



Reported Experiences of Stalking Behavior from Patients towards Psychiatrists from the Atlantic Provinces of Canada

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Authors' contributions

Author AG conceived the idea, prepared the questionnaire, did literature search, prepared the manuscript, author GM helped with statistical analysis and research methodology, author TC collaborated with preparation of questionnaire, helping with discussion section and final review, author RA helped with statistical analysis and organization of graphs and tables. All authors read and approved the final manuscript.

Original Research Article

Received 4th March 2014
Accepted 29th April 2014
Published 17th May 2014

ABSTRACT

Aim: A study was conducted to assess the magnitude of stalking experienced by psychiatrists, its' effects and actions taken to ameliorate the problem.

Methods: A cross sectional study to assess the magnitude of stalking the consequent effects on the psychological, social and occupational life of psychiatrists; and any preventative measure taken was conducted from July 2009-April 2010. A questionnaire was sent to 301 psychiatrists practicing in Atlantic Canada. Local Ethics approval was obtained.

Results: Of the 308 psychiatrists sent surveys, 116 responded (37.6%; 67 males and 47 females). One questionnaire was invalid. (Twenty-nine (15 males and 14 females) reported experiences of stalking. Fifty-eight (50.4%) were above age 50, 49(42.6%) were between ages 35-50 and (8) 7% were younger than 35. In the study cohort, 39(33.6%)

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psychiatrists were in pure clinical practice, 4(3.4%) were in academic practice and 71(61.2%) had combined clinical and academic practice. Among the subspecialties, 73(62.9%) psychiatrists were practicing general adult psychiatry, 19(16.4%) were child and adolescent psychiatrists, 6(5.2%) in geriatric psychiatry, 4(3.4%) in consultation-liaison, 5(4.3%) in forensic, 1(0.9%) in developmental disability and 7(6.0%) were in other psychiatric specialties. Of 115 psychiatrists, 53(46.1%) were in practice for more than 15 years, 16 (13.9%) were from 11–15 years, 29 (25.2%)-from 5 to 10 years and 17(14.8%) were in practice for less than 5 years. There was no significant differences [OR (Odds Ratio values), p-values>0.05) in reported stalked for age or length of psychiatric practice.

However, there was strong association of stalking with the distress experienced by the psychiatrists ($p=0.00$).

Conclusion: The problem of stalking does exist in the Atlantic Provinces of Canada and causes immense psychological, professional and social distress among psychiatrists who fall victim to stalking behavior. The majority of mental health professionals are unaware of any laws against stalking in Canada. There is a need for more effective education, support services and redress if we are to ameliorate the burden associated with stalking behaviours.

Keywords: Stalking; criminal harassment; psychiatrists; distress.

1. INTRODUCTION

Stalking, by definition, is repeated acts, experienced as unpleasantly intrusive, that creates apprehension and can be understood by reasonably prudent persons as grounds for becoming fearful. Doctors and healthcare professionals are at greater risk than the general population of being stalked, particularly by their patients [1]. Psychiatrists and those working in related sub-specialties, such as forensic psychiatry, may be at a higher risk. Stalking behaviour is particularly significant among psychiatric patients that put mental health professionals at a greater risk of being victimized. A study conducted in a large mental health organization revealed that consultants were stalked mostly by male stalkers with a diagnosis of personality disorder and major mental illness. Stalking can have significant impact upon psychological, occupational and social functioning for the person stalked [2]. For healthcare professionals this can lead to increasing stress, fear, helplessness and disenchantment [2]. Earlier, stalking was not taken serious enough probably because of the reason of being unreported and unpublicized. Now it is a crime in all 50 states and a federal offense in the United States, Canada, Australia and Great Britain [3]. According to research done by an Alberta based physician, many physicians are harassed by stalkers, but won't speak out. Ironically, academicians and public policy makers have begun to focus attention on stalking in the past 10-15 years. Many mental health professionals have not been adequately trained to address this problem [4]. Attachment theory is one of the earliest and most vigorously promoted explanations of the psychological processes that underlie stalking behaviour. Insecure attachment has been proposed as impairing the management of relationships, thus increasing the propensity to stalk [5]. The most common motivations for stalking are patients' developing a romantic attachment, due to delusional beliefs or misplaced expectations, and patients' developing resentment for some supposed injury [1].

