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promoting excellence in psychology

# Working with individuals who have engaged in stalking

A resource for  
psychologists

December 2022



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# Contents

<b>1. Executive Summary</b>	<b>6</b>
<b>2. Aims &amp; Scope</b>	<b>9</b>
<b>3. Introduction</b>	<b>11</b>
<b>4. Terminology</b>	<b>14</b>
<b>5. What is Stalking?</b>	<b>16</b>
Stalking by Proxy	19
Recognising Stalking	19
Stalking Legislation	20
England and Wales	20
Scotland	22
Northern Ireland	24
<b>6. Theories of Stalking</b>	<b>26</b>
Attachment Theory	26
Relational goal pursuit (RGP) Theory	27
Biological and neurobiological theories	28
Conclusion	29
<b>7. Stalking Typologies</b>	<b>31</b>
Brief overview of motivations for stalking	31
<b>8. Assessment and Case Formulation</b>	<b>36</b>
Considerations for assessment with individuals who engage or have engaged in stalking behaviour	36
Stalking Risk Assessment Tools	40
Stalking Assessment and Management (SAM)	40
The Stalking Risk Profile (SRP)	40
Women engaging in stalking behaviour	41
Young People	42
Other assessments	42
Assessing related offending behaviours	44
Considerations for case formulation with individuals who engage or have engaged in stalking behaviour	45
Some general points about engagement	47
Treatment Approaches	48
The Risk-Need-Responsivity (RNR) model	50
An integrative approach to rehabilitative intervention	54
Dialectical Behaviour Therapy	55
Cognitive Behavioural Therapy	58

Schema (mode focussed) Therapy	63
Acceptance and Commitment Therapy	66
Occupational Therapy	70
Group-based interventions	73
Intimate Partner Violence programmes	73
<b>9. Risk Management &amp; Desistance</b>	<b>76</b>
Risk Management	76
Supporting Desistance	76
Risk Monitoring	76
A note about settings	77
<b>10. Practitioner safety</b>	<b>79</b>
<b>11. Further Research</b>	<b>83</b>
Final comment	83
<b>12. Resource links</b>	<b>85</b>
<b>13. References</b>	<b>87</b>
<b>14. Acknowledgements</b>	<b>95</b>
Lead Authors & Editors	95
Contributing authors	95
Contributions from Experts by Experience	95
Editorial assistance	96
Critical reader group	96
Independent expert reference group	96
Wider consultation and reviewer group	96

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## Executive Summary

# CHAPTER 1

# 1. Executive Summary

Primarily, the purpose of this resource is to support psychologist practitioners in engaging with individuals who have stalked or are stalking, to help them alter their harmful behaviour, improve their wellbeing and encourage desistance. It is acknowledged that the needs of those perpetrating and those subjected to stalking will differ. Therefore, the development of a separate resource is encouraged.

‘Stalking involves a course of conduct directed at a specific person that would cause a reasonable person to feel fear’ (p.13 <sup>1</sup>). Stalking was criminalised because of its recognised negative impacts on those being targeted, which can include physical as well as psychological harm and are wide-ranging and cumulative due to the persistent nature of it. Despite this, stalking remains poorly understood when compared to other offence types, and as such remains largely under-identified. While stalking shares many characteristics with other types of interpersonally harmful offending, it is distinct in its fixated, obsessive, targeted nature and the unwavering persistence and all-consuming focus it requires (<sup>2 3 4 5</sup>). There are currently no known effective psychological programmes for addressing stalking and the rates of recidivism for stalking are significant<sup>6 7</sup>.

There are a few possible connections between stalking and mental ill-health. The most direct of which is delusions about the victim, whilst other incidences may be related to the onset of stalking, for example following a relationship breakdown (and contextual to emotional distress), or generally as a result of their own stalking episode and its psychological and emotional toll<sup>8</sup>. Clearly, different mental health and forensic services and settings will observe differing proportions of stalking typologies and also prevalence levels of contributing mental health difficulties. However, taking all cases of stalking together, it is thought that stalking less commonly arises from psychopathology directly<sup>9</sup>, and in these cases the most robust approach to treatment for non-delusional stalking individuals is psychological intervention<sup>10</sup>. It is suggested that this would be aimed at the individual’s underlying circumstances, psychological vulnerabilities, and functions of the stalking, and that, ‘a common theme is learning to understand oneself and others and improving the ability to regulate one’s own emotions’ (p.369<sup>11</sup>).

This document, *Working with Individuals who have Engaged in Stalking: A Resource for Psychologists*, provides the first example of psychologist practitioner guidance, and draws on our core skills within this profession to set out ways to work with individuals who have stalked or are stalking, based on current evidence and best practice. The British Psychological Society’s Division of Forensic Psychology and Division of Clinical Psychology supported the development of this resource by subject experts given the important part psychology plays in understanding stalking, assessing stalking risks, developing treatment intervention, and formulating risk management plans.

The resource begins with an introduction to the term *stalking*, and related legal terms and the latest legislation across the UK. Then popular theories that have been applied to explain some types of stalking, and indeed classification typologies are introduced. These are important underpinnings for our work in co-producing case formulations, and in particular understanding functions and mechanisms, which assists with providing validation and developing intervention plans. Assessment tools and some of the case formulation approaches that are suitable for stalking cases are set out, prior to introducing the reader to the varying treatment approaches, which have been shown to have therapeutic viability for helping people address their harming behaviours. The resource then provides an overview of considerations for risk management, supporting desistance and risk monitoring, as well as considering practitioner safety. Authors go on to highlight what

they currently see as key research gaps. Overall, this document is intended as a resource to assist practitioner psychologists in navigating the complexities involved when working with individuals who have stalked, and may still be stalking. It will not contain the answers to all challenges, but will act as a starting point for thinking about and applying ethical and best practice with this client group.

Some key recommendations highlighted within the resource include,

- i. Stalking is prevalent and persistent, therefore practitioners need to be astute to the ongoing risks during and beyond risk assessment and treatment interventions contacts;
- ii. There is a need to understand what constitutes stalking, the risks the person presents to the person they are stalking, themselves and others, and the legal sanctions in place for or possibly applicable to the person you are working with;
- iii. Ideally, as part of a multi-agency team, seek to gather comprehensive information about the person you are working with and agree risk-related information sharing protocols with the other professionals;
- iv. Conduct a stalking-specific risk assessment, and other responsivity and need assessments, and use these to inform a co-produced (ideally) case formulation;
- v. Ensure engagement approaches are compassionate, validating of the person's inner experiences of distress, and discussions on negative behavioural consequences maintain a focus on the person you are working with initially (goal deprioritisation is sought over time through highlighting the unworkable and self-punishing strategies employed to achieve their intended goals, not through encouraging victim empathy);
- vi. Understand the risks and needs associated with the typology of the case to help focus efforts onto addressing these through treatment and/or risk management plans;
- vii. Build a bespoke treatment plan, with evidence-informed justifications and which comprises elements highlighted as areas of need. Robust evaluation plans should be in place alongside these plans;
- viii. Contribute to a risk management plan that puts the person being stalked at the centre of focus to ensure robust victim safety planning.

Thank you for taking the time to use this resource, we hope it is of use to you and the people you work with. We acknowledge that this resource will require updates and therefore urge you to undertake wider reading and consultation, and welcome constructive suggestions for future updated versions.

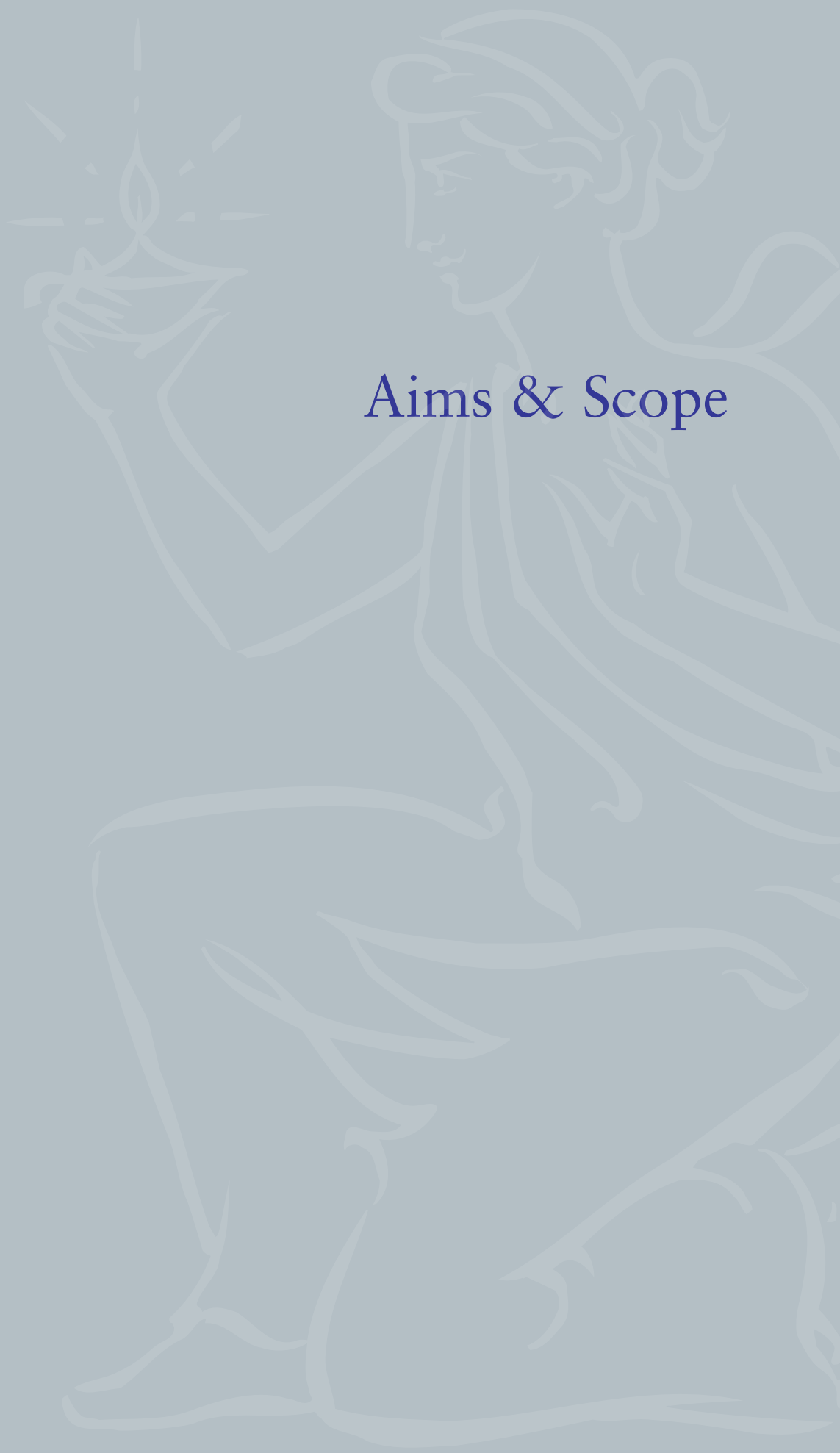
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# CHAPTER 2

## Aims & Scope





## 2. Aims & Scope

This resource is aimed at HCPC registered practitioner psychologists who may be working in a range of settings. It is intended to be used when considering working with individuals who have engaged in stalking as opposed to working with people who have been affected by stalking, particularly people subjected to stalking. This resource should be read alongside existing overarching best practice guidance for psychologists such as the BPS Code of ethics and conduct, BPS Practice Guidelines and the HCPC standards of proficiency. The term *resource* was chosen because this document is an organised source of reference for key stalking related matters relevant to psychologists. The current limited empirical evidence on effective responses to stalking necessitates that this resource draws largely on up-to-date best practice guidance. It is hoped that an update of this resource will soon be required to take account of the outcomes of current studies in this area.

The issues are numerous and varied so this resource is best used as an initial guide to prepare for engagement, rather than as a full and comprehensive manual. The resource provides psychologists with a broad overview of considerations when working with people who have engaged in stalking behaviour and the sections are purposely brief and heavily referenced to achieve this aim.

The focus of this resource is on working with individuals who have stalked, not with those who have been subjected to stalking. This is not a reflection of priority of needs. The focus of this resource is aimed at practitioners reducing the occurrence and thus impact of stalking behaviours, by addressing underlying drivers of those engaging in stalking, whilst holding in mind the experiences of those subjected to stalking. The needs of those perpetrating and those subjected to stalking will differ and as such development of a separate resource is encouraged to address this absence fully and appropriately. This resource is an acknowledgement that practitioner psychologists cannot help in protecting people subjected to stalking without attempting intervention with people doing the stalking. There could be many improvements to the current legislation and enforcement of such, as well as in advancing knowledge, particularly how to assist individuals who are stalking to stop. Psychologists should acknowledge the high level of harm caused to people subjected to stalking and the wider costs to society, whilst working towards effective interventions as a vehicle to enhance public protection. More research and focus are required for supporting both people subjected to stalking and people who engage in stalking.

This resource is the product of wide collaboration amongst specialists in the UK and consultation with wider members and international specialists. It is intended to capture current empirical knowledge, increase the recognition of stalking as a problem behaviour across settings and bring together key principles of best practice to increase practitioner confidence and competence. There are gaps in knowledge, notably regarding intervention effectiveness, and risk assessment validation. The resource encourages a UK-wide collaborative approach to advancing knowledge and contributing within this field internationally through high quality research. It is hoped that this resource will instil confidence, acting as a reference resource, increase awareness around stalking and psychology practitioner responses, and encourage greater multi-agency working.

