Clients who stalk psychologists:

prevalance, methods and motives

Rosemary Purcell, PhD[1]

Martine B Powell, PhD[1]

Paul E Mullen, D.Sc., FRC Psych[2]

[1] School of Psychology, Deakin University, Victoria, Australia

[2] Victorian Institute of Forensic Mental Health; Victoria, Australia

Re-submitted April 12, 2005

Correspondence to: Dr Rosemary Purcell
Orygen Research Centre
Locked Bag 10,
Parkville, Victoria, 3052
AUSTRALIA
Email: rpurcell@unimelb.edu.au

Acknowledgements: We thank Ms. Sarah Agnew for her assistance with the survey implementation and data entry.

The stalking of psychologists by clients:

prevalance, methods and motives

Re-submitted April 12, 2005

There is emerging recognition that psychologists are susceptible to various forms of intrusiveness by clients, including stalking. Information regarding the contexts in which stalking emerges and the behaviors to which clinicians are subjected is limited. A random sample of Australian psychologists (n=1750) was surveyed to ascertain the prevalence, nature and occupational impacts of stalking by clients. Of the 830 respondents, 19.5% had been stalked for two weeks or more. Psychologists typically perceived the stalking to be motivated by resentment (42%) or infatuation (19%). Most practitioners altered their professional practice as a consequence of the harassment and 29% considered leaving the profession. Stalking by clients is a salient professional issue that requires greater attention to better manage conduct that is potentially damaging both to therapists and clients.

INTRODUCTION

Key to the practice of psychology is the ethical principal to do no harm to one's clients. There is no corresponding undertaking by clients however not to harm their clinicians. While the majority of clients who seek psychological assistance enjoy a more or less satisfactory therapeutic relationship with their psychologist, there is concern about a minority of clients who intrude upon and stalk their therapists.

Stalking occurs when one person repeatedly intrudes upon another to such an extent that the recipient fears for his or her safety (Meloy, 1998; Mullen, Pathé & Purcell, 2000). Emerging research indicates that the stalking of mental health professionals by their clients is a salient professional issue. Romans and colleagues (1996) reported that 10 of 178 university counselors in their survey indicated having been persistently stalked by a client. Lion & Herschler (1998) presented nine case studies involving clinicians who were stalked by patients, including seven psychiatrists, a psychologist and a plastic surgeon. Sandberg, McNiel and Binder (2002) reported that threatening, harassing and stalking behaviors by patients were relatively commonplace at an adult inpatient psychiatric facility, with 53% of clinical staff (n=33) having been subjected to such conduct. This problem is not confined to English-speaking nations, with a recent Italian study indicating that persistent stalking was reported by 11% (40 of 361) of surveyed nurses, psychologists and psychiatrists (Galeazzi, Elkins & Curci, 2005).

In the first major empirical study of this problem among psychologists, Gentile and colleagues (2002) surveyed 747 members of the American Psychological Association whose clinical practice involved the provision of mental health services. Of the 294 respondents, 30 (10.2%) reported having been 'stalked' by a client (although no explicit definition was provided as to what constituted stalking). There were reportedly no differences between affected and non-victimized psychologists in terms of their demographic or professional practice characteristics. Harassing clients however were more likely to

be female (68%) and without a current intimate relationship (80%). High rates of mood (62%) and personality disorder (over 75%) among these clients were diagnosed by the affected clinicians. The impacts of stalking varied, with 41% of psychologists reporting fear, 70% anxiety and anger, and 50% modifying aspects of their professional and personal routines, including screening new patients for potentially dangerous behavior and removing their home address from public listings.

