Hurting the Healers: Stalking in the Mental Health Professions

by

Jennifer E. Storey

M.A. (Psychology), Simon Fraser University, 2009
B.A. (Hons.), Carleton University, 2006

Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy

in the
Department of Psychology
Faculty of Arts and Social Sciences

SIMON FRASER UNIVERSITY

Summer 2012

Approval

Name: **Jennifer E. Storey**

Degree: **Doctor of Philosophy**

Title of Thesis: ***Hurting the Healers: Stalking in the Mental Health Professions***

Examining Committee:

Chair: **Dr. Cathy McFarland**
Professor, Department of Psychology
Simon Fraser University

Dr. Stephen D. Hart
Senior Supervisor
Professor, Department of Psychology
Simon Fraser University

Dr. P. Randall Kropp
Supervisor
Adjunct Professor, Department of Psychology
Simon Fraser University

Dr. Kevin S. Douglas
Supervisor
Associate Professor, Department of Psychology
Simon Fraser University

Dr. Raymond R. Corrado
Internal Examiner
Professor
School of Criminology
Simon Fraser University

Dr. Mario Scalora
External Examiner
Associate Professor, Department of Psychology
University of Nebraska-Lincoln

Date Defended/Approved: July 25, 2012

Partial Copyright Licence

Ethics Statement

The author, whose name appears on the title page of this work, has obtained, for the research described in this work, either:

a. human research ethics approval from the Simon Fraser University Office of Research Ethics,

or

b. advance approval of the animal care protocol from the University Animal Care Committee of Simon Fraser University;

or has conducted the research

c. as a co-investigator, collaborator or research assistant in a research project approved in advance,

or

d. as a member of a course approved in advance for minimal risk human research, by the Office of Research Ethics.

A copy of the approval letter has been filed at the Theses Office of the University Library at the time of submission of this thesis or project.

The original application for approval and letter of approval are filed with the relevant offices. Inquiries may be directed to those authorities.

Simon Fraser University Library
Burnaby, British Columbia, Canada

update Spring 2010

Abstract

A growing body of research suggests that mental health professionals (MHPs) are more likely to be victims of stalking than are members of the general public, yet less likely to report their victimization to police. The present study attempted to increase the evidence base on stalking of MHPs by surveying the experiences of Registered Clinical Counsellors in British Columbia, Canada. All members of the provincial professional association for Registered Clinical Counsellors were contacted, and *N* = 346 completed an on-line survey (response rate = 17%). The survey included questions to determine the prevalence and nature of stalking victimization, focusing on stalking that occurred in the context of the respondents' work as MHPs; the impact of the stalking and the strategies respondents used to cope with it; and respondents' knowledge of and attitudes toward stalking. Results indicated that many respondents had experienced individual stalking-related behaviours. The lifetime prevalence of stalking victimization perpetrated by clients was 7% (*SE* = 1%), a rate consistent with that found in other types of MHPs and in other countries. The characteristics of stalking perpetrators were similar to those reported in previous research. Victims often had problems coping with victimization due to limited knowledge about the phenomenon of stalking, engaging in behaviour that is generally considered ineffective or even counter-productive when responding to stalking, and inadequate access to external resources. Overall, about half of respondents were unaware that MHPs were at increased risk for stalking victimization and many endorsed the view that stalking victimization is caused by poor clinical skills. The implications of these findings for the prevention of and responses to the stalking victimization of MHPs by clients are discussed.

Keywords: Stalking; mental health professional; violence risk assessment and management; violence in the workplace; mental health professional safety training

Dedication

This dissertation and my degree would not have been possible without my family.

First to my parents, you set me on the road and told me that with hard work I could achieve whatever I wanted. Selecting this road was easy after seeing what the two of you have created in your own work. I have been lucky enough to not only receive the support of two wonderful parents but also of two experienced and successful supervisors. Because of your example and help I will be able to spend my life doing what I love. Words cannot express how grateful I am to you both and if I am able to help others and accomplish even a fraction of what you have together I will have succeeded.

To my sister Kate who is following close behind me your support and encouragement have been invaluable. Although we have never been competitive having a brainy little sister nipping at my heels has always pushed me to do my best.

To Sean, the man that I will soon be lucky enough to call my husband. You have done more than I could ever have asked for to help me to achieve my goals. But more than that, everyday you strive to make me happy while doing so. The pride that you had for me when I completed this milestone meant the world to me. In the last eight years we have accomplished so much together, and this like all of those accomplishments is shared not because we cannot each stand alone but because we are better together.

Acknowledgements

I wish to thank my dissertation committee. Foremost, my deepest thanks to my supervisor Stephen Hart who has guided and supported me throughout my graduate career and who has provided me with amazing opportunities for learning and research. To Randy Kropp and Kevin Douglas who have provided me with their expertise, assistance, and support. It has been a privilege to work with three of forensic psychology's top experts.

I am extremely grateful to the British Columbia Association of Clinical Counsellors for allowing me to conduct this research and particularly to Mr. Barry Williscroft for facilitating the process. The counsellors that I met during this process welcomed me with open arms and were eager to share their experiences and learn about my findings. They were an amazing group to work with and I hope that the results of this study will be of benefit to them.

I would also like to thank Mary Nguyen, Allison Harasymchuk, Samantha Herbert, and Stephanie Fowler for their assistance in transferring and cleaning the data.

Funding through the Social Sciences and Humanities Research Council of Canada Doctoral Fellowship made this research possible.

Table of Contents

List of Tables

INTRODUCTION

Stalking may be defined as 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). Recently, stalking has received increased attention in the research literature; however, several aspects of this crime remain understudied. In western populations, lifetime prevalence rates of stalking vary between 2% and 15% (Whyte, Penny, Christopherson, Reiss, & Petch, 2011). In Canada, approximately 4% of women and 2% of men report being stalked during their lifetime (Canadian Centre for Justice Statistics, 2005). However, these rates of victimization are not spread evenly across all individuals. Research has shown that individuals who hold particular jobs are more likely to be victimized than others. One group that is particularly at risk is mental health professionals (MHPs) such as psychiatrists, psychologists, and counsellors (Ashmore, Jones, Jackson, & Smoyak, 2006; Galeazzi & De Fazio, 2006; Galeazzi, Elkins, & Curci, 2005; Gentile, Asamen, Harmell, & Weathers, 2002; Hudson-Allez, 2006; Hughes, Thom, & Dixon, 2007; Jones & Sheridan, 2009; Laskowski, 2003; Lion & Herschler, 1998; McIvor & Petch, 2006; McIvor, Potter, & Davies, 2008; Miller 1985; Mullen, Pathé, & Purcell, 2009; Pathé, Mullen, & Purcell, 2002; Purcell, Pathé, & Mullen, 2001; Purcell, Powell, & Mullen, 2005; Romans, Hays, &White, 1996; Sandberg, McNiel, & Binder, 1998; Smoyak, 2003; Whyte et al., 2011). Some studies have found psychiatrists to be at greater risk (McIvor et al., 2008; Miller, 1985; Lion & Herschler, 1998), whereas others have failed to find differences based on professional type (Jones & Sheridan, 2009).

Overall, depending on the definition of stalking used, between 10% and 20% of MHPs report being the victims of stalking (Galeazzi & De Fazio, 2006). It should be noted that the prevalence rate varies greatly based on the definition of stalking used. For example, Whyte et al. (2011) found prevalence rates among psychiatrists to be 10% when strict research criteria were used (ten or more incidents of stalking behavior over a minimum of two weeks), 21% when psychiatrists self-identified as victims, and 33%

when legal criteria (two or more intrusive incidents) in the United Kingdom were used. Romans et al. (1996) found an even greater difference when comparing stalking (6%) to any harassment (64%). The study conducted by Romans et al. (1996) also highlighted the fact that the families of MHPs as well as their supervisees can be stalked, and in this study these groups were pursued in 8% and 10% of cases, respectively.

Demographics of Stalking of Mental Health Professionals

Nature of Stalking

Studies have shown that, stalking behaviour directed at MHPs typically persists for 5 to 10 months, but may persist as long as 10 years (Galeazzi et al., 2005; Purcell et al., 2005). The most common stalking-related behaviours experienced by victims include unwanted communication, approach behaviours, and direct contact (Galeazzi et al., 2005; Purcell et al., 2005; Whyte et al., 2011). Violent threats are also common, occurring in about 25% of cases, however, physical violence is less common among MHPs who are stalked (about 10%) than it is in the general population (25% to 35%) (Galeazzi et al., 2005; McFarlane et al., 1999; Purcell et al., 2005; Rosenfeld & Harmon, 2002; Whyte et al., 2011). Differences in the nature of stalking including intrusiveness, persistence, threatening, or attacking, have not been found between male and female MHPs (Purcell et al., 2001).

Perpetrator Characteristics

No single profile exists for stalkers; in fact, stalkers are a very heterogeneous group (Dinkelmeyer & Johnson, 2002). A review by Galeazzi and De Fazio (2006) of studies on the stalking of MHPs found that perpetrators were often single and unemployed, qualities that are also common among perpetrators who target non-MHPs (Meloy et al., 2000; Mullen, Pathé, & Purcell, 1999). The ratio of male to female perpetrators was similar for stalkers who targeted MHPs (Galeazzi et al., 2005; Gentile et al., 2002; Purcell et al., 2005), with some studies finding that females are more likely to pursue professional contacts (Purcell et al., 2001). In contrast, male perpetrators are more common in the general population. For instance, the Canadian Centre for Justice Statistics (2005) found that 80% of stalking perpetrators were male.

The most common diagnoses among stalkers who target MHPs are Cluster B personality disorders, psychotic disorders and mood disorders (Galeazzi et al., 2005; Gentile et al., 2002; Purcell et al., 2005; Romans et al., 1996; Sandberg et al., 1998). Elevated rates of child abuse and recent losses or stressors are also common (Gentile et al., 2002; Romans et al., 1996). The presence of these diagnoses and other issues may serve to increase contact between potential stalkers and MHPs as these individuals seek out assistance for their problems. Purcell et al. (2005) surveyed a group of psychologists regarding their experiences with stalking and found that the majority of the perpetrators were outpatients (62%); however, stalking was perpetrated by inpatients (5%), individuals seen for assessments (8%), and the relatives of clients (12%).

Although no empirical data exist to explain the increased risk for stalking victimization among MHPs, there are several possible reasons why it occurs. First, the increased rates of victimization may be due to the increased contact that MHPs have with mentally ill and offender populations. Second, some individuals enter therapy because they lack social skills or have problems within their relationships that have adversely affected their lives (Galeazzi & De Fazio, 2006; Meloy & Boyd, 2003; Purcell et al., 2001). Such deficits are common among stalkers as they can result in feelings of loneliness that can lead to stalking behaviours (Kropp et al., 2008). The lack of a social network can also mean that a perpetrator's behaviour is not challenged by others, thereby allowing it to continue unchecked for a greater length of time (Kropp, Hart, Lyon, & Lepard, 2002). Related to this is the third reason, that as part of their jobs therapists are empathetic, understanding and helpful. These characteristics could be misinterpreted by clients as being more than just professional attributes, especially by those who lack social skills (Galeazzi & De Fazio, 2006, Meloy & Boyd, 2003; Purcell et al., 2001). As a result clients may desire, expect or perceive their relationship with their therapist to be more than a professional one. A fourth possible reason that MHPs are at greater risk of being targeted is that, in addition to providing therapy, MHPs also consult and provide opinions in adversarial legal cases. Such opinions can cause individuals to perceive that they have been wronged and lead to retaliation in the form of stalking behaviours (Purcell et al., 2005). Examples of this are often seen in child custody cases wherein the consulting MHP can at best appease only one party with their recommendation and sometimes pleases neither party. Child custody cases account for

more board and ethics complaints than do any other subspecialty of clinical or forensic practice (Pickar, 2007). Thus, it is not unreasonable to posit that in some cases they may also lead to acts of stalking against the MHPs who provide the evaluations.

General support for these hypotheses has been found when MHPs were asked to indicate what they perceive to be their stalker's motivation. MHPs most often perceive stalking behaviours to be motivated by resentment and infatuation or intimacy seeking (Purcell et al., 2005; Whyte et al., 2011). Other motives described by 17% of the MHPs surveyed by Purcell and colleagues (2005) included boredom, loneliness, boundary testing, and the intrusion of the client's relatives who were seeking to influence therapy. A substantial proportion of MHPs (22%) indicated that they could not determine the reason for the stalking behaviour.

Victim Characteristics

Limited information exists regarding the characteristics of MHPs who are targeted by stalkers. It has been found that victimization of MHPs is more evenly distributed between genders than it is in the general population, where some studies have found that up to 76% of victims are female (Milligan, 2011). This finding within MHP populations is in tandem with the gender distribution among perpetrators (Galeazzi et al., 2005; Gentile et al., 2002). Same-gender stalking (i.e., females pursuing female MHPs and males pursuing male MHPs) is also more common (Pathé, Mullen, & Purcell, 2000; Purcell et al., 2005).

As noted above, professionals who specialize in certain areas, such as the forensic area, have been found to be at higher risk for stalking victimization (Pathé et al., 2002; Purcell et al., 2005). In contrast, one study by Leavitt et al. (2006) did not find differences in the number of threats or harassing and intimidating behaviour between settings, for MHPs who worked in both forensic and non-forensic settings. A suggested characteristic of victimized MHPs is that they tend to engage in minimization and denial in order to allow them to feel secure while continuing to treat clients (Pathé et al., 2002; Sandberg, McNeil, & Binder, 2002).

When questioned about the effects of stalking, MHPs have reported being forced to make significant life changes and endure substantial psychological consequences

(Galeazzi et al., 2005; Gentile et al., 2002; Purcell et al., 2005). Most also reported making at least one alteration to their therapeutic practice and just under a third had contemplated leaving the profession (Brown, Dubin, Lion, & Garry, 1996; Leavitt et al., 2006; Purcell et al., 2005).

Management

Despite these consequences, MHPs are less likely to report their victimization to police. In fact, Lion and Herschler (1998) found that many clinicians do not report stalking to individuals in positions of authority until the situation is so severe that the clinicians fear for their safety. Romans et al. (1996) found that only 9% of counsellors who were stalked called police. Purcell et al. (2005) found that virtually all of the psychologists who had been stalked in their sample sought assistance. However, most often assistance was sought from co-workers (86%) or family and friends (60%); only 25% of psychologists notified police. By comparison, the Canadian Centre for Justice Statistics (2005) reported that 45% of individuals being stalked by an ex-intimate partner notified police, as did 35% of individuals who were stalked by a stranger and 36% of those stalked by an acquaintance. Furthermore, Tjaden and Thoennes (1998) conducted a national survey of 16,000 Americans and found that 50% of stalking cases are reported to police, and Brewster (1998) found that 72% of ex-intimate partners being stalked contacted police.

The reasons for reduced rates of reporting among MHPs are unknown. It is possible that MHPs feel that with their training they should be able to manage the situation on their own. MHPs may also be reluctant to cause harm to a client, whom they were once responsible for helping. Other findings suggest that failing to report victimization may be due to a lack of understanding regarding confidentiality (Morgan & Porter, 1999). Another possible barrier to reporting is fear regarding what co-workers will say or do (McIvor & Petch, 2006) as well as a fear of being perceived as inept (Morgan & Porter, 1999; Romans et al., 1996). Mullen, Pathé, and Purcell (2000) found that MHPs who report being stalked are not supported by their co-workers and are treated with suspicion. In fact, there is a perception among MHPs that only poorly skilled MHPs are victimized (Mullen et al., 2000). This finding seems to conflict with what Purcell et al. (2005) found (i.e., that 86% of MHPs seek assistance from co-workers) but could

account for why some professionals fail to report stalking victimization. Other authors attribute the lack of reporting to minimization and denial on the part of the therapist (Dinkelmeyer & Johnson, 2002). For example, a therapist may think that because the patient is ill the behaviour is to be expected and will end on its own once the existing mental health issues are resolved (Dinkelmeyer & Johnson, 2002; McIvor & Petch, 2006). In support of this hypothesis McIvor and Petch (2006) found that MHPs reported that they originally failed to recognize the extent of the problem or potential for adverse outcomes until later in the stalking episode. In addition, Morgan and Porter (1999) found that trainees tended to misinterpret a client's sexually harassing behaviour, falsely attributing it to their diagnosis. Drawing such a conclusion may cause the MHP to increase contact between themselves and the perpetrator in order to help them, an action that has been shown to cause stalking behaviour to persist or escalate (Storey, 2009).

Underreporting is problematic for several reasons. First, it has been shown to predict an approach by a stalker (Meloy, Mohandie, & McGowan, 2008). Second, it can lead to a lack of support for victims in the form of policies and safeguards at their place of employment because employers are unaware of the problem. For example, Mullen et al. (2000) found that 60% of professionals reported that they lack the training to deal with these situations. Third, when a report is not made management strategies cannot be recorded which means that each future victim or organization must "reinvent the wheel" instead of benefiting from the experiences of others.

In fact, there is a paucity of research on the management of stalking. A handful of studies exist regarding the frequency with which management strategies are employed and only a few of those studies have surveyed MHPs. For example, Romans et al. (1996) reported the frequency with which counsellors made particular life changes as a result of being stalked. The changes that the counsellors made included; obtaining an unlisted phone number (25%), calling police (9%), using a home security device (7%), carrying a personal safety device (4%), learning self-defense techniques (3%), moving (2%), using their maiden name at work (2%), and moving to a new community (0.5%). Even fewer studies have examined the effectiveness of management strategies at ending stalking behaviour (see Storey, 2009, for a review) and no studies have investigated the effectiveness of strategies used by MHPs.

Training

One way to manage or possibly prevent stalking is through training on the topic of stalking including how it manifests, risk factors for violence, and management strategies to prevent future violence. Such training has been recommended by several authors (Galeazzi & De Fazio, 2006; Laskowski, 2003; Romans et al., 1996) and could be beneficial in several ways. First, managing stalking is not intuitive; victims often inadvertently act in ways that encourage or aggravate the stalking behaviour (Storey, 2009). Training can educate MHPs on what actions to take, as well as which actions to avoid. Second, with an increased understanding of stalking and its prevalence, MHPs may be better able to identify stalking behaviour, know the benefits of reporting such behaviour, and feel less embarrassed or responsible for being targeted. Third, training can help organizations to create and implement policies that can help to end or reduce the impact of stalking behaviour (Galeazzi & De Fazio, 2006). Finally, with an awareness of and education about stalking, MHPs can assist clients who are being victimized (Laskowski, 2003).

Despite their increased risk, MHPs receive little or no training on the topic of stalking or, other forms of client perpetrated violence and their management, leaving them unprepared to deal with victimization (Dinkelmeyer & Johnson, 2002; McIvor & Petch, 2006). Romans and colleagues (1996) found that 60% of counsellors had not received any formal training in coping with dangerous clients, yet 63% of the sample had been victimized. Furthermore, even when training is available, many professionals find it to be insufficient. For instance, 75% of psychologists who have been stalked reported that the training and education they received did not prepare them for the experiences they had (Purcell et al., 2005). Many of the respondents also noted that their postgraduate training involved no discussion of the possibility that they might encounter adverse events associated with their clients (Purcell et al., 2005). Tyron (1986) notes that graduate training tends to focus on the positive aspects of client care while ignoring the negative ones. This lack of training also decreases the utility of consulting with co-workers, that as noted above, Purcell et al. (2005) reported occurs frequently.