# CHAPTER 3

## Introduction



### 3. Introduction

The Crime Survey for England and Wales estimated that 2.5 million people experience stalking annually<sup>12</sup>. Point prevalence is estimated to be around 5% for women, 2% for men, and 4% combined. The lifetime prevalence of stalking in the UK is estimated to be 21.3% for women and 9.2% for men<sup>13</sup>. Dressing et al.<sup>14</sup> repeated their seminal 2003 study<sup>15</sup> of the prevalence of stalking behaviour, by randomly selecting 1000 men and 1000 women from the Mannheim area in 2018, to identify a lifetime prevalence of stalking behaviour. The results were consistent with their 2003 findings, indicating a 10.8% lifetime prevalence in 2018 (11.6% in 2003). Their research highlighted that individual who had been subjected to stalking behaviour had significantly worse mental wellbeing and a higher proportion of mental disorder than individuals without these experiences. Studies of specific groups also highlight stalking as a significant problem. Fedina et al.<sup>16</sup> suggested that 17.4% of students reported experiencing stalking behaviour since starting college and Wooster et al.<sup>17</sup> report that as many as 70% of General Practitioner respondents in their study had been subject to one or more defined behaviours with 20% stating that they had been stalked at some point in their careers.

Stalking is psychologically damaging and consists of a continuous pattern of unwanted intrusion in others' lives, often with high rates of post-detention recurrence. Two prominent studies investigating the latter both found that around 50% of cases reoffended<sup>18 19</sup> and Rosenfeld specifically reported that 80% did so within 12 months. The study by McEwan et al. reported that 75% of their stalking reoffending sample continued to target the original person subjected to stalking, while 40% targeted someone new (this figure includes 16% who targeted both the original person subjected to stalking and someone new). However, stalking behaviour as a crime remains largely misunderstood and under-identified. The global lack of focus and general awareness leaves both people subjected to stalking and those who engage in the behaviour at a loss of how to stop it and where to access effective support.

Stalking describes a targeted pattern of behaviour whereby the person stalking intrudes into the life of the person subjected to that stalking, where they are not wanted and have no right to be, causing psychological distress or fear<sup>6 20</sup>. Stalking is therefore a repeated pattern of unwanted and illegitimate contact imposed on another. It is usually a goal driven behaviour, often emotion-fuelled and linked to maladaptive inner scripts and obsessions. These are influenced by several possible factors (across a spectrum), including mental illness, neurodiversity, and attachment and personality structures<sup>7</sup>. Individuals who engage in stalking behaviour vary greatly and the behaviour often cuts across health, social and criminal contexts at all levels of society. They are largely men, and most would not meet criteria to be considered suffering from serious mental illness. However, practice settings will shape assumptions about typology and serious mental illness prevalence.

Given '*Nobody is born a stalker*'<sup>21</sup> (p.6), the biopsychosocial model<sup>22</sup> provides an overarching framework for understanding the development and maintenance of problem behaviours, including stalking. It also aids in identifying ways to support behavioural change through addressing psychological vulnerabilities and building capabilities for intrapsychic and interpersonal effectiveness. Although we note that at present there is very limited research into the effectiveness of psychological interventions for stalking, what is available suggests that an approach that is psychologically informed, formulation-based, and targets specific areas of need is at least promising<sup>23</sup>. When the behavioural pattern is recognised and practitioners are confident in how they may respond, stalking will be better addressed; thus, reducing the psychological and sometimes physical harm this problem behaviour causes. Reintegration into society is inevitable for most people who commit offences, including individuals who engage in stalking, who often

receive short custodial sentences if imprisoned at all. Many are managed in the community via suspended sentences or community orders.

Victims' surveys revealed that around 100 incidents of stalking will have been experienced before they present to the police to report the crime<sup>24 25</sup>. Individuals who stalk generally do not seek help for stalking specifically, they may do for other problematic experiences such as relationship breakdown, job loss, intrusive obsessional thinking, feelings of anxiety and depression. When people who stalk do present for stalking-specific help, it is usually because they have been instructed in some way to do so<sup>9</sup>. There exist complex issues related to poor identification and awareness of stalking generally and underlying psychological vulnerability of those who stalk, which is often not addressed early on. Sustained behavioural change is challenging given that by the time they may present to services their patterns of responding to their circumstances through stalking may well be entrenched. Often, those who do present to services are aged in their 30s. They have been unable to navigate their circumstances in healthy, non-harmful ways, and can present as entitled and justified in their actions, apathetic to consequences. Commonly, individuals who stalk understandably reject the negative label 'stalker' due to the associated misperceptions about people who stalk. For practitioner psychologists, the professional ethics surrounding labelling are highlighted by Willis<sup>26</sup>, that *'failure to identify labelling as an ethical issue is a serious oversight illustrative of the dual relationship problem, whereby helping professionals have become increasingly influenced by political, legislative and societal demands to the extent that basic ethical principles underlying psychological practice have been overlooked'* (p.733).

For further information on labelling, see [Section 4. Terminology](#).

This resource considers what stalking is across perspectives, contexts, and settings. *Experts by Experience* provide invaluable perspectives on behalf of those subjected to stalking and those have committed stalking crimes. A critical overview of existing and popular psychological *Theories of Stalking* and their limitations are presented and introduce a new way of theorising this problem behaviour. The motivational *Stalking Typologies* developed by Mullen et al.<sup>27</sup> are presented. Then *Assessment and Case Formulation* of individuals who have engaged in stalking. Case study examples for *Treatment Approaches* showing the potential application of different evidence-based treatment modalities with those who have engaged in stalking behaviour are provided. *Risk Management and Desistance* considerations in general, and for specific contexts and settings, are then presented. The resource ends with a section on *Research Need*, constituting a combined effort to highlight current gaps in knowledge and practice and to encourage practitioner psychologists and researchers to commit to advancing our work in this field.

A faint, light blue line-art illustration of a woman with long, wavy hair, wearing a long, flowing dress. She is holding a glowing, sun-like orb in her right hand, which is raised towards her face. The background is a solid light blue color.

Terminology

# CHAPTER 4

## 4. Terminology

Practitioner Psychologists will be used within this resource to reflect the professionalism and competence of the intended audience, without needing to specify different psychology disciplines.

*Individuals who have engaged in stalking* will be used to refer to the people psychologists work with, instead of *clients*, *service users*, *patients*, *prisoners*, *residents*, and the like. Taking a person-first and de-labelling approach<sup>26 28</sup>, is intentional to demonstrate applicability of the content of the resource across all settings, an active separation of the person from the behaviours, and respect to others by avoiding negative labelling such as *stalker*, *offender*, etc. This de-labelling, de-shaming, and help-giving stance towards individuals who engage in stalking/cyberstalking is not collusive (i.e. with the behaviours) and the issue of punishment for committing stalking/cyberstalking is not in dispute. The reduction in risk of future harm remains paramount. To this end, *people subjected to stalking* will be used as opposed to *victims*, *survivors*, and the like, except where the content has been provided by people with lived experience using their own words, or where the individual who has stalked describes themselves as a stalker this has been included.

*Intervention* is used as an overarching term and refers to any input by professionals that is designed to address stalking behaviour in some way. This could include legal sanctions, attempts to address symptoms of mental illness, or psychological intervention to improve psychological flexibility, for example.

A faint, light blue line drawing of a woman with long, wavy hair, wearing a long, flowing dress. She is holding a glowing flower or star-like object in her hands, which is emitting light rays. The background is a solid light blue color.

What is Stalking?

# CHAPTER 5

## 5. What is Stalking?

Stalking is a convenient description that captures a wide range of persistent, unwanted, and intrusive behaviours that often cause distress, anxiety or fear and have negative impact on the recipient's life. Mullen and colleagues<sup>29</sup> provide a clinical definition of stalking as 'Repeated attempts to impose unwanted communications and/or contacts on another in a manner that could be expected to cause distress and/or fear in any reasonable person' (p.10). Stalking arises from a variety of mental states, motivations and goals and differs from harassment as it focuses on the person. Even though stalking and harassment are often used as interchangeable terms and share similar behavioural characteristics, they are distinguishable in terms of context, intent, and impact. While behaviours, which can be construed as harassment can feel threatening, alarming, and distressing, they do not necessarily carry the implicit or explicit threat of violent action and may not necessarily cause the psychological damage commonly experienced by people subjected to stalking. Stalking differs in another way from harassment in that the latter does not include the fixated obsessional characteristics which are the hallmarks of stalking. As psychologist practitioners the onus is not upon you to legally define it, rather to focus attention on the problematic behaviour engaged in.

Stalking is not a new behaviour. It was identified as long ago as the 1830s as a *disease* caused by unrequited love, re-emerging in focus in the 1980s and most often associated with the stalking of famous people. Recently stalking has received increased focus within the UK, with the passing of specific stalking legislation (an overview of which is provided within this section) and fuelled by the identified failures of statutory agencies in the recognition, identification and risk management of those who have engaged in stalking behaviour<sup>30</sup>. The legislation section that follows will highlight the legal responses to stalking across England and Wales, Scotland and Northern Ireland.

Stalking encompasses a wide range of behaviours that can be both criminal and non-criminal. Unlike other types of offending, stalking is not a one-off incident but a series of incidents forming a pattern of behaviour that constitutes a course of conduct. Acts in isolation will not usually be criminal offences in and of themselves and can appear to the observer as benign and harmless. For example, what is so threatening and harmful about receiving a bouquet of flowers? It is a combination of the context of each action and the cumulative impact of unwanted behaviour that causes the most harm to individuals, rather than potentially the single incident. Any intrusive behaviour can be considered stalking if it falls under a persistent course of conduct; it is crucial to see beyond an isolated incident to the totality of the series of actions. The Police acronym FOUR helpfully describes the key features of stalking as a crime, which are that the behaviours are: *Fixated, Obsessive, Unwanted, Repeated*.

Broadly, stalking behaviour falls under three common overarching branches of behaviour.

### 1. Communication

This often includes telephone calls, text messages, emails, social media posts, graffiti and can include indirect and direct threats.

### 2. Proximity seeking and physical contact

This can include direct approaches, following someone and loitering near their home or work, physical and/or sexual violence and entering places where they have no legitimate reason to be.

### 3. Targeting behaviour



This may include the sending of unwanted gifts, property damage, theft, monitoring, tracking or surveillance, the hacking of online accounts, vexatious complaints and the making of false allegations, impersonating the individual and the damage to their reputation or the harassing of those connected to the person subjected to stalking.

This is not an exhaustive list and behaviour can occur both offline and online (for example, surveillance could be via the use of GPS tracking or the internet of things\* or by following an individual in person).

Regarding *cyberstalking*, while there is some debate if this category of behaviours is substantively different to those who engage in other stalking behaviours the authors adopt the position outlined by Sheridan and Grant<sup>31</sup> that cyberstalking does not fundamentally differ from proximal stalking, and it is the underlying motivation or functional aspect of the behaviour that is more important rather than the medium by which that the behaviour is occurring.

## ONLINE, DIGITALLY-ENABLED, AND CYBER-STALKING OVERVIEW BY RORY INNES, FOUNDER AND CEO OF THE CYBER HELPLINE

**Experiencing stalking** The majority of stalking cases involve the use of technology or the internet to either carry out stalking behaviours (cyber-dependent stalking) or facilitate the stalking (cyber-enabled stalking). Technology reaches every area of our lives and for those experiencing cyberstalking this often means no escape. The impact can be huge.

**What makes cyberstalking unique?** The use of technology to carry out or facilitate stalking, is a term used to describe a number of digital harassment behaviours. These include spying on someone using the internet, contacting them online, finding personal information online, impersonating them online, sabotaging their devices with malicious software and tricking other internet users into harassing them online too.

The digital element does make the way the individual experiences stalking different. Some unique challenges in dealing with cyberstalking include:

**Who is the stalker?** It is incredibly easy to hide your identity and location. It can be straight forward to convince a victim that the stalker is someone close to the victim, but in reality, the stalker just has illegal access to private communications. This works the other way too, with those close to the victim able to pretend they are a stranger. This issue can make it difficult to risk assess a stalking case.

Is anything real? Everything can be faked online. New fabricated identities can be created, close friends can be impersonated, or their messages intercepted and deleted or changed. Online communications can be 'spoofed' where a fake message looks like it comes from a legitimate email address or phone number. This can make fact finding tricky and gaslighting easy.

**What is normal online vs. malicious?** Few individuals have a good understanding of IT and cyber security. This means that it can be very difficult for a victim to differentiate normal

\* The internet of things is the interconnection via the internet of computing devices embedded in everyday objects, enabling them to send and receive data. For example, smart speakers, kitchen appliances, etc.

IT events from malicious events. Typically, this leads to a state of hyper-vigilance where the victim believes everything is malicious and the stalker is able to use all technology as part of the stalking.

**Different country?** The ability for the stalker to be anywhere in the world means it can be incredibly difficult to get police engagement for the victim. The limits of police jurisdiction in the perpetrator's area means police engagement often restricted leaving the victim to fend for themselves. The ability to hide location challenging to assess the physical threat to the victim.

**Cyber trauma?** Many experiencing cyberstalking develop a fear of technology, and any internet enabled systems they rely upon (e.g. banking, gym bookings, etc.) They feel any technology around them could be watching or listening – or any interaction could give away information to the stalker. This 'cyber trauma' means that facing the cyberstalking by looking at online accounts and devices for evidence can be impossible. It is just too traumatic for the individual. The 24/7, always-on nature of technology in our society means that some become isolated and exhausted.

**What is it like to experience cyberstalking?** 74% of service users at The Cyber Helpline have been stalked for six months or more. 23% for more than five years. The lack of police intervention means the stalker can continue with their behaviour unchecked for a significant period of time.

'My anxiety has escalated enormously since the weekend when I discovered that she was following my husband's account, and today I have been unable to work. I feel sick and on high alert, and extremely fearful of what she will do, and on how long this will continue. I feel powerless.'

26% of users have no idea who the cyberstalker is and believe they have never met them. Bringing about significant uncertainty about where the stalker is and what the exact threat is.

'I'm extremely paranoid about devices with webcams and microphones.'