The extant literature provides a broad indication of the extent of this problem among psychologists, however limitations with definitions, response rates and sample sizes limit the generalizability of results. For example, legal definitions of stalking in most western jurisdictions, including North America, the United Kingdom and Australia, require repeated intrusions (eg. on two or more occasions) that elicit fear in the recipient (see Saunders, 1998; Purcell, Pathé & Mullen, 2004a for reviews). Using this definition of stalking would substantially reduce the reported prevalence in Gentile et al's (2002) study, as fear was acknowledged by less than half the victimized respondents. Furthermore, there is little information in previous studies regarding the *nature* of stalking by clients, in terms of the methods, duration and frequency of stalking and, perhaps more importantly, the factors which motivate and sustain such intrusiveness. This study was designed to examine the extent of stalking victimization in a large, random sample of registered psychologists and to investigate the nature and characteristics of clients who stalk, as well as the characteristics of psychologists at heightened risk of this behavior. The impacts of stalking on the occupational functioning of clinicians is also considered. The results of this study will enable identification of clients, or clinical conditions, that are associated with a increased risk of stalking, which is critical to the development of effective management strategies aimed at preventing, or at least minimizing, this form of intrusiveness. As a range of health professionals in addition to psychologists are at risk of stalking, it is anticipated that these results will almost certainly have wide application.

The Stalking Victimization Survey Project

A postal survey was distributed to a randomly selected sample of 1750 psychologists (73% female) registered with the Psychologists' Registration Board in the State of Victoria (population 4.7 million), in Australia. In Victoria, it is unlawful for a person to use the professional title 'psychologist' without registration. The registration board therefore constitutes the definitive listing of psychologists in the State. As registration as a psychologist in most Australian states requires a minimum of six years accredited University study and supervised training, the qualifications of psychologists in Australia are largely equivalent with those of US psychologists. There is little reason therefore to presume that the results of this study cannot be extrapolated to other Western nations with similar psychologist registration standards.

At the time of the study, 6458 psychologists were registered in Victoria (of whom 74% were female). A random number generator was used to draw the sample. Surveys were mailed to the psychologists' professional address. Given the random nature of the sample, no weighting was given to the experience of direct client care. The study was conducted with the approval of the Human Ethics Committee at Deakin University.

The survey was identified as "A Survey of Psychologist's Experiences of Intrusive or Harassing Behavior by Clients". The term stalking was not used to avoid any confusion or preconceptions associated with the term (see Tjaden & Thoennes, 1998). Each respondent was asked to complete questions regarding their demographic and professional practice characteristics (eg. whether involved in direct client care, years of registration and area of specialization, categorized as: educational; clinical; counseling; forensic, neuropsychology, or organizational psychology). The experience of unwanted intrusions by a client was examined, as well as the impacts of reported intrusiveness on the respondent's professional duties. Survey responses were anonymous. As the registration board does not divulge demographic details of psychologists, the study was unable to determine whether there

were systematic differences in responding according to age, gender or area of specialization.

Definition of Stalking

A behavioral definition of stalking was employed, with items derived from a composite of Australian anti-stalking laws (these laws are closely based on North American statutes; see Purcell et al, 2004a). Respondents were asked to indicate whether any client had ever:

- followed them;
- kept them under surveillance;
- loitered around their workplace, home or other places they frequent;
- made unwanted approaches;
- made unsolicited telephone calls;
- sent unwanted letters, faxes or email;
- sent offensive materials,
- interfered with their property

An additional item examining the experience of vexatious complaints or the spreading of malicious gossip by a client was also included, as clinical experience suggests this is a unique form of intrusiveness to which professionals are subjected. However, in order for the conduct to be classed as stalking, clinicians had to have experienced vexatious complaints/ malicious gossip *in addition* to one of the other eight core stalking behaviors. For each endorsed item, respondents were asked to indicate the frequency with which it occurred (once, twice, 3-9 times, 10 or more times). Respondents who had been harassed on more than one occasion by different clients were asked to refer only to the most recent experience, in order to ensure that the index event referred only to *one* discrete episode of harassment, rather than an aggregate of the respondent's harassing experiences.

As previously stated, legal definitions of stalking require as few as two intrusions which cause the recipient fear. Under this definition, intrusions performed over the course of one day could be considered stalking (eg. 2 or more fear-provoking telephone calls). However stalking is typically perceived as being a *persistent* form of victimization and hence a more conservative definition of stalking was employed in this study requiring multiple intrusions (eg. at least 10) imposed for a period of two weeks or more, which induced fear in the recipient. This threshold has previously been found empirically to distinguish brief instances of intrusiveness from protracted stalking (see Purcell, Pathé & Mullen, 2004b).

