not available.

Of the 79 respondents who had been stalked, 74 (94%) had been stalked in the past, two (3%) were currently being stalked, and three (4%) were currently being stalked and had also been stalked in the past. Most victims were female ( $n = 60$ , 76%); however, the prevalence of stalking was not significantly associated with gender. Stalking lasted an average of 23 weeks ( $SD = 34.29$ , range: 1 day to 156 weeks); information was missing in seven (2%) cases, although in one case the victim stated that the stalking episode lasted for “years.” Most victims ( $n = 56$ , 71%) had been stalked once, 19 (24%) had experienced two separate incidents of stalking, three (4%) had experienced three incidents, and one victim (<1%) had experienced four incidents. Thus, victims reported a total of 107 stalking incidents. The most common victim–perpetrator relationship across the 107 incidents was professional (i.e., client, coworker, or acquaintance of a client) ( $n = 54$ , 50%), followed by current or former intimate partner ( $n = 21$ , 20%), stranger ( $n = 16$ , 15%), and friend or acquaintance ( $n = 15$ , 14%). Information on relationship type was missing in two cases (2%) and in one case one too many relationships were identified based on the number of stalking incidents the respondents said had occurred.

The percentage of victims who experienced stalking-related behaviors in different work-related relationships is displayed in

Table 2. The mean number of work-related stalking-related behaviors experienced per victim was 2.24 ( $SD = 2.75$ , range: 0–16), the mean number of stalking-related behaviors perpetrated by clients was 1.37 ( $SD = 1.98$ , range: 0–11), and the mean number perpetrated by the acquaintance of a client was 0.30 ( $SD = .93$ , range: 0–7).

### Factors That Place Counselors at Risk of Stalking and Stalking-Related Behaviors

Time spent treating some therapeutic issues was associated with victimization (see Table 4). The amount of time that respondents spent treating clients with forensic and substance abuse issues was significantly associated with being stalked. The treatment of forensic issues was also associated with experiencing stalking-related behaviors in any work-related relationship, by clients, and by the acquaintances of clients. The same was true of treatment for issues with sexuality and experiencing stalking-related behaviors. The amount of time spent providing treatment for sexual abuse was associated with experiencing stalking-related behaviors in any work-related relationships and by the acquaintances of clients, but not with stalking by clients.

Table 4  
*Correlation Between Amount of Time Spent Treating Therapeutic Issues and Stalking and Stalking-Related Behaviors Experienced*

Therapeutic issue	Stalking <sup>a</sup>		Stalking-related behaviors <sup>b</sup>		
	Any at work	By client	Any at work	By client	By client's acquaintance
Relationship counselling	.04	.00	.02	-.00	-.00
Substance abuse counselling	.11*	.09	.08	.06	.02
Stress management	-.00	.02	-.02	-.00	-.06
Life transitions	.04	.02	-.03	.02	-.06
Forensic-related counselling	.21***	.20**	.28**	.23**	.33**
Grief and bereavement	.00	.02	.06	.08	.04
Depression, panic/anxiety, anger	.00	.00	.01	.05	-.01
Childhood and adolescent issues	-.05	-.01	-.01	.00	.01
Sexual abuse	.03	-.02	.11*	.07	.20**
Personal growth and self-development	.00	.01	.00	.02	.00
Cross-cultural	.07	.06	-.01	-.02	-.05
Sexuality (sex therapy)	.03	.02	.22**	.13*	.17**
Communication skills, assertiveness, conflict resolution	.01	.01	.01	.05	-.00
Obsessive/compulsive behavior	.01	.06	.01	-.03	-.07

Note.  $N = 346$ .

<sup>a</sup> Analyzed using Kendall's tau. <sup>b</sup> Analyzed using Pearson's  $r$ .

\*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

Most respondents ( $n = 270, 78\%$ ) did not work in their place of residence; information was missing in five (1%) cases. A minority of victims stalked in any work-related relationship ( $n = 8, 11\%$ ) or by their clients ( $n = 3, 4\%$ ) saw clients in their residence. Seeing clients in the home was not significantly associated with stalking victimization. Respondents working from home also did not experience more stalking-related behaviors ( $M = 2.51, SD = 3.18$ ) perpetrated within any work-related relationship than did those working outside of the home ( $M = 2.16, SD = 2.63$ ). Working from home did not place counselors at greater risk of being subject to stalking-related behaviors ( $M = 1.68, SD = 2.31$ ) by a client compared to those working outside of the home ( $M = 1.31, SD = 1.89$ ). Working from home also did not place respondents at greater risk of encountering stalking-related behaviors ( $M = .35, SD = 1.15$ ) by the acquaintance of a client that did working from outside of the home ( $M = .28, SD = .87$ ).