The majority of service users at The Cyber Helpline have closed down their email accounts, shut down social media accounts and devices, have created alternate online identities to hide from the stalker, they use public internet access at places like libraries and are using disposable devices. Many feel that their work—or family and friends—devices have also been compromised.

'I'm being watched all the time 24/7.'

The majority of service users have been to the police and worked with a stalking charity, however, the jurisdiction issues, lack of ability to gather evidence or just a lack of technology understanding by these organisations means they are either not believed or not investigated properly.

When asked to score the impact of the stalking out of 10 in six key areas, the following ranking was found:

Mental & physical health – 7.4

Day to day life – 7.1

Impact on others – 6.9

Online confidence – 6.3

Personal safety – 6

Financial – 5.1

All stalking cases can have huge consequences. Many victims have been murdered by their stalker – even after both parties have sought help to stop the stalking.

‘Stalking is like slow murder. It is a terrible experience and one I felt I would never escape.’

The mental health and the impact on victim’s day-to-day life often has the biggest impact. The stalker’s ability to use the victim’s own devices and internet presence against them, traps the victim in a place where they feel isolated from others, are at the stalkers mercy 24/7 and feel this is a trap they will never escape.

## STALKING BY PROXY

Stalking by proxy includes attempting to contact the person subjected to stalking via another person, such as a friend, family member, professional or forcing contact through a professional body (i.e. through family courts, parole board processes). Stalking by proxy is a common tactic used by those who commit stalking or similar offences<sup>9 32</sup> with the legal system often being used for this<sup>11</sup>. UK CPS legislation guidance<sup>33</sup> states, ‘*Harassment of an individual can also occur when a person is harassing others connected with the individual, knowing that this behaviour will affect their victim as well as the other people that the person appears to be targeting their actions towards. This is known as ‘stalking by proxy’. Family members, friends, and employees of the victim may be subjected to this.*’ Practitioners are encouraged to remain astute to the potential for intended, or unintentional, stalking by proxy. For example, counter-allegations made by the client against the person subjected to stalking or seeking to undermine their credibility as an avenue of ongoing contact or intrusion, would be more obvious. It is important to continually assess and respond to impact on people subjected to stalking and the person under review. In summary, stalking by proxy is enacted through someone else doing the stalking on behalf of the person engaging in stalking knowingly or not.

Practitioners are also encouraged to remain vigilant to the potential for secondary victims. Secondary victims are those who are targeted and stalked because they are involved in the life of the primary person subjected to stalking, for example, their new partner, a shared child, a best friend, family, work colleague, or someone providing professional support. Research by Sheridan<sup>34</sup> suggests on average 21 people are affected in each case (although there is usually only one primary victim). For more information see [Section 10. Practitioner Safety](#)

## RECOGNISING STALKING

The first crucial, and most challenging, step is being able to recognise stalking behaviour for what it is. This is a challenge for individuals who are on the receiving end of stalking behaviour, to the criminal justice system to which they report it and expect a response, and to professionals who see individuals seeking help. It is not a straightforward process to put the pieces together to understand that the overall process is one of stalking.

Purcell et al.<sup>35</sup> state that stalking is not a homogenous behaviour; the behaviours associated with stalking overlap with other experiences which, however unwelcome and unsettling, are nonetheless

relatively commonplace. Indeed, research suggests that specific definitions of stalking are problematic because members of the public generally recognise stalking when they see it but are unable to exhaustively define it<sup>36</sup>. For example, Purcell et al.<sup>35</sup> highlight that the hopeful suitor who calls over the course of several days could potentially be labelled a stalker, if the recipient perceives the behaviour as threatening. Another example would be a disgruntled neighbour or estranged friend who attempts to resolve a dispute through several letters or calls. Legally, such interactions could be conceived as stalking, whereby legal criteria include conduct that is performed on more than one occasion and elicits in the recipient fear or distress. The dilemma for involved professionals is recognising when this behaviour is stalking<sup>35</sup>.

One factor that differentiates behaviours that are defined as stalking and harmless is the degree of prior intimacy between the person engaging in stalking and the person subjected to stalking. For example, Scott et al.<sup>37</sup> demonstrated that the greater the degree of prior intimacy, the less likely people are to label a harassing situation stalking. This finding contrasts with applied research which suggests that those who stalk ex-partners represent the most persistent and dangerous relational subtype<sup>35 38 39</sup> and are more resistant to legal interventions than other relational subtypes<sup>40</sup>. Purcell et al.<sup>35</sup> concluded that two weeks can be seen as a *cut-off* between harmless and more harmful behaviour, that is, if the behaviour continues for longer than two weeks it is perceived as more serious. Therefore, public perception of various stalking incidences and research are at odds, especially when the person engaging in stalking and person subjected to stalking have been in an intimate relationship. This also highlights the difficulties in identifying stalking incidences, as some people perceive some behaviours as acceptable and others do not.

Working in the field of stalking behaviour is not straightforward but there are some pointers to an initial hypothesis giving a place to start. For example, at the initial point where an individual makes an allegation of stalking or harassment behaviour to the police, a key question is always, *has it happened before?* and *has anything else happened in relation to this individual?* This also provides an opportunity to explore the relational nature of stalking behaviour whether it is an ex-intimate partner or a stranger. A similar curiosity is standard practice in psychological work and can reveal that a client, depressed about difficulties in their relationship, may be pursuing a relationship that is not in fact real or is unable to process the loss of a real relationship. Cases taken to court may appear legitimate but on further exploration can be a front for continued contact with the individual being victimised by the stalking behaviour; for example, stalking by proxy.

People subjected to stalking too, may look for rational explanations for the behaviour they are experiencing and try to resolve the conflict in ways that may reinforce the stalking behaviour rather than reduce it. Recognising stalking behaviour for what it is considers the elements of fixation and obsession that drive the behaviour and so enables a response that is more likely to be effective.

One of the key responses is an understanding of stalking behaviour in law.

## STALKING LEGISLATION

### ENGLAND AND WALES

There have been two major attempts to deal with stalking within the law in England and Wales. The first instance was the Protection from Harassment Act (1997), followed by the Protection of Freedoms Act (2012), which amended the previous act and introduced stalking as a specific offence.

The aim of the Protection from Harassment Act was to address a range of harassment behaviours including stalking. It aimed to avoid providing a limiting list of behaviours by describing the offences in general terms. For example, *a person must not pursue a course of conduct which amounts to harassment of another, and which they know or ought to know amounts to harassment of the other*. This led to several difficulties in reporting a *stalking* offence, not least that stalking was not explicitly stated in the legislation and this limitation was highlighted by people subjected to stalking and victims' charities.

Amendments were therefore made within the Protection of Freedoms Act (2012). The Section 2 offence of harassment had the addition of *Section 2A an offence of stalking*, and the Section 4 offence of causing alarm or distress was amended with *Section 4A stalking involving fear of violence, serious alarm or distress*. This amendment also included some examples of stalking behaviour: *following a person; contacting, or attempting to contact, a person by any means; publishing any statement or other material—relating or purporting to relate to a person, or purporting to originate from a person; monitoring the use by a person on the internet, email or any other form of electronic communication; loitering in any place (whether public or private); interfering with any property in the possession of a person; and, watching or spying on a person*.

Sentencing for stalking offences can include protections for people subjected to stalking however there was limited protection available during the process of investigation. The Stalking Protection Act came into effect in January 2020 introducing a new civil order, the Stalking Protection Order (SPO). This is applied for to the Magistrates' Court by police and can impose restrictions and positive requirements on the subject with a breach without reasonable cause resulting in a criminal offence. This sanction intends to provide protection to the person subjected to stalking whilst an investigation is being undertaken and brought to trial and act as a deterrent for further stalking for the person engaging in stalking.

When examining cases of stalking there may be references to a number of legal sanctions pre-conviction, attempting to act as a deterrent. Some of the more common legal/civil options available to police forces in dealing with stalking are briefly summarised:

## INJUNCTIONS

Section 3 Injunctions, under the Protection of Harassment Act 1997, are available to people subjected to stalking and harassment without a prosecution being brought, however, only the person subjected to stalking can apply for these injunctions.

## RESTRAINING ORDERS (ROs)

Bates and Hester<sup>41</sup> (pp.134–135) explain that 'ROs issued under Section 5 of the Protection from Harassment Act (PHA) 1997, are civil orders granted by a judge in criminal proceedings following a conviction (or acquittal) on a criminal charge. Thus, whilst the standard of evidence for issuing an RO is civil, they can only be made where a criminal charge has been brought. People subjected to stalking themselves do not apply for orders, nor do they need to consent to one being made. ROs prevent domestic violence, stalking and harassment by prohibiting contact, prohibiting violence, intimidation and harassment, and banning the offender from certain places. They usually last between six and 12 months but can be made for an indefinite period and are renewable. Breach is a criminal offence with a power of arrest and can be heard in either Magistrates or Crown courts.'

## NON-MOLESTATION ORDERS (NMOS)

Bates and Hester<sup>41</sup> p.134-135) explain that NMOs, issued under Part IV of the Family Law Act 1996, are applied for by the person subjected to stalking in civil proceedings (with or without

a solicitor). The standard of evidence for issuing an NMO is civil (balance of probabilities rather than beyond reasonable doubt), and people subjected to stalking can decide to apply for an order themselves – there is no requirement for criminal charge or proceedings<sup>42</sup>. As with ROs, they aim to prevent domestic violence, stalking and harassment by preventing the offender from contacting the person subjected to stalking and/or attending certain places. In 2007 they were extended to cover a wider range of parties (relatives and those in same-sex couples as well as heterosexual intimate partners), and breach of an order was criminalised, with an automatic power of arrest. Their duration is variable but usually under one year; this is extendable on application by the applicant.’

### STALKING PROTECTION ORDERS (SPOS)

The Home Office stated that SPOs were a necessary addition to the above as:

1. NMOs could not be used in the case of stranger stalking because they require a relationship between the parties.
2. Injunctions were considered problematic because they cannot impose positive obligations and can only be applied for by the people subjected to stalking, not the police.
3. Restraining orders can only be applied for on conviction or acquittal of criminal proceedings and therefore do not provide an option for protection in cases where the criminal threshold is not yet met, or a prosecution cannot be brought for some other reason.

SPOs can impose the same restrictions as restraining orders, for example prohibiting attending the person subjected to stalking’s location, contact via social media and physically approaching the person subjected to stalking. The positive requirements are elements that compel the individual to additional action, which is often rehabilitative in nature such as attending a perpetrator intervention programme, mental health assessment or substance treatment programme. These orders have the potential to be burdensome given the number of possible prohibitions and positive requirements and conditions should be carefully considered in how they address the risk area of concern. SPOs also place a number of notification requirements. They must notify the police of their name and home address and may be required to allow the police to take their fingerprints and a photograph of them. Failure to comply with the notification requirements or knowingly providing false information, is an offence and is treated with equal seriousness to any other breach of conditions which a maximum of five years’ imprisonment on indictment and 12 months on summary conviction.

### SCOTLAND

Stalking is a serious criminal offence under Section 39 of the Criminal Justice and Licensing Act (Scotland) 2010. The Criminal Justice and Licensing Act was passed on June 30th, 2010, and came into effect on December 13th, 2010. There is a wide range of behaviours that can be classed as stalking under the Act.

The legislation states that: *‘An offence occurs when a person engages in a course of conduct on at least two separate occasions, which causes another person to feel fear or alarm, where the accused person intended, or knew or ought to have known, that their conduct would cause fear and alarm.’*

In other words, if someone targets another person in a way that is repeated and unwanted – regardless of whether their actions are threatening or not – but where the intention or outcome is to cause distress then they could be guilty of stalking.

In the absence of explicit threats, individual incidents on their own, may appear harmless. But police and courts will assess them together and may conclude they form a 'course of conduct' that intended to cause, or resulted in, fear and alarm.

Stalking 'conduct' means where 'A'—

1. following 'B' or any other person,
2. contacting, or attempting to contact, B or any other person by any means,
3. publishing any statement or other material—
4. relating or purporting to relate to B or to any other person,
5. purporting to originate from B or from any other person,
6. monitoring the use by B or by any other person of the internet, email or any other form of electronic communication,
7. entering any premises,
8. loitering in any place (whether public or private),
9. interfering with any property in the possession of B or of any other person,
10. giving anything to B or to any other person or leaving anything where it may be found by, given to or brought to the attention of B or any other person,
11. watching or spying on B or any other person,
12. acting in any other way that a reasonable person would expect would cause B to suffer fear or alarm, and 'course of conduct' involves conduct on at least two occasions

A person convicted of the offence of stalking is liable—

1. on conviction on indictment, to imprisonment for a term not exceeding five years, or to a fine, or to both,
2. on summary conviction, to imprisonment for a term not exceeding 12 months, or to a fine not exceeding the statutory maximum, or to both.

The Vulnerable Witnesses (Criminal Evidence) (Scotland) Act 2019 allows for people subjected to stalking or witnesses to be allowed to have evidence pre-recorded in advance of the trial. This covers complainants of sexual offences, stalking, domestic abuse and human trafficking. This will usually be by the special measure 'evidence by commissioner'. This means they will not have to give evidence in court.

The legislation now provides further remedies including up to 12 months imprisonment or a fine (or both) for people subjected to domestic abuse dealing with the more psychological aspects outlined above such as frightening, humiliating and degrading behaviour. Section 8(2) provides that the alternative offences are the offence of threatening or abusive behaviour under Section 38 of the Criminal Justice and Licensing (Scotland) Act 2010 and the offence of stalking under Section 39 of that same Act.



In 2019, Rona Mackay MSP proposed the Stalking Protection (Scotland) Bill. This draft proposal would increase protection for people subjected to stalking by giving policy the power to apply for Stalking Protection Orders (SPOs) on behalf of people subjected to stalking. During a consultation exercise for this proposal, 97% of respondents were either partially or fully supportive of the Bill. This Bill is still proposed but has not been actioned. Rona Mackay is currently a member of the Scottish Parliament's Criminal Justice Committee.

