

## DOCTORS ARE BEING STALKED? WHAT IS THE FREQUENCY IN PAKISTAN?

SAIRA FARHAN<sup>1</sup>, SHEHLA ALVI<sup>2</sup>, AMBER AMIR<sup>3</sup><sup>1</sup>Assistant Professor, Department of Psychiatry, United Medical and Dental College Karachi Pakistan.<sup>2</sup>Associate Professor, Department of Psychiatry, United Medical and Dental College Karachi Pakistan.<sup>3</sup>Associate Professor, Department of Medicine, Ziauddin Medical University, Karachi Pakistan.

Submitted: September 01, 2016

Accepted: July 01, 2017

CORRESPONDENCE: DR. SHEHLA ALVI, E-mail: shehlaalvi@gmail.com

**ABSTRACT****OBJECTIVE**

To find out the frequency of the stalking among health care professionals in public and private hospital setting of Karachi.

**STUDY DESIGN**

Cross sectional survey

**PLACE AND DURATION OF STUDY**

The study was carried out from November 2015 to April 2016 in public and private hospitals of Karachi.

**SUBJECTS AND METHODS**

Two hundred doctors volunteered their participation in our study after fulfilling the inclusion criteria. They were given the questionnaire. Once the form was filled, all subjects were given the debriefing sheet, where the contact of principal investigator and another psychiatrist was given for them to combat any hidden stress emerged due to questionnaire. The SPSS version 11.0 was applied to analyze the data.

**RESULTS**

132 (66%) of doctors reported being stalked. Out of all the stalked doctors, 76 (57.5%) were below 30 years and 56 (24.2%) were between 31-60 years of age, same numbers of doctors were married in the stalked group. 92 (69.6%) of the stalked doctors were graduate only while only 40 (30.3%) were post graduate, the number of stalked and un-stalked doctors did not differ much between public and private hospitals

**CONCLUSION**

A majority of doctors reported stalking, being married, less than 30 years old, and having done only medical graduation were found associated with being stalked.

**KEY WORDS**

Stalking, Doctors, Stalking behavior checklist.

**INTRODUCTION**

Stalking has been defined as a "constellation of behaviors involving repeated and persistent attempts to impose on another person unwanted contact and/or communication". Incidents often occur in the form of loitering, following, surveillance and inappropriate/intrusive approaches. Communication in such circumstances can be made by either conventional or electronic means<sup>1</sup>. There are general types of stalkers; rejected, intimacy seeking, incompetent, resentful, and predatory. Delusional disorders were common particularly among stalkers seeking intimacy<sup>1</sup>.

Healthcare professionals are at a greater risk of being followed than the general population, particularly by their patients themselves.<sup>2</sup> A community-based study in Germany has revealed a high lifetime prevalence of (stalking) victimization ranging from 12 to 32% among women and<sup>3</sup> to 17% among men.<sup>4</sup> However prevalence rates in health care staff remain largely unknown<sup>5</sup>. Occasional threats and violence occur in clinical practice which should be distinguished from the repetitive and persistent behavior of stalkers.

A study reported that all clinical staff at risk reported that, 5% of counseling Centre staff had been stalked by clients and 64% had experienced harassment<sup>6</sup>. Psychiatrists and those working in related sub-specialties, such as forensic psychiatry, may be at higher risk<sup>6</sup>. In one study, clinicians attending a US state psychiatric conference were surveyed. Nearly a one third had been subjected to stalking and a further 41% reported other forms of distressing intrusions, including damage to property<sup>5</sup>.

Despite causing significant psychological distress, stalking remains under recognized and poorly managed. Appropriate policies should be introduced to aid awareness and minimize risk, including the provision of formal educational programs. Victimized Healthcare professionals are prone to stress, fear, helplessness and disenchantment<sup>6</sup>. More overt psychiatric illness/mental distress may develop, which can have an impact on the quality of the healthcare service.

Keeping in mind our cultural perspective we think that single, unmarried female doctors will be stalked more likely, by using harassment of sexual assault, and phone call as compared with males of same demography. We also suggest that, young males are more likely to be harassed by physical threat and assault.