It could be argued that the lack of significant differences in stalking and stalking-related behavior based on the location of the counselors' practice is due to the fact that counselors would be less likely to see higher-risk clients (e.g., forensic clients) in their homes. To control for this possibility, further analyses were conducted examining the percentage of respondents who saw clients inside versus outside of their homes, seeking treatment for the four types of therapeutic issues identified as placing counselors at risk herein. Respondents who worked at home ( $M = .78, SD = 2.29$ ) and outside of the home ( $M = 1.24, SD = 6.92$ ) spent a statistically equivalent percentage of their time treating clients with forensic issues, substance abuse issues ( $M = 7.99, SD = 16.22; M = 10.99, SD = 21.54$ ), and sexual abuse issues ( $M = 16.13, SD = 24.07; M = 17.80, SD = 25.63$ ). Furthermore, respondents working from their residence ( $M = 7.30, SD = 19.15$ ) were significantly more likely to provide therapy for clients with sexuality issues than those who did not work from their residence ( $M = 1.29, SD = 4.59$ ),  $t(339) = 4.68, p < .001, 95\%$  confidence interval (CI) [3.48, 8.53],  $d = .43$ .

## Perceptions of Stalking

When asked about their risk of being stalked, 184 (53%) respondents agreed with the statement that counselors are not more at risk of being stalked than are members of the general population. This perception was related to previous victimization. Respondents who had been stalked in the past, within any work-related relationship or by a client, were more likely to think that counselors were at greater risk than were respondents who had never been victimized (odds ratio [OR] = 4.11, 95% CI [1.95, 8.70],  $p < .001$ ; OR = 5.98, 95% CI [1.99, 17.97],  $p < .001$ , respectively). Similarly, respondents who viewed counselors as being at greater risk had experienced more stalking-related behaviors within any work-related relationships ( $M = 2.95, SD = 3.28$ ) compared to respondents who did not think counselors were at greater risk ( $M = 1.61, SD = 1.98$ ),  $t(344) = 4.67, p < .001, 95\%$  CI [.78, 1.91],  $d = .49$ . Perception of increased risk was also associated with experiencing more stalking-related behavior by a client ( $M = 1.91, SD = 2.40; M = .90, SD = 1.36$ ),  $t(344) = 4.87, p < .001, 95\%$  CI [.60, 1.41],  $d = .52$ , and more stalking-related behavior by the acquaintance of a client ( $M = .42, SD = 1.17; M = .20, SD = .63$ ),  $t(344) = .025, 95\%$  CI [.03, .42],  $d = .23$ . When asked to estimate the proportion of counselors they believe are stalked over the course of

their careers the average estimate was 15% ( $SD = 14.35$ ) with a median of 10%; however, estimates varied greatly, from 0% to 83%. Information was missing in 66 (19%) cases.

Respondents were asked to speculate on whether they thought the type of client, therapy, or therapist was related to the occurrence of stalking behavior. The majority of respondents ( $n = 316, 91\%$ ) thought that the type of client was related to the occurrence of stalking behavior, whereas 177 (51%) thought that the type of therapist was related, and 126 (36%) thought that the type of therapy was related to the occurrence of stalking behavior. No pattern of endorsement was evident; each variable was endorsed alone as well as in combination with the other two variables. Specifically, 30 (8%) respondents did not endorse any of the three variables as being related to the occurrence of stalking behavior, 121 (35%) endorsed one, 93 (27%) endorsed two, and 102 (30%) endorsed all three variables.

Over one third of respondents ( $n = 133, 38\%$ ) knew at least one coworker who had been the victim of stalking; the number of victimized coworkers respondents knew ranged from 1 to 15. Respondents were asked to rate the level of clinical skill or expertise held by the victim they knew on an ascending scale from *average*, *above average*, to *high*. Of the 133 counselors who knew a coworker who had been stalked 46 (35%) rated the skills of the victim as average, 47 (35%) as above average, and 34 (26%) as high; information was missing in six (5%) cases.

Earlier in the survey respondents rated their own level of clinical skill on the same scale. These two ratings were separated temporally to reduce the influence of the former self-rating on the latter coworker rating so that the presence of negative perceptions about victims could be assessed covertly. Self-ratings made by the 345 respondents of their skill or expertise showed that 74 (21%) considered their clinical skills to be average, 166 (48%) felt their skills were above average, and 105 (30%) felt they had a high level of clinical skill; one (<1%) respondent failed to make a self-rating.