The operational definitions used in the study questionnaire was ".....repeated acts, experienced as unpleasantly intrusive, which create apprehension and can be understood by

a reasonably prudent person to be grounds for becoming fearful” [6]. “A person harasses another where: a) he or she, by his or her acts intentionally or recklessly, seriously interferes with the other’s peace and privacy or causes alarm, distress or harm to other, and b) his or her acts are such that a reasonable person would realize that the acts would seriously interfere with the other’s peace and privacy or cause alarm, distress or harm to other.”

According to section 264 of the Criminal Code of Canada, criminal harassment can involve repeatedly following, communicating with, watching, and/or threatening a person either directly or through someone a person knows. A number of statistical reports from Canada reveals that: 9 out of 10 stalkers are men; stalking offenses commonly include threats, harassing phone calls, assault and other mischief, it can create feelings of intense and prolonged fear, helplessness and lack of control [7].

Stalkers generally come from turbulent backgrounds, having experienced violent childhood, loss of caretaker, contact with criminal justice system, social isolation and significant losses a year prior to stalking behavior [3] Among the types of stalkers: erotomaniacs suffer from delusional disorder, obsessional stalkers have a primary psychiatric diagnosis, they commonly have said to suffer from mood disorders, substance dependence, schizophrenia and personality disorder [8]. In the psychodynamic terms, chronic sexual mating failure, narcissistic linking fantasy to person, rejection defended with rage, faulty perception of abandonment with use of the defence mechanism of minimization, denial, projection of blame and projective identification.

Psychodynamics of violent attachments disturbingly resonate in the personal and collective unconsciousness. There is consensus among leading psychoanalytic theorists that the psychodynamics that characterize most mentally disturbed violent offenders generally involve “pre-oedipal” level character pathology, expressed in personality disorders and delusional disorders.

Though any general medical doctor is prone for stalking by patients, studies mention that psychiatrists are particularly vulnerable [2,9-11].

The patient population of the psychiatrists may not have normal psychological profile and as it said that those who target mental health professionals are more likely to suffer from significant psychological difficulties. Reportedly, stalking behavior is widely noted in Canada and multiple international studies have shown that psychiatrists were stalked mainly by their patients. Even the Royal College of Psychiatrists of UK conducted a large survey in order to determine the magnitude of this problem.

It was therefore, decided to conduct a study in all the Atlantic Provinces of Canada.

2. METHODOLOGY

A study was conducted with the aim of assessing the magnitude of stalking experienced by psychiatrists, its’ effects on them and actions taken against stalking behaviours.

2.1 Study Population

Psychiatrists from the four Atlantic Provinces, New Brunswick, Nova Scotia, Prince Edward Island and Newfoundland and Labrador were selected for the study. The list of psychiatrists

was obtained from the website of each regional college that regulates the practice of doctors. A total of 301 psychiatrists were identified.

2.2 Type of Study

Cross-sectional.

2.3 Duration

July, 2009-April, 2010.

2.4 Format of Questionnaire

The questionnaire was based on the format designed by the research group of the College of Psychiatry of Ireland. Official permission was obtained to use their questionnaire. It consists of demographic information of the participant (psychiatrist), the subspecialty, years in clinical practice, position and type of practice. The second part of questionnaire covers questions about stalking experiences and its effects on the participant. The third section of questionnaire explores the knowledge and attitude regarding stalking behaviour. A space for additional comments was allocated at the end. Minor modifications were made to suit the local needs.

2.3 Field Testing

The questionnaire was subjected to field testing prior to its administration. It was sent to a few psychiatrists and the responses were assessed to ensure that the questions were properly understood by the recipients or not.

2.4 Validity and Reliability

Validity and reliability was checked by a group of experts. These experts were a group of psychiatrist, epidemiologist, psychologist and statistician.

2.5 Approval from Ethics Committee

The Human Investigating Committee of Memorial University of Newfoundland and the Department of Research of the Eastern Board approved the study.