### NORTHERN IRELAND

The Minister for Justice, Naomi Long MLA, identified progressing stalking legislation as one of her key priorities when she became Minister in January 2020.

The Minister introduced the Protection from Stalking Bill to the Northern Ireland Assembly on January 18th, 2021. The Bill passed its Second Stage on February 8th, 2021 and is currently with the Committee for Justice at the Committee Stage. The Committee for Justice has completed a call for evidence from organisations.

The Protection from Stalking Bill is designed to provide protection from stalking, and from threatening or abusive behaviour, and will create a specific offence of stalking and include provision for the introduction of Stalking Protection Orders to Northern Ireland.

### BILL SUMMARY

The Protection from Stalking Bill has two parts and 20 clauses:

*Part One:* Gives effect to the intention to improve the operation of the justice system, by creating a specific offence of stalking that recognises the experiences of people subjected to stalking and the behaviours associated with stalking.

1. The Bill also includes the offence of threatening and abusive behaviour that can be made out after a single incident. The Bill also provides that all people subjected to stalking will have automatic eligibility for assistance with giving evidence in proceedings, such as the use of live links and/or screens in court.

*Part Two:* Deals with the introduction of Stalking Protection Orders to provide protection to a person at risk of stalking. These SPOs will enable police early intervention pre-conviction, to address stalking behaviours.

2. Additionally, police will be able to apply to the court for a Stalking Protection Order if it appears that a person has carried out acts associated with stalking or poses a risk associated with stalking to another person and there is reasonable cause to believe the Stalking Protection Order is necessary to protect another person from such risk.





## Theories of Stalking

# CHAPTER 6

## 6. Theories of Stalking

Currently there is no comprehensive unified theory that explains stalking behaviour<sup>29</sup>. However, there have been numerous attempts to develop understanding and given the complexity and heterogenic nature of stalking, an informed theory knitting approach is likely to be the most pragmatically useful in considering intervention approaches. Commonly stalking behaviour will cut across attachment, sociocultural influence, goal pursuit, mental health diagnosis, personality constructs and violence research in specific groups such as intimate partner violence.

Whilst various classification or typology systems have been developed to assist with the conceptualisation of stalking behaviour, risk assessment, intervention, and management decisions, they do not comprehensively explain why people engage in stalking behaviour<sup>43</sup>. Typologies can be a helpful heuristic and can provide an initial helpful frame explanatory hypothesis of problem behaviour but are no substitute to a comprehensive case formulation that encompasses a whole understanding of the individual.

The most generally applicable psychological theories that may support an understanding of stalking behaviour are briefly presented, albeit none appear to comprehensively explain all stalking. The theories presented are not exhaustive and there are some theories such as Coercive Control theory<sup>44 45</sup> that focus on specific contexts and specific groups (e.g. those in relationships who are coercively controlling). Whilst this may help understanding in specific individual cases following a comprehensive assessment, the overall explanatory value of the approach is limited to a specific gendered perspective and there is no clear evidence of causality. Several theories are adaptations of approaches that aim to explain partner violence (with the exception of Relational Goal Pursuit Theory<sup>2</sup>) and as such are limited in explaining stalking, particularly in those who are not ex-partners, who constitute around at least half of all those who stalk. It is perhaps through adopting a knitted theory approach that most helpfully influences our practice with individuals who have engaged in stalking.

### ATTACHMENT THEORY

Attachment theory has a developmental focus and is rooted in the premise that humans have an innate disposition to bond with a primary care giver as a survival strategy. The nature of this relationship results in a style of interaction with others that persists and provides a template in relating to others<sup>46</sup>. Attachment theory has been linked to stalking by viewing the behaviours as relating to the degree of attachment pathology following the disruption of the formation of a secure attachment in childhood. Several research studies have identified those who engage in stalking behaviour often experience relational difficulties which are indicative of insecure attachment styles<sup>47 48 49 50</sup>. People who stalk have been found more likely to have predisposing deficits in forming and maintaining intimate relationships<sup>51</sup>, and are more likely to have an insecure (particularly preoccupied) attachment style than the general population<sup>48 52 53</sup>. Separation hypersensitivity magnifies predisposition to anxiety and anger and has been linked to coercive controlling behaviours in relationships, and stalking behaviours outside of them, in response. This theory suggests that stalking has roots to restore or maintain self-worth<sup>48</sup> via the dysfunctional pursuit of a connection. Stalking behaviours often function as a coping response to re-establish self-regard and self-worth, indicative of vulnerable narcissism<sup>5 48 54 55</sup>.

Narcissistic vulnerability, as a psychological concept, underpins both attachment and Relational Goal Pursuit theories. It is argued that *'insecure attachments reflect strategies for managing a greater level of narcissistic vulnerability than exists in secure attachments'*<sup>56</sup> (p.115), and therefore attachment styles are determined by the degree to which one is managing vulnerability

and self-esteem<sup>57</sup>. Thought to have insecure (preoccupied) attachment styles, it follows that those who stalk may be predisposed with narcissistic vulnerability. Indeed, basic psychodynamic models of attachment link pathological (vulnerable) narcissism to stalking<sup>58</sup>. Taken together, the concept of narcissistic vulnerability, and explanations of stalking provided by attachment and Relational Goal Pursuit (RGP) theory, share a fundamental principle. That is, that intimacy with a particular person will increase their sense of happiness and self-worth; creating a goal-linking phenomenon<sup>5</sup>. As Meloy and Gothard<sup>59</sup> suggest, those who stalk intimate partners or former partners are motivated by ‘abandonment rage’ (p.262). These notions align with RGP theory.

## RELATIONAL GOAL PURSUIT (RGP) THEORY

RGP theory provides a behavioural and relational account of how the relationship pursuit becomes excessive and obsessive. It offers an account of why some people persist in reconciliation attempts after a relationship breakup<sup>60</sup>. It is suggested that relationship rejection leads to rumination, a feature reportedly common amongst stalking cases<sup>61 62</sup> which contributes to ‘emotional flooding’<sup>63</sup> an overwhelming experience of unhelpful emotions such as anger, jealousy, and shame, fuelling further rumination. Individuals can rationalise their stalking behaviour as a reasonable attempt to resume a relationship or as an appropriate response to a sense of injustice. Continued justification of behaviour can then lead to behaviour escalation as each incident becomes an incremental step that is internally explained to fit the overall goal.

RGP theory is underpinned by the principles of self-regulation theory<sup>64</sup> which outlines the premise that attaining life goals (i.e. for status, or attaining relationships) represents *success*, and are interlinked with the desire for happiness and self-worth (deemed higher order goals). This theory links to attachment theory given the goal of the person stalking is primarily to maintain or reconcile a relationship. If the individual thinks that this is the only way they will be able to increase their happiness and self-worth, their higher order goals<sup>65</sup>. RGP theory also supports the view that individuals with a preoccupied attachment style are more likely to engage in stalking<sup>65</sup> because they rely on the intimate relationship. To them it constitutes success and provides a sense of self-worth. A blocked relational goal (i.e. success and self-worth) leads to an intensified pursuit, as opposed to accepting attainment, loss, fearing failure.

With those stalking people who were not formerly sexually intimate partners, happiness and self-worth (higher order goals) may be linked to some interpreted form of retribution for a perceived wrong. The salient features of this theoretical position in relation to stalking is that the goal that is sought by the person engaging in stalking is linked to a higher order goal and hence becomes heavily invested in. Persistence ensues for someone with a limited range of methods to meet their higher order goals, despite not achieving their aims.

Faced with rejection and/or recognising that attainment of a primary life goal may not be fulfilled, negative emotional reactions triggering thinking styles characterised by rumination and rationalisation ensue. This goal frustration (related to actual or desired goal) triggers rumination and/or fantasy and this influences the maladaptive coping strategy. This generates a cycle of negative emotional responses driving persistent pursuit; stalking behaviour<sup>65</sup>. In essence, people who stalk may tend to invest more time, attention and energy into the ‘relationship’ and linked goals, particularly if they perceive rejection<sup>66</sup>. According to RGP theory people stalking will overinflate the importance of the relational goal (to be in the relationship) as they have linked it to a higher order goal like life happiness and when attainment or maintenance of this goal is threatened, it is pursued more steadfastly<sup>60</sup>.

## BIOLOGICAL AND NEUROBIOLOGICAL THEORIES

have been used to explain some stalking, where there is a romantic intent. Research and theory suggest that attachment experience as an infant impacts upon the development of the amygdala, the lateral septum and its connections to the hypothalamus, also known as the 'social' parts of the brain<sup>67 68</sup>. Mazzarati et al.<sup>49</sup> applied such findings (along with supporting neurobiological literature) to hypothesise that a reaction in the brain leads to increased dopamine production, a brain chemical associated with pleasure and reward. When dopamine is released, hyperactivity and euphoria are experienced, and often an increased attention on one's goals, which in relation to stalking could be the person who triggered the love reaction within them. This theory thus has been used to explain the obsessive and impulsive tendencies observed in those who stalk<sup>69</sup>. Equally, rejection by a love interest is proposed to elevate activity of the dopamine system and obsessiveness, attempting to explain stalking. Reduced amygdala activity has been observed in those who are 'in love'. Thought to be the brain's fear processing centre, this results in reduced fear responses, and has been associated with low resting heart rates and increased criminal, antisocial and aggressive behaviour<sup>70 71 72</sup>. According to Fearlessness theory<sup>72 73</sup>, fear reduction increases the likelihood of criminal behaviours occurring. This is either because people become less concerned about the potential consequences of behaving in such a way or because they engage in sensation seeking behaviours to increase their level of arousal back to 'normal'.

The integrative developmental model of stalking<sup>74</sup> provides a multi-factorial approach to understanding stalking behaviour. Stalking is the suggested result of an interaction between biological, environmental, and psychological factors. The model has parallels to the nested ecological model of Intimate Partner Violence, and as such seeks to provide an integrative framework to explain stalking, drawing on existing theoretical perspectives, and focussing mechanisms on the interaction and interplay between personal, situational and sociocultural factors. This integrated developmental model suggests that stalking is a gendered phenomenon, and the way in which stalking behaviour manifests will be different for men and women.

In short, the current theories of stalking individually do not provide enough depth to explain the observable problematic behaviour and often have a limited scope (for example, the ex-partners who are coercively controlling). The existing theoretical approaches to understanding problem behaviours in general fail to account for individual and situational determinates that influence stalking behaviour and often exclude other theories that have empirical and clinical utility<sup>75</sup>. However, there are commonalities across the approaches that may provide a meta-theoretical base that can support the development of an idiographic understanding of a individuals stalking behaviour across a biopsychosocial approach, the common threads across the various explanatory theories are that stalking is a goal directed behaviour, that the contextual and situational factors and emotional arousal are as important as precipitants and maintaining factors and interpersonal or relationship expectations are important in considering the generation of emotional arousal<sup>75</sup>.

In considering this theory knitted and layered approach practitioners can consider more specifically the individual in front of them and their presentation which is also consistent with the wider theory and across the range of stalking behaviours and people subjected to stalking. For example, considering goal relation theory and approach and avoidance goals can provide an overarching framework to consider the function of stalking as goal directed behaviour. In addition, the attribution of controllability and locus of cause can provide explanatory value for various behaviour when considered in the context of the affect experienced and the salience of the goal to an individual's sense of identity and its importance to the individual's concept of self. This attribution will be mediated by relational schemas and the locus of self-worth influenced by attachment and social cultural gendered scripts. The resulting behaviour will be influenced by the

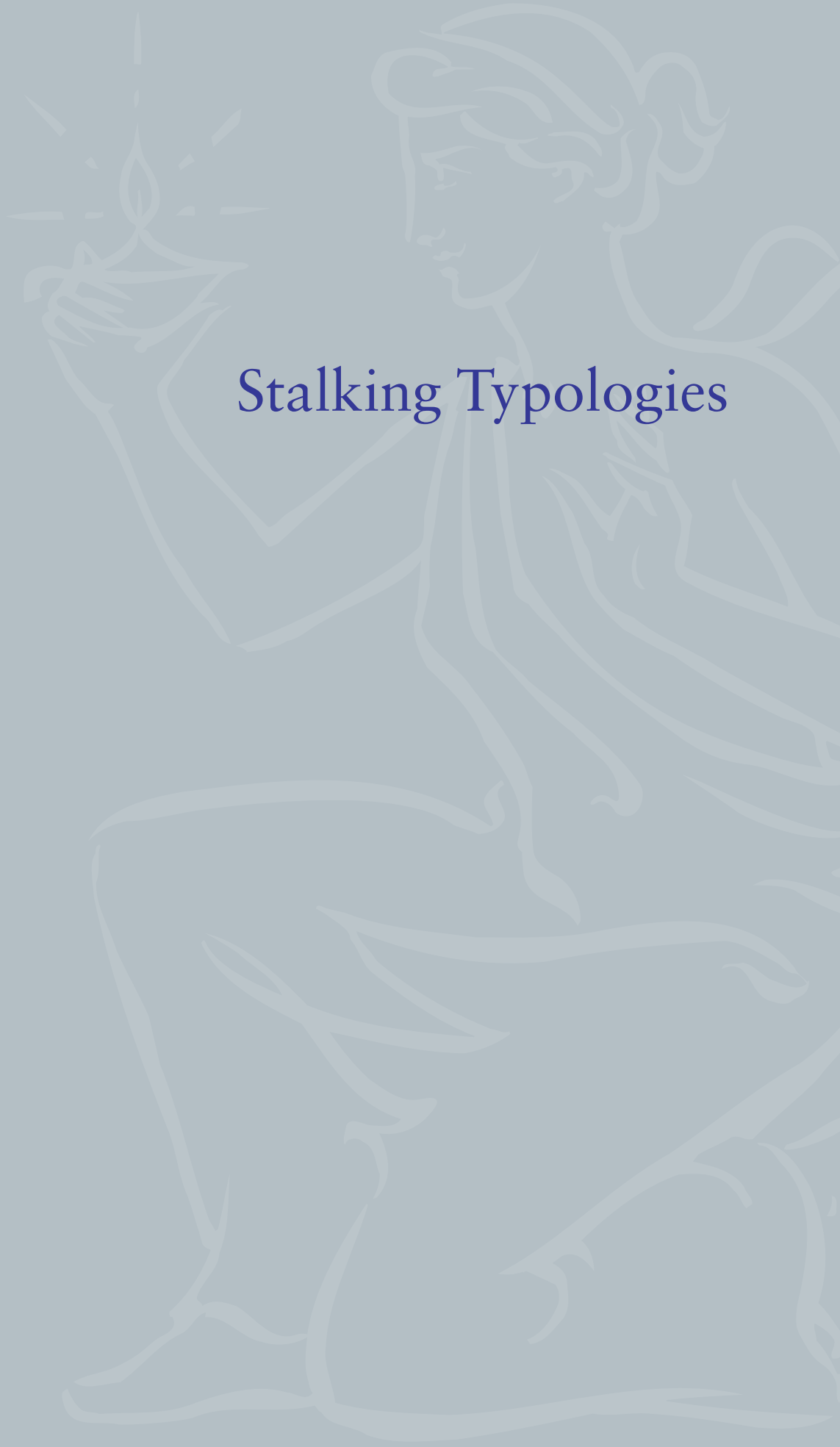
previously outlined factors in addition to differences in self-control, trait impulsivity, vulnerability for preoccupation and a limited repertoire of effective coping behaviours. These factors on their own still do not entirely account for why one person may persist, and another will not, here the contextual situation factors (e.g. shared children, unemployment, social media use) may provide another layer of explanatory value and support the development of an approach for interventions. In short given the heterogeneity of behaviour within stalking and within motivational types an overarching framework approach that considered social information, self-regulation, individual differences and psychopathy can support practitioners to make evidence informed, personalised interventions using existing therapeutic tools in a coherent manner and have a method to evaluation progress or deterioration with an individual.