Although a visual comparison of the results suggests that respondents rated themselves as more skilled on average than their victimized coworkers, the two sets of ratings are not directly comparable since not all respondents who made self-ratings also made coworker ratings. As such, an analysis was conducted to directly compare the responses of respondents who made both self and coworker ratings. Results showed that on average respondents rated their own skills as superior to those of a coworker they knew who had been stalked, McNemar's  $\chi^2(3, N = 93) = 11.87, p = .008, \phi = .25$ .

The question of whether clinical skill and victimization are related was then posed to respondents in a direct fashion, and yielded results in line with those found when the question was asked covertly. Half ( $n = 173, 50\%$ ) of respondents agreed with the statement that being a more skilled clinician decreases your chances of being stalked; information was missing in 11 (3%) cases.

Given that at least half of respondents reported holding negative perceptions of victimized coworkers' clinical skill, follow-up analyses were conducted to test whether clinical skill or experience were in fact related to victimization. Self-ratings made by respondents who were stalked within a work-related relationship showed that four (10%) rated their clinical skill as average, 20 (49%) as above average, and 17 (41%) as high. Ratings of clinical skill were not associated with the presence of work-related stalking victim-



ization. Further analyses examined the association between years of experience as a counselor and any work-related stalking and stalking-related behaviors. Years of experience was separated into quartiles, of low (0–5 years), moderate (6–19 years), and high ( $\geq 20$  years) experience. There was no significant difference in the number of respondents with low ( $n = 10$ , 13%), moderate ( $n = 15$ , 11%), and high ( $n = 16$ , 17%) experience who were stalked in any work-related relationship; information was missing in 6 (2%) cases. There was also no significant difference in the number of respondents with low ( $n = 6$ , 8%), moderate ( $n = 10$ , 7%), and high ( $n = 7$ , 7%) experience who had been stalked by a client; information was missing in 6 (2%) cases. There was a significant effect of experience on the number of stalking-related behaviors experienced in any work-related relationship,  $F(2, 339) = 5.28$ ,  $p = .006$ ,  $\eta^2 = .03$ . Post hoc comparisons using Tukey's honest significant difference (HSD) revealed that respondents with high experience ( $M = 2.91$ ,  $SD = 3.55$ ) had encountered significantly more stalking-related behavior in any work-related relationship than those with low experience ( $M = 1.66$ ,  $SD = 2.31$ ) ( $p = .005$ ). The number of behaviors encountered by respondents with a moderate level of experience ( $M = 2.14$ ,  $SD = 2.19$ ) was not significantly different from that encountered by those with low or high experience. Years of experience was also significantly associated with increased stalking-related behaviors perpetrated by a client,  $F(2, 339) = 4.75$ ,  $p = .009$ ,  $\eta^2 = .03$ . Post hoc comparisons using Tukey's HSD revealed that respondents with high experience ( $M = 1.81$ ,  $SD = 2.54$ ) had encountered significantly more stalking-related behavior perpetrated by a client than those with low experience ( $M = .93$ ,  $SD = 1.45$ ) ( $p = .007$ ). The number of behaviors encountered by respondents with a moderate level of experience ( $M = 1.36$ ,  $SD = 1.74$ ) was not significantly different from that encountered by those with low or high experience. Instances of stalking-related behavior perpetrated by the acquaintance of a client did not differ based on whether the respondent had low ( $M = .31$ ,  $SD = .86$ ), moderate ( $M = .21$ ,  $SD = .72$ ), or high ( $M = .43$ ,  $SD = 1.21$ ) experience.

### Stalking Management and Training

Two common risk-management strategies for stalking, terminating therapy and calling police, were queried. Respondents were asked to indicate how difficult they would find it to terminate therapy with a client who had formed an unhealthy attachment to them or who was abusing them in some way. The most highly endorsed response ( $n = 133$ , 38%) was that termination would not be pleasant but that it is a part of their job and they would not feel guilty about doing it. The next most common response ( $n = 122$ , 35%) was that terminating therapy would be difficult but they would not feel guilt, followed by 48 (14%) who responded that termination would be difficult and they would feel guilt, 19 (6%) said they would not terminate therapy under the proposed circumstances, and two (<1%) said they would find it extremely difficult and that the problem would have to be severe before they would terminate therapy; information was missing in 22 (6%) cases.

