



STALKING AS A PUBLIC HEALTH ISSUE:

Healthcare Professionals
Spotting the Signs of Stalking

ABOUT THIS REPORT

This report was established as part of National Stalking Awareness Week (NSAW) 2025's theme of health professionals 'Spotting the Signs of Stalking'. As a starting point, Action Against Stalking (AAS) requested information from all 14 Regional National Health Service (NHS) Boards across Scotland to discover if they have internal anti-stalking policies for staff and/or protocols if any patient discloses that they are a victim or perpetrator of stalking.

WHAT IS STALKING?

Stalking is a public health issue which leaves victims with long-lasting psychological impacts that can manifest as physical symptoms. The root cause of the feelings must be understood and addressed to ensure both physical and physiological effects are reduced.

Stalking is a public health issue, so healthcare professionals must be equipped with the knowledge to spot the signs of stalking, including 'Recognise, Respond and Refer' to ensure patients are supported at the right time and by the right people.

Stalking is a serious criminal offence under Section 39 of the Criminal Justice and Licensing Act (Scotland) 2010. There is a wide range of behaviours that can be classed as stalking under the Act.

Stalking behaviours can often be identified by certain characteristics. A key question to ask is, are the actions of the person:

- **Fixated**
- **Obsessive**
- **Unwanted**
- **Repeated**

Stalking behaviours can take place online, in person or both. Individual stalking behaviours do not need to be criminal offences, it is the course of conduct designed to elicit fear and alarm which constitutes a crime. Some common stalking behaviours include but are not exclusive to:

- Sending unwanted letters or cards;
- Sending unwanted emails, text messages, or posts on social media sites;
- Making unwanted phone calls;
- Delivering unwanted gifts to a workplace or home;
- Waiting outside someone's home or workplace;
- Following someone or spying on them;
- Sharing intimate pictures of them without their consent, for example by text, on a website, or on a social media site;
- Posting information publicly about someone, making public accusations or contacting someone's employer;
- Making threats;
- Contacting someone through social media and messaging apps;
- Accessing or hacking personal accounts/phones/devices/belongings for tracking purposes (i.e. tracking apps, airtags, or other methods of tracking devices)
- Accessing a phone to view personal information.

THE IMPACT OF STALKING

Stalking can leave victims with long-lasting psychological, physical and financial impacts. The Scottish Crime and Justice Survey 2018-20 found that 11.8% of adults in Scotland are stalked annually. The survey also reported that:

- 94% said they made changes to their life or work patterns;
- 53% said they changed or left jobs;
- 39% said they moved home;
- 83% reported increased anxiety;
- 75% felt powerless;
- 74% had experienced disrupted sleep;
- 55% said they suffered fatigue;
- 55% had flashbacks and intrusive thoughts;
- 24% had suicidal thoughts.

In 2024, Action Against Stalking found that 100% of the clients we worked with felt that the crime had a significant effect on their emotional well-being, with 13% reporting that the impact was so great that they felt it had taken over their lives and that they felt unable to function emotionally. 76% of AAS clients reported that they felt unable to get out and about and see people in the way they had before the stalking and 92% felt unsafe at home.

AAS CLIENT QUOTES:

“In 23 months, I left 10 clubs, and she was still trying to be in my life daily. It was like a game of cat and mouse.”

“I have had dark thoughts, but would never act on them, I would not put my kids through additional pain or trauma.”

“I fear opening windows which could allow him access to my home.”

“The overbearing feeling of responsibility to protect them from him has been so overwhelming that at times I've wondered if it would be easier if I wasn't around just to take away their chance of being harmed.”

“Every time I leave my front door; I am looking around to see if he's there”

METHODS

Action Against Stalking sent Freedom of Information Requests (FOI) to 14 NHS Regional Boards across Scotland under the Freedom of Information legislation; each Board had 20 days to respond to the request. These requests were sent to:

- **NHS Ayrshire and Arran**
- **NHS Borders**
- **NHS Dumfries and Galloway**
- **NHS Fife**
- **NHS Forth Valley**
- **NHS Grampian**
- **NHS Greater Glasgow and Clyde**
- **NHS Highland**
- **NHS Lanarkshire**
- **NHS Lothian**
- **NHS Orkney**
- **NHS Shetland**
- **NHS Tayside**
- **NHS Western Isles**

All 14 requests were identical and sought the below:

i. *Does your organisation or health board currently have an anti-stalking policy for staff, including colleagues stalking colleagues or clients/patients stalking staff?*

ii. *Does your organisation have a protocol for dealing with clients/patients disclosing stalking victimisation or perpetration?*

iii. *If appropriate, can we request a copy of the policies and/or protocol?*

RESULTS

i. Does your organisation or health board currently have an anti-stalking policy for staff, including colleagues stalking colleagues or clients/patients stalking staff? *

Of the 14 NHS Scotland Boards, 14 reported that they do not have a specific anti-stalking policy.

9 NHS Scotland Boards reported that stalking incidents will be dealt with via NHS Scotland's 'Bullying and Harassment Policy'.