Current Study

To date, no research has been conducted in Canada on the topic of stalking of MHPs. The present study investigates this issue by surveying Registered Clinical Counsellors in British Columbia. Being the first study of this kind in Canada a broad approach was taken, investigating several aspects of stalking as it relates to the pursuit of MHPs, specifically counsellors, in the workplace, by examining specific research questions.

These research questions are:

(a) What is the prevalence of stalking victimization among counsellors?

(b) What is the nature, extent, and severity of the stalking that counsellors experience?

(c) What are the characteristics of perpetrators who stalk counsellors?

(d) What motivates the stalking of counsellors?

(e) What is the impact of stalking on counsellors?

(f) How do counsellors respond to or cope with being stalked and which management strategies do they perceive as most effective?

(g) What are the attitudes toward and perceptions of stalking among counsellors?

(h) What assistance or training do counsellors receive with respect to stalking victimization and what would they like to receive?

METHOD

Survey Design

Participants were recruited from the 2,033 Registered Clinical Counsellors who were registered members of the British Columbia Association of Clinical Counsellors (BCACC) in November of 2009. Registered Clinical Counsellors and the BCACC in particular were selected as the population of interest for this study for several reasons. First, Registered Clinical Counsellors constitute a large group of MHPs who are, diverse with respect to the education and training of members, the services provided by members, and the clientele serviced by members. Second, counsellors have not been studied extensively in past research on stalking victimization of MHPs. 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 Board.

Membership in the BCACC was the only selection criterion for this study. Participation was voluntary and anonymous; the BCACC had no knowledge of which members participated.

Counsellors were made aware of the survey via an email message in November of 2009 that was sent out to all registered members of the BCACC. The email described the subject of the survey as workplace conflict and safety and provided a link to the informed consent document for the survey that had to be accepted before proceeding. The email was repeated three times between November 2009 and July 2010 when the survey was closed. A total of 346 counsellors participated in the study, a response rate of 17%, assuming all members were aware of the study. Ethical approval for this study and the methods described herein was granted by the Office of Research Ethics at Simon Fraser University and the Board of Directors of the BCACC.

The survey (see Appendix A) was completed entirely online, using Remark Web Survey 3, taking approximately an hour to complete for respondents who had been the victim of stalking by a client and 20 minutes for those who had not. Respondents who had been stalked by more than one perpetrator were asked to respond to the survey questions based on the most serious episode of stalking they experienced.

Upon completion of the survey respondents were asked if they would like to participate in a telephone interview. Those who responded affirmatively (24%) were asked to provide their email address so that an interview could be scheduled. The results of the interview will be used for another purpose and are not described herein[1]. Following this, respondents were debriefed, given references to reading material on the stalking victimization of MHPs (Guy, Brown, & Poelstra, 1992; Romans et al., 1996), and thanked for their participation.

Those respondents who were distressed after completing the survey or interview, or who needed assistance with a stalking situation were referred to Mr. Barry Williscroft, who was a Registered Clinical Counsellor and Board Member of the BCACC. His support was offered confidentially and free of charge.

Survey responses were monitored continuously during the course of the study to detect and fix problems, where possible and appropriate. For example, one of the first respondents complained that the survey required the respondent 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, co-worker, and non-work related) could be selected.

[1] Although not discussed or analysed herein, the interviews allowed me to evaluate respondents' understanding of the survey questions. Prior to their interviews and with their consent, I examined the respondents' survey responses and sought to confirm their understanding of the survey questions asked during the interview. For example, I was able to confirm the presence of stalking as per the definition used herein, with no false positives identified.

Participants

Respondents ranged in age from 28 to 78 years of age, with a mean age of 51 (*SD* = 10.91) years; information was missing in 2% of cases. The majority (76%) of respondents were female; information was missing in 1% of cases.

The majority of respondents were Canadian citizens (96%) and spoke English as their first language (92%; information was missing in 1% of cases). Most respondents were not members of a visible minority (87%; information was missing in 4% of cases). Most of the respondents lived in small cities of up to 100,000 residents (42%) or large cities of more than 100,000 residents (56%); information was missing in 1% cases.

With respect to the highest educational degree completed, the vast majority of respondents (90%) had completed a Masters-level degree program. A small minority had completed a doctoral-level degree program (8%) or an undergraduate-level degree program (1%). Information regarding the highest degree completed was missing in 1% of cases.

The majority of respondents (60%) were working full-time as counsellors at the time that they responded to the survey, with the rest working part-time (34%), or not working due to a leave of absence, unemployment, or other reason (5%); information was missing in 1% of cases. The respondents had been providing therapy for an average of 13.98 (*SD* = 9.55) years, although experience varied widely ranging from less than 1 to 40 years.

The BCACC recognizes fourteen specific areas in which members provide services. The proportion of respondents who provided services in each of the 14 areas is presented in Table 1. The vast majority of respondents (97%) reported that they provided services in multiple areas. A minority of respondents (21%) reported that they provided services through offices located in their private residences (i.e., home offices), whereas most (78%) provided services at worksites somewhere other than their private residences; information was missing in 1% of cases.

Table 1 ***Percentage of Time Spent Treating Therapeutic Issues***

Therapeutic Issue	***M*** **(*SD*)**	**Range (Min, Max)**
Relationship counselling	22% (24%)	0%, 100%
Substance abuse counselling	10% (21%)	0%, 100%
Stress management	15% (24%)	0%, 100%
Life transitions	8% (16%)	0%, 100%
Forensic related counselling	1% (6%)	0%, 90%
Grief and bereavement	8% (14%)	0%, 90%
Depression, panic/anxiety, anger	25% (25%)	0%, 100%
Childhood and adolescent issues	16% (27%)	0%, 100%
Sexual abuse/trauma	17% (25%)	0%, 100%
Personal growth and self development	13% (24%)	0%, 100%
Cross-cultural	4% (10%)	0%, 100%
Sexuality (Sex Therapy)	3% (10%)	0%, 96%
Communication skills, assertiveness, conflict resolution	15% (23%)	0%, 100%
Obsessive/compulsive behavior	4% (10%)	0%, 100%

Note. *N* = 346.

Materials

Using the Remark Web Survey 3 software respondents were navigated through the survey based on their answers to two key questions, (a) whether they had ever been stalked, and (b) whether the perpetrator was a client. The survey was comprised of 12 sections that queried: (a) demographic information, (b) previous training or violence risk assessment experience, (c) stalking-related behaviours experienced, (d) previous stalking victimization, (e) the nature of the stalking experienced, (f) cyber stalking, (g) perpetrator characteristics, (h) counsellor response to the stalking, (i) warning signs or precipitating events to the stalking, (j) management strategies implemented, (k) stalking knowledge, and (l) counsellor needs and suggestions regarding violence risk assessment training. All respondents completed sections (a), (b), (c), (k), and (l), respondents who had been stalked also completed section (d), and respondents who had been stalked by a client completed all 12 sections.

Sections (e), (g), and (h) were developed using the *Guidelines for Stalking Assessment and Management* (SAM; Kropp et al., 2008). The SAM is a structured professional judgment, violence risk assessment instrument designed to guide the user in assessing the violence risk present in a stalking case and in determining the appropriate management strategies to implement in order to prevent continued stalking. The SAM is comprised of three domains, Nature of Stalking, Perpetrator Risk Factors, and Victim Vulnerability Factors, that each contain 10 risk factors for stalking (see Table 2). Each SAM domain informed one of the three questionnaire sections, respectively, although respondents were not made aware that they were completing a violence risk assessment instrument.

Respondents were guided in rating each risk factor via instructions and a short scoring example (see Appendix A). The three possible responses were, evidence present, some evidence present, or no evidence present that translate to the commonly used structured professional judgment ratings of *Present, Possibly or partially present, or Absent*. The only exception was the Victim Vulnerability domain where variations were made to the items. In five cases items were removed entirely. For instance, the Victim Vulnerability Factor V9 (S*ubstance use problems*) was removed. The reason for removing certain items was that the intrusive nature of the questions might

unnecessarily upset respondents and it is unlikely that such questions would be answered truthfully, if at all. The remaining five Victim Vulnerability items were queried using two questions for each in order to fully capture the items (see Appendix B).

Table 2 SAM Domains and Factors

Nature of Stalking Factors	Perpetrator Risk Factors	Victim Vulnerability Factors
N1. Communicates about victim	P1. Angry	V1. Inconsistent behavior toward perpetrator
N2. Communicates with victim	P2. Obsessed	V2. Inconsistent attitude toward perpetrator
N3. Approaches victim	P3. Irrational	V3. Inadequate access to resources
N4. Direct contact with victim	P4. Unrepentant	V4. Unsafe living situation
N5. Intimidates victim	P5. Antisocial lifestyle	V5. Problems caring for dependents
N6. Threatens victim	P6. Intimate relationship problems	V6. Intimate relationship problems
N7. Violent toward victim	P7. Non-intimate relationship problems	V7. Non-intimate relationship problems
N8. Stalking is persistent	P8.Distressed	V8. Distressed
N9. Stalking is escalating	P9. Substance use problems	V9. Substance use problems
N10. Stalking involves supervision violations	P10. Employment and financial problems	V10. Employment and financial problems

Note. SAM = *Guidelines for Stalking Assessment and Management* (Kropp et al., 2008).

Definitions and Data Analysis

Two general types of behaviours are discussed herein, stalking-related behaviours and stalking. Stalking-related behaviours are behaviours that can be included in stalking but do not necessarily meet the standards of being repeated or causing fear in the victim. The stalking-related behaviours queried are those included in the Nature of Stalking domain of the SAM (see Appendix A for the full behaviour description used in the survey). Some of the SAM items were broken up to increase the specificity of the behaviours being queried. For example, N3 (*Approaches victim*) was separated into following and watching. Furthermore, being the subject of an unfounded complaint was separated from N1 (*Communicates about victim*) to ascertain the number of false complaints made to the BCACC.

Stalking was defined herein, as it is in the SAM, as “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 those known to them” (Kropp et al., 2008, p. 1). Separate incidents of stalking were defined as either separate stalking campaigns by different perpetrators or a single perpetrator whose stalking behaviour ended for a long period of time (also described as a “cooling off” off period in the SAM; Kropp et al., 2008, p. 12) and then resumed. Herein, survey respondents who were stalked or the target of stalking-related behaviour will be referred to as *victims* and those individuals who engaged in stalking or stalking-related behaviours will be referred to as *perpetrators*.

Quantitative analyses were completed using software known as the Statistical Package for the Social Sciences (SPSS, Version 18) and Stata (Version 11.2). As the number of respondents who had been stalked was limited, analyses were primarily descriptive in nature. Some comparisons were made, however, to determine whether differences existed between those who had experienced work-related stalking-related behaviours and stalking and those who had not. Respondents’ ratings of their own clinical skill and that of a co-worker who had been stalked were also compared.

It should be noted that originally proportions were calculated along with tests of proportions. However, for ease of interpretation all proportions and standard errors are reported as percentages (i.e., proportions x 100%).

Qualitative analyses were completed using grounded theory as discussed by several authors including Charmaz (2008), Steven and Bogdan (1998), and Taylor and Bogdan (1998). Grounded theory was used to uncover and group themes in the respondents’ narrative answers to open-ended questions. These analyses were completed using tables and flow charts to allow: (a) systematic and active scrutiny of data, and (b) successive development and checking of categories (Charmaz, 2008). Interpretation was minimal as in most cases key words used by the respondents allowed responses to be easily grouped.

Many questions in the survey were asked twice, once as a closed-ended question with set response options and once as an open-ended question where

respondents could provide narrative responses. In some cases the narrative response indicated that one or more of the close-ended options were present. In those cases the closed-ended responses were changed to reflect this. This survey editing occurred in 16 instances and was done consistently across cases (see Appendix C for a list of the changes made). Another form of survey editing that occurred was response averaging when respondents gave a range of responses to a question where a single response was required. For example, respondents were asked “What percent of counsellors do you think are stalked over the course of their career?” One respondent replied, “75-90%.” Thus the average of this range was used (i.e., 82.5%, and rounded up to 83%).

Results

The prevalence of stalking-related behaviours and stalking in relation to the type of victim-perpetrator relationship is presented in Table 3. Since the present study selected respondents based on their profession, I chose to further examine stalking-related behaviours and stalking when the perpetrator was known to the victim through a work relationship generally (this included perpetration by a client, a co-worker, or the acquaintance of a client); when the perpetrator was a client; and when the perpetrator was the acquaintance of a client. This decision was made so as to include any work situations and then to specifically examine those work situations unique to MHPs. As such, co-workers were not examined alone since co-workers and co-worker pursuit are not unique to MHPs. Thus, based on the information available, stalking-related behaviours were examined in any work-related relationships, when they were perpetrated by a client, and when they were perpetrated by the acquaintance of a client. Stalking was examined in any work-related relationships and when it was perpetrated by clients, as the proportion of victims stalked by a co-worker or the acquaintance of a client could not be analyzed separately.

Table 3 ***Percentage [SE] of Respondents Who Experienced Stalking-Related Behaviour or Stalking***

	Any	**Any at Work**	**By Client**	**By Co-worker**	**By Client's Acquaintance**
Stalking-related behaviors	84% [17%]	70% [15%]	55% [11%]	27% [7%]	15% [5%]
Stalking	23% [2%]	12% [2%]	7% [1%]	-	-

Note. N = 346. - = data not available.

Stalking-Related Behaviours and Victimization Experienced

The majority of respondents had experienced at a least one stalking-related behaviour in a work-related relationship (84%) with the counsellor-client relationship accounting for the most behaviours experienced (55%; see Table 3). The percentage of victims who experienced stalking-related behaviours in different work-related relationships is displayed in Table 4. The mean number of work-related stalking-related behaviours experienced per victim was 2.24 (*SD* = 2.75, range 0 to 16), the mean for stalking-related behaviours perpetrated by clients was 1.37 (*SD* = 1.98, range 0 to 11), and the mean for an acquaintance of a client was 0.30 (*SD* = .93, range 0 to 7).

Eighteen respondents also indicated additional work-related victimization behaviours not queried in the survey. Five respondents indicated experiencing sexual harassment by clients and co-workers, some on multiple occasions and once coupled with blackmail. Two respondents noted harassment by co-workers and one stated that they were harassed by the acquaintance of a client, specifically a child's parent. Two respondents described having to deal with major conflict between clients, including threats and assaults; one also noted having to break up a physical fight between clients. Two respondents described feeling that they were in danger or very uncomfortable around clients and subsequently trying to get the clients out of their offices without negative repercussions. Other behaviours reported by respondents included, a client threatening suicide and blaming the respondent, a respondent receiving a gift that made them feel uncomfortable, a client surreptitiously exposing himself to the respondent during a treatment session, unfair dismissal, a respondent having his or her home robbed by a client and then by the client's associates, verbal volatility by clients with personality disorders, the stalking and harassment of a respondent's family and acquaintances by a former client, abuse by clients who are children, negative reactions to a respondent's sexual orientation, and a client calling the respondent's unlisted home phone number and pretending to be someone else. Finally, one respondent noted that as a supervisor he or she had dealt with several situations where intimate partners or ex-intimate partners of clients had threatened, intimidated, and posted pictures and defamatory information about a counsellor in public, on the internet, or in the media.

Table 4 Percentage [SE] of Work-Related Stalking-Related Behaviours Experienced

Stalking-Related Behaviours	Any at Work	By Client	By Client's Acquaintance
Communication with	31%	25%	5%
	[2%]	[2%]	[1%]
Communication about	22%	9%	3%
	[2%]	[2%]	[1%]
Following	9%	7%	1%
	[2%]	[1%]	[1%]
Watching	11%	6%	1%
	[2%]	[1%]	[1%]
Unfounded complaints	28%	13%	4%
	[2%]	[2%]	[1%]
Intimidation	16%	10%	3%
	[2%]	[2%]	[1%]
Deliberate property destruction	6%	5%	1%
	[1%]	[1%]	[0]
Verbal abuse	41%	32%	5%
	[3%]	[3%]	[1%]
Harassment of someone close to them	4%	1%	0
	[1%]	[1%]	[0]
Threats of physical harm	11%	10%	1%
	[2%]	[2%]	[1%]
Threats of other harm	17%	11%	3%
	[2%]	[2%]	[1%]
Threats to someone close to them	5%	2%	1%
	[1%]	[1%]	[1%]
Assault	8%	6%	0
	[1%]	[1%]	
Assault to someone close to them	2%	1%	1%
	[1%]	[1%]	[1%]

Note. N = 346.

Prevalence of Stalking

A total of 79 respondents reported being stalked at some time during their life, corresponding to a lifetime stalking victimization rate of 23% (*SE* = 2%).

Of the 79 stalking victims, 74 (94%) had been stalked in the past, two (3%) were currently being stalked, and three (3%) were currently being stalked and had also been stalked in the past. The 3 victims who indicated being stalked in the past as well as currently were asked to respond to questions based on the most serious incident of stalking experienced. The majority of victims (86%) reported that the episode of stalking that they experienced had not occurred in the previous 12 months, although for seven (9%) it had; information was missing in 1% of cases. The average length of the longest stalking episode was 23 weeks (*SD* = 34.29), with a median of nine weeks and a range of one day to 156 weeks. Information was missing in 9% of cases, although in one case the victim stated that the stalking episode lasted for “years”.

Of the 79 victims, 56 (71%) indicated that this had happened once, 19 (24%) had experienced two separate incidents of stalking, three (4%) had experienced three incidents, and one (1%) had experienced four. Thus, victims reported a total of 107 stalking incidents. The majority of the victims had been pursued by one perpetrator (52%), 22 (28%) had been pursued by two, three (4%) by three, and two (3%) by four perpetrators; information was missing in 14% of cases.

The majority of the victims (57, or 73%) became aware of the perpetrator’s behaviour when they noticed it themselves, 12 (15%) were made aware of it by others, and 9 (11%) were told by the perpetrator; information was missing in 3% of cases. Five victims further elaborated on how they became aware of the stalking behaviour. Two stated that they only became aware of the behaviour once they recognized their own feelings of fear and frustration in relation to the perpetrator’s behaviour. Two victims stated that they did not become aware that the behaviour they were experiencing was stalking until they were convinced by another individual or by watching a movie in which stalking occurred. Finally, one victim stated that although others eventually notified her about the stalking behaviour they waited weeks to do so.

