Practice Note: Fear in the Shadows:
Stalking in Dialysis and Transplant

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"Stalking is a crime that can paralyze an otherwise productive person with fear." (Madigan, n.d.)

In this article, we will provide information about stalking incidents by patients in healthcare and dialysis facilities, make recommendations, and suggest some related resources that can help nephrology social workers and their interdisciplinary colleagues. Stalking in a workplace potentially places the organization, supervisors, employees, and patients at physical or emotional risk, or can result in litigation or reduced work performance.

Stalking is defined as a course of conduct directed at a person that involves "repeated (two or more occasions) visual or physical proximity; nonconsensual communication, or verbal, written, or implied threats or a combination thereof; whereby the action would cause a reasonable person fear" (National Institute of Justice, 2007). It also is an action that is repeated more than once, rather than a single act, and induces fear in the victim (U.S. Department of Justice, 2002). Stalking can also include cyber-stalking, which targets people through social media, email, or other electronic communication.

In stalking, there is at least one person who is the target of a stalker's actions that can also include obsessive and erotic attachment. It is believed stalkers may use stalking as "power and control," similar to the postulates of rape and domestic violence perpetration. The stalker is often a silent entity who may go undetected for a considerable period of time (National Institute of Justice, 2007), and the target may not have picked up the cues that they are being stalked.

Stalking is identified with workplace "mobbing" scenarios. "Mobbing" is a term used by Dr. Heinz Leymann to describe a phenomenon he encountered while researching the social dynamics of a workplace. He states, "psychological terror or mobbing in working life involves hostile and unethical communication which is directed systematically by one or more individuals, mainly toward one individual, who, due to mobbing, is pushed into a helpless and defenseless position and held there by means of continuing mobbing activities" (Leymann.se website, n.d.). The process of "mobbing" may indeed underlie the reason that many victims of stalking may not be provided or have implemented appropriate safety plans when the agency offers protection. In and of itself, mobbing as a form of stalking may need further review with-

in health settings, such as dialysis and transplant facilities. For example, a new employee is somewhat of a perfectionist and is subsequently ostracized by peers in the workplace. The method of ostracizing may include sabotaging workflow, gossip, ignoring, or not passing on information, and the target is not able to work with the same knowledge as their peers.

Pathe, Mullen, and Purcell (2002) discuss the dynamics of stalking along with strategies for safety and protection for the target of stalking. They suggest there has been an increase in stalking behavior in health settings, and healthcare professionals are over-represented in victimization. Other research suggests that patients who stalk their care providers may be developing a romantic attachment due to delusional beliefs or a mixture of "wounded injury belief" to "misplaced expectation" (McIvor & Petch, 2006).

In healthcare settings, when health professionals are stalked, employers and employees must focus on how the stalking target is coping and remains safe. McIvor & Petch (2006) report that stalking can increase the risk of physical violence by 25–35%, and they recommend that healthcare organizations should consider adopting formal educational programs on stalking for patients, particularly for staff in the initial stages of their career. Through education, training, policies, and processes, organizational management can be the guardian of patients and staff in dialysis and transplant facilities.

Some research indicates that stalking in healthcare settings is uniquely different than other forms of stalking (American Psychiatric Association, 2019). In healthcare settings, a stalking patient or coworker may focus on another person due to attraction that interferes with the professional's work with the stalker and has implications for the stalker's health. Multiple physical and psychological sequelae to being stalked include

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weight changes, sleep disorders, weakness, apprehension, anger, and fear (Owens, 2016). Survivors of stalking may experience long-term disruption of behavior and "normal living," with concomitant psychological trauma, including a loss of "peace of mind" and freedom, increased fear, helplessness, and depleted coping skills (Comparcini, Simonetti, Lupo, & Cicolini, 2015).