2.6 Confidentiality

It was assured to the participants that full confidentiality will be maintained. The questionnaire did not have the provision for the participant's identity.

Consent form was signed by the participants in connection with maintaining confidentiality.

The questionnaire was then sent to 301 identified psychiatrists by post with a consent form and assurance of confidentiality along with a pre-paid return envelope.

2.7 Statistical Analysis

We examined the frequency of stalking by gender, age categories and length of psychiatric practice (Cross tabulation). The frequencies were compared using Chi-square test for categorical data. We also assessed the probability of stalking using Logistic Regression. P-value<0.05 was considered statistically significant; all tests were two-tailed. SPSS for Windows, version 16.0 was used for the analyses.

3. RESULTS

Out of the total 308 psychiatrists to whom the questionnaires were sent, 116 responded (response rate:37.6%). The probable reason for low response rate through personal communication was the gravity of problem that refrained the responders. Out of 116 forms received, 1 was incomplete and hence was invalidated. Out of psychiatrists who completed and sent back the questionnaire, 67 were males and 47 were females. Fig. 1 demonstrated the stalking distribution by gender of psychiatrists: from 67 males, 15 were the victims of stalking, while the number of victims from 47 females was 14. The distribution of the stalking between genders was proportional (χ^2 value was 1.142; $p=0.565$).

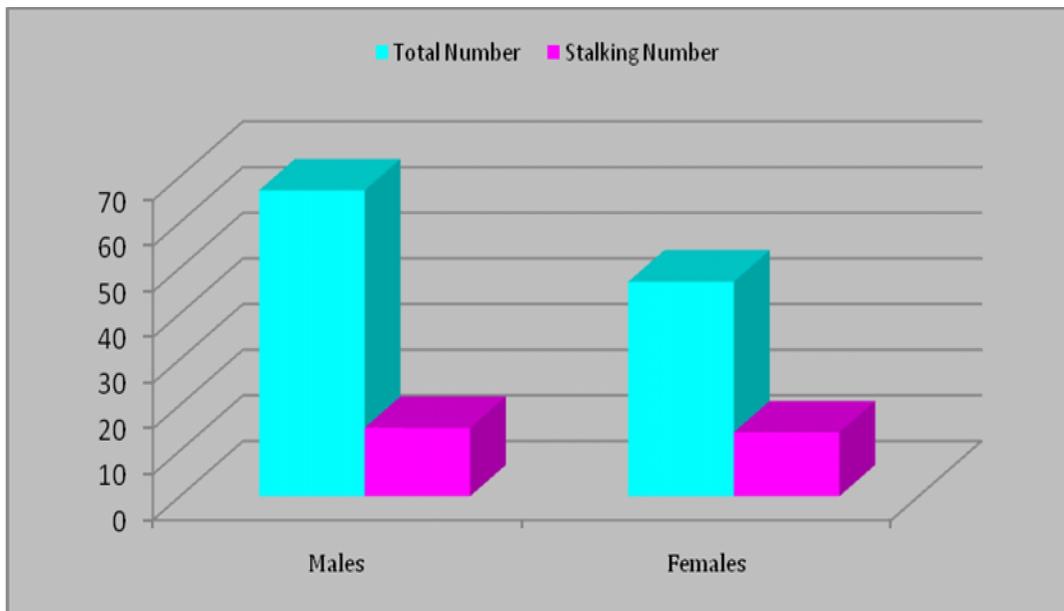


Fig. 1. Distribution of stalking by gender of psychiatrists

For age brackets, 58(50.4%) were above the age of 50 years, 49(42.6%) were between ages 35-50 years and 8 (7.0%) were younger than 35 years chart 1.

Fig. 2 demonstrates the stalking frequencies by psychiatrists' age categories. There was also no significant difference in the distribution of stalking frequencies among the age categories: 25.0% in the age category less than 35 years old, 22.4% in the age category from 35 to 50 years, and 27.6% in the third age category (χ^2 value was 0.372; $p=0.830$).