Victims were asked to identify the relationship that they held with the perpetrator of the stalking. Victims were able to identify more than one relationship in the survey, as some victims had experienced multiple episodes of stalking, and some episodes included multiple perpetrators. Allowing such responses eliminated the ability to identify missing responses, thus, a total possible value could not be calculated. The most common relationship identified was professional (client, co-worker, or acquaintance of a client) (*n* = 35), followed by current or former intimate partner (*n* = 18), stranger (*n* = 15), friend or acquaintance (*n* = 13), and other (*n* = 13). Other relationships identified included, a client's current or former intimate partner (*n* = 6), a client's relatives (*n* = 5), or associates or members of a group that the client belonged to (*n* = 2). Thus, a total of 48 victims shared work-related relationships with their stalkers.

The 79 victims were then asked to identify whether their stalker was a client. Those who responded affirmatively (*n* = 23, representing 29% of victims and 7% of the total sample, see Table 3) were then asked to provide additional information[2]. Some of the information requested included the presence of the risk factors in the three domains of the SAM: Nature of Stalking factors, Perpetrator Risk factors, and Victim Vulnerability factors.

Nature of Stalking

Presence ratings for the 10 SAM Nature of Stalking factors among the victims stalked by clients are presented in Table 5. Victims applied the SAM scoring and indicated whether each Nature of Stalking factor was *Present*, *Possibly or partially present,* or *Absent* in their case. In addition, victims were asked to indicate whether Nature of Stalking factors rated as *Present* or *Possible or partially present* caused them to fear for their safety or the safety of someone known to them (see Table 5). Victims

[2] It should be noted that two respondents described being stalked by clients elsewhere in the survey but did not endorse this option and thus did not answer the more in-depth questions related to a client perpetrated stalking episode.

also made ratings of overall fear for their own safety or the safety of others known to them based on the totality of the stalking they experienced. Fear was queried in order to determine if the stalking episodes were likely to have criteria for the offence of criminal harassment per s. 264(1) of the *Criminal Code* (1985), which requires repeated stalking-related behaviour targeted at another person "that causes that other person reasonably, in all the circumstances, to fear for their safety or the safety of anyone known to them". The majority of the victims stalked by clients (87%) indicated feeling fearful for their own safety or for that of another person at some point, two (9%) victims were not fearful, and one (4%) was unsure. The victims who did not express fear or who were unsure were retained in the sample for two reasons. First, all three self-identified as victims of stalking and thus had the necessary information to continue responding to the survey. Second, all three were men and recent research indicates that gender is associated with the fear experienced and reported by victims of stalking. Specifically, men can experience gender prohibitions to reporting fear even when in similarly dangerous situations to women. As a result some argue that stalking laws which require victim expressions of fear may penalize men who have been socialized not to express fear (for a discussion see Langhinrichsen-Rohling, 2012).

Victims had been seeing the clients who stalked them for a median of four weeks, with a range of one to 52 weeks before the stalking behaviour began. Four of the stalkers made complaints to regulatory bodies regarding the victims. One of those bodies responded appropriately, three did not, including one that responded in a way that forwarded the goal of the stalker. Stalking behaviour most frequently took place in and around the office (n = 17) followed by at the victim's home (n = 14), and in public places (n = 10). In some cases behaviours took place in multiple locations thus, a total possible value could not be calculated.

Although only a few perpetrators used the Internet to either obtain information about (22%) or talk about the victims (13%), the majority of victims (57%) altered the way in which they used technology as a result of the stalking incident. Three victims noted that the Internet did not exist or was not used as extensively as it is today when they were being stalked.

Table 5 ***Presence Rating for the SAM Nature of Stalking Factors Among Victims of Client-Perpetrated Stalking and Percentage of Cases in Which Victims Experienced Fear When the Factor was Rated as Present or Possibly or Partially Present***

Nature of Stalking Factors	*N*	Present	Possibly or Partially Present	Absent	Caused Fear
N1. Communicates about victim	23	35% [10%]	22% [1%]	43% [11%]	46% [14%]
N2. Communicates with victim	23	70% [1%]	13% [7%]	17% [1%]	58% [12%]
N3. Approaches victim	22	43% [11%]	17% [8%]	35% [10%]	71% [13%]
N4. Direct contact with victim	23	52% [11%]	9% [6%]	39% [10%]	57% [14%]
N5. Intimidates victim	22	48% [11%]	0	48% [11%]	73% [14%]
N6. Threatens victim	22	9% [6%]	13% [7%]	74% [9%]	80% [20%]
N7. Violence toward victim	21	4% [4%]	13% [7%]	74% [9%]	75% [25%]
N8. Stalking is persistent	22	43% [11%]	17% [8%]	34% [10%]	-
N9. Stalking is escalating	23	17% [8%]	22% [8%]	61% [10%]	-
N10. Stalking involves supervision violations	23	9% [6%]	4% [4%]	87% [9%]	100% [0]

Note. SAM = *Guidelines for Stalking Assessment and Management* (Kropp et al., 2008). - = data not available.

Perpetrator Characteristics

In the majority of the 23 cases where victims were stalked by a client (78%) the perpetrator acted alone when pursuing the victim (78%), however, in three (13%) cases there were more than two perpetrators. Perpetrators were 35 years of age on average

(*SD* = 11.07, range 17 to 50) and more often male (65%) than female (26%). Most of the perpetrators were Canadian citizens (83%; information was missing in 9% of cases), who spoke English as a first language (83%; information was missing in 9% of cases), and were not a visible minority (83%; information was missing in 9% of cases). In 10 (43%) cases, perpetrators had at least part time employment, nine (39%) perpetrators were unemployed, and victims were unsure about employment in two (9%) cases; information was missing in 9% of cases. Most (74%) of the perpetrators were single at the time that they were stalking the victim, although two (9%) did have partners, and in two (9%) cases the victim was unsure or indicated other as a response; information was missing in 9% of cases.

Victims rated the presence of the 10 SAM Perpetrator Risk factors (see Table 6). Perpetrators presented with different and sometimes overlapping reasons for attending (or in one case being court-ordered to attend) counselling including life transition problems (57%), relationship problems (52%), personal growth and self-development (43%), social skills (43%), stress management problems (35%), childhood and adolescent issues (35%), sexual abuse/trauma (35%), depression or anxiety (30%), anger (30%), attachment issues (26%), sexual problems (22%), communication and conflict resolution problems (22%), forensic related problems (17%), obsessive/compulsive behaviour (17%), assertiveness (13%), substance abuse problems (13%), grief and bereavement (9%), conflict resolution (9%), and cross cultural issues (9%).

The amount of time that respondents spent treating clients with forensic and life transition issues was significantly related to being stalked (Table 7). The treatment of forensic issues was also related to experiencing stalking-related behaviours in any work relationship, by clients, and by the acquaintances of clients. The same was true of treatment for sexuality and stalking-related behaviours. Treatment for sexual abuse was associated with stalking-related behaviours in any work relationships and with the acquaintances of clients but not with clients themselves (Table 7).

Table 6 ***Presence Ratings for the SAM Perpetrator Risk Factors Among Victims of Client-Perpetrated Stalking***

Perpetrator Risk Factors	*N*	*Present*	*Possibly or Partially Present*	*Absent*
P1. Angry	22	52% [11%]	13% [7%]	30% [10%]
P2. Obsessed	21	52% [11%]	17% [8%]	22% [9%]
P3. Irrational	22	48% [11%]	17% [8%]	30% [10%]
P4. Unrepentant	21	39% [10%]	17% [8%]	35% [10%]
P5. Antisocial lifestyle	22	35% [10%]	17% [8%]	43% [11%]
P6. Intimate relationship problems	22	61% [10%]	17% [8%]	17% [8%]
P7. Non-intimate relationship problems	22	52% [11%]	30% [10%]	13% [7%]
P8. Distressed	22	35% [10%]	22% [9%]	39% [10%]
P9. Substance use problems	22	13% [7%]	13% [7%]	69% [10%]
P10. Employment and financial problems	22	17% [8%]	39% [10%]	39% [10%]

Note. SAM = *Guidelines for Stalking Assessment and Management* (Kropp et al., 2008).

Table 7 ***Correlation (r) Between Therapeutic Issues Handled and Stalking-Related Behaviours and Stalking Experienced***

Therapeutic Issue	Stalking-Related Behaviours			Stalking	
	Any at Work	By Client	By Client's Acquaintance	Any at Work	By Client
Relationship counselling	.02	-.00	-.00	.05	-.02
Substance abuse counselling	.08	.06	.02	.03	.02
Stress management	-.02	-.00	-.06	-.02	-.02
Life transitions	-.03	.02	-.06	.09	.11*
Forensic related counselling	.28**	.23**	.33**	.15**	.18**
Grief and bereavement	.06	.08	.04	.09	.04
Depression, panic/anxiety, anger	.01	.05	-.01	.02	-.01
Childhood and adolescent issues	-.01	.00	.01	-.06	-.06
Sexual abuse/trauma	.11*	.07	.20**	.06	-.05
Personal growth and self development	.00	.02	.00	.04	-.00
Cross-cultural	-.01	-.02	-.05	-.00	.00
Sexuality (Sex therapy)	.22**	.13*	.17**	.09	-.01
Communication skills, assertiveness, conflict resolution	.01	.05	-.00	.00	-.03
Obsessive/compulsive behavior	.01	-.03	-.07	-.04	-.05

Note. $N = 346$.

*$p < .05$, **$p < .01$.

The perpetrators presented with a series of diagnosed disorders. Axis I disorders included, mood disorder (39%), anxiety disorder (30%), dissociative disorder (17%), substance-related disorders (13%), psychotic disorder (9%), and an eating disorder (4%); four perpetrators (17%) did not have any Axis I diagnoses. Axis II diagnoses

included, borderline (39%), antisocial (22%), narcissistic (13%), and schizotypal personality disorders (9%); four perpetrators (17%) had no Axis II diagnosis.[3] The victims reported that perpetrators made threats of self-harm or suicide in 6 (26%) cases.

The majority of perpetrators (78%) had also experienced a recent loss or stressor including the loss or potential loss of a family member (17%), child (9%), close friend (4%), intimate relationship (48%), employment (17%), or other loss or stressor (17%). Negative caregiver experiences in childhood were also present in the majority of the sample (65%) and included, emotional abuse (30%), sexual abuse (26%), physical abuse (22%), loss of caregiver due to abandonment death or incarceration (22%), loss due to divorce (4%), emotionally absent caregiver due to mental illness or substance abuse, or other experience (13%). Without knowing the same information for clients who did not engage in stalking behaviour it is impossible to know whether these findings are an over-representation of certain diagnoses and life stressors.

The victims were asked to indicate what they thought might have motivated the perpetrator's behaviour. Responses included romantic feelings (39%), an irrational belief (39%), a grudge or angry feelings (30%), and a desire for a non-romantic relationship (30%). In 6 (26%) cases, the victims were unsure.

Victim Characteristics

Thirteen (57%) of the victims were female. Using a test of proportions this difference was found to be statistically significant with males being more likely to be pursued by a client than females (Table 8). In most cases the victims were of the opposite gender to their stalker (61%), however, in 7 (30%) they were of the same gender; information was missing in 9% of cases. At the time they responded to the survey the average age of the victims was 50 years (*SD* = 7.67, range 32 to 64), and

[3] It should be noted that as most of the respondents were not legally entitled to diagnose mental disorders, the diagnoses were likely made by other MHPs.

they had been seeing clients for an average of 14.04 years (*SD* = 8.67, range 1 to 35). Both age and years of experience (i.e., years seeing clients) were dichotomized into young (age 28 to 51) and old (age 52 to 78) and low (0 to 12 years) and high (13 to 40 years), respectively. A test of proportions showed that age was related to pursuit by a client, with younger victims at greater risk, but years of experience was not (Table 8).

Gender, age, and years of experience were also examined for any work-related stalking and stalking-related behaviours (Table 8). Gender was associated with client perpetrated stalking-related behaviours, again with males being more at risk than females. Age was not related to any of the variables. Years of experience was associated with any work-related and client perpetrated stalking-related behaviour. In both cases those with high experience were found to be more at risk.

A minority of victims saw clients in their residence, but this was not related to stalking victimization by a client (see Table 8). Seeing clients in their residence was also unrelated to all other forms of stalking-related behaviour and stalking (see Table 8). It could be argued that these results are due to the types of clients who are more likely to be seen at a residence (e.g., non-forensic clients). However, further analyses revealed that respondents who worked at home were equally likely as those who did not to treat clients with forensic issues, $t(339) = .56$, $p = .578$; life transition issues, $t(339) = .26$, $p = .794$; and sexual abuse/trauma issues, $t(339) = .49$, $p = .621$. Furthermore, respondents who worked from their residence were significantly more likely to provide therapy for clients with sexuality issues, $t(339) = 4.68$, $p < .001$.

Table 8 Association Between Respondent Characteristics and Victimization Experiences

Respondent Characteristics	Stalking-Related Behaviours			Stalking	
	Any Work[a]	Client[a]	Client Acquaintance[a]	Any Work[b]	Client[b]
Gender	*t* (341)= 1.86, *p* = .063	*t* (341)= 2.34, *p* = .020	*t* (341)= .90, *p* = .370	*p* = .072	*p* = .016
Age	*t* (336)= -.21, *p* = .835	*t* (336)= .21, *p* = .830	*t* (336)= .33, *p* = .742	*p* = .159	*p* = .003
Years experience	*t* (338)= -2.41, *p* = .017	*t* (338)= -2.69, *p* = .008	*t* (338)= -.76, *p* = .450	*p* = .296	*p* = .321
See clients at residence	*t* (339)= .95, *p* = .344	*t* (339)= 1.38, *p* = .169	*t* (339)= .57, *p* = .570	*p* = .892	*p* = .391

Note. *N* = 346. Gender dichotomized as male (1) and female (2). Age dichotomized into young (age 28 to 51) and old (age 52 to 78). Years experience dichotomized into low (0 to 12 years) and high (13 to 40 years). See clients at residence dichotomized as yes (1) and no (2).

[a]Analyses done using t-tests. [b]Analyses done using tests of proportions.

Subsequent multivariate analyses were performed to further explore the relationships between gender, age, years of experience, and seeing clients in one's residence with stalking-related behaviours (Table 9) and stalking (Table 10). Seeing clients at one's residence remained unrelated to all forms of victimization whereas gender, age, and years of experience each showed unique relationships to different forms of victimization.

Table 9 ***Linear Regressions Predicting Stalking-Related Behaviours from Respondent Characteristics***

Variable	*B*	*SE B*	*beta*	*t*	*p*
Any Work-Related: R^2 = .04 (*N* = 327, *p* = .017)					
Gender	-.72	.37	-.11	.05	.053
Age	-.43	.35	-.08	.23	.230
Years experience	.86	.35	.15	.02	.015
See clients at residence	-.24	.39	-.04	.54	.540
By Client: R^2 = .06 (*N* = 327, *p* = .001)					
Gender	-.61	.27	-.13	-2.29	.023
Age	-.48	.25	-.12	-1.89	.059
Years experience	.74	.25	.19	2.97	.003
See clients at residence	-.34	.28	-.07	-1.19	.235
By Client's Acquaintance: R^2 = .01 (*N* = 327, *p* = .575)					
Gender	-.13	.13	-.05	-.98	.329
Age	-.12	.12	-.06	-.95	.341
Years experience	.13	.12	.07	1.09	.275
See clients at residence	-.05	.14	-.02	-.36	.720

Note. Gender dichotomized as male (1) and female (2). Age dichotomized into young (age 28 to 51) and old (age 52 to 78). Years experience dichotomized into low (0 to 12 years) and high (13 to 40 years). See clients at residence dichotomized as yes (1) and no (2).

Table 10 Logistic Regressions Predicting Stalking from Respondent Characteristics

Variable	*B*	*SE*	*p*	Odds Ratio	[95% CI]
Any work-related: χ^2 (4, *N* = 327) = 9.41, *p* = .052					
Gender	-0.67	0.37	.070	0.51	[0.25, 1.06]
Age	-0.81	0.40	.046	0.45	[0.20, 0.99]
Years experience	0.76	0.40	.060	2.13	[0.97, 4.67]
See clients at residence	-0.00	0.45	.994	1.00	[0.41, 2.42]
By Client: χ^2 (4, *N* = 327) = 22.44, *p* < .001					
Gender	-2.32	0.16	.021	0.33	[0.13, 0.84]
Age	-3.39	0.08	.001	0.14	[0.04, 0.43]
Years experience	2.62	2.01	.009	3.88	[1.41, 10.70]
See clients at residence	0.39	0.91	.695	1.31	[0.34, 5.12]

Note. Gender dichotomized as male (1) and female (2). Age dichotomized into young (age 28 to 51) and old (age 52 to 78). Years experience dichotomized into low (0 to 12 years) and high (13 to 40 years). See clients at residence dichotomized as yes (1) and no (2).

Most of the victims were the sole focus of their stalker's harassment (70%), however, in some cases the perpetrator also harassed the victims' co-workers (17%), partner (13%), family (9%), friends (9%), and children (9%). In 6 of the 7 cases (86%) where others were harassed the victims were concerned for that individual's safety.

The presence ratings for the SAM Victim Vulnerability factors are presented in Table 11. Percentages in the table represent affirmative or present responses except for distressed which also includes responses from victims who reported feeling somewhat distressed or unable to cope. As noted in Table 11, 13 (57%, *SE* = 11%) victims felt unsafe in their home and/or workplace. When asked to describe their reasons for feeling unsafe six victims mentioned being alone (similarly two mentioned feeling safe because they were not alone), two victims mentioned not being able to escape (similarly one mentioned feeling safe because they could escape), two victims noted that they lived or worked in a bad neighbourhood, two referenced a lack of awareness or concern by co-workers, and two mentioned a lack of office security.

Table 11 Presence Ratings for the SAM Victim Vulnerability Factors Among Victims of Client-Perpetrated Stalking

Victim Vulnerability Factors	*N*	Present
V1. Inconsistent behaviour toward perpetrator	22	96% [5%]
V2. Inconsistent attitude toward perpetrator	23	52% [11%]
V3. Inadequate access to resources	23	87% [7%]
V4. Unsafe living situation	23	57% [11%]
V8. Distress	23	44% [11%]

Note. Victim vulnerability factors are approximations of SAM items. SAM = *Guidelines for Stalking Assessment and Management* (Kropp et al., 2008). Distress includes those who responded affirmatively and those who reported feeling somewhat distressed.

Impact of Victimization

The majority of the victims (70%) were in a romantic relationship at the time that they were pursued (information was missing in 4% of cases) and in 11 (69%) of those cases the relationship was affected by the stalking. For most (74%), social interactions remained the same during the time that they were pursued; although three (13%) victims said they saw family and friends more often and three (13%) saw them less often. Monetary costs associated with victimization for this group included increased security (30%), changing phone numbers (26%), therapy (17%), moving (9%), repairing property damage (4%), and reduced working hours (4%).

Thirteen victims (57%) said they are now more apprehensive or cautious around their clients or at work. Eight (35%) reported feeling less confident in their skills since being pursued, five (22%) are now less inclined to take on new clients, and six (26%) considered changing professions.