In 2015, we conducted a national survey of 274 dialysis professionals about violence in dialysis centers (Kwatcher & Stricherz, 2015). Eighty-seven respondents (32%) reported that they experienced stalking behavior or were aware of it having occurred in their dialysis center. The respondents identified a total of 92 cases of stalking. Among these cases, 52 reported incidents of stalking occurred within the past three years, 12 incidents from three to five years prior to the survey, 11 incidents from six to 10 years prior to the survey, and 17 incidents from 10 or more years prior to the survey.

Following this survey, we created a list of actions that can be taken by stalking victims and their healthcare employers/caregivers to reduce their risk when subjected to stalking behavior at dialysis or transplant facilities (see **Table 1**) (Kwatcher & Stricherz, 2015). These include changing daily schedules, changing telephone numbers, taking time off, changing travel routes, changing locks, changing jobs, and changing email addresses. If a kidney health professional is a victim of stalking, they should immediately discuss this with their employer and contact law enforcement as applicable.

TABLE 1. Actions that can be taken by stalking victims and their employers

Action	Potential PROs and CONs of the action
Change daily schedule.	PROs: Work schedule changes approved by employer may increase the protective factors for the target. CONs: May disrupt family, childcare, academics, sleep schedule, among other life areas.
Change telephone number.	PROs: Employee causes the employer to keep new number unpublished for an acceptable period, and then perhaps publish the new number when the target is safe (usually after interventions such as restraining orders or cease and desist orders). Limits/interferes with the stalker's accessibility to other patients, other employees. CONs: May impair continuity of communication within the target's professional/social sphere of influence; may require disruption of texting notifications.
Take time off from school or work.	PROs: May make stalker access to the target more difficult; may allow the victim an enhanced sense of control and efficacy. CONs: If the patient is in a college program or school there may be a loss of income from financial aid or a need to drop out of school, job coaching, or training; also: possible loss of a job; a possible change in vocational aspirations; a possible loss of avocational interests and activities; an alteration of progress with assigned tasks; possible changes to project completion deadlines.
Change travel route.	PROs: May create planning and surveillance difficulty for the stalker; may add to the target's sense of safety and efficacy. CONs: May be time-consuming; may involve additional expenses; may be an inconvenience or may result in a possible a loss of transportation (public transportation, carpool).

TABLE 1. Actions that can be taken by stalking victims and their employers, *continued*

Change locks or get a security system.	PROs: May provide maximum safety for the target; may reduce concerns regarding old keys that may have been copied by family, or the stalker, or given to trusted persons. CONs: Costly in a home or office; with a security system, some family members may be left vulnerable due to their schedules, such as "latch key kids" or impaired family members.
Change or quit job or school or location of dialysis unit.	PROs: Essentially an incognito move that, in the age of technology, may not be possible. CONs: If the patient is forced to leave the dialysis center, access to the nephrologist and staff will cause a loss of continuity in medical and interpersonal services. If the staff member has to change centers or workplace, other patients may feel the loss of a trusted caregiver.
Change email address.	PROs: Decreased access to the target. CONs: May cause a loss of communications; may require the employer to limit publication within I.T. systems; if an unknown stalker is an employee of the same workplace, this may be ineffective.
Police intervention; use of security consultant.	PROs: Places the onus for protection onto the seriousness of the perceived violence and alerts police to physical danger and awareness of possibly an active intruder or active shooter. Helps implement a plan to provide for maximum protection and quick response. Consultants can assist in identifying what may be risk factors not perceived by the agency. CONs: A police intervention with some stalkers may trigger a more violent reaction and aggressive action against the target. If police do not take the threat seriously, the victim may place their guard down and be more at risk.

Table 2 outlines recommendations that should be considered when developing policy to address stalking in healthcare facilities, such as dialysis and transplant clinics (Kwatcher & Stricherz, 2015).

