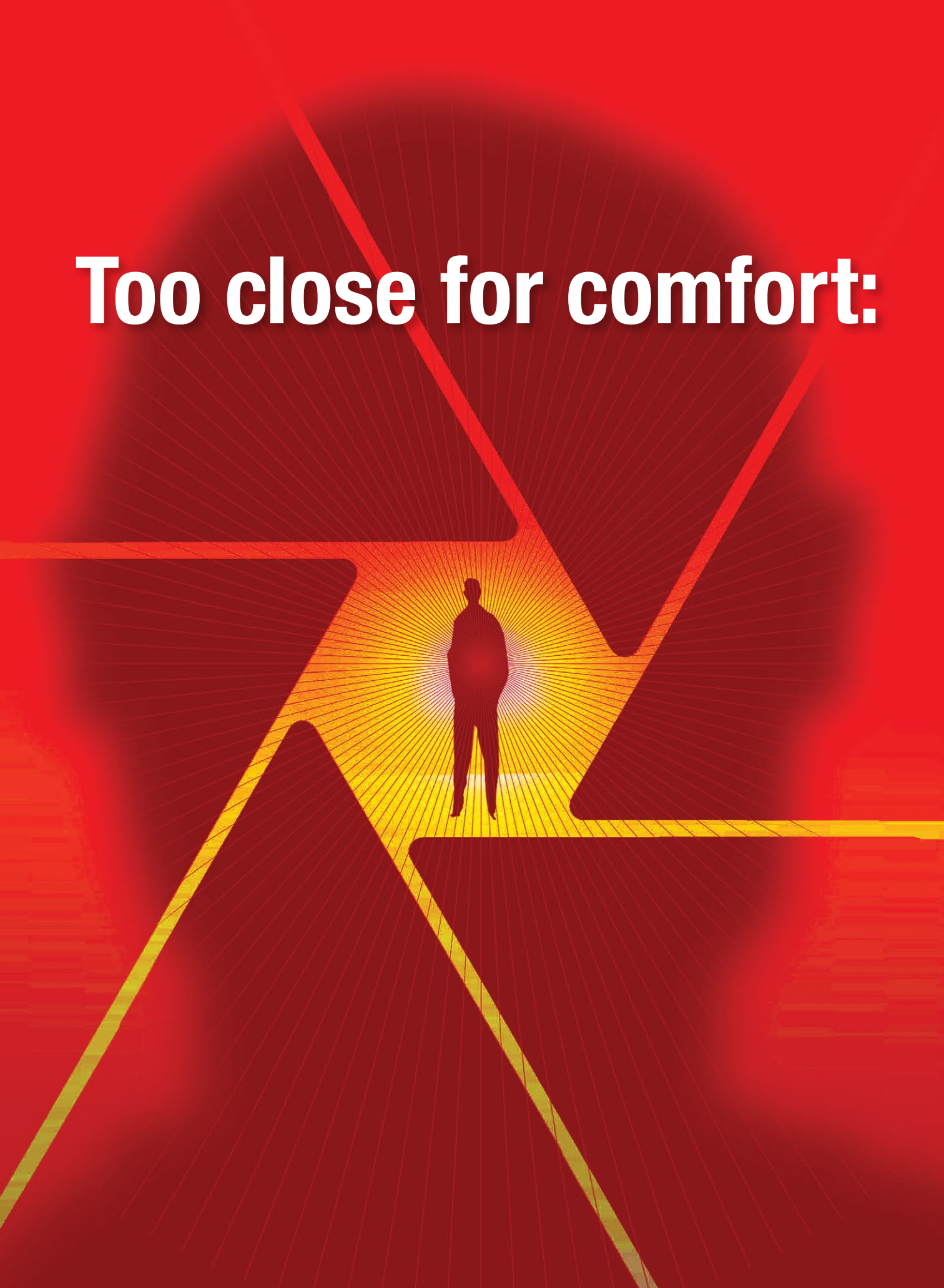
Too close for comfort:



When the psychiatrist is stalked

How to reduce your risk, and what to do if it happens

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Dr. A has been treating Ms. W, a graduate student, for depression. Ms. W made subtle comments expressing her interest in pursuing a romantic relationship with her psychiatrist. Dr. A gently redirected her, and she seemed to respond appropriately. However, over the past 2 weeks, Dr. A has seen Ms. W at a local park and at the grocery store. Today, Dr. A is startled to see Ms. W at her weekly yoga class. Dr. A plans to ask her supervisor for advice.