In the cohort, 39(33.6%) psychiatrists were in pure clinical practice, 4(3.4%) were in academic practice and 71(61.2%) had combined clinical and academic practice. Among a number of subspecialties, 73(62.9%) psychiatrists were practicing general adult psychiatry, 19(16.4%) were child and adolescent psychiatrists, 6(5.2%) in geriatric psychiatry, 4(3.4%) in consultation-liaison, 5(4.3%) in forensic, 1(0.9%) in developmental disability and 7(6.0%) were in other psychiatric specialties. Out of 115 psychiatrists, 53 (46.1%) were in practice for more than 15 years, 16(13.9%) were from 11–15 years, 29 (25.2%)-from 5 to 10 years and 17(14.8%) were in practice for less than 5 years (Chart 2).

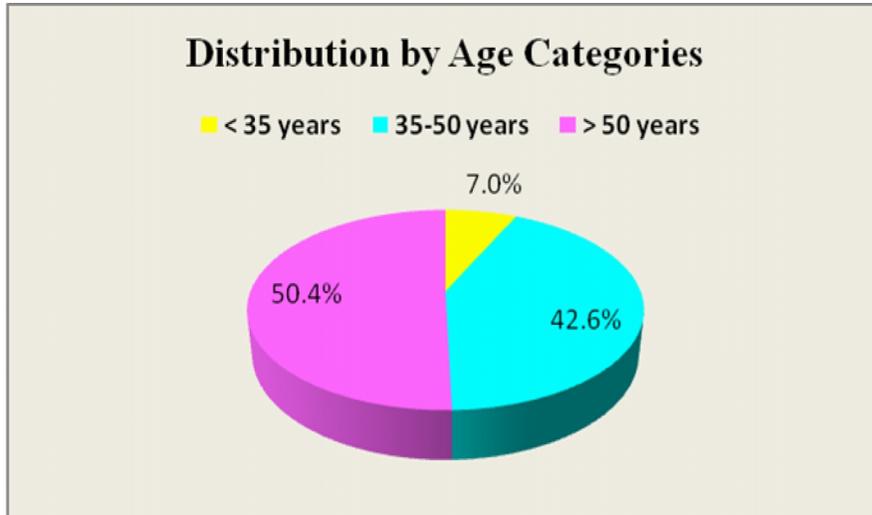


Chart 1. Age categories

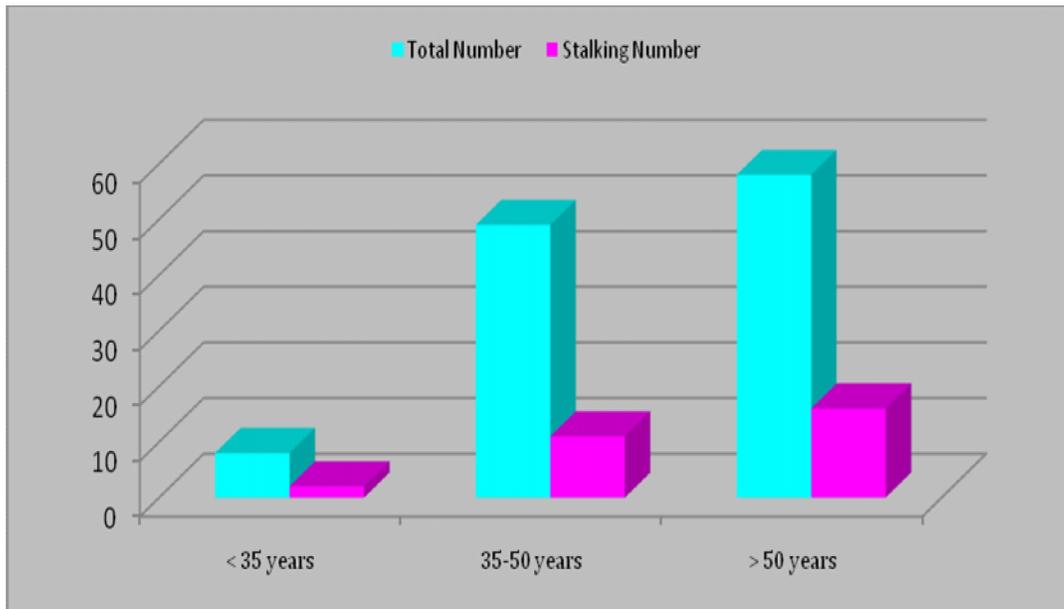