Nature and Impacts of Intrusions

Respondents who endorsed the experience of unwanted intrusions completed questions regarding the nature of the behavior and their responses to the conduct. Subjects were asked to indicate whether the conduct caused them fear (none, minimal, moderate, significant); the duration (in terms of the number of days) and frequency of the intrusions (daily, weekly, fortnightly or monthly); whether the behavior had occurred in the 12 months prior to the survey; characteristics of the perpetrator (age, gender, mental health status); the perceived motivation for the pursuit (specified as infatuation, resentment, or other); any precipitants associated with the intrusiveness and whether associated violence accompanied the intrusions (threats and/or physical assaults). Respondents were also asked to indicate whether they had altered aspects of their personal and professional routines in response to the intrusions (eg. increased their home or work security, changed telephone number, relocated) and whether they had sought advice or assistance to manage the behavior (eg. from colleagues, the police, a lawyer or counselor).

Survey Limitations

In an effort to maximize return rates, a reminder letter was posted one week after the survey distribution. Additional follow-up of respondents was not pursued as it was considered inappropriate in

the context of the study to dispatch more than two (unsolicited) reminders to respondents who could have perceived such material as constituting harassment in itself. The limited follow-up of respondents likely adversely affected the potential response rate of the survey. Additionally, while random surveys are an appropriate means by which to examine the prevalence of experiences such as stalking, systematic errors in ascertainment rates may reflect the extent to which the willingness to participate in such a survey is directly influenced by whether or not the subject has been stalked. Therapists who have been victimised may be more eager to participate, or conversely, may experience any unsolicited inquiry as an intrusive and unwelcome reminder of a painful episode. In either case, response rates would directly reflect the experience of stalking and bias the resulting prevalence estimates.

Data Analyses

Analyses were conducted using SPSS (Version 11.5). Discrete variables were analyzed using chi-square and continuous variables were compared between groups using independent t-tests or analysis of variance. In those instances where the assumptions for parametric statistics were violated, non-parametric tests were employed (eg, Mann Whitney U test: *MWU*). In order to minimize Type I error associated with multiple comparisons, the error rate required to demonstrate significance was set at 0.01.

RESULTS

Of the 1750 surveys distributed, 70% could be accounted for, including completed surveys (n=830), refusals (n=16) and surveys not received (n=378; in all cases surveys were returned indicating that the psychologist no longer practiced at the last known professional address provided to the Registration Board). Adjusting for the 378 surveys not received, the valid response rate (usable responses) was 60%. Respondent characteristics are shown in *Table 1*.

The Prevalence of Stalking by Clients

Using the definition of stalking as 10 or more intrusions persisting for 2 or more weeks, the lifetime prevalence of stalking by clients was 19.5% (162), with 8% (69) of psychologists subjected to this level of stalking in the 12 months prior to the study. The lifetime rates of stalking differed according to psychologists' area of specialization (χ^2 =15.5, *df*=5, *p*=.01), with higher rates of victimization reported by forensic psychologists (32%), clinical psychologists (24%) and counseling psychologists (20%), compared to educational psychologists (16%), neuropsychologists (11%) and organizational psychologists (7%). The lifetime rates of stalking by a client did not differ significantly according to psychologists' gender.

The majority of psychologists stalked by a client indicated that the intrusions had ceased at the time of the study (76%), though 6% reported continuing pursuit and 18% were unsure as to whether the stalking had ended.

Characteristics of Stalked Psychologists

The majority of psychologists reporting stalking by a client were female (79%;128). When considering only those psychologists who reported being stalked, most specialized as counseling psychologists (38%;62) and clinical psychologists (33%;54), with 13% (21) educational psychologists and 6% (10) forensic specialists. The overwhelming majority worked in direct client care (95%;154). On average, these psychologists had been board registered for 11.2 years (SD=8.6) at the time of the survey, and reported extensive experience in client management (mean=12.0 years; SD=10.0). Years of Board registration and client management at the time of the stalking was only able to be determined for those psychologists stalked in the 12 months prior to the survey. For this group (n=69), the mean years of registration was 8.8, with an average 9.7 years in direct client care. Most stalked

psychologists worked in large metropolitan areas (88%;142), with 12% (20) practicing in rural or regional settings. At the time the stalking commenced, 51% (82) of psychologists were employed by state (public) organizations, 25% (41) conducted a private practice from consulting suites, 15% (24) were employed by private (corporate) organizations and 9% (15) operated a private practice from their home.