Next, respondents were asked to indicate under what conditions they would call the police if they were being stalked by a client. Most ( $n = 321$ , 93%) respondents indicated that they would call police if a client who was stalking them physically or sexually assaulted them, and 251 (73%) said they would call if the client

followed them. Just over half ( $n = 176$ , 51%) of respondents said they would call police if the client tried to intimidate them, and 175 (51%) would call if the client tried to make repeated and inappropriate contact with them.

Respondents were asked to identify any stalking specific training they had received. A minority ( $n = 52$ , 15%) of respondents had received training that was generally related to stalking (*Mdn* 5 hours, range: 0.5–200 hours), 41 (12%) had been trained on risk factors associated with stalking, and 41 (12%) had training in how to manage stalking. The median number of training hours for both risk assessment and management was four (range: 0.5–20 hours). Of those who had any stalking specific training ( $n = 52$ ), the most common location to receive such training was at a place of employment as a counselor that was not their first job ( $n = 19$ , 37%), followed by, at their first place of employment as a counselor ( $n = 16$ , 31%), outside of the workplace ( $n = 14$ , 27%), in graduate school ( $n = 12$ , 23%), and at a place of employment where they were not a counselor ( $n = 11$ , 21%).

The majority ( $n = 259$ , 75%) of respondents thought that training on the topic of stalking would help them to manage a stalking situation. When asked how training on stalking should be offered, 129 (37%) respondents thought that training should be mandatory for all counselors, 106 (31%) thought it should be optional, 19 (6%) thought it should only be mandatory for those working with high-risk populations, and 10 (3%) respondents indicated that it should be given in some other way; information was missing in 82 (24%) cases. The most popular venue for training to be offered was during education to become a counselor ( $n = 128$ , 37%), followed by as an optional course ( $n = 62$ , 18%), as an optional course offered by an employer ( $n = 27$ , 8%), as part of a first job ( $n = 23$ , 7%), and other location ( $n = 20$ , 6%); information was missing in 84 (24%) cases. It should be noted that respondents could only select one option for how and where training should be offered, and some respondents indicated that they would have selected more than one option if permitted. Furthermore, in several of the cases when information was missing, respondents reported that they (mistakenly) thought that they should not respond if they had not been the victim of stalking.

### Discussion

The present study was the first to investigate stalking victimization among any type of MHP in Canada and the first to examine a sample comprised entirely of professionals trained as counselors. Results showed that counselors are victimized by stalkers at a higher rate than the general public in Canada, where lifetime prevalence rates of stalking are approximately 4% for women and 2% for men (Canadian Centre for Justice Statistics, 2005). The prevalence of stalking found herein (7%) was slightly lower than that found among other types of MHPs (10%–20%) but similar to that found by Romans and colleagues (1996), who examined different types of MHPs working at university counseling centers (5.6%). Leaving aside the possibility of random variations due to sampling, there are at least two possible reasons for the somewhat lower stalking rates among counselors in the present sample compared to those observed for other MHPs such as psychiatrists and psychologists. The first explanation is that counselors, compared to psychologists and psychiatrists, may see fewer clients with serious mental disorders. For instance, counselors are less likely to

work at in- or outpatient facilities. Second, counselors may be less likely to work in legal settings, where services are provided in highly adversarial contexts. In fact, forensic issues were the least common type of work handled by counselors and the most highly related to all of the types of victimization behaviors queried. Similar reasons might also apply to the findings of Romans and colleagues (1996), since the counseling centers examined were located on university campuses.

In addition to work-related pursuit by clients the results revealed the presence of stalking and stalking-related behavior perpetrated by coworkers and the acquaintances of clients. When examining stalking specifically these two relationship types could not be separated and thus the unique prevalence of each could not be quantified. However, based on open-ended responses provided by some respondents, it was clear that both relationship types were present in the sample. The results now confirm these perpetrator-victim relationships to be present among counselors as they are for other types of MHPs. These dynamics are important to acknowledge since the risk management and training efforts required to prevent this type of stalking will be different than those required for cases involving client perpetrators. It is therefore suggested that in the future more studies on this topic expand their definition of work-related stalking of MHPs to include these groups and that training offered to MHPs identify these possible perpetrators.