Fig. 2. Distribution of stalking by age categories

Fig. 3 demonstrates the stalking distribution by the length of time in psychiatric practice. The percentage of stalking frequencies among these categories did not differ significantly. In the category, less than 5 years in practice–23.5%; 5 to 10 years –17.2%; 11 to 15 years–25.0%; greater than 15 years–30.2% ($\chi^2=1.699$; $p=0.637$).

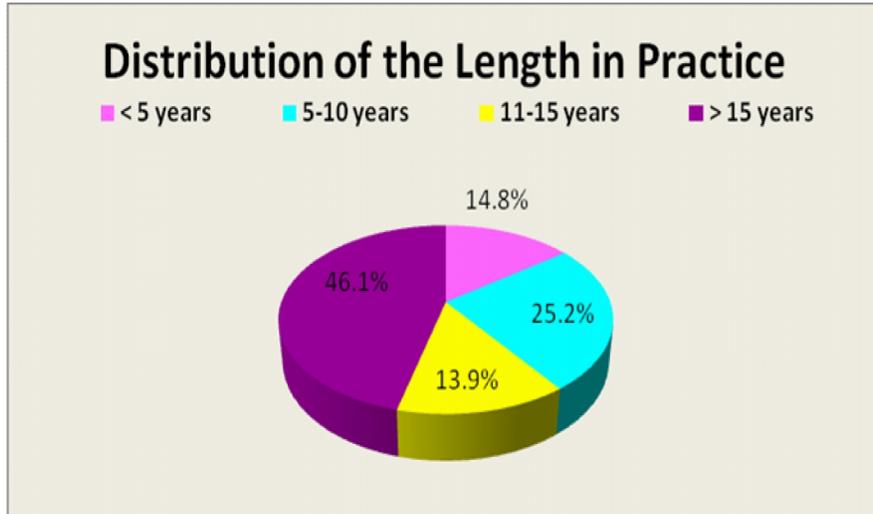


Chart 2. Distribution of length in practice

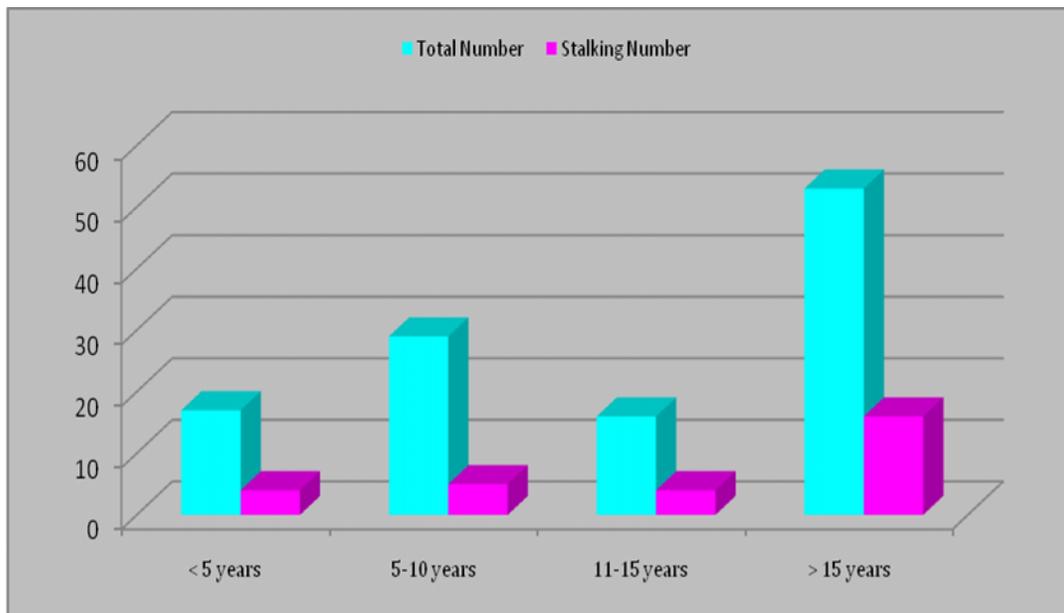


Fig. 3. Distribution of stalking by length of practice

Among 115 psychiatrists, 29(25.0%) reported being the victims of stalking. From these 10.3% experienced stalking in the workplace; 5.2%-at home; 6.9%-both at home and work; 74.1% were stalked at other places. These other places were any other locations like hotels, public