Client Characteristics

The majority of clients who engaged in stalking behavior were being seen as outpatients in private or public mental health settings (62%;100). Few were seen as inpatients when the stalking first commenced (5%;8). In 12% (20) of cases, psychologists reported being stalked by a relative of their client, in most instances a current or former intimate spouse or parent. In a further 8% of cases (13), psychologists were reportedly subjected to protracted harassment following a single assessment session, conducted usually in the context of a court report or occupational assessment. Overall, clients who engaged in stalking were predominantly male (63%;102), though females accounted for 37% (60). Almost half (47%;76) were judged by the psychologist to be mentally disordered when the stalking occurred, the most common diagnoses being personality disorder (50%;35), psychosis (27%; 19) or other Axis I disorder (23%;16), including major depression (7), anxiety disorder (4) and substance abuse (2). In 17% of cases (28) the psychologist was unsure as to the client's mental state when the stalking occurred and 35% (56) indicated no mental illness in the harasser. On average, clients commenced their stalking activities within six months of the professional relationship being established (SD=18.6 months; range=1 day to 15 years).

In 44% of cases (72) psychologists were stalked by a client of the same gender. Male clinicians were significantly more likely to experience such stalking than their female counterparts (68% vs. 38%; ^{2} =9.3, *df*=1, *p*=.01). This is consistent with the majority of epidemiology studies of stalking, which

indicate significantly higher rates of same gender stalking among men than women (eg. Tjaden & Thoennes, 1998; Purcell, Pathé & Mullen, 2002). It is likely that this observation is, in part, an artifact of the definition of stalking, as men are arguably more likely to acknowledge and report the experience of *fear* when the intruder is another male, as opposed to a female, who may be perceived (often erroneously) as less threatening (see Purcell, Pathé & Mullen, 2001).

Motivations for Stalking Intrusions

The majority of psychologists perceived their client's intrusions to be motivated by resentment (42%; 68). Commonly reported precipitants in this regard involved retaliation for perceived adverse effects arising from the professional's duties, for example the reporting of suspected child abuse, the provision of adverse reports (especially for child custody hearings), or the failure to provide recommendations sought by the client (for example, in relation to couple therapy or employment suitability). Resentment following the termination of the professional relationship was also commonly reported, with numerous clinicians disclosing persistent, angry confrontations by clients unhappy that the therapeutic relationship could not continue either due to the psychologist's circumstances (eg. change of employment) or the client's inappropriate behavior.

In 19% of cases (31) infatuation was the perceived motivation for the client's stalking intrusions. Most of these cases involved overt declarations of attraction by clients said to, almost universally, have 'poor boundaries'. The decline of client advances precipitated immediate outbursts of violence in a handful of cases, followed by extended periods of stalking. In fewer cases, psychologists indicated that clients were craving empathy or acceptance, often in the context of histories of significant abuse and trauma. A further 17% of cases (27) involved 'other' motivations for the client's stalking intrusions, including boredom, loneliness, "testing" the limits of the psychologist's tolerance and several instances involving persistent interference by relatives seeking to influence the client's treatment. One in five

psychologists (22%;36) indicated that no reason was given or could be discerned for the client's stalking. There was no association between the perceived motivations for stalking and the clinician's gender, or the client's gender or mental health status. Although the perceived motivations did not differ significantly according to specialization (^{2} =7.7, *df*=4, *p*=.25), it is noteworthy that 100% of stalked forensic psychologists were pursued by a resentful client, with 42% of stalked clinical psychologists pursued by infatuated clients.