## CONCLUSION

In summary, whilst numerous explanations of stalking have been proposed and there is some plausibility to all of these, no one single theory is able to explain all stalking. Those who stalk have diverse psychopathology, characteristic behaviours, and motivations. For this reason, knitted theories drawing on biological, psychological, and social influences would be more helpful, as has been applied to wider offending populations<sup>76 77</sup>. In short it would appear that the standard procedure of undertaking an assessment and developing a formulation from which a needs-based intervention is produced is the most effective way of approaching this work. The following sections on typologies and risks will highlight the areas to consider as part of the assessment and ensuing formulation.

# CHAPTER 7

## Stalking Typologies



## 7. Stalking Typologies

Stalking behaviour is complex, with those engaged in stalking presenting with varying motivations and characteristics<sup>78</sup>. For this reason, several classification systems have been applied to identify typologies of those who stalk<sup>27</sup>. Classification systems assist practitioners in understanding the person stalking from a nomothetic scientific study perspective. Knowing the typology might tell us something about common characteristics, psychological vulnerabilities, and risks associated, based on the within-group research findings.

### BRIEF OVERVIEW OF THE MOTIVATION TYPOLOGIES DEVELOPED BY MULLEN ET AL.<sup>27</sup>

Paul Mullen and colleagues developed a typology classification system for understanding those who stalk and the heterogeneity amongst them. This system intended to account for the initial motivation, relationship to the person subjected to stalking, and psychopathology features. These five typologies are commonly used to understand those who stalk and underpin the Stalking Risk Profile (SRP) structured professional judgement risk assessment.

**The Rejected Typology** – The individual engages in stalking behaviour in the context of the breakdown of a close, and usually sexual, intimate relationship. Frequently the initial purpose of the stalking behaviour is for reconciliation, an attempt to reinstate the relationship. This can then move, sometimes almost immediately, to a revenge purpose against the person who ‘dared’ to leave. Many individuals will present with a combination of both a desire to resume the relationship and anger at the other for ending it. In cases where the stalking is persistent the ‘stalking relationship’ replaces the original relationship and creates a connection that acts as a defence against the sense of loss and becomes a substitute relationship. The individual who is best defined by this group is more likely to resort to violence than individuals in some of the other typologies, and this may especially be the case where there was violence within the prior relationship.

Kai and his wife, Nina, had been married for 25 years. They had two grown up daughters, aged 22 and 18 years at the point that Nina ended the relationship and filed for divorce. There had been no violence during the marriage and friends and family were surprised by Kai’s reaction. Nina moved out of the family home to an address she decided not to disclose. Initially Kai sent a few text messages pleading with her to return but was soon enraged at her non-response. Kai put two tracking devices on her car when she had visited their children and soon located her new home, which he visited every night to walk the family dog, spending long periods standing outside in the hope that she would see him there and realise she ‘could not get away’. The stalking behaviour intensified with approaches to the dental surgery where she worked as a receptionist, verbal threats to damage her car via the children and finally a threat to harm her made to one of his daughters that resulted in the police being called and his arrest. At an assessment in custody, he stated that Nina had no right to leave him after many years of marriage and that he needed her to know that he would never go away.

**The Intimacy Seeker Typology** – The individual within this typology will target strangers or acquaintances, and the stalking arises out of a context of loneliness and a desire for a relationship. The individual has a belief in the bond between themselves and the person they are stalking regardless of evidence to the contrary. It is not uncommon for the individual to be suffering serious mental illness (which may include erotomania) or morbid infatuation, with intense delusional beliefs about their relationship with the other person. Violence is less of a risk

against the individual being stalked in this group, however those that 'get in the way', such as the person's partner, can be at risk. Until the underlying mental illness is treated there is nothing to interrupt the stalking behaviour and it can persist for long periods of time.

Helen visited her a nearby hardware hypermarket and was helped by one of the store assistants, David. Helen then started to visit the store regularly, approaching David if she saw him and asking for him at the customer service counter if she did not. David then noticed her hanging outside waiting for him to finish work and received several handwritten notes declaring her love for him, stating that they were meant to be together. Attempts by the security department to evict her did nothing to quell her pursuit of David and she was eventually charged and spent three months of a six-month sentence in custody. On release she went straight to the hardware store to see David in breach of a restraining order and on this occasion was referred for a psychiatric assessment. Helen held clear delusional beliefs that she and David were destined to be in a relationship. She quoted various incidence as evidence including the way he had smiled at her at their first encounter, the colour of the polo shirt he was wearing (the same uniform as others in the store), and the timing of his shifts. She believed that she needed to demonstrate her commitment to the relationship with her persistent behaviour to the point that she would have proved herself and be accepted by David.

**The Incompetent Suitor Typology** – The individuals within this typology will also target strangers or acquaintances, however, unlike the intimacy seeker, they do not hold the belief that they are already in a relationship or destined to be, but instead seek a relationship out of loneliness or sexual desire. This individual may only stalk for a brief period of time; often stopping when directed to do so. However, they will often repeat this pattern of behaviour lacking the insight or ability to engage in relationship development in a more skilled and pro-social way. Such individuals may have presentations associated with autistic spectrum conditions or learning disabilities that impair the ability to understand the experience of the individual they are pursuing with their stalking behaviour.

Ned lived in supported accommodation for individuals with a learning disability. He was in his 50s and until recently had lived at home with his parents. They were no longer able to support him hence his move to the new accommodation. Ned was able to cook and clean for himself but needed support to manage his finances and other administrative tasks. Ned particularly struggled with forming relationships. He was somewhat aloof from other residents, stating that he should be in his own flat and that he had a girlfriend. The 'girlfriend' was a young woman he had seen at the local hairdressers, whom he had approached on several occasions asking her to be his partner, followed by hanging around the shop front to watch her work. It emerged that this was the latest in a series of young women in the local town that Ned had approached wanting to be in a relationship with. On each previous occasion he had been warned off by a more senior employer, including at one time by the local police. Ned had no understanding of how to approach social dating or their distress at his persistence when they refused him. He said he did not want a girlfriend from the supported accommodation as they had 'problems' and felt he deserved someone 'better'.

**The Resentful Typology** – The individual who presents as resentful will hold at their core an experience during which they believe that they were the subject of an injustice or had been



mistreated in some way. The aim of the stalking behaviour is often a combination of seeking revenge and putting right the injustice. Several individuals may be subject to the resentful stalking, as the individual often sequentially takes their grievance to the next in line. Individuals will frequently collect 'evidence' of the wrong they have received in the form of a collection of papers including correspondence, complaints, responding emails, as well as additional material that they believe supports their argument irrefutably. Persistence is prominent in this typology as the individual may have spent many years pursuing their course and to stop doing so would, in some way, mean that they will have lost.

Pasha had worked for a local building firm in the accounts department. He described how, on one occasion, he was mocked and bullied by a builder when he had complained about the mess he had made in the office kitchen. He said that others laughed rather than coming to his aid and he felt humiliated. He complained to his manager who, he said, shrugged it off, stating that he was the one who needed to be more tolerant. Thus followed an extensive campaign of complaints. Pasha put in a complaint about his manager and when that did not go anywhere, he left the company and submitted a claim for wrongful dismissal. He was unsuccessful in his application and instead reported the behaviour to his local MP. He started to bombard the MP with numerous emails with repetitive but increasing details about how he was treated. Now he was no longer at work he started to put in claims about how much money he was owed which soon approached over a million pounds in lost salary, lost promotion opportunities and compensation. Pasha started to attend the office of the MP, behaving in an increasing aggressive and threatening manner to the MP's staff such that he was arrested. His sense of injustice now included the behaviour of the police whom he perceived as targeting him in an unfair way whilst letting those who had truly committed a crime 'get away with it'. Pasha refused to comply with bail restrictions, believing he was entirely justified in his campaign, and continued until he was remanded in custody.

**The Predatory Typology** – The individual whose motivation is predatory is a relatively small group of individuals who engage in stalking behaviour primarily for a sense of sadistic and/or sexually deviant gratification. Stalking is often instrumental to find information in order to carry out a violent and/or sexual assault. The stalking is often one of surveillance and unlike the other typologies, the individual may not be aware that they are being stalked until there is an assault.

Lucas was stopped for speeding in a neighbouring town. When the car was searched, he was found with rope, gaffer tape, a knife and a notebook that appeared to have information in it about a young woman in the local area. It noted down her address, her work address and details about her routine. At arrest, DNA samples were taken and were matched to two unsolved sexual assaults in the area, and it appeared that he was in the process of planning a further assault at the time that he was stopped. The stalking behaviour had initially provided a level of sexual gratification for Lucas until that was insufficient, and he then used the information he had obtained to carry out a sexual assault.

Assessing the prevalence of the different motivations requires a broad approach as different settings may well have an over representation of a particular typology. In general terms approximately half of stalking is against an ex-intimate partner, with half, therefore, against an acquaintance or stranger. Criminal justice settings, for example prisons, have a higher proportion of individuals motivated by the rejected typology. These individuals are more likely to be men,

although not solely by any means, and with a significant proportion of violence or threat of violence. The predatory group are also more likely to be found in custodial settings primarily for convictions other than stalking such as indecent assault, rape or sexual murder. Those with an underlying mental health condition (for example, intimacy seeker and resentful typology cases) it is hoped will find themselves able to access mental health services and thus one would expect to see a great proportion of intimacy seeking typologies in hospital settings, or under the care of community mental health teams. This is seen within the sample descriptions provided by the National Stalking Clinic<sup>79</sup>.

A faint, light blue line drawing of a person with long, wavy hair, wearing a long, flowing robe. They are holding a glowing, flame-like object in their right hand, which is raised towards their face. The background is a solid light blue color.

## Assessment and Case Formulation

# CHAPTER 8

## 8. Assessment and Case Formulation

Whilst the setting within which practitioners assess people who stalk can skew perception, taken together, people that stalk are an exceptionally heterogeneous group and there are no specific hypotheses, which fully explain the phenomenon of stalking<sup>69</sup>. For example, people who stalk ex-intimate partners (i.e. rejected typology) account for the majority of those held in forensic settings<sup>80</sup>, yet when considering all settings, it is thought that stalking that emerges following the breakdown of an intimate relationship accounts for around half of all stalking cases<sup>24 81</sup>. Given this known heterogeneity, it is important to individually understand any psychopathology, responsivity needs, initial and sustaining motivations, and incorporate these into assessment and formulation work. Working with people who stalk to assess risks and needs demands the use of core psychological principles that all practitioners have: *'Before factors can be considered they must be gathered. It is patience, thoroughness and persistence in this process, rather than any diagnostic or interviewing brilliance, which produces results'*<sup>82</sup> (p.129). The use of Violence is estimated to occur in between 20% and 50% of stalking episodes, (the higher end usually identified in criminal justice setting samples<sup>80 83</sup>). The frequency of serious violence (causing injury or substantial harm) remains unclear, however, in non-representative samples between 5% and 20% of cases have used serious violence, with up to 16% of people subjected to stalking reporting sexual violence<sup>83</sup>.

In the development of an effective and meaningful formulation of the stalking behaviour, practitioners will be required to integrate nomographic data with the idiographic information of the individual. This will undoubtedly require practitioners to gather an understanding of the phenomenology and meaning of the behaviour, the associated experience, and the interplay of personal, sociocultural and intersectional processes. Consideration of the Power Threat Meaning Framework<sup>84</sup> may be helpful here. Other contextual approaches may also assist in the understanding and formulation of behaviours where threat and distress may not be so present. For example, the Emergent Model of Delusion<sup>85</sup>, may provide practitioners with a scaffold to understand the potential adaptiveness and idiosyncratic meaning of delusional presentations within stalking behaviour for the individual (where it is present). Practitioners should strive for a formulation, an understanding of the stalking behaviour, that relates meaningfully and accurately to the person's lived experience, and this may help address power imbalances and epistemic injustices that could be a barrier to therapeutic engagement.