The treatment of several therapeutic issues placed counselors at increased risk of victimization. These included forensic issues, which had shown conflicting results in previous studies, and three issues that had not previously been investigated (i.e., substance abuse, sexuality, and sexual abuse). Future research will be necessary to replicate these findings as well as identify possible reasons for increased victimization. This is particularly important given that treatment of forensic and sexuality issues was relatively rare in the present sample, and as such the results should be interpreted with caution. If replicated, these issues might allow colleges/universities, professional organizations, or individual employers with limited funds to provide focused training or identify methods of managing the stalking behavior. For instance, one of the respondents providing therapy for sexual abuse noted that the stalking-related behaviors they experienced were perpetrated by the client's abuser, presumably to influence the client's decision to report the sexual abuse to authorities. In this case, knowledge of the legal options available to counselors might have helped this counselor to navigate the behavior and better assist the client.

Victimization was unrelated to the location of the respondent's practice. This finding was not the result of respondents who see clients in their residence spending less time treating the four more risky therapeutic issues. However, the sample size used to investigate these questions in relation to stalking was low and should be examined again in future studies. Although not identified as more at risk, counselors who see clients in their residence could potentially have a more difficult time de-escalating or managing a stalking situation. For instance, the stalker will have a great deal of personal information about their counselor such as whether they live alone, if they have children, how secure their home is, and so forth. Thus, although not more at risk, MHPs working out of their residence should be encouraged to seek help promptly and consult with colleagues should victimization occur.

Fewer than half of respondents were aware of the increased risk of stalking they faced. Similar to Maclean and colleagues (2013),

increased perceived risk was found to be related to prior victimization. When asked to estimate the percentage of counselors pursued results varied widely, both greatly over- and underestimating risk. The generally low and varied perception of risk among respondents is concerning, and particularly so given that the recruitment article for the study published in the BCACC's magazine included prevalence rates. This suggests that the available research literature may not be reaching MHPs and that a different approach is required.

An even more concerning finding was the perception held by respondents about their victimized colleagues. First, despite the existence of some empirical evidence in the research literature only a minority of respondents believed that the type of therapy (e.g., forensic work) was related to victimization. Conversely, despite no empirical evidence, half of respondents believed that the type of counselor was related to stalking. This indicated that respondents believed that characteristics of the counselor impacted their likelihood of stalking victimization. Counselors also rated their level of expertise as greater than that of their victimized colleagues. It should be noted that this particular finding may be the result of the self-assessment bias where individuals tend to rate themselves as superior to others. Walfish, McAlister, O'Donnell, and Lambert (2012) found this bias to be present among MHPs, of which 25% rated their skill level as in the 90th percentile and none rated their skill as below average. Although this may to some extent account for this one finding, half of respondents agreed with the statement that counselors who had been stalked have lower levels of clinical skill. The belief that counselors and their skill levels are related to stalking victimization can be construed as victim-blaming or the belief in a just world. Such beliefs serve as a means of self-protection; however, they can be very harmful and some suggest may result in reduced help-seeking by victims (McIvor & Petch, 2006; Morgan & Porter, 1999; Mullen et al., 2000; Romans et al., 1996). It is important to emphasize that attempts at testing the validity of this belief in the present study did not find any support for low clinical skill as a risk factor for stalking or stalking-related behavior. Instead, the results suggest that what actually places counselors at risk is greater time spent providing counseling services. Since the decision to test the impact of clinical skill on victimization was made post hoc, the methodology was limited. Clinical experience was queried at the time that the survey was completed as opposed to when the victimization occurred. This may have altered results slightly but does not alter the interpretation of the results. The evidence for the existence of these negative perceptions along with an understanding of the misguided and harmful nature of victim blaming underscores the need for MHPs to receive training on stalking.

Most respondents were willing to involve police and terminate therapy in the event that they were being stalked by a client, indicating an openness to intervention through such management strategies. As in previous studies few respondents had received training on stalking. Furthermore, many of those who had received training did not receive it before they began treating clients. Most respondents were in favor of training; however, disagreement existed regarding where training should take place and whether it should be mandatory. Although, most respondents who had received stalking training had received it as part of a counseling job, the place they most wanted to receive it was during their college/university training program. Given this preference and the fact that many MHPs go into independent practice it

might be wise for MHP training programs to consider adding this topic to their curriculums.