Client-Perceived Risks

Precipitates of stalking behaviour as estimated by the victims included, the victim's refusal to enter into a romantic relationship with the perpetrator (26%), an

unfavourable report or recommendation (22%), the termination of therapy (17%), the victim's refusal to enter into a non-romantic relationship with the perpetrator (17%), a significant stressor in the perpetrator's life (17%), the perpetrator's mental health issues (17%), or some other form of conflict between the victim and the perpetrator (13%). Some victims were unsure (13%) or could not identify (17%) a precipitating event.

Asked to think back to before the stalking began, victims also identified warning signs that signalled that stalking behaviour was imminent. These warning signs included, boundary crossing by the perpetrator (43%), displays of inappropriate attachment by the perpetrator (35%), the perpetrator misunderstanding the therapeutic relationship (26%), arguments between themselves and the perpetrator (17%), the perpetrator having a history of harassment (4%), and the perpetrator refusing to complete an intake form (4%). Three (13%) victims were unsure if any warning signs were present, three (13%) stated that there were no warning signs, and one (4%) indicated that the stalking behaviour began so quickly that the stalking behaviours themselves were the warning sign.

Perception of Stalking and Victims

Perception and knowledge regarding stalking and the victims of stalking were queried in the entire sample (*N* = 346). When asked whether counsellors as a professional group are vulnerable to being stalked, just over half (52%) of the respondents said they were not. Respondents were then asked to estimate the proportion of counsellors they believe are stalked over the course of their careers. The average estimate was 15% (*SD* = 14.35), however, estimates varied greatly, from 0 to 83%; information was missing in 19% of cases.

Respondents were asked to speculate on whether they thought the type of client, therapy, or therapist might be related to stalking behaviour. The majority of the respondents (91%) felt that the type of client was related to stalking behaviour, whereas just over half (51%) thought that the type of therapist was related, and a minority (36%) thought that the type of therapy was related to stalking behaviour. No pattern of endorsement was evident; each variable was endorsed alone as well as in combination

with the other two variables. A total of 30 (9%) respondents did not endorse any of the variables as being related to stalking behaviour, 121 (35%) endorsed one, 93 (27%) endorsed two, and 102 (30%) endorsed all three variables.

Over a third of respondents (39%) knew at least one co-worker who had been the victim of stalking; the number of victimized co-workers ranged from one to 15; information was missing in 5% of cases. Respondents were asked to rate the level of clinical skill or expertise that the victim they knew held as, average, above average or high. The same number of respondents rated the skills of the victim as average and above average (37%) and slightly fewer respondents rated their co-workers' skills as high (27%). It should be noted that one respondent made this rating without indicating that they knew a counsellor who was stalked.

Earlier in the survey respondents also rated their own skill level on the same scale. These two rating were separated temporally to reduce the influence of the former self-rating on the latter co-worker rating so that the presence of negative perceptions of victims could be assessed. Self-ratings made by the respondents of their expertise and skills 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 expertise; one respondent failed to make a self-rating.

Although the results indicate that respondents rated themselves as more skilled on average than their victimized co-workers, the two sets of ratings are not directly comparable as not all respondents who made self-ratings also made co-worker-ratings. As such, a direct comparison was made between the ratings of respondents who made both self and co-worker-ratings. Results are displayed in Table 12 and show a significant difference, McNemar's χ^2 (3, N = 93) = 11.87, p = .008, with respondents rating their own skills as superior to those of a co-worker they knew who had been stalked.

The question was then asked in a direct fashion and yielded results in line with those found when the question was asked covertly. Half (50%) of the respondents agreed with the statement that being a more skilled clinician decreases your chances of being stalked; information was missing in 3% of cases.

Table 12 ***Comparison Using Frequency and Percentage of Respondents' Ratings of Self Expertise and the Expertise of Victims Known to them***

Ratings of Victim Expertise	Rating of Self Expertise		
	High	Above Average	Average
High	16 (12%)	14 (10%)	6 (4%)
Above average	13 (10%)	28 (21%)	8 (6%)
Average	18 (13%)	21 (16%)	10 (7%)

Note. *N* = 134.

Stalking Management

The 23 victims who were stalked by a client were asked to describe the management strategies that they, or others, implemented in an attempt to deter the clients' behaviour. The strategies and the proportion of victims who utilized them are displayed in Table 13. Ten victims went on to recommended additional strategies that they did not necessarily employ in their case. Four victims recommended seeking supervision, and individual victims suggested, trusting your gut, referring the client onwards, restorative justice (where no mental health issues exist), and working closely with police. Four victims also noted that the appropriate strategies for a case depend on the situation, as each case is unique.

A minority of victims (8, or 35%) did not employ any management strategies in their case. Some of the reasons endorsed for this decision included that, they did not think it was necessary to employ any strategies (38%), they thought the behaviour would end without intervention (38%), they did not know of any strategies (25%), and they did not feel confident employing any strategies (13%). An additional reason that was forwarded by one victim was that they were shut down by others in the workplace and told that the incident was small.

Table 13 Number of Victims Who Found Management Strategies Helpful or Unhelpful

Management Strategies Employed	Helpful (Final Strategy Employed)	Unhelpful
Office and home safety improvements	6 (0)	3
Peace bond	3 (1)	0
Terminated	3 (1)	0
Clarifying/setting boundaries	2 (1)	5
Moved	2 (1)	0
Reported to police	2 (0)	1
Threat to call police	1 (1)	0
Legal warning to cease and desist	1 (1)	0
Partner confronted perpetrator.	1 (1)	0
Sought supervision	1 (0)	1
Making the perpetrator aware that you are in a relationship	1 (0)	1
Called perpetrator's lawyer	1 (0)	0
Police protection	1 (0)	0
Sought counselling	1 (0)	0
Documented behaviour	1 (0)	0
Warning by victim	0	2
Advised others of behaviour	0	2
Ignoring	0	2
Partner threatened perpetrator	0	1
Warning by co-worker	0	1
Reasoning with the perpetrator	0	1
Limit sessions	0	1
Legal warning to cease and desist	0	1
No go order from the court	0	1
Police warning	0	1

Note. *N* = 15.

Just over a third of victims (8, or 35%) reported the perpetrator to police. Of those 8 victims who did make a report chose to do so out of fear (100%), due to the severity of the stalking behaviours (75%), the large number of stalking behaviours (17%), the

escalating frequency or severity of the behaviours (38%), or concern expressed by another person (38%). Most (6, or 75%) of the victims who called police received advice, and the majority of those victims (5 or, 83%) followed that advice. Those victims who chose not to call police (15, or 65%) did so because, the stalking was dealt with in another way (80%), the incident was a personal matter that did not concern police (27%), it was not important enough (27%), they did not want to deal with police (20%), they did not want the perpetrator to be arrested or go to jail (20%), they were afraid of the perpetrator (13%) the police could not help (13%), the police would not help (7%), they did not want anyone to know (7%), or they were afraid of publicity (7%). Although many did not call police most (65%) maintained a record of the stalking behaviour as evidence.

The majority (20, or 87%) of the victims discussed the stalking episode with other MHPs. The reasons that they endorsed for doing so included to get emotional support (65%), to pass on knowledge (65%), to get advice on how to handle the behaviour (60%), to get help handling the behaviour (55%), and to ensure the safety of the other professional(s) (35%). Additional reasons indicated for telling MHPs included that they were told as part of a multi-agency debriefing about the case, and to have witnesses to and documentation of the stalking behaviour. Seven (35%) victims rated the MHPs' responses as very helpful and helpful, respectively, three (15%) victims found the responses to be adequate, one (5%) found them to be unhelpful, and two (10%) rated them as other.

In correspondence with these findings, victims found their co-workers and supervisors (39%) to be of the most assistance in managing or deterring the perpetrators behaviour, followed by family (22%), law enforcement (13%), other individuals (13%), friends (4%), and victim services (4%); information was missing in 4% of cases. Victims also found their co-workers and supervisors (35%), in addition to their family (35%) to be of the most assistance in handling the adverse effects of their situation (e.g., monetary, emotional), followed by, friends (9%), and other (4%); information was missing in 17% of cases.

Most (15, or 65%) victims opined that if a co-worker was being stalked, that co-worker should reach out for assistance immediately. Others thought their co-workers

should reach out after one attempt at resolving the problem on their own (26%), and one victim (4%) thought that help should be sought after several attempts at resolving the situation themselves. When asked to indicate who their co-workers should seek out for assistance the victims endorsed, co-workers (96%), police (87%), superiors (78%), friends and family (43%), MHPs who are not co-workers (39%), victim services organizations (30%), spiritual leaders (26%), lawyers (22%), and doctors or nurses (9%). Other options forwarded by individual victims included reaching out to their regulatory body and the peer to peer program of the BCACC. When asked to describe whether they had found any materials (e.g., books, websites) that were helpful in navigating their situation, only one victim reported finding a victim services pamphlet to be of use. The other six victims who responded stated that materials were not available, that they did not look, or that they did not find any of them to be of use.

Support that the victims wished had been made available to them included support from employers (26%), co-workers (17%), resources on stalking (17%), law enforcement (4%), and victim service agencies (4%). Another resource put forward by one victim was the BCACC. Nine victims (39%) did not desire additional forms of support and five (22%) were unsure.

Victims were asked to describe what they believed was the reason for the perpetrator's desistance. Seven (30%) victims indicated that the perpetrator stopped on their own, whereas the other victims referenced the management strategies they employed (35%), a warning by someone other than the police (26%), the perpetrator selecting a new victim (13%), a peace bond (13%), a change in the perpetrator's personal life (13%), a warning by the police (9%), and a charge or conviction (4%). Three (13%) victims were unsure why the behaviour stopped.

When asked if there was anything that they would have done differently with respect to the stalking episode 10 (43%) victims said yes, eight (35%) said no and four (17%) were unsure; information was missing in 4% of cases. The things that those 10 victims who responded affirmatively would have done differently included acting sooner which was the only change mentioned by two victims, reaching out for help sooner, reaching out to more associates, listening only to experts, being clearer in written communication to the stalker, not confronting the stalker, not meeting the stalker face to

face to request behavioural change, trusting their gut and not excusing or minimizing the client's behaviour, requiring that an intake form be completed by all potential clients, educating themselves on issues related to stalking, not driving home when being followed but instead going to a public place and calling for help, and not allowing themselves to be dismissed and pushing for policy changes or a policy to be written on this issue.

As a result of their experience the victims were asked to indicate whether they had made any of a series of changes to their clinical practice. Twelve (52%) reported that they now screen new clients, 10 (43%) increased office security, another 10 (43%) included a more in-depth discussion of boundaries into their first session, seven (30%) increased their knowledge about stalking and other violence, and three (13%) moved the location of their office; five victims (22%) made none of these changes. One victim also noted that they had acquired personal security and engaged in preparation that included obtaining a firearms license and training.

Those victims who implemented or had previously conducted screening (19, or 83%) further specified what problems they screen for. Problems that were endorsed included, inappropriate expectations of therapy (79%), attachment issues (79%), anger issues (74%), relationship issues (68%), a criminal record (37%), previous inappropriate behaviour with clinicians (37%), previous violence (32%), and previous stalking (26%). One victim added that they screened for weapons possession and what they termed "oddity: or extreme lifestyle choices." Another victim indicated that they first spend a good deal of time on the phone with the potential client, determining what they want to get from therapy and how they felt about previous therapeutic intervention including what they liked and didn't like.

The majority of the victims (17, or 74%) stated that they would have liked the opportunity to contact the perpetrator's previous clinician (assuming they had one). When asked if there should be a notification system in place to warn treatment providers about individuals who are prone to stalking or abusive behaviour toward MHPs, again the majority responded yes (86%); information was missing in 9% of cases.

Questions about stalking management were also posed to the entire sample. The questions queried the strategies utilized by counsellors that they knew who had been stalked as well as their own hypothetical use of management strategies to combat stalking. Thirteen (4%) respondents knew a counsellor who had left the profession as a result of being stalked and almost one-third (31%) knew a counsellor who had altered their practice as a result of being stalked.

One impactful management strategy is to terminate therapy. 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 (38%) was that termination would not be pleasant but that it comes with their job and they would not feel guilty. The next most common response (35%) was that terminating therapy would be difficult but that they would not feel guilty for doing so, followed by the response that termination would be difficult and that they would feel guilty for doing it (14%), that they would not terminate therapy under the proposed circumstances (6%), and finally that they would find it extremely difficult and that the problem would have to be severe before termination would occur (1%); information was missing in 6% of cases.

Respondents were then asked to indicate under what conditions they would call the police if they were being stalked by a client. The majority (93%) of respondents indicated that they would call police if a client physically or sexually assaulted them or if the client followed them (73%). Just over half (51%) of respondents said they would call the police if the client tried to intimidate them or if the client tried to make repeated and inappropriate contact with them (51%).

Training Needs and Suggestions

Just over half (52%) of the respondents in the total sample reported that they had received training in either violence risk assessment or violence risk management. The respondents who reported attending training received a median of 10 hours of training, with a range of one to 2000 hours. The perceived quality of the training varied from excellent (10%), to good (29%), to fair (10%), to poor (1%), and inadequate (<1%).

Respondents were later asked to identify any stalking specific training that they had received. A total of 43 (12%) respondents had received training that was generally related to stalking, the median number of training hours was five with a range of 30 minutes to 200 hours. 33 (10%) respondents had received training in violence risk factors associated with stalking and 32 (9%) had training in how to manage stalking. The median number of training hours for both topics was four, with a range of 30 minutes to 20 hours.

Of the 55 respondents who indicated receiving at least one form of training the most common location to receive that training was at a place of employment as a counsellor that was not their first job (51%), followed by, outside of the workplace (38%), in graduate school (36%), at their first place of employment as a counsellor (33%), and at a place of employment where they were not a counsellor (29%). Additional places or methods in which respondents noted receiving training included, professional development workshops (*n* = 5), self-learning (*n* = 3), conferences (*n* = 2), a practicum or internship (*n* = 2), and working groups (*n* = 2).

The majority (75%, *SE* = 2%) of respondents thought that training in stalking, violence risk assessment, and/or violence risk management would help them to manage a stalking situation. This belief along with the belief that clinical skill reduces the risk of victimization and respondents' estimations of the proportion of counsellors who are stalked during the course of their career were all examined in relation to victimization experiences (Table 14). The estimation of the proportion of counsellors who are stalked during their career was dichotomized into a low estimation (0% to 9%) and a high estimation (10% to 83%).

The results, presented in Table 14, show that high estimations of the proportion of counsellors stalked was related to all forms of work-related victimization apart from stalking-related behaviours by the acquaintance of a client. The belief that clinical skill reduces victimization was unrelated to victimization except for stalking perpetrated in any work relationship, where those who did not hold this belief were more likely to have been stalked. With the exception of stalking-related behaviours by a client, the belief that training would be helpful was universally related to victimization, where those who had been victimized were more likely to endorse training.

Table 14 Comparison of Respondent Perceptions and Victimization Experiences

Respondent Perceptions	Stalking-Related Behaviours			Stalking	
	Any Work[a]	Client[a]	Client Acquaintance[a]	Any Work[b]	Client[b]
Proportion counsellors think are stalked	t (278) = -3.79, p < .001	t (278) = -3.93, p < .001	t (278) = -1.49, p < .137	p< .001	p = .004
Belief skill reduces risk	t (333) = -1.75, p = .080	t (333) = -.80, p = .42	t (333) = -.89, p = .373	p = .017	p = .213
Training helpful	t (334) = -2.30, p = .022	t (334) = -1.85, p = .065	t (344) = -2.03, p = .044	p < .001	p = .004

Note. N = 346. Proportion of counsellors they think are stalked was dichotomized into low (0% to 9%) and high (10% to 82.5%). Belief skill reduces risk dichotomized as yes (1) and no (2). Training helpful dichotomized as yes (1) and no (2).

[a]Analyses done using t-tests. [b]Analyses done using tests of proportions.

Multivariate analyses were performed to further examine the association between these three perceptions and stalking-related behaviours (Table 15) and stalking (Table 16). Results showed that whereas both the estimate of the proportion of counsellors that are stalked and the belief that training would be helpful uniquely accounted for some of the variance in the dependent variables, the belief that skill reduces risk did not. In all cases the combination of the three variables accounted for some of the variance in the victimization outcome variables. It should be noted that the belief that training would be helpful is absent in Table 16. The reason for the absence is that this belief showed perfect prediction; all of the respondents who said that training would not be helpful had never been stalked.

Table 15 Linear Regressions Predicting Stalking-Related Behaviours from Respondent Perceptions

Variable	*B*	*SE B*	*beta*	*t*	*p*
Any Work-Related: R^2 = .07 (*N* = 275, *p* < .001)					
Percentage they think are stalked	1.26	0.33	.23	3.87	< .001
Belief skill reduces risk	0.09	0.31	.12	0.28	.781
Training helpful	0.74	0.36	.02	2.07	.040
By Client: R^2 = .06 (*N* = 275, *p* < .001)					
Percentage they think are stalked	0.94	0.25	.23	3.81	< .001
Belief skill reduces risk	-0.05	0.24	.09	-0.21	.835
Training helpful	0.40	0.27	-.01	1.49	.137
By Client's Acquaintance: R^2 = .01 (*N* = 275, *p* = .26)					
Percentage they think are stalked	0.14	0.10	.08	1.38	.170
Belief skill reduces risk	0.01	0.10	.08	1.34	.955
Training helpful	0.15	0.11	.00	0.06	.183

Note. Proportion of counsellors they think are stalked was dichotomized into low (0% to 9%) and high (10% to 82.5%). Belief skill reduces risk dichotomized as yes (1) and no (2). Training helpful dichotomized as yes (1) and no (2).

Table 16 Logistic Regressions Predicting Stalking from Respondent Perceptions

Variable	*B*	*SE*	*p*	Odds Ratio	[95% CI]
Any work-related: χ^2 (2, *N* = 275) = 18.31, *p* < .001					
Percentage they think are stalked	2.21	0.74	.003	9.10	[2.11, 39.18]
Belief skill reduces risk	0.47	0.41	.246	1.60	[0.72, 3.56]
Training helpful	--	--	--	--	--
By Client: χ^2 (2, *N* = 275) = 18.31, *p* < .001					
Percentage they think are stalked	2.37	1.04	.022	10.73	[1.40, 82.10]
Belief skill reduces risk	0.37	0.50	.461	1.45	[0.54, 3.85]
Training helpful	--	--	--	--	--

Note. Proportion of counsellors they think are stalked was dichotomized into low (0% to 9%) and high (10% to 82.5%). Belief skill reduces risk dichotomized as yes (1) and no (2). Training helpful dichotomized as yes (1) and no (2). -- = regression could not be run as prediction was perfect.

When respondents were asked how training in stalking, violence risk assessment, and/or violence risk management should be offered, 129 (37%) said that training should be mandatory for all counsellors, 106 (31%) thought it should be optional, 20 (6%) thought that it should only be mandatory for those working with high risk populations, and nine (3%) indicated other; information was missing in 24% of cases. The most popular (37%) location for such training to be offered was in school followed by as an optional course (18%), as an optional course offered by an employer (8%), as part of a first job (7%), and other location (6%); information was missing in 24% of cases. It should be noted that respondents could only select one option for when and where training should be offered and some respondents indicated that they would have selected more than one option if permitted.