Duration and Methods of Harassment

The duration of the stalking intrusions ranged from 2 weeks to a maximum of 5 years (mean=5.2 months; SD=9.4 months). For 26%, the pursuit lasted less a month or less, with 56% of affected psychologists stalked for between one to six months and 12% for a year or more. The duration of stalking did not differ according to the psychologists' gender or specialization. However, the duration was significantly longer in those clients motivated by infatuation (median=6 months; range=14 days to 5 years) than resentment (median=2 months; range=14 days to 3 years; *MWU*= 491.5, *p*=.001).

On average psychologists were subjected to 2.9 (SD=1.9) methods of harassment. The most common methods involved intrusive telephone calls (65%;105), unwanted approaches (58%;94) and loitering nearby (43%;69). A third of the stalked psychologists (31%;50) were subjected to vexatious complaints (most often to the registration board) or malicious gossip. The receipt of unsolicited letters, faxes or email (31%;50), being kept under surveillance (23%;38) and followed (20%;33) was also reported. Fewer psychologists indicated receiving offensive materials (9%;15) or other unsolicited goods (3%;5) from clients. For a quarter of psychologists the harassment was confined to one method only (usually phone calls), with 47% experiencing 2-3 forms of harassment, 18% 4-5 forms, and 11% subjected to six or more distinct forms of intrusiveness. Infatuated clients used significantly more methods of intrusion (mean=4.2, SD=2.4) than clients motivated by resentment (mean=2.8, SD=1.7;

$t(97)=2.7$, $p=.01$).

Associated Threats and Violence

Some 38% (61) of psychologists indicated that explicit threats accompanied the client's stalking intrusions. These included threats to ruins the clinician's practice, to harm the psychologist or their loved ones and several threats to kill (three clients brandished knives at the psychologists' workplace, one of whom threatened to "slit" the psychologist's throat, while another clinician was ominously warned "Your 9/11 is coming"). In 17% of cases (27), explicit threats were directed to third parties, typically colleagues of the psychologist or reception staff, though several spouses of psychologists were also directly threatened with harm. Almost 1 in 10 psychologists (9%;14) were physically assaulted during the course of the stalking, the attacks ranging from pushing, slapping and hitting, to three cases of attempted strangulation. Few assaults resulted in injury, though several cases of abrasions and severe bruising were reported and one psychologist sustained a broken wrist in an assault. In 9 cases (6%), a third party was assaulted, usually the spouse or co-worker of the psychologist. Property damage occurred in 13% (21), usually directed at the psychologist's car, with multiple reports of scratched paintwork, smashed windows and slashed tires. In several cases the psychologist's office was vandalized or robbed and one clinician's office was burned in an arson attack. There were no reported instances of damage to the clinician's home residence. The rates of threats and assaults did not differ according to psychologist's specialization or gender, the motivation for stalking, or the gender and mental health status of the client.

Only 20% of psychologists who were threatened were also assaulted, however 86% who were attacked had at some time been threatened (^{2} =15.1, df=1, p=.001).

Responses to Victimization

Over two-thirds of stalked psychologists (71%;115) modified aspects of their professional and personal lives in response to the stalking intrusions, typically increasing security at their workplace (50%), or bolstering their home security (36%). Some 21% changed their home telephone number and 4% their work telephone number as a result of the stalking. Ten clinicians (6%) went to the extreme of relocating their work practice to escape the intrusions and six (4%) changed their residential address. Work absenteeism was reported by 19% of stalked psychologists, most of whom (70%) lost 2-7 working days, though four practitioners reported extended periods of stress leave (eg. three months or more). Some 10% of psychologists reported reducing their social outings in an effort to avoid further incursions by the client. Almost one in three psychologists stalked by a client (29%; 46) indicated that they considered leaving the profession as a result of this experience. This decision was more likely to be considered by those subjected to vexatious complaints (47%) than psychologists not exposed to this form of harassment (21%; ^{2} =11.4, *df*=1, *p*=.001). The were no differences in the responses to stalking according to psychologist gender.