Dr. M is a child psychiatrist who spoke at his local school board meeting in support of masking requirements for students during COVID-19. During the discussion, Dr. M shared that, as a psychiatrist, he does not believe it is especially distressing for students to wear masks, and that doing so is a necessary public health measure. On leaving, other parents shouted, "We know who you are and where you live!" The next day, his integrated clinic started receiving threatening and harassing messages, including threats to kill him or his staff if they take part in vaccinating children against COVID-19.

Because of their work, mental health professionals—like other health care professionals—face an elevated risk of being harassed or stalked. Stalking often includes online harassment and may escalate to serious physical violence. Stalking is criminal behavior by a patient and should not be constructed as a "failure to manage transference." This article explores basic strategies to reduce the risk of harassment and stalking, describes how to recognize early behaviors, and outlines basic steps health care professionals and their employers can take to respond to stalking and harassing behaviors.

continued

BRIAN STAUFFER

Stalking

Clinical Point

Stalking behaviors should not be treated as a 'failure to manage transference'

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Table 1

Common stalking behaviors

Verbal, written, or electronic communications
Following or watching
False reports of misconduct to employers, licensing authorities, review sites, or family
Property damage
Unwanted or inappropriate gifts
Appearing unexpectedly or inappropriately at a workplace or other places the clinician frequents
Approaching friends/family/coworkers in person or by communication in reference to the target

Although this article is intended for psychiatrists, it is important to note that all health professionals have significant risk for experiencing stalking or harassment. This is due in part, but not exclusively, to our clinical work. Estimates of how many health professionals experience stalking vary substantially depending upon the study, and differences in methodologies limit easy comparison or extrapolation. More thorough reviews have reported ranges from 2% to 70% among physicians; psychiatrists and other mental health professionals appear to be at greater risk than those in other specialties and the general population.[1-3] Physicians who are active on social media may also be at elevated risk.[4] Unexpected communications from patients and their family members—especially those with threatening, harassing, or sexualized tones, or involving contact outside of a work setting—can be distressing. These behaviors represent potential harbingers of more dangerous behavior, including physical assault, sexual assault, or homicide. Despite their elevated risk, many psychiatrists are unaware of how to prevent or respond to stalking or harassment.

Recognizing harassment and stalking

Repeated and unwanted contact or communication, regardless of intent, may constitute stalking. Legal definitions vary by jurisdiction and may not align with subjective experiences or understanding of what constitutes stalking.[5] At its essence, stalking is repeated harassing behaviors likely to provoke fear in the targeted person. FOUR is a helpful mnemonic when conceptualizing the attributes of stalking: Fixated, Obsessive, Unwanted, and Repetitive.[6] ***Table 1*** lists examples of common stalking behaviors. Stalking and harassing behavior may be from a known source (eg, a patient, coworker, or paramour), a masked source (ie, someone known to the target but who conceals or obscures their identity), or from otherwise unknown persons. Behaviors that persist after the person engaging in the behaviors has clearly been informed that they are unwanted or inappropriate are especially concerning. Stalking may escalate to include physical or sexual assault and, in some cases, homicide.

Stalking duration can vary substantially, as can the factors that lead to the cessation of the behavior. Indicators of increased risk for physical violence include unwanted physical presence/following of the target ("approach behaviors"), having a prior violent intimate relationship, property destruction, explicit threats, and having a prior intimate relationship with the target.[7]

Stalking contact or communication may be unwanted because of the content (eg, sexualized or threatening tone), location (eg, at a professional's home), or means (eg, through social media). Stalking behaviors are not appropriate in any relationship, including a clinical relationship. They should not be treated as a "failure to manage transference" or in other victim-blaming ways.