As noted above, several of the findings suggest the need for increased knowledge or training on stalking for MHPs. The method of transmitting this knowledge also requires some thought. First, published research provides ample evidence for the heightened risk faced by MHPs; thus the low perception of risk identified herein indicates that many MHPs are not familiar with this research. This suggests that a more targeted message, possibly through existing formats such as school is needed. Another possible way to get the message across to more individuals is to present it in a different way. Results showed that those who had been victimized were more aware of their risk. Capitalizing on this, governing bodies or organizations could ask members to (anonymously) submit personal accounts or stalking case studies to publications put out within the organization (e.g., the aforementioned BCACC magazine). Information on statistics and resources are still necessary, but, more vivid case descriptions could possibly better capture the attention of MHPs and help them to understand their risk. Case descriptions might also help MHPs to understand how stalking may present itself in different formats and how it can be managed, helping them to identify and prevent it. Second, although training is needed, information is easily forgotten. Accessible documents or experts available for consultation on a central Website for an organization might be of assistance.

The results indicate that some groups may be particularly in need of training including counselors seeing clients for forensic, sexuality, and substance abuse issues or sexual abuse. Targeting counselors who treat higher risk issues could occur when they begin to specialize in their training. Although the findings could be used to target training, they should not be interpreted in such a way as to exclude anyone from training, especially since similar findings have not been found across all studies. The widespread reporting of victimization by counselors treating clients for all types of therapeutic issues indicates that training should occur and be available across the profession.

The present study has some limitations that are notable for future research. First, the response rate for the study was low which might raise questions about the representativeness of the sample and generalizability of the results. Rates of stalking were low compared to studies of psychologists and psychiatrists but were very similar to the only other study that examined a group of MHPs working as counselors (i.e., 7% vs. 5.6%). The prevalence rates of nonwork related stalking were also in line with previous studies of MHPs. Such prevalence rates were queried in four other studies, three of which allowed for calculation of the proportion of stalking committed by nonwork related perpetrators. The results of the present study (48%) fell within the range (23%–62%) found in those three other studies (Ashmore et al., 2006; Hughes, Thom, & Dixon, 2007; Smoyak, 2003). These comparisons suggest that, although caution should be maintained, the present sample may be representative of stalking victimization among counselors.

Second, false negatives were present in at least a few cases. For instance, two counselors indicated being stalked by a client when providing a narrative response but did not indicate this when asked directly. A more systematic problem noted in the method section, that was quickly corrected, prevented some of the early respondents to the survey from listing stalking-related behaviors experienced by multiple perpetrators with whom they shared different relationship types.

Overall, these issues likely resulted in an underestimate of stalking and stalking-related behaviors in the present study.

Third, in an effort to recruit participants, BCACC members were primed to the nature of the present study and the prevalence of stalking. The first problem that this might have caused was an increase in the number of stalking victims responding to the survey. To reduce the likelihood of this occurring both the article and recruitment e-mails clearly stated that responses from all counselors were desired, not only those with prior victimization experiences. When compared to prevalence rates from previous studies (see above), it did not appear that victims of stalking were overrepresented in the sample. The second problem that this may have caused was to impact a respondent's perception of risk, making them more accurate. Priming counselors to the prevalence of stalking may have altered results, meaning that without the magazine article even more respondents would not have been aware of their increased risk. Should this be the case, it only further strengthens the need for training.

Despite these limitations the findings add to the substantial literature that has identified stalking of MHPs as an issue of concern. As such, future research in this area should focus on methods of prevention through identification and management of the problem. Specifically, research should focus on determining the best ways in which MHPs can identify stalking and victimization within their work relationships and how they, their workplace, and organization can best manage it. For instance, what warning signs precede stalking by clients or the acquaintances of clients? What management strategies are most helpful in protecting MHPs or in stopping the stalking behavior? What management strategies are unavailable but desired by MHPs? By answering such questions, training can be developed and appropriate changes can be made to policy and practice to reduce victimization.

The present study is a first step in describing the victimization of counselors in Canada within their professional capacity. The findings revealed information not previously known about the stalking of MHPs. Although not as prevalent among counselors as among other MHPs, the serious impact of victimization necessitates that it be acknowledged and that assistance be put in place to help victims. This includes not only training, prevention, and risk management but also mental health care for the considerable psychological effects of stalking victimization. We must also recognize that clients made up only half of the work-related perpetrators engaging in the stalking of counselors, with coworkers and the acquaintances of clients making up the other half. These additional types of perpetrators should be examined in future research and addressed in training. Finally, it is also important to recognize that some of the widely held perceptions among counselors, such as the belief that they are not at risk, and that poorly skilled clinicians are more at risk, should be examined among other types of MHPs and must be addressed as they will negatively impact prevention efforts.