The purpose of our study is to find out frequency of stalking on health care professionals working in public and private hospitals of Karachi, Pakistan. The study will identify different methods used for stalking, and its impact on individuals. Also, the results can serve as baseline frequency of stalking for the future research works in Pakistan.

**Table 3**  
Association of Demographic Variables with Method of Harassment

Harassment by visiting home			
	Yes	No	P
Up to 30	2	107	0.039
> 30years	7	80	
Harassment through cyber stalking			
Single	17	57	.003
Married	9	108	
Harassment through phone calls			
Graduate	66	60	.041
Postgraduate	26	44	
Harassment by threats of sexual assault			
Graduate	1	125	.036
Postgraduate	4	66	
Stalking through e mails			
Graduate	21	105	.04
Postgraduate	2	68	

**DISCUSSION**

We started our research with this notion that young female doctors were harassed more with a particular method as compared with males of same age. Our study done in Karachi, Pakistan among doctors working in both public and private setup in which out of 200 participants 132 were stalked and 68 were not. Younger doctors were more prone to stalking as compared with age over 30 years. We also found out that the stalking was more frequent among married doctors, there was no major difference in public and private doctors however, graduates had more frequency of being stalked than postgraduates. Our results are different to the study carried out in England<sup>9</sup> where the percentage was 33% whereas we have gotten 66%. In 2013 another study<sup>10</sup> had same frequency of stalking and 50% lesser than our study. A community based Study<sup>8</sup> showed 33% of stalking in the sample of 401 participants less than our study. Another community based study<sup>11</sup> done in Austria in 2008 showed 11% of stalking.

The top 5 frequently used harassment methods in our study were; phone calls, followed by, by spreading rumors, cyber stalking, and spying. Our study is comparable to the study done in India showing 5 most frequent harassment methods as following (55.3%), unsolicited telephone calls (30.7%), spying (11.3%), unsolicited letters (22.7%) and communication methods with the victims (17.4%).<sup>12</sup>

**REFERENCES**

1. Mullen PE, Pathé M, Purcell R et al. Study of stalkers. American Journal of Psychiatry 1999;156:1244–1249.
2. Galeazzi GM, Elkins K, Curci P. The stalking of mental health

- professionals by patients. Psychiatric Services. Emergency psychiatry 2005;56:137–138.
3. Gentile SR, Asamen JK, Harmell PH et al. The stalking of psychologists by their clients. Professional Psychology Research and Practice. 2002;33:490–494.
4. Lion JR, Herschler JA. The stalking of clinicians by their patients. In The Psychology of Stalking Clinical and Forensic Perspectives 1998;165–173.
5. Meloy JR. Stalking: an old behaviour, a new crime. Psychiatric Clinics of North America 1999 22;85–99.
6. Mullen PE, Pathé M, Purcell R et al. Study of stalkers. American Journal of Psychiatry 1999;156:1244–1249.
7. Mclvor RJ, Petch E. Stalking of mental health professionals: an under recognized problem. The British Journal of Psychiatry Apr 2006;188(5):403–404.
8. Dressing H, Scheuble B, Gass, P. Stalking – a significant problem for patients and psychiatrists. The British Journal of Psychiatry 2006;189:566.
- 9) Purcell R, Pathe M, Mullen PE. Association between stalking victimization and psychiatric morbidity in a random community sample, The British Journal of Psychiatry Oct 2005; 187 (5) 416-420.
10. Pathé MT, Meloy JR. Stalking by patients- psychiatrists' Tales of Anger, Lust and Ignorance, Journal American Academy of Psychiatry Law Jun 2013;41:2:2002-205.
11. Stieger S, Burger C, Schild A. Lifetime prevalence and impact of stalking: Epidemiological data from Eastern Austria The European Journal of Psychiatry Oct 2008;0213-6163.
12. Jaishankar K, Kosalai P. Victims of Stalking in India: A Study of Girl College Students in Tirunelveli City TEMIDA December 2007;13-21.