There are multiple typologies for stalking behavior. Common motivations for stalking health professionals include resentment or grievance, misjudgment of social boundaries, and delusional fixation, including erotomania.[8] Associated psychopathologies vary significantly and, while some may be more amenable to psychiatric treatment than others, psychiatrists should not feel compelled to treat patients who repeatedly violate boundaries, regardless of intent or comorbidity.

Patients are not the exclusive perpetrators of stalking; a recent study found that 4% of physicians surveyed reported current or

Table 2

Online visibility self-assessment

Search your name (eg, Margaret Diaz) and variations (eg, Maggie Diaz, Margie Diaz, M Diaz) with and without title/degrees and city of interest in multiple search engines (eg, Google, Bing, Yahoo, DuckDuckGo; psychiatrists outside the United States may find other search engines to be preferred for their region)
Click on search engine tabs beyond the landing page, such as photos, maps, news, and other categories; click through multiple results pages
Search on major social media and professional platforms (eg, Facebook, Twitter, Instagram, YouTube, LinkedIn, Doximity). Even if you do not have an account, you may have been tagged or named in someone else's account, or there may be a fake account impersonating you
In addition to searching name variations, consider searching your home address, phone number, email name (mdiaz) and entire email address (mdiaz@madeupemailsite.com), family members' names, and social media handles/nicknames/usernames
Consider creating automated search engine alerts (available at least for Google and Bing) for your name variations, home address, and phone number(s)

recent stalking by a current or former intimate partner.[9] When a person who is a victim of intimate partner violence is also stalked as part of the abuse, homicide risk increases.[10] Workplace homicides of health care professionals are most likely to be committed by a current or former partner or other personal acquaintance, not by a patient.[11] Workplace harassment and stalking of health care professionals is especially concerning because this behavior can escalate and endanger coworkers or clients.

Risk awareness: Recognize your exposure

Clinicians cannot easily or universally prevent stalking. This is a behavior initiated outside of the clinician's control and often outside of the clinician's awareness. However, to some degree, the risk of being stalked can be mitigated. Some basic measures may help reduce unnecessary exposure. In addition to being in a patient-facing role, psychiatrists with gatekeeper functionality (ie, making admission/discharge decisions), visibility in news or social media, or with family or social relations in news or social media may have an increased risk of being stalked.

About 80% of stalking involves some form of technology—often telephone calls but also online or other "cyber" elements.[12] One recent survey found the rate of online harassment, including threats of physical and sexual violence, was >20% among physicians who were active on social media.[4] Health professionals may be at greater risk of having patients find their personal information simply because patients routinely search online for information about new clinicians. Personal information about a clinician may be readily visible among professional information in search results, or a curious patient may simply scroll further down in the results. For a potential stalker, clicking on a search result linking to a personal social media page may be far easier than finding a home address and going in person—but the action may be just as distressing or risky for the clinician.[13] Additionally, items visible in a clinician's office—or visible in the background of those providing telehealth services from their home—may inadvertently reveal personal information about the clinician, their home, or their family.

Psychiatrists are often in a special position in relation to patients and times of crises. They may be involved in involuntary commitment—or declining an admission when a patient or family wishes it. They may be present at the time of the revelation of a serious diagnosis, abuse, injury, or death. They may be a mandated reporter of child or elder abuse.[2] Additionally, physicians may be engaged in discourse on politically charged public health topics.[14] These factors may increase their risk of being stalked.

Conducting an online visibility self-assessment can be a useful way to learn what information others can find. ***Table 2***

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Conduct an online visibility self-assessment to learn what information others can find

Stalking

Table 3

Basic measures to mitigate risk

Individual	Organizational
• Take all threats seriously • Include explicit guidance on boundaries in patient information materials • Maximize privacy settings on all social media accounts • Avoid using personal phone numbers or addresses for professional work • Avoid posting images online with exchangeable image file (EXIF) data, which includes the time and GPS information • Review the IMPACT for Healthcare Social Media Harassment Toolkit at https://www.impact4hc.com/social-media-harassment-toolkit	• Have a safety policy addressing employee stalking and harassment • Educate patients and others on how to contact members of their care team • Train staff not to give out schedule or non-approved contact information to patients or others • Establish alert words or phrases for staff to signal immediate safety concerns. Routinely educate and periodically test/drill responses • Foster a culture of support for targeted employees