### CONSIDERATIONS FOR ASSESSMENT WITH INDIVIDUALS WHO ENGAGE OR HAVE ENGAGED IN STALKING BEHAVIOUR

The assessment of individual's stalking behaviour in many ways does not differ substantially from a general detailed longitudinal biopsychosocial assessment. The challenge is often retaining a clear focus on the purpose and scope of the assessment being conducted. For example, is the assessment to provide opinion on risks related to further offending, or an assessment of psychology or mental health intervention effectiveness in addressing stalking behaviour? The main challenge a practitioner is presented with is often the amount of information that may or may not be available to them, in addition to the challenges of therapeutic engagement of the individual in the process who is often reluctant for a myriad of reasons. This section will not outline how to conduct an assessment as these skills are considered to be a core competency of practitioner psychologists<sup>86</sup> but will focus on specific areas that support the development of confidence in assessing those who are stalking and have stalked. It is important to note that in the individuals are likely to be experiencing ongoing preoccupation and, in some cases, continuing to offend

through intrusive behaviour. In these cases, it will be important to be clear on the professional expectations as part of registration, safeguarding thresholds and the limits of confidentiality prior to starting any assessment or therapeutic input.

In assessing individuals who have engaged in stalking it is important to gather detailed information about the context of the behaviour and not to solely rely on an individual's self-report. This is particularly relevant in considering the nature of the relationship between the two individuals or if one even exists, as this is relevant to the assessment or risk of violence, persistence, and relevant intervention. Within forensic mental health or custodial settings access to collateral information and offence related material, such as the Crown Prosecution Summary, witness statements and outlines of protective orders may be more straightforward than in general adult settings. In these cases, it is important to establish if the individual is currently engaging with active supervision in the community on a license, post sentence supervision or a current community-based order as this may provide opportunities for relevant information sharing and disclosure. This will also apply to liaison with other relevant professionals (including Multi Agency Public Protection Arrangements [MAPPA]) in further understanding the context of the stalking episode. If it is not possible to access pertinent information in relation to the stalking behaviour, then it may be possible to review open-source material which is available in the public domain (e.g. media reporting, social media posts, etc.) this may be helpful in providing information that may be explored in an assessment, although the veracity and accuracy is often limited, and this should be used with caution. It is generally advised not to contact the person subjected to stalking by the individual who is assessed. There are several reasons why this may be inappropriate, not least as it may be traumatising to the individual as enquiries may be perceived and experienced as an extension the ongoing intrusive behaviour. The contact may also inadvertently reinforce the legitimacy of the contact between parties and a sense of ongoing contact, which may serve to reinforce and maintain the fixation.

While the stalking behaviour will have meaning to the individual and often has a functional value, they may not have full insight into this nor that the behaviour it is maladaptive. Stalking behaviour is often a cumulative result of multiple elements which span a developmental trajectory across biopsychosocial domains. Adopting a stance that is curious and focused on developing a clear functional understanding of the behaviour with the person will assist in engaging the individual and hopefully reduce the likelihood of non-engagement, thereby setting the groundwork for therapeutic interventions to address not only the offending behaviour but the overall psychosocial functioning of the individual.

In cases where there is a clear indication or likelihood that the individual's mental state is the primary driver of the stalking behaviour, such as in cases of an encapsulated delusion disorder or paranoid psychosis, the initial focus may be on the thorough assessment of the individual's mental health, current mental state, and the formulation of the offending behaviour occurring within this context. However, it is important not to assume all stalking behaviour has its origins in mental disorder, and that there is a simple cause and effect relationship, given the wealth of research that indicates this is not a certainty. A mental health assessment can help clarify the impact of the stalking behaviour on the individual engaged in stalking, and its possible role in the exacerbation, maintenance, or mitigation of the behaviour.

Psychologists will need to set clear boundaries with individuals regarding the purpose and scope of the assessment; the limits of confidentiality should the individual engage; any actions that a clinician may be required to take in the event of new information that is revealed in an assessment that requires a safeguarding or legal response; and in managing expectations post assessment. In settings where assessments are mandated the individual may be reticent

to engage. It is usually helpful to be clear with the interviewee (depending on setting) about the consequences of choosing not to engage in the assessment process. It may be beneficial to adopt an approach highlighting aspects of self-interest for the assessment and engagement and exploring the problem and the possible benefits it may have in achieving wider goals. Working within this framework it may be that practitioners adopt a position of 'Unconditional Neutral Regard'<sup>87</sup>.

Adopting a position of unconditional neutral regard still includes compassion and validation for their experiences, which remains important with this group. Separating this from colluding with their chosen harmful behaviours is however critical. Practitioners may be required within assessments to refocus the individual to their behaviour as individuals can present with a significant external locus of control and describe a lack of agency in their behaviour. However, it may be important to consider the person subjected to stalking's response to the individual and how this may influence the dynamic of intrusive behaviour. This may be through intermittent behavioural reinforcement (e.g. answering calls, attempting to reason with the individual), which may result in further behaviour. In which case, consideration of the function of the behaviour of the individual who is intrusive is paramount and may identify areas for therapeutic intervention. Often this may require a functional behavioural analysis of the individual's behaviour. It may also be a result of unavoidable contact (e.g. legal dissolution process, shared property, or children) when it may be helpful to consider planning how to manage these situations without further intrusion or the management of high-risk contexts. Practitioners should be prepared to appropriately challenge interviewees where established fact (e.g. conviction, accepted witness statements) are disputed as this can provide important information regarding the level of conviction in belief, level of preoccupation and flexibility in the interviewee's current thinking.

Clarity of language and definition in the discussion of stalking behaviour (often informed by legal definitions) is important when discussing terminology and may provide opportunity for psychoeducation in relation to problematic behaviour. The words *stalking* and *stalker* often result in strong reactions for the person and can lead to strident denial or significant minimisation of the behaviour, which can be a barrier for assessment and rehabilitation approaches. This is often underpinned by associations with stalking behaviour held in society and reported in the media which focus often on conceptualising behaviour as dangerous, disordered and the primary domain of those whose intimate relationship has ended. It may, in some cases, be that the denial of the behaviour is an indicator of the individual's mental state and possible mental health condition. For example, an individual maintaining that the target of the intrusive behaviour is in a relationship with the person subjected to stalking, but the family, police, judiciary, or other agents of the state present clear evidence from multiple sources that an intimate relationship had never existed. Conversely this reticence to acknowledge behaviour may be influenced by experience of shame, entitlement, or belief that the individual's goal of contact is within their sphere of control and is viewed as a legitimate solution to the problem they are experiencing. The denial of stalking behaviour presents several opportunities within an assessment to explore the purpose and function of the behaviour, adopting a clinically curious stance and interest in developing an understanding of the functional pattern of the behaviour for the individual in a non-collusive and non-judgmental way. The separation of the person from the problematic behaviours can be helpful here. Mullen and colleagues<sup>29</sup> suggest framing questions to explore what drove their actions and the efforts to communicate or meet the person subjected to stalking, often allows space for description rather than justification and may provide important insight for the assessment of risk and therapeutic intervention.

In addition, it is important to gather a clinical picture of the impact of the stalking behaviour on the individual who is engaging in it themselves. By doing this it can provide information that may

be used to consider intervention in the future or a baseline to monitor levels of preoccupation or risk. The exploration of how much time the individual engages in stalking behaviour across cognitive, behavioural and occupation domains is important in gauging the level of obsession and the functional impact of the behaviour on everyday life. It can also provide a space to discuss the consequences of the behaviour and the costs to the individual (e.g. court, police arrest, money, social networks, occupation, etc.). It is important to explore the costs of stalking before the benefits of desisting as this often lays the pathway for behavioural change (in line with Motivation Interviewing practices). Be mindful not to underestimate the importance of psychosocial stressors as these can often be lost as the practitioner explores the complexities.

Our anonymous service user contribution was from a client who was a serial perpetrator of stalking (Incompetent Suitor typology), aged 30, and whom had been suggested as having characteristics of autism. They engaged well with psychologists and presented as insightful intellectually. They remained driven by their need to sexually and romantically connect with others using entrenched behaviour patterns that were ineffective and criminal (stalking). Here is their helpful contribution.

'Thanks for the opportunity to share some of my experiences. I started stalking, mostly on social media (Facebook), as a way to meet women whom I was visually attracted to. It was to try and attain dates, and just something to do to entertain myself. It was also for sexual harassment.

I find it genuinely difficult to point out what I have found less useful from my experiences with psychologists who have helped with my case. I am very satisfied with my experiences. The 'self-compassion and mindfulness' booklet was brilliant, most of it, although some of it was not very helpful and was unnecessary. This may be due to my lack of patience and me being a 'fast brainer'!

The things I have found more useful were experiencing positive behaviour from the psychologists, regular weekly sessions, lots of information, handouts given to me to practice myself, and also being given more personal advice (separate from what is discussed in the sessions). This included talking about narcissism, being given advice about the inappropriateness of social media contact with staff, and useful ways to stop myself committing offences in the future, such as thinking about the legal consequences, victim empathy, and 'thought stopping, blocking' and 'escape route'.

If there was the whole of the UK's psychologists in a room, my three top tips for helping people who stalk/ have stalked would be: (1) Help stalkers to understand themselves, and try to get to the root of why they stalk, and teach different ways to get their needs and wants met (other than by stalking); (2) Try to be concise with the advice given to make stalkers want to change, avoiding unnecessary information, and remain subjective to individuals (not objective); (3) Make people understand the error in their ways in context to their stalking, and be critical (constructive criticism) at times to help prevent people from continuing their stalking behaviours.'



## STALKING RISK ASSESSMENT TOOLS

In the assessment of stalking behaviour, it is good practice to use a stalking specific, evidence-informed tools. The Historical, Clinical and Risk Management (HCR-20) assessment tool is considered insufficient for assessing stalking-related risks as it is thought to overestimate risks of violence by default as its definition for violence includes acts of stalking, which is at odds with evidence that suggests estimated rates of stalking violence sitting between 20-50%<sup>88</sup>. Furthermore, using it to assess stalking fails to attend to risk domains related to persistence<sup>89</sup>, in favour of focussing on risk of violence, which is its purpose. Moreover, it omits the assessment of key clinical and risk variables associated with stalking, for example, attitudes towards the person subjected to stalking, and the relationship between person subjected to stalking and person engaging in stalking, which are both integral to stalking<sup>38</sup>, and includes factors that have little discriminatory value for stalkers because it was so common (e.g. relationship instability). Lastly, it provides little useful information about monitoring risk over time<sup>90</sup>. The HCR-20 overlooks factors thought integral to stalking related risks, for example elevated anger levels and specific delusional beliefs. Whilst there is an absence of explicit empirical investigation into the reliability and validity of the HCR-20 for assessing the range of stalking related risks, it was evidently not designed for this purpose.

It is thought that fewer than half of all people subjected to stalking are assaulted<sup>91</sup> and many stalkers are never violent<sup>9</sup>. Fear of violence, however, can be central to the person subjected to stalking's experience and when it occurs it can be serious or fatal<sup>92</sup>. Regardless, people subjected to stalking suffer from high rates of trauma-related stress<sup>93</sup> and other physical, social, or psychological problems<sup>94</sup>. The ongoing and unpredictable intrusions are damaging, therefore, it is important to assess for the risk of persistence and recurrence in stalking, as well as stalking violence<sup>95</sup>. According to research, 45% of stalking cases lasted only a day or two and petered out of their own accord, however, within the remainder, those that continued beyond two weeks often extended to months, years, and even decades, the median length was six months<sup>96</sup>. Risk assessments are considered the '*cornerstone of effective case management*'<sup>97 98</sup>, and in response to challenges in identifying and assessing risks of stalking, specific risk assessment tools have been developed. These two structured professional judgement tools are the *Stalking Assessment and Management* manual and the *Stalking Risk Profile*.

### STALKING ASSESSMENT AND MANAGEMENT (SAM)

The SAM was the first published risk assessment designed specifically for assessing stalking<sup>20</sup>. It introduced a systematic and standardised framework for gathering information to inform decisions about stalking risk. The SAM is for use with cases of known, suspected or previous stalking, aged 18 years or above, men and women. The risk factor items are divided into three domains, with 10 in each, totalling 30 items: '*Nature of Stalking*', '*Perpetrator Risk Factors*', '*Victim Vulnerability Factors*'. The factors are rated in respect of relevance and users document risk conclusions and recommended management strategies.

### THE STALKING RISK PROFILE (SRP)

The SRP<sup>9</sup> is based upon a wealth of research conducted in Australia on stalkers and the people subjected to stalking. It is intended for use with male and female adults engaging in stalking. The SRP separates outcomes of interest by focussing on individual risk judgments for each domain of risk, based on empirically underpinned combinations of static and dynamic risk factors relevant to risk of *stalking violence*, *stalking persistence*, and *stalking recurrence* (recidivism after cessation). The SRP also identifies areas of need that may result in *psychosocial damage to the stalker* and therefore are relevant to increased risk across the other domains related to the person subjected



to stalking. The SRP recognises the heterogeneity amongst stalkers regarding motivations, psychopathology, personal, and offence characteristics, and includes a specific section on risk assessing the stalking of celebrities, or public figures (a distinct subtype of stalkers, which the SAM does not account for). The SRP takes a different approach to the SAM, utilising the work of Mullen and colleagues<sup>27</sup> on motivational typologies. That is, the SRP acknowledges that some risk factors are common for all people who engage in stalking, and within each domain it also considers risk factors relevant to each motivational group separately. Adopting such an approach provides an immediate guide to the nature and level of risk posed by the stalker relative to others with similar motivations. The ability of the SRP to identify offence-related treatment and risk management targets, as well as its ability to separately predict future stalking makes it well suited for use in a clinical, forensic, and correctional settings, by suitably qualified practitioners given its complex content<sup>95 99</sup>.