TABLE 2. Recommendations for healthcare facility policies to address stalking

Policy considerations	Policy details
Zero tolerance	• Of stalking. • Toward any member of the team who does not take every part of the policy seriously. • For blaming the target of stalking for causing the stalking.
Duty to warn	• Ensure targeted staff person's safety. • Duty to warn and other related information and actions; may require advice from and contact with agency's legal representative if it is thought a threat scenario. • When grave injury or death is anticipated based on threats to kill, presence of weapons, history of threat-maker having harmed the target or others with great bodily harm, or as defined by relevant statues and codes of ethics. • All work-related stalking cases are to be reported to the facility manager and risk management without delay, i.e. as soon as threats are identified. • Management should immediately contact law enforcement.

TABLE 2. **Recommendations for healthcare facility policies to address stalking**, *continued*

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Confidentiality	• Right to privacy. • Information is available to selected staff on a need-to-know basis; the greater the type of threat (i.e., at workplace with weapon), the wider the dissemination of information about the threat should be made.
All cases to be treated with the same merit	• No judgment, discrimination, discipline, termination, or retaliation by the employer. • Assistance provided with workplace issues, such as scheduling, impact on job performance, safety nets.
Reporting	• All work-related stalking cases to be reported to the facility manager and risk management, mandatory accrediting agency reporting, and mandatory law-enforcement/security reporting requirements.
Leave for emotional or physical protection, court procedures, or other necessary actions	• Paid leave when stalking is related to employment.
Stalker identification to staff	• Post photo of the stalker in select locations, as permissible by law. • Name and description of stalker relationship to the target made known to employees, as needed, in the facility.
When agency management has permitted the target staff person to be "mobbed"	• Policy to clearly spell out what is expected of all employees. • Failure to protect and abide by safety plan will result in a disciplinary issue.
Safety plan	• Senior management works with supervisors and targeted staff person to develop a safety plan. • Risk management notified, and a safety plan is written and documented.

There are different state laws, agency policies, and supervisor practices regarding protections and accommodations for employees who are victims of crimes such as stalking. Such employees may need to meet with police and prosecutors, respond to a subpoena, testify, or take other actions because they are stalking victims. Healthcare organizations are encouraged to create and disseminate polices that address these needs. When considering stalking in healthcare settings, **Tables 1 and 2** can serve as guides for administrators about policies and protections that need to be put in place. Once a threat that is connected to a workplace is received and reported, protection of the target is incumbent upon the agency.

We postulate that all organizations should consider the potential latent potential of the perpetrator's power and control—those unrecognized consequences of the perpetrator's behavior or status, including the unrecognized consequences of management's behaviors, decisions, or status. (Merton & Merton, 1968). However, these are secondary to the direct power differential that may exist if the perpetrator's role provides access to the target on the premises, such as the perpetrator being a patient or employee of a dialysis or transplant unit.

The model in **Figure 1** illustrates when and where within the facility the perpetrator's access to a stalking target may require action. There is usually a secret or hidden period when the target is not aware of the threat or the actuality of being a target. An underlying assumption is that when stalking is identified, there is a threat, and that must be a non-negotiable trigger for the facility's response. It cannot be normalized.

FIGURE 1. Model for preparing for a continuum of active intruders
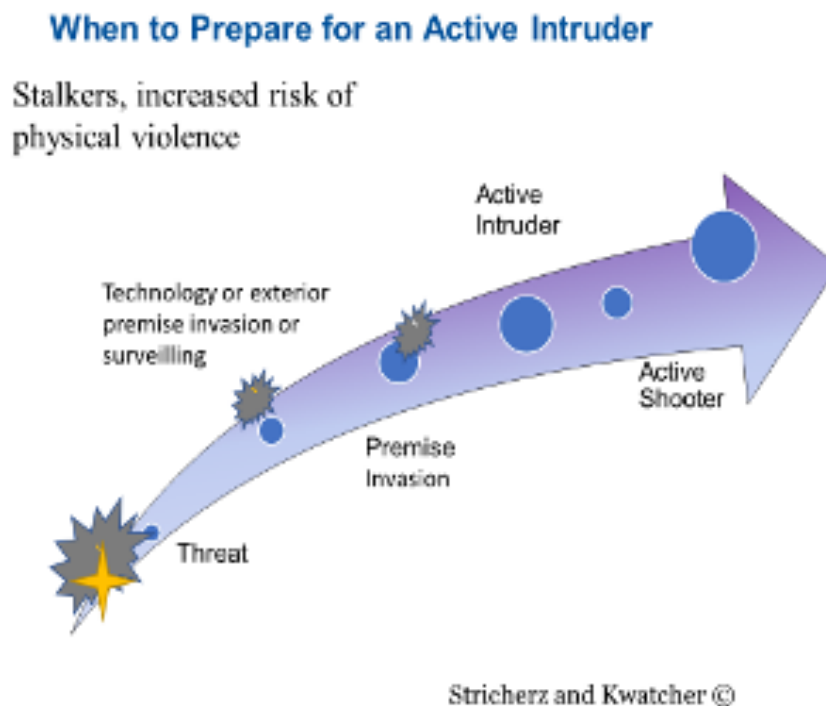
SUMMARY