The Bullying and Harassment Policy explanations of stalking are:

- Persistent attempts to make contact with an employee, for example through email, telephone, social media, or on behalf of a third party.
- Following, watching or photographing an employee.
- Repeated sending of overly personal, malicious or threatening messages or items.

4 NHS Scotland Boards reported that stalking incidents will be dealt with under the 'Gender-Based Violence Policy', which in the future will be replaced by the NHS Scotland's 'Gender-Based Violence' policy. This policy provides a framework which enables managers to support staff who have/are being subjected to abuse. 1 reported that they are developing a process to support staff who receive a disclosure of gender-based violence and how they should respond.

1 reported that staff reporting stalking would be assisted under the 'Management Against Violence and Aggression Policy' and 1 reported the use of the 'Violence and Aggression Management Policy' for staff members concerned about patients. Neither of these policies reference the term 'stalking' throughout it. The policy does, however, aid staff, volunteers, patients and visitors.

1 stated that staff being stalked by patients would come under the 'Standards of Behaviour Protocol,' which does reference stalking. The same NHS Scotland Board also reported that staff members being stalked by patients could report this in their 'Violence and Aggression Policy' (currently under review), which has a specific category for reporting stalking by patients. Supported staff can then report their victimisation to Police Scotland.

**Some NHS Scotland Boards provided multiple policies they would use, so the total number will exceed 14.*

ii. Does your organisation have a protocol for dealing with clients/patients disclosing stalking victimisation or perpetration? *

12 reported that they do not have specific protocols in place if a patient discloses that they are a victim or perpetrator of stalking. 2 did not answer this specific question about protocols. However, several policies are in place if a patient discloses that they are being stalked by their healthcare professional or if a healthcare professional is being stalked by a patient or colleague (mentioned above).

2 reported that patients wishing to disclose being stalked by their healthcare professional can do so under the 'Raising Complaints Procedure', and complaints will be dealt with appropriately under the 'Workforce Policies Investigation' process, which investigates the conduct of NHS staff.

1 reported that through the 'Public Protection and Violence Against Women and Girls and Gender Based Violence', training is available to the workforce around these issues.

1 reported that there is an e-learning training module for staff which constitutes the baseline of training for the management and reduction of Violence and Aggression (V&A). The module includes

definitions of V&A, the rights and responsibilities of employers and employees, strategies for risk assessment and risk reduction, the law regarding the use of force with self-defence and post-incident considerations and reporting.

1 reported that training is available for appropriate staff but did not disclose what this training entails or what staff would receive it.

2 reported that any workplace incidents would be investigated under the 'Conduct Policy' which applies to all NHS Scotland employees.

1 reported that stalking incidents would be considered under the 'Grievance Policy'.

1 reported that incidents would be treated on an individual basis.

1 stated that any stalking incident outside the workplace would be a police matter.

**Some NHS Scotland Board responses did not provide further information, so responses do not total 14.*

KEY TAKEAWAYS

There is little to no academic research exploring the number of stalking victims who have disclosed their victimisation to their healthcare professionals. Without specific protocols to deal with these disclosures, it puts patients and healthcare professionals at risk. Healthcare professionals need to respond appropriately to patient disclosures as it allows patients to feel validated in their experience and encourages them to take the next steps of support.

Research by Mullen, Pathé and Purcell (2001) explores the prevalence of stalking within healthcare settings and suggests that those working within the mental health sector are more at risk of experiencing stalking due to their contact with mentally ill patients.

Research by Mullen, Mackenzie, Ogloff, Pathé, McEwan and Purcell (2006) indicates that stalking behaviours are not always aggressive or violent but instead can be covert and oftentimes never result in violence. Jutasi and McEwan (2021) found that often the stalking behaviours which professionals experience are covert and not associated with violence including the perpetrator making fictitious complaints to demean the professional's reputation knowing that these complaints are mandatory to investigate. Current policies such as the 'Management Against Violence and Aggression Policy' would not cover those covert incidents resulting in staff members being unprotected.

The Scottish Crime and Justice Survey 2019/20 found that 44% of respondents reported knowing their stalker in some way, with 20% reporting an ex-partner was targeting them. These figures highlight that victims are likely to be stalked by someone they know. The Crown Office and Procurator Fiscal Service found that in 2023-24, 53% of their stalking charges had a domestic abuse identifier. This reinforces an interconnection between stalking and domestic abuse, so it is important to recognise this link.

Stalking is categorised as gender-based violence with 86% of accused perpetrators in charges with a domestic abuse identifier being male (Crown Office and Procurator Fiscal Service, 2024). However, males can also be victims of stalking, and appropriate acknowledgement of this must be present in existing and future policies. It is positive to see that some policies mentioned, i.e. the 'Gender-Based Violence Policy' specifically mention stalking, but with the challenge that male victims may not be referred to this policy or avoid it as they are not often recognised under 'Gender-Based Violence' as many people know it.

Having stalking referred to in a standalone policy would allow all demographics to be recognised and protected.