In addition to training, respondents were also asked to provide ideas in an open-ended manner about other means of stalking prevention. Eighteen respondents suggested setting and maintaining professional boundaries with clients. They indicated that this could be accomplished through conversation or more formal agreements.

Awareness was the next most commonly cited means of prevention, suggested by 16 respondents. Respondents thought that increased awareness among counsellors of the risks of stalking victimization, their legal rights, warning signs, and of their own personal issues as well as awareness among clients, the organization, and society (from childhood onwards) would assist in prevention. Ongoing and good quality supervision was suggested by 13 respondents, since supervisors might notice warning signs, could ask supervisees directly about stalking behaviour experienced, and could discuss protocols with them. It was further noted that having the option to engage in supervision with an expert in the area of stalking or violence risk assessment would be of use. Having support systems, including both formal (i.e., with coworkers, through professional associations, and from employers) and informal (i.e., with others you know who are MHPs), was suggested by 11 respondents. Specific suggestions included structured and routine debriefing with co-workers and informal therapist networks, especially for those who work in private practice.

An increase in the availability of articles on the topic of stalking and safety was suggested as another means of prevention by 9 respondents. Respondents were particularly interested in having such articles appear in their professional journals and in having those articles provide suggestions for victims. Two respondents further suggested that articles containing counsellors' real life experiences including a description of the way that the behaviour was handled would be of use.

Improvements in workplace (n = 9) and personal (n = 1) safety were also suggested. Respondents operationalized these terms by suggesting the implementation of protocols for the workplace, and training and improved communication between staff regarding suspicious or inappropriate activity. It was further suggested by one respondent that safety practices be mandatory and by two that follow-up reminders or checks be done on counsellors' self-protection efforts.

In addition to training on stalking, violence risk, and violence risk management, seven respondents also suggested training that addressed safety, boundary issues, and psychopathology. 2 respondents though that training should be provided by the professional organization, possibly online, and one thought that such training should be a requirement to practice and updated yearly.

In addition to counsellor training, three respondents suggested training for professionals in the criminal justice system. Related suggestions included changes to stalking legislation, suggested by two respondents and improved victim protection, suggested by one.

Four respondents suggested that an organizational policy regarding stalking be created and another three suggested that professional safety and ethical guidelines be developed. Mandatory reporting of stalking was suggested by two respondents, as well as immediate action. Client screening was suggested by three respondents, self care by two, and a standard level of education prior to practicing as a counsellor was suggested by one respondent. Finally, two respondents stated that life experience and intuition were ways to prevent stalking victimization.

Discussion

Summary of Major Findings

The results of the present study are consistent with much of the research literature to date. First, it was found that MHPs are victimized by stalkers at a higher rate than the general public. The rate of stalking found herein among the Registered Clinical Counsellors of the BCACC was slightly lower that that found among other types of MHPs but similar to that found by Romans et al. (1996), who examined professionals working at university counselling centers. Leaving aside the possibility of random variations due to sampling, there are at least two possible reasons for the somewhat lower stalking rates among counsellors in the present sample compared to those observed for other MHPs such as psychiatrists and psychologists. One explanation is that counsellors, compared to psychologists and psychiatrists, may see fewer clients with serious mental disorders. For instance, counsellors are less likely to work at in-patient or out-patient facilities. The second reason is that counsellors may be less likely to work in legal settings, where services are provided in highly adversarial contexts. In fact, forensic work was the least common issue handled by the counsellors herein and the most highly related to all of the types of victimization behaviours queried. Similar reasons might also apply to the findings of Romans et al. (1996), since the counselling centers examined were located on university campuses.

Second, although the rates of individual stalking-related behaviours experienced were lower among counsellors than in past research surveying other types of MHPs, the behaviours were in a similar hierarchy of prevalence to those found in other studies. For instance, both Tryon (1986) and Romans et al. (1996) found verbal abuse to be the most commonly experienced stalking-related behaviour.

Third, the findings revealed stalking perpetration by the co-workers of counsellors as well as the acquaintances of their clients, both of which are work-related pursuit. With

respect to stalking perpetration, these two relationship types were not separated and thus the unique prevalence of each could not be identified. It is unlikely that either relationship type accounted for all of the stalking behaviour, however, as counsellors endorsed encountering stalking-related behaviours from perpetrators with whom they shared both types of relationships. A search of the research literature revealed limited references to stalking perpetrated by the acquaintances of clients or by the co-workers of MHPs. One study by Whyte et al. (2011) found stalking by a relative or friend of a patient to be present in 7% of the total cases reported. The frequency of stalking by co-workers was queried in three studies. Hughes and colleagues (2007) found that 15% of perpetrators were co-workers, Smoyak (2003) found that 5% of respondents had been stalked by a clinical supervisor and 5% had been stalked by a student, and Ashmore and colleagues (2006) found that that 23% of stalking perpetrators were co-workers and 4% were student nurses. None of these samples included counsellors, but the current results now confirm these perpetrator-victim relationships to be present among counsellors as well. Such dynamics are important to acknowledge since the management and training efforts required to prevent this type of stalking will be different than those used 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 counsellors and other MHPs include these possibilities.

Fourth, stalking resulting from non-work related relationships was also surveyed herein and results showed the prevalence to be somewhat higher than that found by the Canadian Centre for Justice Statistics (2005) but within the estimates for general population samples in Western countries (Whyte et al., 2011). The prevalence of non-work related stalking was queried in four other studies examining MHPs, three of which allowed calculation of the proportion of stalking committed by non-work related perpetrators. The results of the present study (48%) fell within the range (23% to 62%) found in those three other studies (Ashmore et al., 2006; Hughes et al., 2007; Smoyak, 2003).

Fifth, perpetrator characteristics (e.g., unemployment, lack of intimate relationships, mental health issues) were similar to those found in other studies (Galeazzi & De Fazio, 2006; Galeazzi et al., 2005; Gentile et al., 2002). As previously

mentioned it is difficult to determine whether rates of loss, recent stress, and mental health issues were in fact elevated in this group of perpetrators as the population of perpetrators was defined by their having sought treatment from a counsellor. Future studies should sample clients who do not engage in stalking behaviour in order to provide a baseline prevalence rate for these issues.

Sixth, victimization by clients was more common among male counsellors herein. These results may indicate a vulnerability among males since studies have shown higher rates of victimization among male MHPs than in the general public and others have found higher rates of victimization among male MHPs than female MHPs (Galeazzi & De Fazio, 2006; Gentile et al., 2002). This vulnerability could be the result of several factors. First, men have a tendency to deal with issues in a more direct or authoritative manner which may escalate situations. Second, because they are less fearful, men may allow therapeutic boundaries to be pushed further before intervening. Third, due to a heightened concern for their safety women may generally take more safety precautions in their practice. Alternately, the results may reflect the lower male response rate coupled with increased responses by males who had been victimized as they were more interested in the present study.

Finally, calling police was confirmed to be an infrequently used management strategy but was more frequently used herein than in other studies involving MHPs (Lion & Herschler, 1998; Purcell et al., 2005; Romans et al., 1996). The majority of counsellors did, however, tell their co-workers and reported them to be of assistance. This finding may indicate that counsellors are not, as suggested by some authors, fearful of appearing inept (Morgan & Porter, 1999; Romans et al., 1996). Alternatively, victimized counsellors may be confiding only in trusted co-workers and failing to call police, since police involvement may lead to more widespread knowledge of their situation. Avoiding widespread knowledge of their situation was forwarded as a reason for not involving police but was not the most commonly endorsed reason.

In addition to confirming previous findings, several new findings emerged. With respect to victims, younger counsellors and counsellors with more clinical experience were at heightened risk. Victims also identified SAM Victim Vulnerability Factors that they possessed. Although there is limited previous research in this area, one item, V1

(*Inconsistent attitude toward the perpetrator*), was discussed in other studies. Specifically, it was found that MHPs tend to engage in minimization and denial (Pathé et al., 2002; Sandberg et al., 2002).

Results suggested that with victimization came several changes in perception. First, on average counsellors were unaware that their profession put them at increased risk of stalking victimization compared to the general public. However, counsellors who had been victimized tended to make higher estimates of the proportion of counsellors who are stalked than those who had never been victimized. Second, counsellors who had been stalked by someone with whom they shared a work relationship were less likely to perceive clinical skill as a protective factor against victimization. The belief that skill reduced victimization was common in the sample surveyed when queried both directly and indirectly. Approximately half of counsellors also indicated that the type of therapist was related to stalking victimization. This belief, also sometimes called victim-blaming or the belief in a just world, 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). The results of the present study did not support this belief. Third, almost all counsellors who had been victimized, and particularly those who had been stalked, were more likely to endorse training in stalking, violence risk assessment, and/or violence risk management as something that would be helpful.

Implications for Theory

The findings in the present study regarding the victims of stalking and stalking-related behaviours have several implications for our knowledge of victimization of MHPs and the management of stalking. Stalking victimization by clients was more commonly perpetrated against younger counsellors. Although some might attribute this finding to a lack of experience among the younger age group, the results do not support this conclusion. Greater clinical experience was associated with stalking-related behaviours perpetrated in any work relationship and by clients and predicted some of the variance in client-perpetrated stalking. The results therefore suggest that young counsellors are more at risk due to factors related solely to their age and not their abilities. Such factors might include being of a similar age to the average stalking perpetrator or being of the

age where romantic infatuation by a perpetrator might be more common. Those with greater clinical experience are likely to have encountered more victimization due to the fact that they have spent more time at risk. In other words, they have spent more time as a counsellor and thus have had more opportunity to be victimized. Therefore, the results of the study do not indicate that victimization is a reflection of clinical skill.

Victimization was unrelated to the location where therapy took place (i.e., in a counsellor's residence or elsewhere). Furthermore, this finding was not the result of counsellors who see clients in their residence spending less time treating the more risky issues identified herein (i.e., forensic, life transition, sexual abuse, and sexuality). Although not more at risk, there is a possibility that those counsellors who see clients in their residence may have a more difficult time managing a stalking situation. Counsellors who work out of their residence do not have co-workers, and while this leaves them immune for the most part from pursuit by co-workers, it also removes their ability to seek help from them, which was one of the primary sources of assistance used by counsellors in the present study. In addition to more limited resources for assistance, counsellors who work out of their residence will, whether they want to or not, provide clients with more personal information. For instance, in addition to knowing where the counsellor lives, clients will be able to easily determine if their counsellor lives alone, if they have children, how secure their home is, and so forth. Thus, while not more at risk, this group should still be targeted for training and encouraged to consult or get together with other counsellors.

Finally, the presence and prevalence of all Victim Vulnerability Factors surveyed indicated that counsellors are subject to the same vulnerabilities as other victims of stalking. In fact, they may be more prone to engage in V1 (*Inconsistent behaviour toward the perpetrator*) and V2 (*Inconsistent attitude toward the perpetrator*) due to the therapist-client relationship that they hold with the perpetrator. This indicates the need for victim management strategies that mitigate these vulnerabilities generally as well as strategies that focus on vulnerabilities specific to MHPs.

Implications for Policy and Practice

The findings herein have several implications for policy and practice. The presence of Victim Vulnerability Factors, while demonstrating their existence among counsellors and likely other MHPs who are victimized, also identify key areas of need for management and training. For instance, item V8 (*Distressed*), reported by almost half of the victims indicates the need for therapeutic intervention and support. V3 (*Inadequate access to resources*) and V4 (*Unsafe living situation*), both present in more than half of the counsellors, indicate the need for employers to provide more education, assistance, and security to counsellors. Finally, V1 (*Inconsistent behaviour toward the perpetrator*) and V2 (*Inconsistent attitude toward the perpetrator*) represent the need for training in the dynamics of stalking. It should be noted that the purpose of these items is not to blame or imply in any way that a victim is responsible for being victimized. Instead, these items highlight ways that victims can be assisted or learn to guard themselves as well as ways that perpetrators can be deterred (e.g., improving workplace security).

The results herein indicate that victimization experiences may result in attitude change and that a sizable proportion of counsellors hold negative beliefs about their victimized colleagues that are likely incorrect and probably damaging to case management in that they reduce reporting of victimization. Although victimization is both unethical and undesirable to create, perhaps some of the prevention and management strategies suggested by the counsellors herein could be of assistance in changing perceptions, specifically reducing the number of individuals who believe that victimization is the result of poor clinical skill. The strategies suggested that might be of assistance included printing personal accounts or case studies of victimization in publications and discussing victimization issues in a structured way at work or in professional support groups. Printed materials might be particularly useful for counsellors in British Columbia since many are widespread geographically across the province. Through learning about the experiences of others it is possible that understanding might be increased, which would then hopefully result in a professional environment conducive to reporting victimization. Circulation of the present study's results may also be of assistance in this endeavour, particularly to dispel beliefs that

years of experience or clinical skill are inversely associated with the likelihood of being victimized.

Querying the management strategies used by counsellors who were stalked by clients did not result in a clear set of effective strategies for combating stalking. In actuality, the results highlighted the quest for such a recipe to be a fruitless pursuit. As Table 13 demonstrates several of the same strategies were deemed to be both helpful and unhelpful by different counsellors who were victimized. In addition, when asked to recommend strategies, several counsellors responded that the appropriate strategies depend on the situation, as each is unique. These results suggest that instead of trying to provide victims with a road map for managing stalking, they should be given a series of tools that they can apply when needed as well as the ability to contact an expert in the area (perhaps one who can assess violence risk and vulnerability in the case) to assist them in navigating their situation. Having said that, the results did reveal some strategies that victims said should not be employed when being stalked. Dealing with stalking is not easy, everyone will make mistakes, and the counsellors herein were brave enough to note their regrets so that others could learn from them. For instance, confronting the stalker was noted as being an unhelpful management strategy.

The results confirmed that MHPs typically do not seek assistance from police when being stalked; instead, they turn to colleagues, family, and friends. This practice underlines the importance of providing training on stalking and related topics because counsellors are seeking support from each other and the current situation of the un-trained leading the un-trained is undesirable. It may also be of use to provide MHPs with access to an expert resource (e.g., perhaps one professional within their organization) from whom they can comfortably seek assistance.

Such training would likely be supported by counsellors given that the majority of those surveyed expressed an interest in opportunities for continued learning and more specifically training. In terms of targeting efforts (training and assistance), the results provided some indication of groups that may be more in need including men and younger counsellors. In addition, the types of issues handled in therapy were associated with victimization. Targeting counsellors who treat higher risk issues could occur when they begin to specialize as well as in their first place of employment. It should be noted

that many counsellors have private practices, which limits how pervasive workplace training can be.

Although the findings herein could be used to target training, they should not be interpreted in such a way as to exclude anyone from training as the same findings have not been found across all studies. For instance, forensic related counselling had the strongest and broadest relationship to victimization among counsellors in the present study. This finding is not surprising given that the clients likely have a history of criminal behaviour and in many cases have not voluntarily chosen to attend treatment. Other studies have found similar results. Jones and Sheridan (2009) found a higher rate of stalking perpetration (42%) than has been found in any other study when surveying MHPs working in a community forensic mental health service. In contrast however, Leavitt et al. (2006) did not find an increase in threats, harassment/intimidation, or physical aggression in forensic contexts compared to non-forensic ones. So although it is clear that counsellors who work with high risk forensic clients should receive training on how to deal with stalking, the widespread reporting of instances of stalking across all types of counsellors surveyed indicates that such training should occur and be available across the profession.

In addition to targeting training, the present results also provide some topics that could be included in training. Overall, the prevalence of stalking-related behaviours and stalking in this study indicates the need to warn MHPs that adverse client events as well as adverse events perpetrated by the acquaintances of clients may occur during the course of their career. Furthermore, it is important to not label these events as failures on the part of the MHPs since there is no evidence to support this claim and doing so may result in shame, underreporting, and increased harm to those victimized. Standard therapeutic practices such as setting and maintaining boundaries and seeking supervision should be encouraged and mentioned as management strategies for victimization. For instance, role-playing the maintenance of boundaries with an inappropriate client might assist in demonstrating the importance of these practices as well as make counsellors more comfortable in using these techniques when needed.

Although not born out of work-relationships, non-work related stalking can still have a substantial impact on the workplace. Missed work, reduced performance, and

workplace violence perpetrated by a non-employee are all direct impacts of such pursuit. Several workplace violence studies have examined this “spill-over” effect, where workplace violence is committed by perpetrators from outside of the workplace who hold relationships with employees (Duhart, 2001; Swanberg, Logan, & Marke, 2006). Workplace training provided to MHPs could briefly describe such topics as they relate to MHPs’ personal lives as well as the personal lives of their clients thereby providing additional benefits to MHPs, their clients, and the workplace.

Training should highlight both the importance and the benefits of seeking help. Counsellors herein reported being assisted in both the management of the stalking behaviour and its adverse effects by others, particularly co-workers and family. Counsellors also expressed an interest in knowing their rights in general and the rules within their association. For instance, one important issue is confidentiality and the rights of a MHP who is being victimized to break that confidentiality. Although training should cover these issues, rights and rules are easily forgotten. Accessible documents or experts available for consultation on a central website for an organization might be of assistance. The warning signs described by victimized counsellors herein could also serve the dual purpose of teaching MHPs when a problem may be on the horizon, and thus when boundaries should be clarified, as well as what issues to consider when conducting client screening.

Training alone will not be sufficient to combat this issue, and counsellors herein provided several other suggestions for prevention. Some important steps towards managing this problem include, increased awareness of the issue, resources and available policy, the creation or expansion of specific policy and procedures regarding victimization and safety of counsellors, good quality and ongoing supervision with the possibility of expert advice where needed, support or discussion groups, the development of resource materials, and improvements in the workplace that increase safety.

Implications for Future Research

The present study has several limitations. First, although it was noted that false positives were likely to be limited, false negatives were present in at least a few cases. For instance, as noted previously, two counsellors 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 subsequently corrected, prevented respondents from listing stalking-related behaviours experienced from perpetrators with whom they shared multiple forms of relationships. Overall, these issues likely resulted in an underestimate of stalking-related behaviours and stalking in the present study.

Second, findings related to prevalence were also influenced by the decision to allow counsellors to self-identify as victims of stalking. As noted in the introduction, the way that stalking is defined can greatly affect results. Herein, counsellors indicated the prevalence of stalking-related behaviours and were then provided with the definition of stalking and asked to self-identify as victims or non-victims. Problems that resulted from this method of identification included the fact that two of the victims who self-identified as victims of stalking did not indicate feeling fearful and therefore would not meet the definition of stalking used herein. The remaining victims were asked a sufficient number of questions to rule out false positive cases. In addition, as mentioned in the first limitation, self-identification by counsellors as victims of stalking likely also led to false negatives.

Third, a comprehension issue that occurred in the survey was that many respondents failed to respond to questions about training (note missing information rates in the Results section of up to 24% of cases). Through their narrative responses it became clear that some respondents thought that only those who had been stalked were suppose to answer the training questions.