Virtually all stalked psychologists sought assistance to manage their harassment (95%;153), usually from work colleagues (86%) or family and friends (60%). A quarter reported the harassment to the police and 10% alerted their professional indemnity insurer. Some 19% consulted a lawyer and 18% sought professional assistance from a health professional. The majority of stalked psychologists (75%;119) reported that their training and education did not adequately prepare them for instances of unwanted intrusiveness by a client, with numerous respondents remarking on the absence of critical discussion in post-graduate programs of the potential for adverse events associated with client care.

DISCUSSION AND IMPLICATIONS

Psychologists are consulted by clients for a variety of reasons, although arguably chief among them is the desire to function better in the context of difficult life circumstances. In such instances it is perhaps not unexpected that psychologists may, on occasion, be subject to instances of unwanted

intrusiveness by distressed clients. This project indicates however that it is not uncommon for psychologists to experience persistent campaigns of stalking by clients, with those whose work involves high levels of direct client care, such as clinical and counseling psychologists, particularly susceptible to protracted episodes of pursuit. Forensic psychologists, who are often required to furnish reports that may have adverse consequences for clients (legally and/or personally), are similarly at high risk of stalking intrusions by clients. The prevalence of stalking victimization among psychologists underscores the need for greater awareness of, and attention to, a professional issue that has the potential to compromise the occupational functioning and personal safety of a minority of clinicians.

Stalking in general is motivated by a range of intentions, from reconciling a former relationship, to establishing intimacy with a desired object, through to retribution or revenge (Mullen, Pathé, Purcell & Stuart, 1999). This study indicates that resentment for a perceived slight, grievance or dereliction of duty is likely to be a common motivation for stalking by clients. This is particularly the case for stalked forensic psychologists, all of whom reported victimization in the context of having provided (from the client's point of view) unfavorable court reports, usually pertaining to child custody assessments. Clinical and counseling psychologists also report instances of resentful stalking, often precipitated by mandatory reporting of suspected child abuse, the provision of unwelcome relationship advice, challenging clients' adverse health behaviors (eg. substance abuse) and the termination of the therapeutic relationship. While resentful patterns of stalking are likely to be relatively short-lived and largely confined to harassing phone calls, unwanted approaches and vexatious complaints, this form of stalking is frequently accompanied by explicit threats, a factor previously shown to be associated with increased psychological morbidity among victims of stalking (Pathé & Mullen, 1997).

Furnishing unfavorable opinions or reports is a professional obligation that undoubtedly contributes to the vulnerability of psychologists being stalked by clients. Efforts to establish realistic client

expectations regarding assessment outcomes are advised, though offer no panacea. Psychologists' vulnerability to stalking intrusions is also in part a legacy of a profession that consults regularly with lonely, isolated and often mentally disordered individuals, some of whom may reinterpret professional empathy and concern as romantic interest (see Purcell et al, 2001; Meloy & Boyd, 2003) . Infatuation was acknowledged as a primary motivation for client stalking in a minority of cases in this study, with such clients said to almost universally have 'poor boundaries', as evidenced by inappropriate personal questions about the clinician or outright declarations of romantic or sexual interest. A number of psychologists admitted feeling so ill-prepared to manage unexpected declarations of attraction that they simply ignored the client's advances, only to develop a growing sense of unease in the professional relationship. At the other extreme, several psychologists who reported having explicitly rejected their client's advances were subsequently exposed to angry outbursts including, on occasion, threats and assaults. Meloy's (1999) conceptualization of stalking as a disorder of abnormal attachment, characterised by the stalker's disintegration of the boundaries between themselves and the object of their affection, is especially pertinent in those instances of client stalking motivated by infatuation.