Sr.#	Author Name	Affiliation of Author	Contribution	Signature
1	Saira Farhan	Department of Psychiatry, United Medical and Dental College Karachi Pakistan.	Article research, data collection and discussion writing	
2	Shehla Alvi	Department of Psychiatry, United Medical and Dental College Karachi Pakistan.	Corresponding Author	
3	Amber Amir	Department of Medicine, Ziauddin Medical University, Karachi Pakistan.	Result writing and statistical work	



**SUBJECTS AND METHODS**

**Participants**

The sample consisted of 200 health care professionals selected through purposive convenient sampling technique; from doctors working in various medical colleges. Medical professionals working in both private and public hospitals were being contacted individually and given them the information sheet to understand the purpose of our study. When they agreed, the consent form was given and was dully signed. All the subjects were given a choice to withdraw from the study at any stage from collection to compilation of results. The entire subjects were given the number, through which they can persuade their decision. Once the form was being filled, all subjects were given the debriefing sheet, where the contact of principal investigator and another psychiatrist given for them to combat any hidden stress due to stalking. The inclusion criteria was; age group 25 to 60 years. Only doctors were taken in our study from health care system.

**Instruments**

Demographic information was collected from a pre designed proforma.

The research tool consisted of 69 items pertaining to the objective of the study<sup>7,8</sup>. The tool was divided into 7 parts. Part A had items relating socio-economic characteristics of the respondents. Part B of the tool had items related to harassment methods. Part C had items related to find the (physical, Emotional, social and financial) impacts on victims. Part D is related to coping strategies adapted by the victims.

The data was analyzed by the researcher, and were extensively checked for inputting errors. All entered cases were rechecked for accuracy.

**DATA ANALYSIS**

All the data was analyzed using SPSS version 22. Descriptive statistics was calculated. Mean and standard deviation was calculated for qualitative variables like gender, marital status, profession, qualification and association with presence of stalking. Chi-square test was used to check the association with different variables and difference in methods of stalking. p value < 0.05 was considered significant.

**RESULTS**

200 doctors were recruited in the study, 100 from public and 100 from private institutions. Demographic details of one sample showed that 81 were male and 119 were female, 111 (55.59%) were below 30 years of age while 87 (43.5%) were between 31-60 years of age, 111(60.3%) were married and 89 (39.6%) were unmarried, 128 (64%) were only graduates while 70 (35%) were post graduates (table 1).

Results showed that 132 (66%) of doctors reported being stalked (table 1). Out of all the stalked doctors, 76 (57.5%) were below 30 years and 56 (24.2%) were between 31-60 years of age, same numbers of doctors were married in the stalked group. 92 (69.6%) of

the stalked doctors were graduate only while only 40 (30.3%) were post graduate, the number of stalked and un-stalked doctors did not difference much between public and private hospitals (table 1). The top 5 frequently used harassment methods in our study were; phone calls (n= 92, 46.9%), followed by (n=60, 30.6 %), 3 by spreading rumors (n=29, 14.7%), cyber stalking (n=26, 15.7%), and spying (n=23, 11.7%).

**Table 1**  
Frequency of stalking among doctors

Total No. of Doctors	Doctors Stalked	Doctors Not Stalked
200	132 (66%)	68 (34%)
<30 Years	76(57.5%)	35(51.4%)
>30 Years	56(24.2%)	31(45.5%)
Married	76(57.5%)	35(31.5%)
Unmarried	55(41.6%)	31(35.6%)
Public Institute	67(50.7%)	33(48.5%)
Private Institute	65(49.2%)	35(51.4%)
Graduate Doctors	92(69.6%)	36(52.95)
Postgraduate	40(30.3%)	30(44.11%)

Chi-square test was performed to see the association of demographic variables with the method of stalking. Female doctors were stalked more through phone calls (p = .018) as compare with males who were stalked more by harassment of their friends (p = .031) and through physical harm (p = .031). Chi-square test has shown that doctors between age group of 31 to 65 yrs were stalked more by the method of visiting home as compare with their junior colleagues. Single doctors were more harassed through cyber stalking than married ones, Graduates were more harassed through phone calls and e mails than post graduates while post graduates were more harassed by the threats of sexual assault than graduates (see table3).

**Table 2**  
Association between method of stalking and gender

Harassment through phone calls			
Gender	Yes	No	p
Male	29	51	.018
Female	63	55	
By Harassing A Friend			
Male	10	70	.031
Female	5	113	
Harassment Through Physical Harm			
Male	7	73	.031
Female	2	115	