Finally, while both age and experience were associated with victimization, both were 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 interpretations of the results presented herein.

Despite its limitations, the present study is a first step in describing the victimization of counsellors in Canada in their professional capacity. The findings revealed some new information not previously known about this phenomenon including the presence of victim vulnerability factors, the types of management strategies employed and their efficacy, warning signs of stalking, and knowledge of the desire of counsellors for training on this topic. In addition, the results shed light on some issues in need of change including the perceptions held by counsellors regarding the prevalence of victimization and the skills of their victimized co-workers. All of these findings also relate to training, in terms of who might be most in need of training and what topics should be the focus of such training.

Future research should focus on the management of this problem. Specifically, determining the best ways in which MHPs can identify these issues within their work relationships and how they, their workplace, and organization can best manage them. From such knowledge training can be developed and appropriate changes can be made to policy and practice which will reduce victimization.

Although not as prevalent among counsellors as among other MHPs, the serious impact of this victimization behaviour necessitates that it be acknowledged and that some assistance be put in place for counsellors. We must also recognize that clients made up only half of the work-related perpetrators engaging in the stalking of counsellors, with co-workers 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.

Acknowledging and addressing the issues uncovered herein will have substantial and far reaching effects for counsellors. Although a reduction of stalking behaviour is the ultimate goal, the changes suggested herein will also improve relationships with co-workers as well as with clients and will reduce the need to terminate therapeutic relationships. In addition, counsellors will be better able to assist clients who are encountering stalking or stalking-related behaviours in their own lives.

REFERENCES

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.

Brewster, M. P. (1998). *An exploration of the experiences and needs of former intimate stalking victims* (Doc. No. 175475). West Chester, Pennsylvania: West Cheater University, Department of Criminal Justice.

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, ON: Author.

Canadian Criminal Code, R.S.C. 1985, Chap. C-46, as amended s.264(1).

Charmaz, K. (2008). Grounded theory as an emergent method. In S. N. Hesse-Biber, & P. Leavy (Eds.), *Handbook of emergent methods,* (pp. 155-170)**.** New York, NY: The Guilford Press.

Dinkelmeyer, A. & Johnson, M. B. (2002). Stalking and harassment of psychotherapists. *The 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: United States Bureau of Justice Statistics.

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.

Galeazzi, G. M., Elkins, K., & Curci, P. (2005). Emergency psychiatry: 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.

Guy, J. D., Brown, C. K., & Poelstra, P. L. (1992). Safety concerns and protective measures used by psychotherapists. *Professional Psychology: Research and Practice, 23*, 421-423.

Hudson-Allez, G. (2006). The stalking of psychotherapists by current or former clients: Beware of the insecurely attached! *Psychodynamic Practice, 12,* 249-260.

Hughes, F. A., Thom, K., & Dixon, R. (2007). Nature and prevalence of stalking among New Zealand mental health clinicians. *Journal of Psychosocial Nursing, 45*, 33–39.

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.

Kropp, P. R., Hart, S. D., Lyon, D. R., & Lepard, D. (2002). Risk assessment of stalkers: Some problems and possible solutions. *Criminal Justice and Behavior, 29, 590-616.*

Kropp, P. R., Hart, S. D., & Lyon, D. R. (2008). *Guidelines for stalking assessment and management (SAM)*. Vancouver, Canada: ProActive Resolutions Inc.

Langhinrichsen-Rohling,J. (2012). Gender and stalking: Current intersections and future directions. *Sex Roles. 66*, 418–426.

Laskowski, C. (2003). Theoretical and clinical perspectives of client stalking behavior. *Clinical Nurse Specialist, 17*, 298–304.

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.

McFarlane, J. M., Campbell, J. C., Wilt, S., Sachs, C. J., Ulrich, Y., & Xu, X. (1999). *Stalking and intimate partner femicide. Homicide Studies, 3*, 300-316.

McIvor, R. J., & Petch, E. (2006). Stalking of mental health professionals: An under-recognised problem. *British Journal of Psychiatry, 188*, 403– 404.

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.

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

Meloy, J. R., Mohandie, K., & McGowan, M. G. (2008). A forensic investigation of those who stalk celebrities. In J. R. Meloy, L. Sheridan & J. Hoffmann (Eds.), *Stalking, threats, and attacks against public figures*. New York, NY: Oxford University Press.

Meloy, J. R., Rivers, L., Siegel, L., Gothard, S., Naimark, D., & Nicolini, J. R. (2000). A replication study of obsessional followers and offenders with mental disorders. *Journal of Forensic Sciences, 45,* 147-152.

Miller, R. D. (1985). The harassment of forensic psychiatrists outside court. *Bulletin of the American Academy of Psychiatry and the Law, 13*, 337– 343.

Milligan, S. (2011). Criminal harassment in Canada, 2009. (Report No. 85-005-X). Ottawa, Canada: Statistics Canada.

Morgan, J. F., & Porter, S. (1999). Sexual harassment of psychiatric trainees: Experiences and attitudes. *Postgraduate Medical Journal, 75*, 410-413.

Mullen, P. E., Pathé, M., & Purcell, R. (1999). Study of stalkers. *American Journal of Psychiatry, 156,* 1244-1249.

Mullen, P. E., Pathé, M., & Purcell, R. (2000). *Stalkers and their victims*. New York, NY: Cambridge University Press.

Mullen, P., Pathé, M., & Purcell, R. (2009). *Stalkers and their victims* (2nd ed.). Cambridge, UK: Cambridge University Press.

Pathé, M., Mullen, P. E., & Purcell, R. (2002). Patients who stalk doctors: Their motives and management. *The Medical Journal of Australia, 176,* 335-338.

Pickar, D. B. (2007). On being a child custody evaluator: Professional and personal challenges, risks, and rewards. *Family Court Review, 45*, 103-115.

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

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.

Taylor, S. J., & Bogdan, R. (1998). *Introduction to qualitative research methods: A guidebook and resource* (3rd ed.). Hoboken, NJ: John Wiley & Sons Inc.

Tryon, G. S. (1986). Abuse of therapists by patients: A national survey. *Professional Psychology: Research and Practice, 17*, 357-363.

Remark Web Survey 3 [Computer Software]. Malvern, PA: Gravic, Inc.

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.

Rosenfeld, B., & Harmon, R. (2002). Factors associated with violence in stalking and obsessional harassment cases. *Criminal Justice and Behavior, 29,* 671-691.

Sandberg, D. A., McNiel, D. E., & Binder, R. L. (1998). Characteristics of psychiatric inpatients who stalk, threaten, or harass hospital staff after discharge. *American Journal of Psychiatry, 155*, 1102–1105.

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

Smoyak, S. (2003). Perspectives of mental health clinicians on stalking continue to evolve. *Psychiatric Annals 33*, 641– 648.

Stata (Version 11.2) [Computer software]. College Station, Texas: StataCorp.

Statistical Package for the Social Sciences (Version 18) [Computer software]. Chicago, IL: SPSS Inc.

Steven, T. J., & Bogdan, R. (1998). *Introduction to qualitative research methods: A guidebook and resource* (3rd ed.). John Wiley & Sons Inc: Hoboken, NJ.

Storey, J. E. (2009). *Stalking management strategies: Implementation and efficacy,* Simon Fraser University, Burnaby, British Columbia, Canada.

Swanberg J. E., Logan T. K., & Marke C. (2006). The consequences of partner violence on employment and the workplace. In *Handbook of Workplace Violence*, ed. E. K. Kelloway, J. Barling, J. J. Hurrell, (pp. 351–80). Thousand Oaks, CA: Sage.

Tjaden, P., & Thoennes, N. (1998). *Stalking in America: Findings from the national violence against women survey* (NCJ 169592). Washington, DC: Department of Justice, National Institute of Justice.

Whyte, S., Penny, C., Christopherson, S., Reiss D., & Petch, E. (2011). The stalking of psychiatrists. *International Journal of Forensic Mental Health, 10*, 254-260.

Appendices

Appendix A.

Survey

Informed consent/Information about the survey

The following survey is aimed at uncovering victimization among Registered Clinical Counsellors. In particular this survey focuses on stalking (also known as criminal harassment).

This survey will take you between 20 and 40 minutes to complete. You may stop the survey and resume it at a later time if you wish. However, once you have submitted your survey you will not be permitted to change it or to complete another survey.

If you would like to participate but do not have access to a computer or to the internet the survey can be done by phone. For a phone interview please contact Jennifer Storey at jstorey@sfu.ca to set up a time to conduct the interview.

Your responses to this survey are anonymous. Your name and information will not be attached to your survey responses. The data will be aggregated for the purpose of analysis and as such no one person will be identifiable in the final report.

At the end of the survey you will be asked if you are willing to participate in a phone interview about your experience being stalked. If you are willing to participate in an interview your email address will be sent to the lead researcher. The purpose of the interview is to obtain a more detailed account of your experience. We would also like to know how you dealt with the stalker and being stalked and what suggestions you would like to pass along to others experiencing similar victimization. Finally, we want to know your opinions regarding the implementation of training that would assist counsellors in identifying and managing victimization by clients since you are in the best position to tell us what training you want and need and how it should be delivered.

You participation is greatly appreciated. Your responses will directly assist the BCACC in increasing workplace safety for you and other Registered Clinical Counsellors.

Sincerely,

Jennifer Storey

PhD Student

Simon Fraser University

Note, all italicized writing herein is for the purposes of explaining the survey to the reader of this dissertation and did not appear in the original dissertation.

Counsellor Demographic Information

What is your year of birth? 19__

What is your gender? M/F

Are you a Canadian citizen? Y/N

Is English your first language? Y/N

Are you a visible minority (non-European)? Y/N

Approximately how many people live in the city where you reside?

__ 1000 or less

__ 1001 to 10000

__ 10001 to 50000

__ 50000 to 100000

__ 100001 to 500000

__ 1000000 or more

What is your highest level of education?

__ Undergraduate degree

__ Graduate degree

What type of degree is it? (e.g., Masters in education, PhD, etc.) (*open-ended*)

What is your current work schedule?

___ Full time

___ Part time

___ On a leave of absence

___ Currently unemployed

___ Retired

___ Other

How many years have you been actively seeing clients as a counsellor?

_____ years

What proportion of your practice involves;

___% Relationship counselling

___% Substance abuse counselling

___% Stress management

___% Life transitions

___% Forensic related counselling

___% Grief and bereavement

___% Depression, panic/anxiety, anger

___% Childhood and adolescent issues

___% Sexual abuse/trauma

___% Personal growth and self development

___% Childhood and adolescent issues

___% Cross-cultural

___% Sexuality (Sex Therapy)

___% Communication skills, assertiveness, conflict resolution

___% Obsessive/compulsive behavior

___% Other, please specify *(open-ended)*

Is the location of your practice at the same site as your residence? Y/N

Have you ever received training in threat management or risk assessment? Y/N

(If they respond 'No' they skip the next three questions and move to the clinical skills rating)

If yes:

- **How many hours of training did your receive? ____** hours

- Where did you receive the training? Please include which institution or location you attended. *(open-ended)*

- How would you rate the training that you received?

__ Excellent

__ Good/Above average

__ Fair

__ Poor

__ Inadequate

How would you rate your level of clinical skill or expertise?

__ Average

__ Above average

__ High

Do you think that counsellors as a group of professionals are particularly vulnerable to being stalked? Y/N

Please elaborate on your answer, what do you think makes counsellors more or less vulnerable to becoming victims of stalking? *(open-ended)*

<u>Stalking and Other Behaviours Experienced</u>

Please indicate whether you have experienced any of the following behaviours by placing an 'X' in the appropriate column(s). Five columns are available for you to identify the relationship that you had with the perpetrator of the behaviour. The fourth column, non-professional relationship

includes all non-professional relationships that you may have shared with the perpetrator (e.g., intimate, stranger, friend, acquaintance, etc.).

Behaviours	**Professional relationship with a client**	**Professional relationship with the acquaintance of a client**	**Professional relationship with a colleague or employer**	**Non-professional relationship**	**Never experienced**
Repeated (more than 2) unwanted communications or attempts at communication (e.g., phone, emails, gifts)					
Communicated to others about you – either to gain information or spread information (e.g., defamation, malicious gossip – posting false information about you online)					
Followed you					
Watched you or conducted surveillance					
Made unfounded complaints about you					
Acted in an intimidating fashion or communicated in a menacing manner (e.g., sent dead flowers, interfered with					

daily activities, sent a computer virus).					
Deliberately damaged, destroyed or vandalized your property					
Verbally abused you (e.g., yelling, cursing)					
Harassed someone close to you because they wanted to intimidate, get back at, or otherwise get to you					
Threatened you with physical harm or with a weapon					
Threatened you with another form of harm (e.g., to report you to the disciplinary committee or harm your pets)					
Made threats to someone close to you in an attempt to intimidate you					
Physically or sexually assaulted you (an assault can be anything from being hit, slapped, pushed or grabbed, to being shot or beaten)					

Assaulted someone close to you					
Other violent, illegal, or harassing behaviour (include which of the 4 types of relationships you held with the person who perpetrated the behaviour)? Please add anything else that you think is relevant or that may clarify your responses. *(open-ended)*					

- Stalking is defined as “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 those known to them.”

Please indicate under which category you fall:

__ I am not now, nor have I ever been the victim of a stalker.

__ I have previously been stalked but I am not currently being stalked.

__ I am currently being stalked but I have never been stalked before

__ I am currently being stalked and I have previously been stalked

For those who selected ‘I am currently being stalked and I have previously been stalked’:

Which incident is/was the most serious?

__ Current stalking

__ Previous stalking

Respondents were branched to different sections of the survey to respond to questions with the most serious episode of stalking in mind, either current stalking or previous stalking. Similarly, those who were currently being stalked and those who had previously been stalked were branched to respond to slightly different questions. Most of the questions asked regarding previous and current stalking episodes were identical apart from the grammatical tense used. As such only one grammatical version of the questions is presented below. The questions that differed are noted to be either ‘previous’ or ‘current’.

When stalking first begins many people are unsure if what they are experiencing is actually stalking. How did you first find out that you were being stalked?

__ I noticed the perpetrator's behaviour

__ Someone else told me about the perpetrator behaviour

__ The perpetrator told me themselves

Other way, please specify. Also, you may add anything else that you think is relevant or that may clarify your response. *(open-ended)*

What was the first stalking behaviour that you noticed? *(open-ended)*

How many separate incidents of stalking have you experienced? A separate incident would involve a different perpetrator OR a perpetrator whose behaviour ended for a long period of time then resumed.

How many different perpetrators have pursued you?

Previous - **Have you been the victim of stalking in the past 12 months?** Y/N

Previous - **How many weeks did the victimization persist for (if multiple incidents report longest stalking episode)? _____**weeks

What was your relationship with the perpetrator before the stalking began (you may select one relationship type for each perpetrator)?

___ Professional (client, colleague, etc.)

___ Current of former intimate partner

___ Friend or acquaintance

___ None, they were a stranger

Other, please specify. Also, you may add anything else that you think is relevant or that may clarify your response. *(open-ended)*

Was the perpetrator

__ Your client

__ The client of a colleague

__ Neither of the above

Those who had been pursued by a client or the client of a colleague continued to answer questions about the stalking incident. The remaining respondents were branched to the Perceptions section of the survey.

How many weeks had you or the other clinician been seeing the client before the inappropriate behaviour began? Please answer this question with the information you have now (e.g., if you initially became aware of their behaviour 2 months after your first session but later learned that the behaviour began one month after your first session you would answer one month). __ Weeks

Please feel free to add any additional comments about this section. *(open-ended)*

Nature of the Stalking Experience

Previous - Please answer the following questions about the stalking episode that was perpetrated by your client. If you have had multiple experiences with clients please answer the questions in relation to your most serious stalking experience perpetrated by a client.

Current - Please answer the following questions about the stalking episode that you are currently experiencing.

For each question there are three possible responses; evidence present, some evidence present and no, evidence present. Evidence refers to physical evidence, witnessed acts or things uncovered through your counselling sessions like for example, a substance abuse problem. You should conclude the there is evidence present if based on what you know the factor or item in question is definitely or conclusively present. You should answer some evidence if you think that based on the evidence that factor or item is possibly or partially present, or that there is conflicting evidence. Finally, you should answer no evidence if the factor or item is absent.

An example of a factor is substance abuse on the part of the perpetrator. For this factor you would indicate that this is present if you knew that the perpetrator was a heavy substance user, that they had been fired due to being intoxicated on the job and that they had several legal problems related to substance abuse (e.g., a conviction for driving while intoxicated). Alternatively, you would answer some evidence if the individual's ex-partner told you that they drank heavily, as this in itself is not conclusive evidence of a problem. Finally, you would answer no evidence if you knew that the individual never drank or only drank occasionally at social events.

Did the perpetrator communicate about you to others? For example, did they try to obtain or disseminate information about you through others?

__ Evidence present

__ Some evidence present

__ No evidence present

If any communication was present, what types of communication did they engage in? Please check all that apply.

__ Tried to gain information about you to learn more about you

__ Tried to gain information in order to contact you

__ Tried to gain information to use against you

__ Spread rumours or malicious gossip about you

__ Defamed you (e.g., sent a letter to your employer accusing you of something you had not done)

__ N/A

Other types of communication, please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

Did this behaviour cause you to fear for your safety or the safety of someone known to you?

__ Yes

__ No

__ Unsure

__ N/A

Did the perpetrator manage to obtain any information about you? Y/N

If yes, where did they get the information? Please check all that apply.

__ The internet

__ Work files

__ A colleague

__ An acquaintance, friend, or family member

__ Public records

__ The trash

__ N/A

Other place, please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

Did this behaviour cause you to fear for your safety or the safety of someone known to you?

__ Yes

__ No

__ Unsure

__ N/A

Did the perpetrator make a complaint about you to a regulatory body?

__ Evidence present

__ Some evidence present

__ No evidence present

If so, how did the regulatory body respond? Please check all that apply.

__ They responded appropriately

__ They responded inappropriately

__ Their response helped or forwarded the goal of the stalker

__ N/A

Other response, please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

Did this behaviour cause you to fear for your safety or the safety of someone known to you?

__ Yes

__ No

__ Unsure

__ N/A

Did the perpetrator try to communicate with you in a way that was unwanted and did not require close physical proximity or face-to-face contact? For example, by phone, email, sending gifts, etc.

__ Evidence present

__ Some evidence present

__ No evidence present

If so, what types of unwanted communication did they engage in? Please check all that apply.

__ Phone calls/messages on your answering machine

__ Letters

__ Emails

__ Text messages

__ Faxes

__ Other types of electronic communication

__ Gifts

__ Deliveries (e.g., buys a magazine subscription for you)

__ N/A

Other type of communication, please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

Did this behaviour cause you to fear for your safety or the safety of someone known to you?

__ Yes

__ No

__ Unsure

__ N/A

Did the perpetrator attempt to approach you or your property in a way that did not require direct contact? For example, did they follow you, watch you or surreptitiously trespass on your property?