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Consider creating alert words or phrases for staff to use to signal that they are concerned about their immediate safety

outlines the steps for completing this exercise. Searching multiple iterations of your current and former names (with and without degrees, titles, and cities) will yield differing results in various search engines. After establishing a baseline of what information is available online, it can be helpful to periodically repeat this exercise, and to set up automated alerts for your name, number(s), email(s), and address(es).

Basic mitigation strategies

In the modern era, being invisible online is impractical and likely impossible—especially for a health care professional. Instead, it may be prudent to limit your public visibility to professional portals (eg, LinkedIn or Doximity) and maximize privacy settings on other platforms. Another basic strategy is to avoid providing personal contact information (your home address, phone number, or personal email) for professional purposes, such as licensing and credentialing, conference submissions, or journal publications. Be aware that driving a visually distinct vehicle—one with vanity plates or distinct bumper stickers, or an exotic sportscar—can make it easier to be recognized and located. A personally recorded voicemail greeting (vs one recorded by, for example, an office manager) may be inappropriately reinforcing for some stalkers.

Workplaces should have an established safety policy that addresses stalking and harassment of employees. Similarly, patients and others should receive clear education on how to contact different staff, including physicians, with consideration of how and when to use electronic health information portals, office numbers, and emails. Workplaces should not disclose staff schedules. For example, a receptionist should say "I'll have Dr. Diaz return your call when she can" instead of "Dr. Diaz is not in until tomorrow." Avoid unnecessary location/name signals (eg, a parking spot labeled "Dr. Diaz"). Consider creating alert words or phrases for staff to use to signal they are concerned about their immediate safety—and provide education and training, including drills, to test emergency responses when the words/phrases are used. Leaders and managers should nurture a workplace culture where people are comfortable seeking support if they feel they may be the target of harassment or stalking. Many larger health care organizations have threat management programs, which can play a critical role in preventing, investigating, and responding to stalking of employees. Increasingly, threat management teams are being identified as a best practice in health care settings.[15] ***Table 3*** summarizes measures to mitigate risk.

What to do when harassment or stalking occurs

Consulting with subject matter experts is essential. Approach behaviors, stalking patterns, and immediate circumstances vary highly, and so too must responses. A socially inept approach outside of the work setting by a patient may be effectively responded to with a firm explanation of why the behavior was inappropriate and a reiteration of limits. More persistent or serious threats may require taking actions for immediate safety, calling law enforcement or security (who may have the expertise to assist appropriately), or even run/hide/fight measures. Others to notify early on include human resources, supervisors, front desk staff, and coworkers. Although no single measure is always indicated and no single measure will always be effective, consultation with a specialist is always advisable.

Attempting to assess your own risk may be subject to bias and error, even for an experienced forensic psychiatrist. Risk assessment in stalking and harassment cases is complex, nuanced, and beyond the scope of this article; engagement with specialized threat programs or subject matter experts is advisable.[15,16] If your medical center or area has police or security officers, engage them early. Risk management, insurers, and legal can also be helpful to consult. Attorneys specializing in harassment, stalking, and domestic violence may be helpful in extreme situations.[17] ***Table 4***[17,18] highlights steps to take.

While effective interventions to stop or redirect stalking behavior may vary, some initial considerations include changing established routines (eg, your parking location or daily/weekly patterns such as gym, class, etc.) and letting family and others you live with know what is occurring. Consider implementing and bolstering personal, work, and home security; honing situational awareness skills; and learning advanced situational awareness and self-defense techniques.

