



## Psychiatry & Behavioral Science Section - 2015

### **I12 Stalking of Health and Social Services Workers: Preliminary Results of a Study Conducted by the Region of Apulia, Italy**

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After attending this presentation, attendees will be more aware of the impact that stalking of healthcare professionals has on workers in the helping professions.

This presentation will impact the forensic science community by demonstrating that further, well-designed studies are needed in order to confront this underestimated but very serious problem facing healthcare professionals.

The helping professions, which include those disciplines whose workers' goals are to help others (e.g., general physicians, psychiatrists, psychologists, educators, and social workers) all have one criminologically relevant feature in common: a high risk for being the target of stalking.

A study conducted by Galeazzi, Elkins, and Curci has shown that out of 108 psychiatrists, psychologists, and graduate students, 20% were the target of some sort of stalking for a period of one month or longer, with more than ten single episodes of intrusion.<sup>1</sup> According to this study, the incidence of stalking in the helping professions may be attributed to a series of reasons. For example, the professional may become a "good" or "bad" person in the eyes of the client, and based on such fantasies, this can give rise to "troubling and disturbing" behaviors on the part of the patient who seeks to attract the attention of the professional with the hope of never being separated from him or her. Professionals in the field of social work, psychology, and psychiatry come to know the most intimate needs of their clients; consequently, they can easily become the object of the patient's projections, affections, and fantasies of all types to such an extent that gratitude may be progressively transformed into a desire for an affective or friendly bond that they cannot do without.

Patients who harass their therapists are inclined to mistake a purely professional relationship for a personal one. Feeling the frustration that arises from this expectation, they may begin to act out intrusive behaviors in order to establish contact. In such situations, the relationship boundaries imposed by the professional are breached. A patient may begin to telephone repeatedly, send letters, and show up at the professional's office without an appointment claiming that they are not understood and that they are being treated badly. Other contributing factors to such situations may include errors, deficiencies, and limitations on the part of the helping professional in establishing and creating a proper setting for their patients. When there is a lack of clear-cut professional rules (e.g., excessive intimacy, closeness with the patient and his family, an absence of well-defined boundaries within the professional relationship, and requests by the worker to become more personally involved), the creation of communicative distortions and very real misunderstandings, which can be the trigger for stalking behavior, may emerge.

This study was carried out in both the public and private sectors of health and social services facilities in the region of Apulia, Italy, both in the public and private sectors. All workers at the Psychiatry and Child Neuropsychiatry Units at the Policlinic of Bari, as well as all other workers in private social services facilities that are affiliated with the national healthcare system, were interviewed. Adult consumers of these facilities include those with psychosocial problems, physical disabilities, victims of all types of violence, and those who suffer from psychological dependence. All of the subjects in this study were given a 20-question, multiple-choice questionnaire to be completed individually and anonymously. Sociodemographic data on both victims and presumed perpetrators of harassment, along with the circumstances surrounding the events, and the victims' emotional reactions were collected via this questionnaire on a sample of 101 subjects, all of whom were professionals in the field of social and healthcare services (i.e., medical doctors, psychologists, nurses, and social healthcare workers), in both the public and private sectors.

The subjects in this study who reported harassment attributable to the crime of stalking are represented as n=30 subjects out of n=101 of the total sample (29.7%). Females are more highly represented with F=22/30 (73.3%) with respect to males (M=8/30 (27.6%). With regard to women workers, 30.14% of them (22/73) reported having endured some type of harassment and 28.7% of male workers (8/28) reported the same.

The data derived from this study reveal that little attention is paid to this phenomenon and that the victims of harassment in this study tend to have little faith in the institutions where they work addressing these concerns. Other factors that play a role in these events include a health and social services system that, when it comes to stalking, its prevention, and how to best deal with it, is rather outdated. Only a small part of these crimes (16.1%) is reported to the authorities or anti-violence centers.



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This study highlights that there is a significant lack of information available regarding the phenomenon of stalking and its psychological repercussions on workers who encounter it. After having conducted this study, the necessity for training that informs health and social services workers, both in the private and public sectors, about the most suitable ways of avoiding and/or confronting stalking, has become even more evident.

## Reference:

1. Galeazzi, Elkins, and Curci, 2005. The stalking of mental health professionals by patients. *Psychiatric Service*, 56(2), 137-138.
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## Stalking, Helping Professions, Harassment