__ Evidence present

__ Some evidence present

__ No evidence present

If yes, what types of approach behaviour did they engage in? Please check all that apply.

__ Following from a distance

__ Watching at a distance

__ Surreptitiously trespassing on your property includes going

__ N/A

Other approach behaviour, please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

Did this behaviour cause you to fear for your safety or the safety of someone known to you?

__ Yes

__ No

__ Unsure

__ N/A

Did the perpetrator try to make face to face contact with you in a way that would allow them to touch you or communicate with you? For example, did they touch you, speak with you or watch you while in close proximity?

__ Evidence present

__ Some evidence present

__ No evidence present

If so, what types of direct contact did they engage in?

__ Touched you

__ Spoke with you

__ Watched you from a short distance while very close by

__ N/A

Other direct contact, please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

Did this behaviour cause you to fear for your safety or the safety of someone known to you? Y/N

How often did the perpetrator try to communicate, approach or make direct contact with you? Please select the option that is closest to what you experienced.

__ Once a day

__ More than three times per week

__ Once per week

__ Once per month

__ Less than once a month

__ Unsure

Did the perpetrator ever try to make you feel fearful by saying or doing things that threatened harm but did so in a manner that was ambiguous, vague or indirect? Some examples include yelling at you, banging on your door, trying to block you from exiting your office or vandalizing your property. Did the perpetrator ever engage in behaviour that you thought was intimidating?

__ Evidence present

__ Some evidence present

__ No evidence present

If so, what types of intimidating behaviour did they engage in?

__ Yelled at you

__ Banged on the door or hit an object

__ Threw an object but not directly at you

__ Tried to block your path or movements

__ Vandalized or destroyed your property

__ Made indirect or vague threats

__ Sent dead flowers or photos in which your image was defaced

__ Sent you a computer virus

__ Obtained your credit card information and used it to make unauthorized purchases

__ Broke into your house and moved furniture or destroyed your property

__ N/A

Other intimidating behaviour, please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

Did this behaviour cause you to fear for your safety or the safety of someone known to you?

__ Yes

__ No

__ Unsure

__ N/A

Did the perpetrator ever make threats to harm or kill themselves?

__ Evidence present

__ Some evidence present

__ No evidence present

Did the perpetrator ever make explicit threats, or act in a threatening manner toward you? For example, did they make death threats or brandish a weapon while yelling? Threats can be made to you or about you to a third party and can be conveyed verbally or through behaviour.

__ Evidence present

__ Some evidence present

__ No evidence present

If so, what types of threatening behaviour did they engage in? Please check all that apply.

__ Yelled at you while brandishing a weapon

__ Made an explicit threat to harm you

__Made an explicit threat to kill you

__ Drove around you in a reckless manner while you were on foot

__ N/A

Other threatening behaviour, please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

Did you believe that the perpetrator could or would carry out those threats? Y/N

Did this behaviour cause you to fear for your safety or the safety of someone known to you?

__ Yes

__ No

__ Unsure

__ N/A

Did the perpetrator ever attempt to or cause you or a secondary person any physical harm? For example, did they ever assault you physically, or sexually, or use a weapon against you (this includes setting fires)? The perpetrator may have deliberately intended to cause physical harm or may have been reckless concerning the possibility of causing physical harm.

__ Evidence present

__ Some evidence present

__ No evidence present

If so, what types of violent behaviour did they engage in? Please check all that apply.

__ Physical assault (e.g., this includes restraining you against your will)

__ Sexual assault

__ Use of a weapon against you

__ Set a fire

__ N/A

Other violent behaviour, please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

Did this behaviour cause you to fear for your safety or the safety of someone known to you? Y/N

What injuries did you suffer? Please check all that apply.

__ None

__ Minor

__ I was treated and released

__ I was hospitalized

Are there any other kinds of stalking behaviours that the perpetrator engaged in that you feel were not covered in the questions you just answered? If so please list them and indicate whether they caused you to fear for your safety or the safety of someone. *(open-ended)*

Persistent stalking is characterized by a pattern of chronic, enduring, intense or continuous pursuit. For example, the stalking may have persisted for many months or the perpetrator may have spent many hours a day engaging in stalking behaviour. Was the stalking you experienced persistent?

__ Evidence present

__ Some evidence present

__ No evidence present

If so, in what way was the behaviour persistent? Please check all that apply.

__ The behaviour was enduring lasting for a long time

__ The perpetrator spent a great deal of time engaging in the behaviour

__ The behaviour persisted/continued despite many intervention

__ The behaviour was continuous with only very short interruptions

__ N/A

Other persistent behaviour, please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

An escalation in stalking behaviour includes a worsening over time in the frequency, diversity or severity of the behaviour. For example, a stalker may escalate from sending emails to threatening you in person, or by increasing the amount of time they spend engaging in stalking behaviours. Did the perpetrator's behaviour escalate?

__ Evidence present

__ Some evidence present

__ No evidence present

If so, in what way did their behaviour escalate? Please check all that apply.

__ The behaviour became more frequent

__ The behaviour became more severe

__ The perpetrator began to use more diverse behaviours

__ N/A

Other type of escalation, please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

Did the perpetrator violate any supervision orders? Supervision orders include official cautions, conditions of bail or probation or any other court orders.

__ Yes

__ Possibly, there is some evidence that they violated an order

__ No, they abided by their orders

__ No, there were no orders in place

If so, what type of supervision order did they breach? Please check all that apply.

__ An official caution (e.g., police warning)

__ A court order (e.g., peace bond or restraining order)

__ A court imposed condition (e.g., a condition of bail or probation)

__ N/A

Other type of supervision order, please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

If they did violate a court order did you report it to the police?

__ Yes

__ No

__ N/A

Did this behaviour cause you to fear for your safety or the safety of someone known to you?

__ Yes

__ No

__ Unsure

__ N/A

In what locations did the stalking behaviour take place (e.g., around the office, your home, in public places)?

__ In and around the office

__ Home

__ Public places I frequent (e.g., grocery store)

Other location, please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

How long has the stalking behaviour continued for? __ weeks

Has the totality of the stalking behaviour caused you to fear for your safety or the safety of someone known to you?

__ Yes

__ No

__ Unsure

__ N/A

Please feel free to add any additional comments about this section. *(open-ended)*

Cyber Stalking

Computers and the internet have become a huge part of our daily lives. Unfortunately, they are also fast becoming a primary means for stalkers to harass and research their victims. The following questions will attempt to gauge the role that such technologies played in your victimization.

Did the perpetrator use the internet to gain information about you?

__ Evidence present

__ Some evidence present

__ No evidence present

If so what did they learn about you? Please check all that apply.

__ Information about me as a professional

__ Personal information

__ Contact information

__ Financial information (e.g., credit card or banking information)

__ Information about your family or friends

__ N/A

Other information, please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

Did the perpetrator send you emails? Y/N

If so how many were sent?

Did you keep records of the online harassment? Y/N

Did the perpetrator use the internet to talk about you to others? For example, did they send emails to others, post messages, threats or complaints about you or others close to you?

__ Evidence present

__ Some evidence present

__ No evidence present

If so, please indicate which behaviours they engaged in.

__ Sent emails to others about you

__ Posted messages about you

__ Posted complaints about you

__ Posted threats to you

__ Emailed or posted things about others close to you

Other online communication about you, please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

Did the perpetrator use the internet to leave false information about you, impersonate you, or disrupt your accounts? For example, did they sign you up for certain websites or services, or give out your name and phone number?

__ Evidence present

__ Some evidence present

__ No evidence present

Prior to your experience and to reading these questions had you thought of the internet as a stalking tool? Y/N

Have you changed the way that you use technology as a result of your stalking experience? Y/N

If yes, what kinds of changes have you made?

__ Increased security

__ Increased knowledge about the internet

__ Altered use of the internet

__ Reduced use of the internet

__ N/A

Other changes, please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

Please feel free to add any additional comments about this section. *(open-ended)*

<u>Perpetrator</u>

If you have experienced more than one stalking episode please continue to answer the following questions based on the more severe stalking episode you experienced.

Did the perpetrator act alone?

__ Yes

__ No there were 2 or more perpetrators

__ No the perpetrator received help from a third party, however, they were not engaged in stalking behaviour.

- If there was more than one perpetrator please answer the following questions based on the individual that you feel was the primary perpetrator. A primary perpetrator is often the individual who commits the majority of the acts of stalking. However, in the case that one individual hires another individual to commit acts of stalking the primary perpetrator is the former as they possess the motive and they are telling the other individual what to do. If you are unsure ask yourself if individual A did not exist would individual B be stalking me, and vice versa? The primary perpetrator is the one that would be engaging in stalking without the accomplice.

What was the perpetrator's approximate age at the time that they were stalking you?____ years old

What is the perpetrator's gender? M/F

Is the perpetrator a Canadian citizen? Y/N

Is English the perpetrator's first language? Y/N

Is the perpetrator a visible minority (non European)? Y/N

Was the perpetrator employed when they were stalking you?

__ Yes, full time

__ Yes, part time

__ No, they are retired

__ No they are currently unemployed

__ Don't know

__ Other

At the time that stalking behaviour was taking place was the perpetrator;

__ Single

__ Dating

__ Cohabitating

__ Married

__ Divorced/separated

__ Widowed

__ Other

__ Don't know

Did the perpetrator display anger or hostility, or act in an antagonistic manner?

__ Evidence present

__ Some evidence present

__ No evidence present

Did the perpetrator seem obsessed or preoccupied with you? For example, did they spend an inordinate amount of time talking, thinking or focusing on you?

__ Evidence present

__ Some evidence present

__ No evidence present

Did the perpetrator have problems related to abnormality of thought form or content? For example, was their communication irrational, or did they hold distorted or unrealistic beliefs?

__ Evidence present

__ Some evidence present

__ No evidence present

Did the perpetrator lack remorse for the distress that he/she caused you, or did he/she seem unaware that he/she was causing you distress?

__ Evidence present

__ Some evidence present

__ No evidence present

Did the perpetrator engage in an antisocial lifestyle? Did he/she commit criminal acts or have criminal associates.

__ Evidence present

__ Some evidence present

__ No evidence present

Did the perpetrator have intimate relationship problems, such as numerous or no intimate relationships or serious conflict within their intimate relationships?

__ Evidence present

__ Some evidence present

__ No evidence present

Did the perpetrator have non-intimate relationship problems, such as poor social skills, little contact with others, peers that exert a negative influence or conflictual relationships with others?

__ Evidence present

__ Some evidence present

__ No evidence present

At the time of the stalking incident was the perpetrator extremely upset, anxious or depressed? For example, were they suicidal, unable to cope, or worried about the future?

__ Evidence present

__ Some evidence present

__ No evidence present

Did the perpetrator have a substance abuse problem (alcohol or drugs) that resulted in health, psychological or social adjustment problems?

__ Evidence present

__ Some evidence present

__ No evidence present

Did the perpetrator have serious employment or financial problems? For example, did they have difficulty obtaining or maintaining work, or lack sufficient means to acquire basic necessities?

__ Evidence present

__ Some evidence present

__ No evidence present

When the perpetrator first sought your services what problem(s) did they present with? Please check all that apply.

__ Relationship problems

__ Substance abuse problems

__ Stress management problems

__ Life transition problems

__ Forensic related problems

__ Grief and bereavement problems

__ Depression or panic/anxiety problems

__ Anger problems

__ Childhood and adolescent issues

__ Sexual abuse/trauma issues

__ Personal growth and self development issues

__ Cross-cultural issues

__ Sexual problems

__ Problems with communication skills or conflict resolution

__ Problems with social skills

__ Assertiveness problems

__ Conflict resolution

__ Obsessive/compulsive behaviour

__ Attachment issues

Other problems or issues, please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

Please indicate which of the following disorders, stressor and/or experiences the perpetrator possessed.

Axis I clinical disorders

__ Anxiety disorder

__ Eating disorder

__ Dissociative disorder

__ Mood disorder

__ Psychotic disorder

__ Substance-related disorder

__ No Axis I diagnosis

Axis II personality disorders

__ Antisocial personality disorder

__ Borderline personality disorder

__ Narcissistic personality disorder

__ Schizotypal personality disorder

__ No Axis II diagnosis

Recent losses or stressors

__ Loss of family member

__ Potential loss of family member

__ Loss of close friend

__ Potential loss of close friend

__ Loss of child

__ Potential loss of child

__ Terminated employment

__ Serious illness or health problem

__ Divorce/breakup of intimate relationship

__ Other *(open-ended)*

Childhood caregiver experiences

__ A Loss/separation due to divorce

__ Loss from abandonment, death, or incarceration

__ Emotional, physical, sexual abuse

__ Emotional abuse

__ Physical abuse

__ Sexual abuse

__ Emotionally absent caregiver due to mental illness or substance abuse

__ Other *(open-ended)*

What do you think is the perpetrator's motivation for stalking you?

__ Romantic feelings

__ Grudge or angry feelings

__ Irrational belief

__ Desire for a non-romantic relationship

__ Unsure

If you have additional information about the perpetrator's motive you may enter it here. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

Please feel free to add any additional comments about this section. *(open-ended)*

<u>Your Response to the Perpetrator</u> *(Victim vulnerability)*

Did you tell the perpetrator to stop? Y/N

Did you try to end all contact with the perpetrator and not initiate any contact yourself? Y/N

Did you ever respond to the perpetrator's attempts at communication or agree to meet with him/her? Y/N

Did you ever blame yourself for the perpetrator's behaviour, or think that you were exaggerating the seriousness of the stalking? Y/N

Do you think that you may be able to resume your therapeutic relationship with the perpetrator in the future? Y/N

During the course of the stalking episode did you ever feel that you lacked adequate access to resources that would help you to manage your situation? For example, were no appropriate services available, were you unaware of available services or were you unable to afford services? Y/N

Do you feel that you had adequate knowledge regarding stalking and stalkers to deal with the situation? Y/N

Did you ever report the stalker to police? Y/N

If you did call the police, what prompted you to do so?

__ The large number of stalking behaviours

__ The escalating frequency or severity of the stalking behaviour

__ The severity of the stalking behaviours

__ Fear regarding what the perpetrator might do

__ Someone else's' fear or concern about what the perpetrator might do

__ N/A I did not notify police

Other things that prompted you to notify police, please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

Did the police give you any advice?

__ Yes

__ No

__ N/A

If so, did you follow that advice?

__ Yes

__ No

__ N/A

There are several reasons why people choose not to contact the police. Please check any of the following reasons that describe why you chose not to call police.

__ Because it was dealt with another way

__ Because of fear of the perpetrator

__ Because the police couldn't do anything about it

__ Because the police wouldn't help

__ Because you didn't want to get involved with police

__ Because you didn't want the perpetrator arrested or jailed

__ Because the incident was a personal matter that didn't concern the police

__ Because you didn't want anyone to find out about it

__ Because of fear of publicity/news coverage

__ Because it was not important enough

__ N/A I called police

Other reasons that you chose not to notify police, please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

This question is also for those who did not call police. If you did not call the police, under what circumstances would you involve the police (or make another form of official complaint)? Please check all that apply.

__ If the client physically or sexually assaulted me

__ If the client followed me

__ If the client tried to intimidate me

__ If the client was tried to make repeated and inappropriate contact

__ None of the above

__ N/A I called police

Other circumstances under which you would call police, please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

Which, if any of the following have occurred in your situation?

__ The perpetrator was warned by police

__ The perpetrator was arrested and charged by police

__ There is/was a restraining order or peace bond in place for the perpetrator

__ The perpetrator was convicted of an offense against me

Would you be or have you been a witness at trial? Y/N

Did you keep a record of the stalking behaviour and/or keep evidence? Y/N

Did you feel that your home or neighbourhood was unsafe? For example do you live in a rural area, or live in a building that is not very secure, etc.? Y/N

Did you feel that your office was unsafe? For example, was the office open to the general public, did you work there while no one else was around, was the parking area poorly lit, etc.? Y/N

If you felt unsafe please specify why you felt that way. Alternatively, if you felt safe please specify what features of your office made you feel safe. *(open-ended)*

Did the perpetrator harass other individuals besides you? Please indicate all that apply.

__ No

__ Yes my children

__ Yes my partner

__ Yes other family members

__ Yes my friends

__ Yes my colleagues

Yes, other individuals. Please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

If the perpetrator was harassing others, were you concerned for the wellbeing of any of those individuals?

__ Yes

__ No

__ N/A

If you were concerned for others did that concern alter how you managed/dealt with the perpetrator?

__ Yes

__ No

__ N/A

At the time that you were being stalked were you;

__ Single

__ Dating

__ Cohabitating

__ Married

__ Divorced/Separated

__ Widowed

__ Other

If you were in a relationship was it affected by the stalking?

__ Yes

__ No

__ N/A

Did your social change as a result of being stalked?

__ Yes, I saw family and friends more often

__ No, it remained the same

__ Yes, I saw family and friends less often

Other change to your social life, please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

Please indicate what costs you incurred as a result of being stalked.

__ I had to reduce my work hours

__ Medical costs

__ Therapy costs

__ Repairing property damage done to property

__ Costs associated with changing phone numbers etc.

__ Costs associated with increasing security

__ Moving costs

Other costs, please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

Do you find that you are now more apprehensive with your other clients as a result of being stalked? For example, are you troubled by actions that might not have concerned you before (e.g., personal questions, gestures of gratitude, etc.)? Y/N

If yes, in what ways are you more apprehensive? Please check all that apply.

__ I am more apprehensive around all of my clients

__ I am more apprehensive around my new clients

__ I am more apprehensive around about taking on new clients

__ I am more apprehensive about certain actions taken by clients

__ I am more apprehensive around the office in general

__ N/A

Other ways in which you are now more apprehensive, please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

Do you feel guilty about things that you did while being stalked?

__No

__I feel some guilt

__I feel a great deal of guilt

__ Other

If yes, what things do you feel guilty about? *(open-ended)*

Since being stalked have you felt less confident in your skills as a clinician?

__ No

__Somewhat

__Yes

Since being stalked have you felt less inclined to accept new clients?

__ No

__Somewhat

__Yes

Since being stalked have you considered changing professions?

__ No

__Somewhat

__Yes

At the time that the stalking behaviour was occurring were you feeling afraid, anxious, or depressed? For example, did you have a lot of trouble dealing with problems or making decisions, did you feel hopeless or worried about the future?

__ No

__Somewhat

__Yes

If yes, did these feelings make you think that you could not manage the stalking situation?

__ No

__Somewhat

__Yes

__ N/A

Was there any pressure on you from colleagues or superiors to continue working with the perpetrator?

__ No

__Somewhat

__Yes

Were your colleagues supportive of you and your choices with respect to the stalking situation?

__ No

__Somewhat

__Yes

If so, how were they supportive? *(open-ended)*

If not, how were they unsupportive? *(open-ended)*

Please indicate your level of agreement with the following statement. I was reluctant to report the perpetrator's stalking behaviour for fear of what others, particularly my colleagues and supervisor would think about me.