## RELIABILITY AND VALIDITY OF THE EXISTING TOOLS

Though limited in number, studies exploring the reliability and validity of these tools are available, although only one published evaluation study of the SRP currently exists, which was conducted by some of its authors<sup>95</sup>. Existing studies suggest that whilst the SRP has been found to have fair to substantial inter-rater reliability (IRR)<sup>95</sup>, findings relating to the SAM are mixed<sup>100 101</sup>. Further, whilst the SRP has been found to have good predictive validity<sup>95</sup> the SAM has not been found to predict stalking related violence<sup>102</sup>. However, as McEwan, Harder, Brandt, and De Vogel<sup>83</sup> highlight further independent evaluation studies are required to improve the tool, and address gaps in knowledge around its predictive validity.

## USER REQUIREMENTS FOR THESE TOOLS

Both the SAM and SRP are SPJ tools with scoring manuals, and therefore some form of ‘training’ is *recommended* to enhance inter-rater reliability. Users should seek to understand the author-specific constructs underpinning the tool and rating nuances, in addition to having sound knowledge of the motivational typologies (particularly relevant to the SRP). Experience of working with those who stalk, and an appreciation of existing literature is also encouraged.

Stalking is predominantly seen as a gendered crime with the majority of those engaging in stalking behaviour being male and those subjected to stalking behaviour being female. However, there are still a significant number of men and women who are stalked by women.

## WOMEN ENGAGING IN STALKING BEHAVIOUR

Many individuals who stalk are known to the person subjected to stalking. For example, from a recent UK helpline sample, it is estimated that over 50% are an ex-partner, and over 30% an acquaintance<sup>24</sup>. The vast majority of those who stalk are male, and most people subjected to stalking are female<sup>49</sup>. Gender differences therefore exist in terms of the prevalence of people who engage in stalking, which may be impacted upon by the reporting of stalking crime. Research has attended to mixed gender samples as well as female only samples. While there is always opportunity to improve our knowledge base, research findings pertaining to females who stalk are replicated (again with the caveat of sample setting bias), and experts are confident in their assertions about this group. Women who stalk do not differ from men who stalk in respect of intensity, duration, behaviours, issuance of threats, or use of violence as part of the campaigns<sup>103 104 105 106</sup>. As such clinical assessment, interventions, and management strategies would not differ hugely from those applied with men<sup>7</sup>. They do differ in prevalence rates for initial stalking motivation. Females more commonly seek and pursue intimacy in a romantic sense (i.e. Intimacy Seeker typology) and as such are more likely to be driven by an underlying mental illness, attracting psychiatric diagnoses for psychotic illness<sup>104 105</sup>. Psychiatric assessments for women who

stalk should be routine at the earliest opportunity during initial criminal justice system contact<sup>7</sup> to ensure correct diversion into appropriate services.

## YOUNG PEOPLE

There is limited research and understanding about the prevalence and motivation of stalking in adolescence. However, based on the literature available, there are some important similarities and differences with adult stalking that is useful to be aware of in dealing with young people who have engaged in stalking behaviour. The limited available research indicates that stalking behaviour is just as prevalent amongst adolescents as it is in adults; Roberts et al.<sup>107</sup>, Ybarra et al.<sup>108</sup>, with Fisher et al.<sup>109</sup> suggesting that in high school students in the US, 16.5% reported being people subjected to stalking and 5.3% reported they had engaged in stalking behaviour. Smith-Darden and colleagues<sup>110</sup> in a study of over 1000 male and female youths highlighted a significant level of violence in adolescent stalking. Leitz and Theriot<sup>111</sup> in their review of the literature related to adolescent stalking highlight the similarity in gender as with adult stalking but suggest that one of the primary motivations is relationship and love seeking. Intense love attachments are a common part of the adolescent developmental process, often resulting in feelings of loss and distress when the attachment is not returned. For those who are unable to move on to other relationships their sense of injury can be overwhelming and intensely pursuing the other protects and compensates for this damage.

Assessing stalking risk in adolescents is challenging, particularly as the two available risk assessments have not been normed or evaluated for use in those under 18 years. Making sense of the volume of communication, for example, is difficult in a group of people who communicate profusely via social messaging.

Here we present the case of Stephen to provide a case example of a young person engaging in stalking.

Stephen was a rather intense adolescent of 15 years. He had a few friends at school but not many, and no-one he was particularly close to. He particularly struggled in groups and did not participate in after school activities. He formed a friendship with a 12-year-old girl, April, who moved into the village where he lived. Their parents socialised together and as they were new to the area Stephen enjoyed showing April around. Over the following year they spent quite a lot of time together but as April became more settled in her new environment, she also formed new friendships. Things came to a head the following summer when a travelling funfair was visiting the area. April told Stephen that she could not go but when he arrived, he saw her with a group of others, boys and girls, and felt both devastated and enraged. Over the remainder of the summer holiday he sent numerous text messages, visited her house and when turned away by her parents, loitered nearby hoping to see her. As the return to school approached, he felt increasingly humiliated by her behaviour and felt that he could not return to see her friendly with others and not himself. He texted April and persuaded her to come for a walk to clear the air and then assaulted her, with her being rescued by a local dog walker. Afterwards he said that the level of pain he felt was so unbearable he had to get rid of the source of the pain in order to survive and said he needed her to feel the pain that he had felt.

## OTHER ASSESSMENTS

In cases where a detailed assessment is not possible then an appropriate case prioritisation tool should be considered (e.g. Screening Assessment for Stalking and Harassment [SASH]<sup>112</sup>).

These can aid determining initial responses, although screening tools are not a substitute for a comprehensive risk assessment and in many cases indicate the need for further assessment.

As with any assessment of complex problematic behaviour there should be a clear focus across the biopsychosocial domains to develop a psychologically informed and functional formulation of the problem behaviour to guide further intervention and/or risk management. The longer a stalking episode persists and the more intrusive it is, the greater the likelihood that an underlying developmental, mental health diagnosis or personality disorder is contributing to the behaviour. Depending on the clinical presentation, assessments will need to be tailored to reflect and account for idiographic presentations because of the varied nature of stalking behaviour. Thorough assessments are essential in building a comprehensive picture of a persons' psychosocial needs, risk presentations, functioning ability, interpersonal strengths, and weaknesses and as such need to influence the treatment intervention and risk management plans.

Whilst this document focuses primarily on psychological assessment and understanding, recent research does again highlight the presence of mental disorder amongst this population<sup>8</sup>. Therefore, we refer to a few key areas that could be considered alongside a thorough psychological assessment and formulation development; their inclusion does not denote their importance over absent ones.

**Autism Spectrum Differences<sup>113</sup>:** Also known as Autistic Spectrum Disorder (ASD), is a lifelong neurodevelopmental presentation<sup>113</sup> that typically has not been associated with increased risk of offending<sup>114</sup>. Those with ASD who engage in stalking behaviour (most commonly Incompetent Suitor typology) may be naïvely attempting to establish an intimate relationship in the context of challenges in social functioning<sup>115</sup> coupled with their underlying obsessive traits, which can serve to impact upon increased persistence or recurrence risk. Considering the interplay of traits related to ASD and similar conditions would include, for example, theory of mind, restricted interests and obsessional or compulsive traits (which may link to persistence), and lack of social connection/awareness (which may link to recurrence). Risk assessment in ASD should take into account individual characteristics and be informed by specialist assessments<sup>116</sup>.

**Personality:** Understanding the personality structure of individuals is significant in developing a thorough formulation and subsequent intervention plan. In relation to stalking specifically some studies<sup>39 117</sup> show the prevalence of personality disorder amongst those who stalk (e.g. 61.5% with personality disorder diagnosis *of some kind*), and a recent large-scale study highlighted that nearly 30% of their stalker sample did not meet criteria for *any* diagnosis<sup>118</sup>. There is no consensus on associated psychopathology<sup>7 118</sup> and past studies have shown that personality disorder-not otherwise specified was identified most frequently. People who stalk who are assessed as demonstrating traits of psychopathy (usually Predatory typology), albeit rare<sup>119</sup> have motivations for gaining control and interpersonal dominance over another, as opposed to an underlying emotional attachment.

**Delusional Disorder:** Evidence suggests that when the person stalking is suffering psychotic/delusional disorder (manifesting in beliefs about the person subjected to stalking) it is unlikely the stalking will cease without pharmacological treatment, thus is considered the priority treatment target<sup>7</sup>. These would most commonly be Intimacy Seeker or Resentful typology stalkers.

Delusional disorder is characterised by false beliefs that are based on an incorrect inference that is resolutely sustained despite clear evidence to the contrary and in contrast with what most others believe. It is a fixed belief that is resistant to challenge and presents in the absence of other psychotic symptoms. It generally involves the development of a delusion or set of related delusions, typically persisting for at least three months and often much longer. The delusions are

variable in content across individuals, but typically stable within individuals, although they may evolve over time. It is a mono-symptomatic condition with daily functioning frequently maintained and delusional beliefs that are often ordinary rather than bizarre. Other psychotic symptoms such as clear and persistent hallucinations, negative symptoms, disorganised thinking, or experiences of influence, passivity, or control are absent.

Delusional disorder is of relevance when considering those who engage in stalking as some individuals will have a delusional disorder that drives their stalking behaviour. This is most notable in the erotomanic and jealous types where the individual believes either that they are in a relationship that is not real or that their previous partner was unfaithful when this was not the case. It can be challenging to diagnose as the delusional beliefs are often plausible and convincing.

Where it is suspected that a delusional belief is driving the stalking behaviour a psychiatric assessment is generally necessary to consider both diagnosis and treatment. It is generally impossible to simply change the mind of someone with a delusional belief. Delusions are not usually amenable to reason and argument and there is often a paranoid and suspicious element to the delusional presentation which means that trying to argue the opposite is likely to reinforce the belief in any case. Psychiatric treatment of delusional disorder is therefore generally necessary in the first instance. Although delusional disorder is considered difficult to treat, antipsychotic drugs, antidepressants and mood-stabilising medications are frequently used to treat this mental illness and review suggests that a positive response to medication treatment occurs in nearly 50% of cases

In stalking cases, psychological approaches, in conjunction with psychiatric treatment, can be utilised to explore how the individual would feel if there was no relationship, which may involve accessing their emotional state and providing an opportunity to undertake work to address emotion management. Presenting alternatives is best undertaken in a neutral way, with no investment in a change of mind, and a broader psychosocial intervention can also be effective.

## ASSESSING RELATED OFFENDING BEHAVIOURS

It is outside of the scope of this resource to consider in any depth the variety of related offending behaviours and assessments of such, however some common considerations have been highlighted that often require careful navigation in assessing individuals who have engaged in talking and developing case formulations.

Intimate Partner Violence (IPV) includes psychologically, physically, and sexually aggressive behaviours toward a *current* intimate partner<sup>120 121</sup>. While IPV occurs during an intimate partner relationship, stalking occurs after its end. Cases of post relationship stalking (Rejected typology) do occur where there is an absence of IPV history, whereby the separation is the trigger event. A key difference between IPV and post relationship stalking is the *level* rather than the nature of contact between an individual who has been stalking and person subjected to stalking. While IPV refers to the unacceptable nature of a person engaging in stalking's behaviour *during* an ongoing relationship, the nature of behaviour is somewhat irrelevant to defining stalking given that stalking is identifiable by the discrepancy in *desired level of contact* between the individual engaged in stalking and their target; put simply, contact is inappropriate, regardless of its nature<sup>2 29 65 80</sup>.

Stalking that emerges following the breakdown of an intimate relationship accounts for around half of all stalking cases<sup>24 81</sup>. There has been recent support for existing estimates that from 30% to potentially as high as 60% of intimate partner violence cases go on to involve post

relationship stalking once the relationship has ended<sup>80 122 123</sup>. The latter identified from their research that the more severe the IPV perpetrated was, the likelihood of engaging in stalking post separation increased. Research by Ornstein and Rickne<sup>124</sup> also suggests that women who reported that their partner engaged in controlling behaviour were more likely to experience later stalking victimisation.

It is not yet certain whether the treatment needs of those perpetrating IPV, and stalking are the same<sup>7</sup>. Indeed, *'emerging evidence [suggests] that the two behaviours often do not co-occur; a significant number of ex-intimate stalkers do not engage in intimate partner violence during the previous relationship, while many violent partners do not proceed to stalk after the relationship has broken down'*<sup>80 125</sup>. Where there is clear evidence of both intimate partner abuse within the previous relationship and post-relationship stalking (which could include violence) assessment for both would be useful to integrate contextual risk factors into treatment intervention and risk management plans.

In considering the assessment of other offence types it is important to consider if this behaviour is located within a wider context and course of persistent intrusive behaviour. For example, sexual offences, fire setting or convictions for violence may be part of a wider stalking course of conduct. If this is the case it would be important to integrate these behaviours in the overall assessment and formulation of the stalking behaviour, and subsequent therapeutic and risk management input. In addition, seeking support from specialist services for advice and guidance can also be beneficial such as local forensic services and stalking specialist services, where available, as they can provide clinical advice and assessment guidance. It may be that in some cases a joint assessment may be beneficial.

## CONSIDERATIONS FOR CASE FORMULATION WITH INDIVIDUALS WHO ENGAGE OR HAVE ENGAGED IN STALKING BEHAVIOUR

With all practitioner work a pragmatic balance needs to be struck between the management of risk and therapeutic needs related to those who have engaged in stalking behaviour. "There also needs to be clear distinction between each task, for example, as risk management is focused on the potential harmful future acts and their mitigation. It may be that therapeutic needs cross over with risk factors, but not always, and may focus on addressing chronic aspects that may confer risk rather than acute factors that often require direct risk management, often in the form of monitoring, control, or victim safety planning. The balance of formulation utility and its purpose will be dependent on the service setting. For example, the balance may be more towards risk management in the context of a parole hearing and more intervention based in a forensic mental health setting. Notwithstanding, case formulation provides a roadmap for interventions, and can inform risk management plans, which is where separate victim safety planning will need to feature heavily. Ann Moulds, founder of Action Against Stalking, gives an overview of victim impact to enable thorough considerations to this aspect.