Dialysis and transplant units need to be familiar with the concept of stalking and how it can affect their employees or targeted patients, as well as the vicarious impact on both employees and patients when it occurs in the unit. Centers will need to be prepared with policies to address these behaviors to protect employees and patients. Below are case examples that can be used for kidney dialysis units and in other healthcare settings to consider and discuss organizational responses that can improve employee safety. This discussion can include a root-cause analysis of each case, and use these discussion questions:

- What, if any, are the behavioral prodrome leading to violence on the continuum?
- What works?
- What needs to be done?
- When may it happen?

Within the problems and interventions in the following three cases are illustrations of some of the issues in dealing with stalking in kidney care settings. When a target first finds out or suspects they are being stalked, what can the target do, what should the agency do, and when should it be done?

Case example #1: The harried employee

The facility manager in a small town noticed a patient care technician coming to work several hours early and received reports from the facility nurse that the tech did not leave after her shift. The nurse also indicated the tech seemed to be preoccupied. The nurse asked the tech if everything was all right; she responded that everything was fine. Two days later, the nurse and manager, after talking about the tech's absent-mindedness, related their concerns to the tech. She disclosed that mysterious things had recently been happening: her car was keyed, the back door of her home was found open, and items were missing from her laundry. There were several other strange incidents in the facility parking lot, a supermarket, and the tech's home. The tech, who lived alone, was afraid at home and was not getting much sleep. The tech had not called the police because she was afraid it might get worse. She felt safer at work than at home or in the community because her coworkers were nearby.

Case example #2: "Percutere ferrum est calidum." (Strike while the iron is hot.)

A patient who had been evaluated and declined for transplant due to treatment nonadherence was admitted to a hospital where he made threatening comments about his transplant social worker. The patient responded to queries from hospital staff, "How are you doing?" with "Not well, I need a transplant, but the transplant social worker kept me off the transplant list, and now I am going to die." The patient stated mul-

tiple times, "…that since I am going to die, the social worker should die too." The patient repeated this several times.

The staff contacted a supervisor who spoke to the patient. The patient repeated his comments. The risk management department was contacted and advised there was now a duty to warn the transplant social worker. Risk management called the social worker's manager at the transplant program, and the night supervisor called the local police. The police came to the hospital and interviewed the patient who again stated, "The social worker should die since he kept me off the transplant list." The police officer filed a report of making a death threat, while the social worker's manager contacted the transplant social worker.

After receiving the call very late at night, the social worker was instructed to call the night manager at the hospital where the patient was admitted. The social worker called and was transferred to a police officer and was advised that the police officer had already filed a report. The social worker was asked if he "felt threatened," and he responded that he did. He was advised to go to the court first thing in the morning to file an Order of Protection (OOP).

In the morning, the exhausted and stressed social worker went to the local court to file paperwork, which the judge signed. The social worker delivered the OOP to his manager and hospital security department. After a discussion with management, the social worker drove to the hospital where the patient was located to deliver a copy of the OOP. The social worker called a process server, met the server in the hospital's lobby, and personally paid for the patient to be served with the OOP. This was a daunting, all-day task.