__ Strongly disagree

__ Somewhat disagree

__ Don't know

__ Somewhat agree

__ Strongly agree

Previous - **Please rate the amount of effort that it took to end the stalker's behaviour in your case.**

__ Low/Routine

__ Moderate/Elevated

__ High/Urgent

Current - **Please rate the amount of effort that you believe it would take to stop the stalker's behaviour.**

__ Low/Routine

__ Moderate/Elevated

__ High/Urgent

Current - **How likely is it that your stalker will act out violently towards you or another person?**

__ Low

__ Moderate

__ High

Previous - **If the perpetrator acted violently toward you or another person, were you surprised by their actions or were you able to predict the violent behaviour before it occurred?**

__ I was surprised by their violent behaviour

__ I was not surprised by their behaviour but I did not predict that it would occur

__ I was fairly certain that the perpetrator would act violently

__ I was certain that the perpetrator would act violently

__ N/A

Previous - **If the perpetrator never acted in a violent manner were you able to predict that they would not act violently?**

__Yes I was sure that the perpetrator would not act violently

__ I was fairly certain that the perpetrator would not act violently

__ At the time I thought the perpetrator would act violently

__ N/A

Please feel free to add any additional comments about this section. *(open-ended)*

Warning Signs and Precipitating Events

What if anything do you think precipitated the stalking? Please check all that apply.

__ My termination of the therapeutic relationship

__ My refusal to enter into a romantic relationship

__ My refusal to enter into another type of relationship

__ An unfavorable report or recommendation

__ A significant stressor or less in the perpetrator's life

__ Unsure

__ I can't think of anything that might have precipitated the stalking behaviour

Other things that may have precipitated the stalking behaviour, please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

Can you think of any warning signs that might have signaled that the stalking behaviour was imminent?

__ Arguments between you and the perpetrator

__ Boundary crossing by the perpetrator (e.g., gifts, inappropriate behaviour)

__ Displays of inappropriate attachment by the perpetrator

__ The perpetrator misunderstood the therapeutic relationship

__ Unsure

__ No there were no warning signs

Other warning signs, please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

Please feel free to add any additional comments about this section. *(open-ended)*

Management Strategies

A management strategy is something put in place by the victim, their friends or family or the police in the hopes of deterring or ending the perpetrator's behaviour. There are numerous types of management strategies, some examples include: creating a safety plan, changing your phone number, collecting evidence, calling police, peace bonds, increasing home security, carrying a weapon, changing your driving route to work, having a third party intervene and telling the stalker to stop.

Did you or others employ any management strategies when dealing with the perpetrator? Y/N (*If they responded yes they move on to the following instructions and complete the list of management strategies employed)*

Previous - Please list the strategies that you implemented to try to deter your stalker; as much as possible try to list them in chronological order.

Also please indicate whether you found the strategy to be helpful or unhelpful. A helpful strategy can be something that you feel caused the stalker to stop, made pursuing you more difficult for the stalker or helped you to deal with the stalking behaviour (e.g., counselling). Unhelpful strategies can be strategies that did not help you or help to stop the stalker or they can be things that made the stalking behaviour worse.

Current - Please list the strategies that you have implemented to try to deter your stalker; as much as possible try to list them in chronological order.

Also please indicate whether you have found the strategy to be helpful or unhelpful. A helpful strategy can be something that you feel caused the stalker's behaviour to decrease, made pursuing you more difficult for the stalker or helped you to deal with the stalking behaviour (e.g., counselling). Unhelpful strategies can be strategies that did not help you or help to stop the stalker or they can be things that made the stalking behaviour worse.

Will the following strategies be listed in chronological order? Y/N

First strategy employed *(open-ended)*

Was this strategy

__ Helpful

__ Unhelpful

Second strategy employed *(open-ended)*

Was this strategy

__ Helpful

__ Unhelpful

(Continued in same way up to strategy twelve.)

List any additional strategies, were they helpful or unhelpful *(open-ended)*

What was the final management strategy employed in the case? *(open-ended)*

What management strategies would you recommend to other victims? *(open-ended)*

Which of the following strategies have you employed to try to deter the stalker's behaviour?

__ I avoided certain places or people

__ I went out less than I use to

__ I did not go out alone

__ I got an unlisted phone number, call display, call screening etc.

__ I moved

(If they selected no to having employed management strategies)

Why did you choose not to employ any management strategies? Please check all that apply.

__ I did not know of any strategies

__ I did not feel confident employing any strategies

__ I thought it was better to have someone else handle the problem

__ I thought the behaviour would end without intervention

__ I was advised not to do anything

__ I did not want to make the situation worse

__ Unsure

Other reasons, please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

(Both groups replying again below)

What do you think caused the perpetrator to desist? Please check all that apply.

__ A warning by the police

__ A warning by someone other than the police

__ A restraining order or peace bond

__ A charge or conviction

__ The management strategies that you implemented made it too difficult for them to continue

__ They stopped on their own

__ They moved on and stalked someone else

__ A change in the perpetrator's personal life

__ Unsure

Other things that caused the perpetrator to desist, please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

Did you share your experience with other professionals? Y/N

If yes, what was your reason for doing so? Please check all that apply.

__ To get advice on how to handle the behaviour

__ To get emotional support

__ To get help handling the behaviour (e.g., have them walk you to your car)

__ To pass on knowledge

__ To ensure the other professionals' safety

Other reasons that you discussed your experience with other professionals, please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

If you did confide in another professional how would you describe their response?

__Very helpful

__Helpful

__Adequate

__Unhelpful

__Made things worse

__ Other

__ N/A

Who provided you with the most assistance in managing (i.e., trying to end) the perpetrator's behaviour?

__ Family

__ Friends

__ Law enforcement

__ Colleagues or superiors

__ Victim services

__ Other

Who provided you with the most assistance in handling the adverse effects (e.g., monetary, emotional etc.) of your situation?

__ Family

__ Friends

__ Law enforcement

__ Colleagues or superiors

__ Victim services

__ Other

When would you advise other counsellors to reach out for assistance if they are being stalked by a client? For example, should they ask for assistance immediately or wait until they have made an attempt to resolve the situation on their own?

__ Immediately

__ After one attempt at trying to resolve the situation

__ After several attempts at resolving the situation

__ Involving others should be an absolute last resort

Who would you advise other counsellors ask for assistance if they are being stalked? Please check all that apply.

__ Police

__ Superior

__ Colleagues

__ Friends and family

__ A mental health professional who was not a colleague

__ Victim services organization

__ Lawyer

__ Doctor or nurse

__ Minister, priest, clergy or another spiritual leader

__ Other

If other individual or organization, please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

Were there any materials (e.g., books, websites, etc.) that you found helpful when navigating your situation? *(open-ended)*

Was there any form of assistance that you wish had been available to you but was not?

__ No

__ Unsure

__ Yes from my colleagues

__ Yes from my employer

__ Yes from security staff

__ Yes from law enforcement authorities

__ Yes from resources about stalking

__ Yes from victim service agencies

Other form of assistance, please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

Looking back is there anything that you would have done differently before the stalking began or while it was in progress?

__ Yes

__ No

__ Unsure

If yes, please describe. *(open-ended)*

Have you made any of the following changes to your practice as a result of your experience? Please check all that apply.

__ Increased office security

__ Screening new clients

__ Implemented a more in-depth or structured discussion about boundaries

__ Increased your knowledge/training about stalking and other violence

__ Moved office locations/the area in which you practice

__ No

Other changes, please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

If you conduct screening before accepting clients what warning signs do you screen for? Please check all that apply.

__ Previous stalking

__ Previous violence

__ Criminal record

__ Anger issues

__ Attachment issues

__ Relationship issues

__ Previous inappropriate behaviour with clinicians

__ Inappropriate expectations of therapy

__ N/A I do not conduct screening

Other things screened for, please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

If the perpetrator had previously been seeing a mental health professional would you have wanted to contact them (assuming it was not a breach of ethics)? Y/N

Please explain why or why not. *(open-ended)*

Should there be a notification system in place to warn treatment providers about individuals who are prone to stalking or abusive behaviour towards treatment providers? Y/N

If you wish you may elaborate on your answer. *(open-ended)*

Please feel free to add any additional comments about this section. *(open-ended)*

Perceptions

This section is to be answered by all counsellors including those that were not the victims of stalking.

What percent of counsellors do you think are stalked over the course of their career?

How many counsellors do you know who have been the target of stalking?

Take a moment to think generally about individuals who are targeted by stalkers. Now, why do you think counsellors in particular are targeted by stalkers? In other words what are the qualities of the counselling profession that make counsellors targets of stalking? *(open-ended)*

Do you think that the stalking of counsellors is related to any of the following?

__ The type of client

__ The type of therapy

__ The type of therapist

Take a moment to think about individuals who engage in stalking behaviour generally. Now, why do you think clients might engage in stalking behaviour toward their counsellors? In other words what are the qualities inherent in clients that would lead them to engage in stalking behaviour? *(open-ended)*

Please take a moment and think about a counsellor that you know who was stalked. How would you rate their level of clinical skill or expertise?

__ Average

__ Above average

__ High

__ N/A I do not know any counsellors who have been stalked

Do you think that being a more skilled clinician decreases your chances of being stalked? Y/N

Do you know of any counsellors who have left the profession as a result of being stalked? Y/N

Do you know anyone who has altered their practice, (e.g., increased safety measures, screening clients) as a result of a stalking experience? Y/N

How difficult would you find it to terminate a therapeutic relationship if the client had formed an unhealthy attachment to you or was abusing you in some way (e.g., harassment, verbal or physical abuse)?

__ I would not terminate the relationship under those circumstances I would work through it with the client during therapy

__ Extremely difficult, the problem would have to be very severe (e.g., physical abuse) and I would feel very guilty and perhaps worried that I was in some way responsible for their behaviour

__ Difficult, it would be the right thing to do but I would feel very guilty and perhaps worried that I was in some way responsible for their behaviour

__ Difficult, it would be the right thing to do and I would not blame myself

__ It would not be pleasant but it comes with my job and I would not blame myself

Other, please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

If you were being stalked by a client, under what circumstances would you call the police? Please check all that apply.

__ If the client physically or sexually assaulted me

__ If the client followed me

__ If the client tried to intimidate me (e.g., verbal abuse)

__ If the client tried to make repeated and inappropriate contact with me

Other circumstances under which you would call police, please specify. Also, you may add anything else that you think is relevant or that may clarify your responses. *(open-ended)*

Please feel free to add any additional comments about this section. *(open-ended)*

<u>Assistance and Training</u>

Do you have any training on the subject of, and if so how much?

i) Stalking in general

__ Yes, __ Hours

__ No

ii) The risk factors associated with stalking

__ Yes, __ Hours

__ No

iii) How to manage stalking

__ Yes, __ Hours

__ No

If you have received training where was it delivered?

__ Graduate school

__ Your first place of employment as a counsellor

__ Another place of employment as a counsellor

__ A place of employment where you were not a counsellor

__ Outside of work

__ N/A

Other location, please specify. *(open-ended)*

Do you think that training regarding stalking in general, risk assessment and/or risk management could help you to manage a stalking situation?

__ Yes

__ No

__ N/A

Should training be

__ Optional

__ Only mandatory for counsellors working with high risk populations

__ Mandatory for all counsellors

__ Other

When should training be offered?

__ In school

__ As part of a first job

__ As an optional course

__ As an optional course offered by your employer

__ Other

__ N/A I don't think training should be offered

Is there anything aside from training that you think could prevent future acts of stalking against counsellors? *(open-ended)*

Please feel free to add any additional comments about this section, the survey or anything that you think we missed. *(open-ended)*

Debriefing and Interview Consent Form

Your participation in this survey is greatly appreciated. The information that you have provided will help to quantify and describe the victimization experiences of counsellors as well as create an appropriate training program for members of the BCACC. The BCACC is at the forefront of professional agencies in dealing with this issue and it is hoped that our efforts will inspire other agencies to take similar steps to protect their members.

If you are willing we would like to talk to you further. For those individuals who are or who have been victimized we would like to talk to you about your experience, what you did or are doing to resolve the stalking situation and your ideas about a risk management training program for counsellors. For those who have never been victimized by a stalker we would like to obtain your thoughts on the implementation of a violence risk management training program, including whether you think such a program is necessary and what should be included. We would gather this information via a phone interview, at a mutually agreed upon time that would take between 15 and 30 minutes.

If you agree to take part in the interview, you will be asked to provide the interviewer with your email address so that she may set up an interview time. The interviewer is Jennifer Storey, a doctoral student at SFU. Jennifer is bound ethically by SFU not to reveal any of your information; in addition she has been screened by the BCACC and has signed a confidentiality agreement. The BCACC will have no knowledge of whether you agree to participate in the interview nor will they be given any of your information. Prior to your interview Jennifer will review the information you provided regarding your stalking episode so that she will not have to repeat any questions. Finally, your name will not be attached to any of your data or used in any reports. The reported results will be aggregated so that no individual is identifiable.

We would like to conduct interviews because it is important for us to get additional information so that we can provide you with the best training possible. It is anticipated that this training will ultimately result in a safer work environment for you and your colleagues.

Would you like to participate in an interview? Y/N

If participating in this survey has caused you to feel distress please contact Barry Williscroft at bwilliscroft@telus.net

If you are currently being victimized and/or have concerns about safety issues you should also contact Barry Williscroft at bwilliscroft@telus.net

The lifetime prevalence rate of stalking in Canada is 4% for women and 2% for men (Canadian Centre for Justice Statistics, 2005). However, these rates are not spread evenly among all individuals. In fact nearly a third of mental health professionals have been stalked (Lion & Herschler, 1998; Smoyak, 2003). Moreover, 64% of mental health professionals have been the victim of some form of harassing behaviour by a client (Romans, Hays, & White, 1996).

Not only are mental health professionals more likely to be stalked, it also appears they are less likely than the general population to report being victimized. In addition, it seems that mental health professionals who do come forward are not supported by their colleagues and are treated with suspicion. In fact there is a perception among mental health professionals that only poorly skilled mental health professionals are victimized (Mullen, Pathé, & Purcell, 2000). Ultimately, only 9% of mental health professionals report stalking to police (Romans et al., 1996).

This is a problem in need of a solution. The effects of stalking on victims are substantial, violence occurs in 25-35% of cases and in 9% of cases involving mental health professionals (no estimate has been put forward for counsellors specifically), and 29% of mental health professionals consider leaving the profession (McFarlane et al., 1999; Purcell, Powell, & Mullen, 2005).

If you are interested in this topic some interesting articles include:

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.

Guy, J. D., Brown, C. K., & Poelstra, P. L. (1992) Safety concerns and protective measures used by psychotherapists. *Professional Psychology: Research and Practice, 23*, 421-423.

Appendix B.

Victim Vulnerability Scoring

Table B1. Approximations of Five SAM Victim Vulnerability Items

SAM Victim Vulnerability factor	Questions used to measure factor
V1 Inconsistent Behaviour Toward Perpetrator	Did u try to end all contact?
	Did you ever respond?
V2 Inconsistent Attitude Toward Perpetrator	Did you ever blame yourself for the perpetrator's behaviour or think that you were?
	Do you think that you may be able to resume?
V3 Inadequate Access to Resources	During the course of the stalking episode did you ever feel that you lacked adequate access?
	Do you feel that you had adequate knowledge regarding?
V4 Unsafe Living situation	Did you feel that your home or neighbourhood was unsafe?
	Did you feel that your office was unsafe?
V8 Distressed	At the time that the stalking behaviour was occurring were you feeling afraid?
	If yes, did these feelings make you think that you could not manage the stalking?

Appendix C.

Survey Response Editing Changes

Table C1 Narrative Responses to Other Stalking-Related Behaviours Re-Coded into Close-Ended Coding Options

Participant Response	Coded as
"For the first question above, I would say yes to each of the 4 categories of relationship, but this test only allows me to fill in one dot. I regularly receive unwanted communications from men who come to our office for our programs. It is an ongoing stressor for me. The remaining answers refer to an x-boyfriend."	Communication with by a client Communication with by the acquaintance of a client, Communication with by a co-worker Communication with in a non-work related relationship
"Note: (for following, watching and intimidation) I am not clear on this question re: the four categories. A person did these things that was NOT my client but it was a family member of the client (and because of my role as [then] forensic counsellor with a client) but that person was not in a professional relationship with me at all, so I chose the 4th category (relationship outside my profession)"	Following, by the acquaintance of a client Watching by the acquaintance of a client Intimidation by the acquaintance of a client
"A parent attempted to intimidate me when someone had made a call to MCFD and he thought it was myself."	Intimidation by the acquaintance of a client
"A parent of another client made a veiled threat to come after my family."	Intimidation by the acquaintance of a client
"Employer who used shame and fear to build mistrust with each other, who also used patterns of giving gifts, money, special events and then would berate, yell, swear and enforce "feedback" to each other under the guise of "helping". The pattern was much like the abuse cycle in domestic violence relationships, and when an employee would quit and leave the place of work, they would be ex-communicated".	Intimidation by a co-worker
"The worst I've encountered is a client saying something like they could find out where I lived if they wanted, that kind of thing."	Intimidation by a client
"I have had some very difficult clients in the past one in particular did threaten me and got loud and verbally aggressive"	Intimidation and threat by a client
"One time only I worked as a contract therapist and the owner of the facility was intimidating due to his	Intimidation by a co-worker

relapse into a cocaine addiction. I quit the job on the spot."	
"Had two male in the last 3 years clients who were under the influence of alcohol when they arrived for first session, and attempted threatening and intimidating behaviour. "	Intimidation by a client Threat by a client
"A client robbed my home. Associates of a client threatened me, terrified me by nearly running into my car with their car on 3 -4 occasions, made threatening gestures toward me, stalked me or watched me (knew where to find me on certain days e.g. when I went to certain places on a regular basis), broke into my house, tampered with my fax machine etc. Father of a client threatened my life. A husband of a client threatened my life. A husband and father of clients threatened to report me to the association."	Threat by a client Deliberate property destruction by the acquaintance of a client Intimidation by the acquaintance of a client Threats of physical harm by the acquaintance of a client Threats of other harm by the acquaintance of a client (Note Intimidation by client was already selected by the participant and robbery was added to other behaviours and listed in the results section)
"i've had a 10 year old boy who has received a diagnosis of high functioning autism who has pushed me and stood in front of the door so that i could not leave his house."	Assault by a client
"Once, a young teen threw a penknife at me in the presence of his parents. It hit the wall behind me. The incident was addressed immediately and changed behaviour occurred."	Assault by a client

Table C2 ***Narrative Response to Perceived Motivation of the Perpetrator Re-Coded into Close-Ended Coding Option***

Participant Response	Coded as
"I only know what colleagues told me about the reason. I non-verbally made it clear to stalker that I knew she was following me and she quit."	Unsure

Table C3 ***Narrative Responses to Warning Signs that Stalking was Imminent Re-Coded into Close-Ended Coding Options***

Participant Response	Coded as
"perp blamed me for being arrested under the mental health act"	An argument between themselves and the perpetrator
Indicated two warning sings	Removed their coding of Unsure for the warning sign
Indicated one warning sign	Removed their coding of None for the warning sign