Table 4

Mitigation strategies when being stalked

Never worry alone: • Prioritize notification of facility or hospital security and local police • Notify human resources, supervisors, coworkers, and front desk staff/reception • Seek specialized help, including legal consultation, risk management, threat management programs, and insurer • Notify people living with you and close family/friends
Vary routines and routes
Audit home security and bolster against vulnerabilities (doors, windows, alarms)
Consult with personal security, work on defensive techniques and situational awareness
Keep messages and a record/log of behaviors
Consider extended efforts to mitigate online exposure of personal information,[18] such as systematic data removal (free guide: https://inteltechniques.com/links.html)
Consider consulting an attorney who specializes in working with victims of harassment, stalking, and domestic violence[17]

Clinical documentation and termination of care

Repeated and unwanted contact behaviors by a patient may be considered grounds for termination of care by the targeted clinician. Termination may occur through a direct conversation, followed by a mailed letter explaining that the patient's inappropriate behaviors are the basis for termination. The letter should outline steps for establishing care with another psychiatrist and signing a release to facilitate transfer of records to the next psychiatrist. Ensure that the patient has access to a reasonable supply of medications or refills according to jurisdictional standards for transfer or termination of care.[19] While these are common legal standards for termination of care in the United States, clinicians would be well served by appropriate consultation to verify the most appropriate standards for their location.

Documentation of a patient's behavior should be factual and clear. Under the 21st Century Cures Act, patients often have access to their own electronic records.[20] Therefore, clinicians should avoid documenting personal security measures or other information that is not clinically relevant. Communications with legal or risk management should not be documented unless otherwise advised, because such communications may be privileged and may not be clinically relevant.

continued

Clinical Point

Although no single measure will always be effective, consultation with a specialist is always advisable

Stalking

Related Resources

- Joshi KG. Workplace violence: Enhance your safety in outpatient settings. Current Psychiatry. 2021;20(8):37-38. doi:10.12788/cp.0163
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Avoid documenting personal security measures in a patient's electronic record

In some circumstances, continuing to treat a patient who has stalked a member of the current treatment team may be appropriate or necessary. For example, a patient may respond appropriately to redirection after an initial approach behavior and continue to make clinical progress, or may be in a forensic specialty setting with appropriate operational support to continue with treatment.

Ethical dilemmas may arise in underserved areas where there are limited options for psychiatric care and in communicating the reasons for termination to a new clinician. Consultation may help to address these issues. However, as noted before, clinicians should be permitted to discontinue and transfer treatment and should not be compelled to continue to treat a patient who has threatened or harassed them.

Organizational and employer considerations

Victims of stalking have reported that they appreciated explicit support from their supervisor, regular meetings, and measures to reduce potential stalking or violence in the workplace; unsurprisingly, victim blaming and leaving the employee to address the situation on their own were labeled experienced as negative.[2] Employers may consider implementing physical security, access controls and panic alarms, and enhancing coworkers' situational awareness.[21] Explicit policies about and attention to reducing workplace violence, including stalking, are always beneficial—and in some settings such policies may be a regulatory requirement.[22] Large health care organizations may benefit from developing specialized threat management programs to assist with the evaluation and mitigation of stalking and other workplace violence risks.[15,23]

Self-care considerations

The impact of stalking can include psychological distress, disruption of work and personal relationships, and false allegations of impropriety. Stalking can make targets feel isolated, violated, and fearful, which makes it challenging to reach out to others for support and safety. It takes time to regain a sense of safety and to find a "new normal," particularly while experiencing and responding to stalking behavior. Notifying close personal contacts such as family and coworkers about what is occurring (without sharing protected health information) can be helpful for recovery and important for the clinician's safety. Reaching out for organizational and legal supports is also prudent. It is also important to allow time for, and patience with, a targeted individual's normal responses, such as decreased work performance, sleep/appetite changes, and hypervigilance, without pathologizing these common stress reactions. Further review of appropriate resources by impacted clinicians is advisable.[24-26]

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Bottom Line

Stalking and harassment of health professionals is neither ubiquitous nor rare. Mental health professionals may be at heightened risk, and some stalking behaviors can foreshadow dangerous violence. Clinicians and their employers should have a low threshold for consultation and engaging professional guidance on managing risk.

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Clinicians should not be compelled to continue to treat a patient who has threatened or harassed them