While consideration of transference issues is standard in most postgraduate psychology training programs, the extent to which psychologists are adequately prepared for the emergence of *intimacy seeking* behaviors among clients is questionable. Before infatuation among clients can be effectively managed, there must first be greater awareness of the potential for such sentiments to develop in therapeutic settings. In order to then prevent, or at least minimize, the development of romantic aspirations in clients, clear parameters should be established at the outset of the professional relationship regarding the boundaries of appropriate contact (see Meloy, 1997 and Pathé, 2002, for detailed consideration of clinical risk management approaches for stalking). This ideally should be conveyed both verbally and in writing (eg. in the form of an information sheet) in the initial client

meeting and focus on factors such as the frequency of appointments and managing contact between sessions. Articulating such parameters in writing helps convey that these are standard protocols applied to all clients, rather than targeted at a specific individual. If, having established such parameters, a client expresses or otherwise manifests infatuation, the clinician should re-iterate these boundaries and gently but firmly state that the relationship will only ever be a professional one. This enables the client to maintain his or her dignity in what may be an embarrassing encounter and ensures that the psychologist feels confident that his or her message has been unequivocally conveyed. Should a client continue to make inappropriate advances, consideration of termination or transfer of treatment is warranted.

The experience of being stalked by a client is disruptive both personally and professionally, with psychologists in this sample often bolstering both their home and their workplace security. Notably, a significant proportion of stalked psychologists considered leaving the profession as a direct result of their experience. While the number of psychologists who have ultimately abandoned their career as a result of client stalking cannot be discerned here (as the sample consisted of *current* Board registered practitioners), several respondents indicated having transferred to non-clinical work practices in light of their stalking experiences.

In our clinical experience, accusations of incompetence in managing transference issues are common (though typically unjustified) in cases of stalking by clients, which may contribute to the high rates of career disillusionment among stalked clinicians. In this study, stalked psychologists were relatively experienced clinicians, with an average eight years Board registration and an equivalent period of direct client care at the time the stalking occurred. Rather than inexperience contributing to the likelihood of being stalked, it is probable that clinicians are ill-prepared and ill-equipped to effectively respond to instances of client harassment. Certainly the overwhelming majority of stalked

psychologists in this sample indicated that nothing in their training and education adequately prepared them for client stalking. Incorporating information regarding the risks of stalking into psychology training curricula would assist psychologists to recognize high-risk situations, determine what action to take if stalking by a client occurs and provide specific safety precautions that can be adopted if they, or a colleague, fall victim to such pursuit. Professional associations, such as the APA and other state-based organizations, may also have an influential role in raising awareness among psychologists of the risks of client stalking and providing avenues for continuing education to members about methods to potentially avert such damaging conduct. At the very least, psychologists should enter the workplace aware of the possibilities of adverse client behaviors such a threats or stalking. Greater professional attention to this issue should ultimately have the benefit of empowering psychologists to acknowledge problems when they occur and enable clinicians to feel confident of supportive responses should they require assistance from colleagues or superiors.

Psychologists hold a position of power and trust in therapeutic relationships, which in some instances may be accentuated by the client's vulnerability and distress. Given this imbalance in power, it is the client who is at greater risk of harm and abuse within the therapeutic setting. The purpose of this study is not to divert attention from the vulnerability of clients who seek psychological assistance. Rather it is to highlight risks that are inherent in consulting to distressed clients, especially those who by virtue of impaired mental state or social incompetence embark on intimacy seeking behaviors, or those who perceive professional opinion or advice as victimizing and pursue their own campaign of persecution. It is incumbent on the profession to ensure that psychologists are aware of at least the potential for stalking intrusions by clients, and are adequately equipped to manage such situations should they arise.

REFERENCES

Galeazzi, G.M, Elkins, K. & Curci, P. (2005). The stalking of mental health professionals by patients. *Psychiatric Services,* 56, 137-138

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

Lion JR, Herschler JA (1998). The stalking of clinicians by their patients, in J.R. Meloy (Ed.) *The Psychology of Stalking: Clinical and Forensic Perspectives* (pp 165-173), San Diego, Academic Press

Meloy, J.R. (1997). The clinical risk management of stalking: "Someone is watching over me...". *American Journal of Psychotherapy*, 51, 174-184

Meloy, J.R. (1998). The psychology of stalking. In J. Reid Meloy (Ed.) *The Psychology of Stalking: Clinical and Forensic Perspectives*. (pp. 2-23), San Diego, Academic Press

Meloy, J.R. (1999). Stalking: An old behavior, a new crime. *The Psychiatric Clinics of North America* , 22, 85-99