## References

- American Psychological Association. (2010). *Ethical principles of psychologists and code of conduct*. Retrieved from <http://www.apa.org/ethics/code/>
- Ashmore, R., Jones, J., Jackson, A., & Smoyak, S. (2006). A survey of mental health nurses' experiences of stalking. *Journal of Psychiatric and Mental Health Nursing, 13*, 562–569. <http://dx.doi.org/10.1111/j.1365-2850.2006.00981.x>

- Brown, G. P., Dubin, W. R., Lion, J. R., & Garry, L. J. (1996). Threats against clinicians: A preliminary descriptive classification. *The Bulletin of the American Academy of Psychiatry and the Law*, 24, 367–376.
- Canadian Centre for Justice Statistics. (2005). *Family violence in Canada: A statistical profile*. Ottawa, Ontario, Canada: Author.
- Dinkelmeier, A., & Johnson, M. B. (2002). Stalking and harassment of psychotherapists. *American Journal of Forensic Psychology*, 20, 5–20.
- Duhart, D. T. (2001). *Bureau of Justice Statistics special report: Violence in the workplace, 1993–1999* (NCJ 190076). Washington, DC: U.S. Bureau of Justice Statistics.
- Foellmi, M. C., Rosenfeld, B., & Galiotta, M. (2015). Assessing risk for recidivism in individuals convicted of stalking offenses: Predictive validity of the Guidelines for Stalking Assessment and Management. *Criminal Justice and Behavior*. Advance online publication. <http://dx.doi.org/10.1177/0093854815610612>
- Galeazzi, G. M., & De Fazio, L. (2006). A review on the stalking of mental health professionals by patients, prevention and management issues. *Primary Care and Community Psychiatry*, 11, 57–66. <http://dx.doi.org/10.1185/135525706X105046>
- Galeazzi, G. M., Elkins, K., & Curci, P. (2005). Emergency psychiatry: The stalking of mental health professionals by patients. *Psychiatric Services*, 56, 137–138. <http://dx.doi.org/10.1176/appi.ps.56.2.137>
- Gentile, S. R., Asamen, J. K., Harmell, P. H., & Weathers, R. (2002). The stalking of psychologists by their clients. *Professional Psychology: Research and Practice*, 33, 490–494. <http://dx.doi.org/10.1037/0735-7028.33.5.490>
- Hughes, F. A., Thom, K., & Dixon, R. (2007). Nature & prevalence of stalking among New Zealand mental health clinicians. *Journal of Psychosocial Nursing and Mental Health Services*, 45, 32–39.
- Jones, L., & Sheridan, L. (2009). Stalking and harassment of mental health professionals by patients in a community forensic service. *British Journal of Forensic Practice*, 11, 30–37. <http://dx.doi.org/10.1108/14636646200900007>
- Kivisto, A. J., Berman, A., Watson, M., Gruber, D., & Paul, H. (2015). North American psychologists' experiences of stalking, threatening, and harassing behavior: A survey of ABPP diplomates. *Professional Psychology: Research and Practice*, 46, 277–286. <http://dx.doi.org/10.1037/pro0000025>
- Kropp, P. R., Hart, S. D., & Lyon, D. R. (2008). *Guidelines for stalking assessment and management (SAM)*. Vancouver, British Columbia, Canada: ProActive Resolutions.
- Kropp, P. R., Hart, S. D., Lyon, D. R., & Storey, J. E. (2011). The development and validation of the guidelines for stalking assessment and management. *Behavioral Sciences & the Law*, 29, 302–316. <http://dx.doi.org/10.1002/bsl.978>
- Laskowski, C. (2003). Theoretical and clinical perspectives of client stalking behavior. *Clinical Nurse Specialist CNS*, 17, 298–304. <http://dx.doi.org/10.1097/00002800-200311000-00011>
- Leavitt, N., Presskreischer, H., Maykuth, P. L., & Grisso, T. (2006). Aggression toward forensic evaluators: A statewide survey. *Journal of the American Academy of Psychiatry and the Law*, 34, 231–239.
- Lion, J. R., & Herschler, J. A. (1998). The stalking of clinicians by their patients. In J. R. Meloy (Ed.), *The psychology of stalking: Clinical and forensic perspectives* (pp. 163–173). San Diego, CA: Academic Press. <http://dx.doi.org/10.1016/B978-012490560-3/50027-X>
- Maclean, L., Reiss, D., Whyte, S., Christopherson, S., Petch, E., & Penny, C. (2013). Psychiatrists' experiences of being stalked: A qualitative analysis. *Journal of the American Academy of Psychiatry and the Law*, 41, 193–199.