places and elsewhere. In the majority of instances, 75.8% of stalkers were total strangers (these strangers were neither patients nor anybody known to the psychiatrists) and 20.7% were patients [11.2% were males and 12.1% were females]. In 74.1% of cases, psychiatrists were not sure in the gender of their stalkers.

Only 2.6% of psychiatrists reported ongoing or current stalking. Among the patient stalkers, 6% had psychotic disorder; 0.9%-anxiety disorder; 1.7%-affective disorder; 0.9%-alcohol/substance use disorder; and 74.1% were not meeting any diagnostic criteria. The following types of stalking reported by the victims were: phone calls–19.8%; text messages–1.7%; being followed–7.8%; threats (both verbal and physical)–12.1%; other–11.2%. In terms of consequences, 24.1% of victims reported psychological, social, physical and occupational distress with varying frequencies. Apart from the victims, in 18.1% of cases, other persons were reported to have been affected by the stalking. Among these persons, were spouses (8.6% of cases) and other family members (3.4% of cases). Only 19 (65.5%) from those who experienced stalking reported the problem: 4–to police, 6–to employers and 9–to others; 17 were able to get some support. Four psychiatrists were not aware of any guidelines or protocols for reporting; 5 were not bothered with stalking at all and 4 were worried about confidentiality issues since stalkers were their patients.

Twenty-eight psychiatrists discussed their experience with others, 2 sought retirement or tendered resignation. Ironically, 95% of the study participants were not aware of the existence of any national statutes on stalking. The various precautionary measures adopted by the psychiatrists who were the victims of stalking were: not including name in telephone directory (78%); no name on electoral register (6.9%); no home address on medic website (53.4%); preferred to live far from workplace (17.2%); frequent changes of phone numbers (3.4%); phone numbers withheld during calls (44%); avoidance of Internet social network sites (51.7%) and other steps (5.2%).

The probability of stalking was analyzed by using Binomial or Logistic Regression. The results of this analysis are shown in the Table 1.

Table 1. Stalking analysis (logistic regression)

Variables	β	OR	95% CI for EXP(B)		P-value
			Lower	Upper	
I. Age categories					
IA:<35 years					0.831
IB:35-50 years	0.134	1.143	0.209	6.261	0.878
IC:>50 years	0.275	1.316	0.544	3.186	0.543
II. Length of practice					
IIA:<5 years					0.644
IIB:5-10 years	0.340	1.405	0.397	4.979	0.598
IIC:11-15 years	0.730	2.076	0.672	6.412	0.204
IID:>15 years	0.260	1.297	0.363	4.640	0.689

An analysis of stalking frequency by age categories Table 2 as well as by length of time in psychiatric practice Table 3 was conducted. There was no significant differences in stalking by either age or years in practice.

Table 2. Stalking frequency by age categories (cross tabulation)