Meloy, J.R., & Boyd, C. (2003). Female stalkers and their victims. *Journal of the American Academy of Psychiatry and the Law,* 31, 211-219

Mullen, P.E., Pathé, M., Purcell, R., Stuart, G.W. (1999). A study of stalkers. *American Journal of*

Psychiatry, 156, 1244-1249

Mullen, P.E., Pathé, M., Purcell, R. (2000). *Stalkers and their Victims*. Cambridge: Cambridge University Press

Pathé, M., Mullen, P.E. (1997). The impact of stalkers on their victims. *British Journal of Psychiatry,* 170, 12-17

Pathé, M. (2002). *Surviving Stalking*. Cambridge: Cambridge University Press

Purcell, R., Pathé, M., Mullen, P.E. (2001). A study of women who stalk. *American Journal of Psychiatry*, 158, 2056-2060

Purcell, R., Pathé, M., Mullen, P.E. (2002). The prevalence and nature of stalking in the Australian community. *Australian and New Zealand Journal of Psychiatry*, 36, 114-120

Purcell, R., Pathé, M., Mullen, P.E. (2004a). Stalking: defining and prosecuting a new category of offending. *International Journal of Law and Psychiatry*, 27, 157-169

Purcell, R., Pathé, M., Mullen, P.E. (2004b). When do repeated intrusions become stalking? *Journal of Forensic Psychiatry and Psychology,* 15, 571-583

Romans, J.S.C., Hays, J.R., White, T.K (1996). Stalking and related behaviors experienced by counseling center staff members from current or former clients. *Professional Psychology: Research and Practice*, 27, 595-599

Sandberg, D.A., McNiel, D.E., Binder, R.L. (2002). Stalking, threatening, and harassing behavior by psychiatric patients toward clinicians. *Journal of the American Academy of Psychiatry and the Law*; 30, 221-229

Tjaden, P., Thoennes. N. (1998). *Stalking in America: Findings from the National Violence against Women Survey.* Washington, DC, National Institute of Justice and Centers for Disease Control and Prevention

Table 1

Characteristics of Survey Respondents and Stalked Psychologists

	Total Sample (n=830)		*Stalked Psychologists* (n=162)	
Variable	*%*	*n**	*%*	*n**
Gender				
Female	72.5	589	79	128
Male	27.5	228	21	34
Age				
25-35	28	233	28	46

36-45	25	209	31	50
46-55	27	217	30	48
56 +	17	147	11	18
Specialization				
Educational Psychology	15	145	13	21
Clinical Psychology	27	222	33	54
Counseling/Health Psychology	36	298	38	62
Forensic Psychology	4	30	6	10
Neuropsychological Psychology	3	35	2	3
Organizational Psychology	9	82	3	5
Direct Client/Student Care	90	737	95	154
Mean (SD) Years Registration	11.4 (14.9)		11.2 (8.6)	

* Due to missing data, figures may not approach 100%

AUTHORS' NOTES

Dr Rosemary Purcell is a Forensic Psychologist and Research Fellow in the Department of Psychiatry at The University of Melbourne. She earned her PhD in the Department of Psychological Medicine at Monash University (Australia) for research investigating the prevalence, nature and impacts of stalking. Her current research interests include developmental antecedents of stalking, vexatious complaining and psychopathology among incarcerated youth.

Professor Martine B. Powell is Coordinator of the Doctor of Forensic Psychology Program at the School of Psychology, Deakin University, Australia. She attained her PhD in the Department of Psychology at Monash University (Australia) in 1996. Her primary area of interest in research is eyewitness memory and the investigative interviewing of children and other vulnerable groups.

Professor Paul E. Mullen is Professor of Forensic Psychiatry at Monash University (Australia) and Clinical Director of the Victorian Institute of Forensic Mental Health. He earned a D.Sc from the University of Otago (New Zealand) and has been a Fellow of the Royal Australian and New Zealand College of Psychiatrists since 1983. Currently his primary areas of research involve the long term effects of child sexual abuse, the association between mental illness and violence, and stalking, threatening and querulous behaviours.