The social worker was told not to drive to the transplant center for the foreseeable future, to park in a remote area of the medical center campus, call security for an escort to the office, and to call for an escort back to the car at the end of the workday.

Within several days the social worker was notified the patient had been discharged, and a few days later, the patient arrived at the transplant clinic, which prompted the use of the "panic button" and a rapid security response. Security remained with the patient during his physician visit, where the patient was told he was terminated and had 30 days to locate another provider. The patient continued to be very ill and was readmitted to another hospital. The social worker was advised that during the time at the new hospital the patient continued to state the "social worker needs to die too." Within six weeks, the social worker was informed the patient had died.

Case example #3: Stalking: An obsessive relationship from one-way to "no-way"

A few years ago, the 26-year old, unemployed son of a non-English speaking patient started accompanying his father to

dialysis in the medical van, and stayed through his father's treatment, often waiting in the lobby. The facility's social worker, a middle-aged woman, always entered the clinic through the lobby door and said good morning to the very bashful young man. He started showing up at the lobby door just as she was coming in, and although he appeared harmless, he was making the employee uneasy. The manager felt there was not a problem, as nothing had happened. The social worker started switching cars with her husband, and altering her hours, as it was getting uncomfortable, but nothing had really "happened." Although there was another entrance to the building, the manager would not provide a key to this employee, telling her she was exaggerating. The young man started lurking in the parking lot, waiting to spot the employee pulling in, then rushing to the door. The custodian was sympathetic and provided a key for the social worker. One day as she inserted the key into the door, the young man popped out of a nearby hiding place. Fortunately, she was unharmed, and the incident was caught on the security camera and finally addressed. The family acknowledged that the young man was mentally unstable and had previous similar incidents. They agreed that he could no longer accompany his father to the clinic or be on the grounds of the facility at any time.

The procedures, policies, and viewpoints expressed herein are those of the author(s) and do not represent an official endorsement by NKF.

REFERENCES

American Psychiatric Association (APA). (2019). *Resource document on stalking, intrusive behaviors, and related phenomena by patients.* Retrieved from https://www.psychiatry.org/psychiatrists/search-directories-databases/library-and-archive/resource-documents

Comparcini, D., Simonetti, V., Lupo, R., & Cicolini, G. (2015). Nurses' experiences of stalking: A narrative review. *Professioni Infermieristiche, 68*(2), 174–182.

Kwatcher, J., & Stricherz, M. (2015). The elephant in the room: Violence in the workplace. *Nephrology News & Issues, 29*(2), 38.

Leymann.se. (n.d.) *The definition of mobbing at workplaces.* Leymann.se website. Retrieved from http://www.leymann.se/English/12100E.HTM

Madigan, L. (n.d.). *Lisa Madigan quotes.* Retrieved from https://www.brainyquote.com/quotes/lisa_madigan_880740

McIvor, R., & Petch, E. (2006). Stalking of mental health professionals: An underrecognized problem. *British Journal of Psychiatry, 188*(5), 403–404.

Merton, R. K., & Merton, R. C. (1968). Social theory and social structure. *New York: Simon & Schuster.*

National Institute of Justice (NIJ). (2007, October 24). *Overview of stalking.* Retrieved from https://nij.ojp.gov/topics/articles/overview-stalking

Owens, J. G. (2016). Why definitions matter: Stalking victimization in the United States. *Journal of Interpersonal Violence, 31*, 2196–2226.

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

Stricherz, J., & Kwatcher, M. (2015 March). *Violence in dialysis and transplant settings: Prevention, immediate, intervention, and post-incident management* [Pre-conference workshop presentation]. National Kidney Foundation Spring Clinical Meetings, Dallas, TX, United States.

U.S. Department of Justice (DOJ). (2002). *Creating an effective stalking protocol.* Washington, D.C.: U.S. Department of Justice.