Stalking frequency	Age categories			Total
	<35 yrs	35-50 yrs	>50 yrs	
0 count	6	39	42	87
% within stalking frequency	6.9%	44.8%	48.3%	100.0%
% within age	75.0%	79.6%	72.4%	75.7%
% of total	5.2%	33.9%	36.5%	75.7%
1 count	2	5	8	15
% within stalking frequency	13.3%	33.3%	53.3%	100.0%
% within age	25.0%	10.2%	13.8%	13.0%
% of total	1.7%	4.3%	7.0%	13.0%
2 count	0	4	2	6
% within stalking frequency	0.0%	66.7%	33.3%	100.0%
% within age	0.0%	8.2%	3.4%	5.2%
% of total	0.0%	3.5%	1.7%	5.2%
3 count	0	0	3	3
% within stalking frequency	0.0%	0.0%	100.0%	100.0%
% within age	0.0%	0.0%	5.2%	2.6%
% of total	0.0%	0.0%	2.6%	2.6%
4 count	0	0	1	1
% within stalking frequency	0.0%	0.0%	100.0%	100.0%
% within age	0.0%	0.0%	1.7%	0.9%
% of total	0.0%	0.0%	0.9%	0.9%
5 count	0	1	2	3
% within stalking frequency	0.0%	33.3%	66.7%	100.0%
% within age	0.0%	2.0%	3.4%	2.6%
% of total	0.0%	0.9%	1.7%	2.6%
Total count	8	49	58	115
% within stalking frequency	7.0%	42.6%	50.4%	100.0%
% within age	100.0%	100.0%	100.0%	100.0%
% of total	7.0%	42.6%	50.4%	100.0%

Table 3. Stalking frequency by length of time in psychiatric practice (cross tabulation)

Stalking frequency	Length categories				Total
	<5 yrs	5-10 yrs	11-15 yrs	>15 yrs	
0 count	13	25	12	37	87
% within stalking frequency	14.9%	28.7%	13.8%	42.5%	100.0%
% within length of time	76.5%	86.2%	75.0%	69.8%	75.7%
% of total	11.3%	21.7%	10.4%	32.2%	75.7%
1 count	4	2	1	8	15
% within stalking frequency	26.7%	13.3%	6.7%	53.3%	100.0%
% within length of time	23.5%	6.9%	6.2%	15.1%	13.0%
% of total	3.5%	1.7%	0.9%	7.0%	13.0%
2 count	0	2	2	2	6
% within stalking frequency	0.0%	33.3%	33.3%	33.3%	100.0%
% within length of time	0.0%	6.9%	12.5%	3.8%	5.2%
% of total	0.0%	1.7%	1.7%	1.7%	5.2%
3 count	0	0	0	3	3
% within stalking frequency	0.0%	0.0%	0.0%	100.0%	100.0%
% within length of time	0.0%	0.0%	0.0%	5.7%	2.6%
% of total	0.0%	0.0%	0.0%	2.6%	2.6%
4 count	0	0	0	1	1
% within stalking frequency	0.0%	0.0%	0.0%	100.0%	100.0%
% within length of time	0.0%	0.0%	0.0%	1.9%	0.9%
% of total	0.0%	0.0%	0.0%	0.9%	0.9%
5 count	0	0	1	2	3
% within stalking frequency	0.0%	0.0%	33.3%	66.7%	100.0%
% within length of time	0.0%	0.0%	6.2%	3.8%	2.6%
% of total	0.0%	0.0%	0.9%	1.7%	2.6%
Total count	17	29	16	53	115
% within stalking frequency	14.8%	25.2%	13.9%	46.1%	100.0%
% within length of time	100.0%	100.0%	100.0%	100.0%	100.0%
% of total	14.8%	25.2%	13.9%	46.1%	100.0%

However, there was strong association of stalking with the distress experienced by the psychiatrists ($p=0.00$). Distress was assessed through questions that were part of the questionnaire and not by application of any psychological tests.

4. DISCUSSION

Stalking has been a major problem being faced by psychiatrists. In the current study, 50.4% of psychiatrists were in the age 50 years and above. The majority were in combined clinical and academic practice. The cohort belonged to varied subspecialty practice, though the majority were in general adult psychiatry practice. In this study, none of the subspecialties was overrepresented though in another study, it was stated that forensic psychiatrists are at relatively greater risk of being stalked [12].