- McIvor, R. J., & Petch, E. (2006). Stalking of mental health professionals: An underrecognised problem. *British Journal of Psychiatry*, 188, 403–404. <http://dx.doi.org/10.1192/bjp.bp.105.018523>
- McIvor, R. J., Potter, L., & Davies, L. (2008). Stalking behaviour by patients towards psychiatrists in a large mental health organisation. *International Journal of Social Psychiatry*, 54, 350–357. <http://dx.doi.org/10.1177/0020764008090690>
- Morgan, J. F., & Porter, S. (1999). Sexual harassment of psychiatric trainees: Experiences and attitudes. *Postgraduate Medical Journal*, 75, 410–413. <http://dx.doi.org/10.1136/pgmj.75.885.410>
- Mullen, P. E., Mackenzie, R., Oglloff, J. R. P., Pathé, M., McEwan, T., & Purcell, R. (2006). Assessing and managing the risks in the stalking situation. *Journal of the American Academy of Psychiatry and the Law*, 34, 439–450.
- Mullen, P. E., Pathé, M., & Purcell, R. (2000). *Stalkers and their victims*. New York, NY: Cambridge University Press. <http://dx.doi.org/10.1017/CBO9781139106863>
- Mullen, P., Pathé, M., & Purcell, R. (2009). *Stalkers and their victims* (2nd ed.). Cambridge, UK: Cambridge University Press.
- Nwachukwu, I., Agyapong, V., Quinlivan, L., Tobin, J., & Malone, K. (2012). Psychiatrists' experiences of stalking in Ireland: Prevalence and characteristics. *Psychiatrist*, 36, 89–93. <http://dx.doi.org/10.1192/pb.bp.111.034660>
- Purcell, R., Powell, M. B., & Mullen, P. E. (2005). Clients who stalk psychologists: Prevalence, methods, and motives. *Professional Psychology: Research and Practice*, 36, 537–543. <http://dx.doi.org/10.1037/0735-7028.36.5.537>
- Remark Web Survey 3 [Computer software]. (2003). Malvern, PA: Gravic.
- Romans, J. S. C., Hays, J. R., & White, T. K. (1996). Stalking and related behaviours experienced by counseling center staff members from current or former clients. *Professional Psychology: Research and Practice*, 27, 595–599. <http://dx.doi.org/10.1037/0735-7028.27.6.595>
- Smoyak, S. (2003). Perspectives of mental health clinicians on stalking continue to evolve. *Psychiatric Annals*, 33, 641–648. <http://dx.doi.org/10.3928/0048-5713-20031001-07>
- Spitzberg, B. H. (2002). The tactical topography of stalking victimization and management. *Trauma, Violence, & Abuse*, 3, 261–288. <http://dx.doi.org/10.1177/1524838002237330>
- Storey, J. E. (2012). *Hurting the healers: Stalking in the mental health professions* (Doctoral dissertation). Retrieved from <http://summit.sfu.ca/item/12669>
- Storey, J. E., & Hart, S. D. (2011). How do police respond to stalking? An examination of the risk management strategies and tactics used in a specialized anti-stalking law enforcement unit. *Journal of Police and Criminal Psychology*, 26, 128–142. <http://dx.doi.org/10.1007/s11896-010-9081-8>
- Storey, J. E., Hart, S. D., Meloy, J. R., & Reavis, J. A. (2009). Psychopathy and stalking. *Law and Human Behavior*, 33, 237–246. <http://dx.doi.org/10.1007/s10979-008-9149-5>
- Swanberg, J. E., Logan, T. K., & Marke, C. (2006). The consequences of partner violence on employment and the workplace. In E. K. Kelloway, J. Barling, & J. J. Hurrell (Eds.), *Handbook of workplace violence* (pp. 351–380). Thousand Oaks, CA: Sage. <http://dx.doi.org/10.4135/9781412976947.n16>
- Tryon, G. S. (1986). Abuse of therapists by patients: A national survey. *Professional Psychology: Research and Practice*, 17, 357–363. <http://dx.doi.org/10.1037/0735-7028.17.4.357>
- Walfish, S., McAlister, B., O'Donnell, P., & Lambert, M. J. (2012). An investigation of self-assessment bias in mental health providers. *Psychological Reports*, 110, 639–644. <http://dx.doi.org/10.2466/02.07.17.PR0.110.2.639-644>
- Whyte, S., Penny, C., Christopherson, S., Reiss, D., & Petch, E. (2011). The stalking of psychiatrists. *International Journal of Forensic Mental Health*, 10, 254–260. <http://dx.doi.org/10.1080/14999013.2011.599097>

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