Stalking is often linked with Domestic Abuse, Bullying and Harassment. However, it is a standalone offence. Despite stalking being interconnected with domestic abuse, it does occur outside this remit, so policies should be mindful of various stalking scenarios. Stalking is a standalone offence and despite the 'Bullying and Harassment Policy' including stalking within it, it is grouped with these other behaviours rather than named separately.

RECOMMENDATIONS

Action Against Stalking would encourage NHS Scotland to establish a standalone anti-stalking policy to better protect staff, patients, volunteers and visitors which can then be embedded by all NHS Scotland Boards. This policy should include various stalking behaviours, and scenarios and reference the internal stalking of staff targeting staff but also outside individuals targeting staff.

Stalking is a standalone offence under Section 39 of the Criminal Justice and Licensing Act (Scotland) 2010. but is oftentimes linked with violence or harassment, as seen in the current NHS Scotland policies. To eradicate these myths, policies must reflect all forms of stalking behaviours so that workplaces can recognise, respond and refer appropriately to prevent escalation and create safer working environments.

Ensuring that all existing policies addressing stalking do so appropriately, distinguishing it from bullying and harassment, as these are distinct behaviours. Stalking is a standalone offence in Scotland, separate from harassment.

Anti-stalking policies are important for staff members to feel validated and protected and HR departments and those in positions of management have a consistent approach to dealing with complaints of stalking and feel empowered to do so.

We would encourage all NHS Scotland Health Board with 'Domestic Abuse Champions', to supply them with training specific to stalking and continue to adopt practices consistent with the 'Responding to Domestic Abuse - Guidelines for Health Care Workers in NHS Scotland' document. With this, we encourage all staff to have professional curiosity if they feel that the person they are supporting is being victimised but may be uncomfortable disclosing this information. Action Against Stalking has a range of tips on their website around guidance when talking with someone who discloses stalking, however, if you want more in-depth information then Action Against Stalking is happy to assist.

Creating a secure referral pathway between Action Against Stalking and those disclosing stalking victimisation is vital to ensure that victims are receiving the correct support at the right time. This could be utilised through referral pathways with Community Link Workers, other supports within NHS Scotland sites and Action Against Stalking's contact information added to the NHS Scotland internal and external websites.

Action Against Stalking will support any NHS Scotland Board that wishes to establish an anti-stalking policy, referral pathways to our Throughcare Support Service, training around what constitutes stalking and how to recognise it and educational materials associated with stalking to better educate staff, visitors, patients and volunteers.

ABOUT ACTION AGAINST STALKING

Action Against Stalking is the only dedicated anti-stalking support charity operating in Scotland. We recognise the prevalence of stalking in our communities and the life-changing impact this crime can have on victims.

The purpose of Action Against Stalking is to establish a world where everyone has a right to live without fear of psychological or predatory threats.

We do this by:

- Educating and informing all about the harm caused to people's lives by stalking;
- Championing the rights of those affected by stalking;
- Supporting victims of stalking.

Our Throughcare Support Service places victims at the heart of our work, offering free, confidential, and professional support and advocacy to those affected by stalking. We empower victims with the knowledge that they are not alone, and for those with more complex cases, we also provide Cognitive Behavioural Therapy (CBT).

AAS CLIENT TESTIMONIALS:

“I feel that you and your organisation are absolute trailblazers that really will change the narrative around stalking.”

“It really does mean a lot having AAS guiding me, I’d have been stuck not knowing what to do and I’m starting to see something positive in my life at last.”

“The help you have given me is impossible to sum up. I know my journey is far from over, but I now know that I have your support and that has really changed my outlook on the situation.”

CONTACT DETAILS

Contact Us for Consultation and Training Enquiries:

General Enquiries: enquiries@actionagainststalking.org

Chief Executive Officer: Hayley.Tennant@actionagainststalking.org

Prevention & Community Engagement Manager:

Karen.Fullerton-Chalmers@actionagainststalking.org

Support and Referral Enquiries:

Phone: 0800 820 2427

Email: support@actionagainststalking.org

Referral Form: www.actionagainststalking.org/referral

TRAINING AND CONSULTANCY

At Action Against Stalking, we are industry leaders in Continued Professional Development (CPD), specialising in training organisations to identify and address stalking-related risks. With years of experience, we understand the complexities of stalking behaviours and their impact on victims, workplaces, and communities.

We provide expert-led training that goes beyond awareness, equipping professionals with practical tools and strategies to:

- Recognise stalking behaviours and patterns;
- Offer appropriate support to victims;
- Implement effective anti-stalking policies within organisations;
- Create a safer workplace environment.

Our courses are CPD-accredited, ensuring that participants receive high-quality, recognised training that meets international standards. Whether you're in education, law enforcement, corporate security, or HR, our expertise can help you safeguard individuals and uphold a duty of care.

We also offer consultancy for those wishing to establish anti-stalking policies and procedures. Please get in touch by contacting enquiries@actionagainststalking.org

REFERENCES AND RESOURCES

Action Against Stalking website – www.actionagainststalking.org

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Surviving Stalking – An AAS Podcast. Interview with a healthcare professional who was targeted by an ex-client. Available online via Spotify.



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