Among the $n=115$ psychiatrists, 25% reported being the victim of stalking. Among the patient stalkers, 6% had psychotic disorder, 0.9% anxiety disorder, 1.7% affective disorder, 0.9% alcohol/substance use disorder and 74.1% were not meeting any diagnostic criteria. This is somewhat in line with a study by Mclvor², where 21% reported being stalked, no subspecialty was overrepresented but in sharp contrast with the current study, 34% met diagnosis of major mental illness and 39% with personality disorder. In our study, physical threats were reported by 12.1% of the psychiatrists, whereas in Mclvor's study 34% reported physical threats. In our study, female stalkers slightly outnumbered male stalkers in the ratio 11.2%: 12.1%. This is in contrast to another where majority (59%) was males [13]. Purcell et al. [14] found female stalkers were more likely to target professional contacts. In our study, phone calls (19.8%), text messages (1.7%), e-mail (4.3%), graffiti (1.7%), unwanted contact with family and friends (7.8%), being followed (7.8%), threats both verbal and physical (12.1%) were reported by victims. In other study [13], 54% reported stalking by phone calls and 37% face to face. In the current study, 24.1% victims reported distress that was in the form of psychological, social, physical and occupational distresses in varying frequencies. Sandberg et al. [15] noted that for health care professionals stalking can lead to increasing stress, fear, helplessness and disenchantment. Stalking can create feelings of intense and prolonged fear, including an increasing fear of the escalation of stalking conduct. It often gives those being stalked a feeling of helplessness and lack of control [16]. In a study of undergraduate women who were survivors of stalking, researchers found an elevated level of stress, depression and other reactions that mirrored symptoms of post-traumatic stress [17]. In a research [18], increased levels of anxiety were reported by 83%, intrusive recollections and flashbacks by 55%, with nightmares, appetite disturbances and depressed mood also being commonly reported. The same research [18] found that 53% of stalking survivors reported decreasing or stopping attendance at work or school. Some may have stopped working for fear of their stalkers appearing at workplaces. In the current study only 2 out of the $n=115$ tendered resignation or sought retirement as a result of being stalked. In our study, 95% of the psychiatrists did not know about the existence of national statutes on stalking. Stalking is recognized in Canada as public health menace.

"In Canada, stalking is defined under a general heading of Criminal Harassment [19]. The Canadian Criminal Code, section 264 prohibits the following conduct:

- a) Repeatedly following from place to place the other person or anyone known to them
- b) Repeatedly communicating with, either directly or indirectly, the person or anyone known to them
- c) Besetting or watching the dwelling-house, or place where the other person, or anyone known to them, resides, works, carries on business or happens to be; or

- d) Engaging in threatening conduct directed at the other person or nay member of their family.

The punishment for this is imprisonment for a term not exceeding five years. There is no mention in Canadian Law of electronic harassment or stalking, although it is possible to apply the statues above to cyberspace.” There is a guideline in Canada that gives adequate explanation about harassment as a result of stalking and steps to be taken under such circumstances [20].

In view of a large number of psychiatrists being unaware of existence of criminal law against stalking, it is important that more awreness among these professionals be created. Dynamics of stalkers is quite complex, hence, issues related to prevention and management and support are pertinent. There is importance of incorporating a training module for psychiatrists-in-training. There is an identified need for support system, counseling and legal advice available for mental health professionals in Atlantic Provinces.

5. CONCLUSION

The problem of stalking does exist in the Atlantic Provinces of Canada and cause psychological, professional and social distress among the psychiatrists who fall victim to stalking behavior. In our study, there was no significant difference in distribution of stalking frequencies among different age group categories. Majority of psychiatrists were in combined clinical and academic practice in the sector of adult general psychiatry. Stalkers were mostly strangers and stalked in places other than home and clinic in majority of cases. The majority of mental health professionals were unaware of any laws against stalking in Canada. There a need for education, support services and redress of this problem.

CONSENT

The patients were not involved in the study. The participating psychiatrists were provided with the details of the study and were assured anonymity. Consent in writing was obtained for participating in the study.

ETHICAL APPROVAL

Ethical approval was obtained through Human Investigation Committee of the Eastern Health Board and Memorial University of Newfoundland.

All authors hereby declare that all experiments have been examined and approved by the appropriate ethics committee and have therefore been performed in accordance with the ethical standards laid down in the 1964 Declaration of Helsinki.

ACKNOWLEDGEMENT

We gratefully acknowledge the College of Psychiatry, Ireland and Dr. John Tobin of allowing us to use their study questionnaire to which we made slight modifications locally.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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