### IMPACT ON VICTIMS: ANN MOULDS, ACTION AGAINST STALKING

The impact on victims of being stalked can be wide-ranging, severe and life-altering. Many victims talk about the strain of perpetually being on alert for the individual engaging in the stalking and the next incident. They feel vulnerable and out of control as a result of being forced to live in a constant and overwhelming state of fear and anxiety. Stalking affects every aspect of a victim's life. Each incident compounds the previous.

**Psychological:** Psychological responses to stalking include not just fear, but feeling stress, anxiety, paranoia, low self-esteem, rage, depression and, in some cases, post-traumatic stress disorder. Almost always, there is a pervasive sense of loss of personal safety and an accompanying state of hyper-vigilance. Stalking creates a psychological prison that deprives its victims of the basic liberties of movement and security. We consider the following domains.

**Relationships:** Victims become irritable, impatient, edgy and angry. Their change in mood and attitude may seriously and negatively affect their relationships with others, from casual acquaintances and work colleagues to family and intimate partners.

**Cognitive:** Dealing with stalking can consume all their time and energy. It impacts their daily cognitive abilities as preoccupation leads to difficulty concentrating and remembering.

**Physical:** They may suffer from insomnia, nightmares, and other disrupted sleep patterns, eating disorders or a significant change in eating habits. Stalking victimisation may also trigger a wide variety of behavioural reactions and significant disruptions of everyday life.

**Behavioural:** Many victims take steps to avoid being followed and spied upon. They alter their normal routines, avoid going out alone, steer clear of familiar places and, in some cases, certain people, and give up leisure, sports and/or social activities. To protect themselves, they screen telephone calls and change their telephone numbers, email addresses, driver's licence, etc. They may lose time at work, change jobs, give up work and in some case never return to work. For some victims, the only option is to relocate. The same impact on stalking on young people may be even more devastating given the psychosocial development of the young mind. Usually by the time the stalking comes to the attention of the police, or the victim seeks support even in the absence of reporting to the police, they are usually well ensconced in the stalking behaviour, as is the individual engaging in the stalking.

Although there is a basic rule of thumb that the less of a relationship between the victim and the individual engaging in the stalking the higher the risk, research continually states that domestic ex-partners may pose the highest risk of all. This may in part be because of the focus on ex-partner stalking in preference of the other stalking typologies which have not quite garnished the same attention.

The first steps to working with stalking victims is to take whatever steps are reasonably necessary to ensure the victims safety. Generalising about what a stalking victim should do in any particular case can be dangerous. Not all individuals engaging in stalking are the same, nor are they predictable. Most stalking victims are afraid of the person stalking them whether they have been expressly threatened with harm or not. But the degree to which the person stalking the victim really poses a threat is often difficult to assess. Therefore, the starting point must be a full and in-depth understanding of the stalker typology and the associated risk historical and static risk factors. Ongoing management of victim safety relies on the identification of the dynamic risks factors that are often difficult to predict with any great degree of accuracy.

Formulation is central to understanding static, dynamic, and functioning-related facets of individuals who engage in stalking by providing a coherent and informed narrative about the behaviour. Effective use of formulation can help focus resources on external risk management



for public protection, as well as identify bespoke, changeable areas of need related to risk that can be built into an intervention plan and provide a framework to sequence input. With varying motivations (typologies<sup>27</sup>) and psychopathology<sup>118</sup> it is important that specific risk assessments are complimented and integrated with collaborative case formulation of the overall problem behaviour.

Case formulation coherently synthesises the contributory factors as to why the stalking behaviour occurred (and what maintained it or led to its desistance) in the form it did and what the drivers of the behaviour were. It also identifies the idiosyncratic interpretations of situations where the stalking behaviour occurs and how this relates to the individual and of their life experiences. It asks what is wrong, how it got that way, and pivotally, what can be done about it? It provides alternative ways to describe an individual's problem behaviours rather than rely on diagnosis, risk assessment, and actuarial measures (see the British Psychological Society's Division of Clinical Psychology guidelines<sup>126</sup> for a comprehensive review of good practice and quality checklist). It should be person-specific and grounded in psychological theory and knowledge and provide an evolving hypothesis about the psychological mechanisms that cause and maintain an individual's symptoms and problems<sup>127 128</sup>. Psychological case formulation is a collaboratively constructed hypothesis for problematic behaviours, i.e. stalking. Understanding the interplay between self and others, including relational trauma, is important for understanding stalking. Johnstone et al.<sup>84</sup> reports on the positive experience of service users in using a collaborative case formulation approach, and improving responsivity within rehabilitative attempts is important to its success<sup>129</sup>.

Case formulation is a conceptualising activity upon which decisions for treatment intervention, for example, are made. The case studies provided in Section 10 'Treatment Approaches' highlight case formulation with individuals who engage in stalking and how this was applied to treatment approaches). Essentially, each practitioner will have their own model for formulating.

## SOME GENERAL POINTS ABOUT ENGAGEMENT

**You don't need to avoid using the term 'stalking'.** Use accepted definitions to agree a shared understanding of the behaviours that constitute the crime of stalking. This is educational and can help avoid unnecessary minimisation of harmful behaviours by referring to harassment, or individual acts, which in themselves may appear less harmful. Making distinctions between 'stalking' as a definition to describe their behaviours and avoiding the term 'stalker' is important for lessening feelings of shame, and thus defensive responding.

**Focus on the individual engaging in stalking's behaviours (with an awareness of the interplay with responses of people subjected to stalking).** Avoid discussion and judgement of people subjected to stalking behaviours or responses. People subjected to stalking's behaviours can often be misconstrued, even by third parties, due to minimisation by the individual engaging in stalking, lack of awareness of stalking by others or indeed the person subjected to stalking, or because people subjected to stalking's behaviours may *look* collusive. It can often be the case that these reflect their levels of fear in response to a perceived lack of protection by others. Try to understand the functions of the stalking behaviour, and the meaning making of the responses of people subjected to stalking for the individual engaging in stalking.

**Try to understand the motivations as fully as possible.** The behaviour is undoubtedly the consequence of non-adaptive coping. For the majority who stalk the higher order, linked goal of the stalking is for a sense of validation, self-worth, connection, or life happiness. They forfeit a lot in pursuit of this given its value. This can look to outside observers that the client lacks awareness and empathy of people subjected to stalking, is rigid in their thinking, and lacks insight, but this can

reflect their stalking-related goal fixation. During their stalking episode, the behaviours are easily rationalised given the higher order goals, and afterwards it can be challenging to make sense of it all. For treatment intervention and risk management purposes developing this insight is key but done so in a compassionate way. Try to understand their pursuit without judgement to determine levels of insight and any positive changes made, to explore risk manageability, and assess willingness and ability to strive for their higher order goals in other, functional ways.

**Understand difficulties in interpersonal effectiveness.** People who stalk often have deficits in interpersonal and general problem-solving skills, contributing to the reasons why they stalk others. To mask and overcompensate they may exude a sense of narcissistic entitlement to the person subjected to stalking's attention. Engagement by professionals needs to be responsive to the clients' capabilities and their understanding of healthy social functioning to fully assess the risks posed and formulate a view on risk manageability.

## TREATMENT APPROACHES

Stalking victimisation affects approximately one in six people throughout their adult life and up to half of people who stalk reoffend, yet interventions to address this problematic and criminal behaviour are decades behind equivalent interventions for people who have committed violent and sexual offences<sup>4 18</sup>. There is currently a dearth of research assessing the effectiveness of psychological interventions aimed at reducing stalking, despite the number of studies and literature that discusses treatment interventions for stalking and addressing underlying psychological vulnerabilities. Leigh and Davies (2021) undertook a rapid evidence assessment of psychologically informed interventions with stalking, which highlights the emerging nature of this research, and although there is some evidence for a multidimensional approach more robust outcome evaluation is required.

Whilst legal sanctioning alone, including imprisonment, can work in deterring reoffending for some, many do reoffend, and their motivations vary<sup>7</sup>. Ineffectiveness has been related to the persistence of the fundamental problems driving the stalking for that person. Because stalking emerges in response to circumstances underpinned by a psychological vulnerability, flexibility in our approach to treatment intervention is necessary<sup>7</sup>. Forms of 'intervention' can indeed include legal, psychological, occupational, as well as medical, and victim safety strategies, which are important as part of multidisciplinary working to enhance chances of desistance whilst treatment is being delivered<sup>20</sup>.

Some core elements of psychological intervention to reduce stalking behaviours have been suggested as addressing emotional dysregulation; rumination; offence-supportive attitudes, beliefs, and values; and psychosocial skills deficits<sup>7</sup>. Psychiatric assessment is crucial where a form of delusional disorder appears present and contributory to stalking behaviour, most likely amongst the Intimacy Seeker and Resentful typologies. In the absence of such, psychological intervention has been suggested as the best approach<sup>10</sup>. Only rarely does stalking arise from psychopathology directly (i.e. delusional disorders), and often results from the interaction of circumstances and a vulnerable personality<sup>9</sup>. Therefore, targeted psychological interventions based on a robust risk assessment will most likely be the most effective approach to reducing the risk of recurrence of stalking<sup>9</sup>.

The only two interventions applied to address stalking which have been published with evaluation findings are the Stopping Harassment and Relationship Problems (SHARP) project and the Stop-Stalking Service<sup>130</sup>. The first of these, the SHARP project, applied an adapted Dialectical Behaviour Therapy (DBT) model consisting of weekly individual DBT sessions, group-based skills



trainings sessions and telephone coaching sessions, over a six-month period<sup>131</sup>. Participants were supported to examine their behaviour using behaviour chain analysis and learnt skills to support emotional regulation, distress tolerance, problem solving and interpersonal communication. Evaluation of this model found positive outcomes in the form of reduced re-arrest rates at the 12-month follow-up point. It must be noted however, that the sample used for this evaluation was small and only included low risk outpatients. Therefore, there is no evidence that it would have been helpful for higher risk cases or those residing in secure hospitals or prisons. A later Randomised Control Trial found that participation in the intervention did not have any significant impact on reoffending<sup>132</sup>. Neither did the CBT based anger-management intervention to which it was compared. One of the key conclusions was that the intensity of treatment appeared important as opposed to the type of therapy.

The Stop-Stalking Service has offered social, psychological, and psychotherapeutic counselling to those who stalk in Germany, since 2008. Counsellors work with participants on a weekly basis and apply a range of therapeutic strategies drawn from 15 modules. These modules vary from assessment and formulation, psychoeducation, to confronting the criminal behaviour, and relapse prevention. The theoretical underpinnings of the modules include Attachment Theory<sup>133</sup>, Motivation Interviewing<sup>134</sup>, Schema Therapy<sup>135</sup>, DBT<sup>131</sup> and Desistance Theory<sup>136</sup>, amongst others. The number of sessions is reported to vary according to need but is, on average, between 10 and 20 sessions. Initial evaluation efforts by Siepelmeyer and Seewald<sup>130</sup> explored self-reported recidivism through interviews with 31 individuals who participated in at least five sessions with the service. They found that just under three-quarters of the sample said they had completely stopped stalking after participating in the sessions. Just over a quarter said they had reoffended but less intensely than before, and 70% of the sample reported that they felt more able to control their impulse to stalk after the intervention. This research is however limited by the small sample size and the bias inherent with self-report data but does indicate amenability to treatment and viability of treatment approaches with individuals who engage in stalking.

What does seem to be a view of consensus, and which has stood the test of time is that *‘Intervening at the first signs of stalking offers the best chance of reducing stalking recidivism in the perpetrator, and arguably of stemming any progression to more entrenched or serious forms of interpersonal violence in later life’*<sup>29</sup> (p.124). With this in mind consideration is being given to multiagency responses to stalking in which therapeutic intervention sits, rather than standalone practitioner work. The Multi-Agency Stalking Intervention Programme (MASIP) was piloted in 2018 across three sites, funded by the Home Office to develop a proof of concept regarding the impact of agencies, police, probation, health and advocacy working together to address stalking. These pilot sites continue in various forms and there are gradual developments of further multiagency stalking projects. Where these do not exist it is suggested that creating a bespoke multiagency approach in which to embed interventions, whether that is within a health setting that links with probation, or probation linking with police and advocacy services, is the safest and most effective way to address stalking earlier in the behavioural cycle.

In considering the psychological intervention itself there remain questions, such as those proposed by Paul<sup>137</sup>. ‘What treatment, by whom, is most effective for this individual with that specific problem, under which set of circumstances, and how does it come about?’ (p.8). This is similarly, covered by Roth and Fonagy<sup>138</sup>. Given the current absence of definitive direction from the evidence, practitioners are encouraged to adopt the ‘Evidence Directed Therapist’ approach to working with those who engage in stalking by drawing on best practice whilst engaging in detailed case specific evaluation of outcomes<sup>139</sup>.

In response, authors in the field have suggested that practitioners should instead trial and evaluate an ‘*evidence informed*’ approach based on what is known about those who stalk and what is known to work generally within the field of offending rehabilitation. For example, in 2011, MacKenzie and James<sup>10</sup> promoted application of the Risk, Need and Responsivity principles<sup>140</sup> including the use of CBT (also recommended and applied by Walker and Sonkin<sup>141</sup> and Warren et al.<sup>142</sup>). Aligned to this, several authors have suggested that interventions should be guided by careful assessment and functional analyses<sup>143 144</sup>. Others have highlighted the importance of developing therapeutic alliance and supporting those who stalk to increase their motivation to engage and change<sup>10 90 145</sup>. Applying the tenets of Desistance Theory and the Good Lives Model<sup>136 146</sup> has also been considered of critical importance<sup>130</sup>.

### THE RISK-NEED-RESPONSIVITY (RNR) MODEL

The principles underpinning the RNR model date back to 1990<sup>140</sup> and have since been developed, further defined and applied on an extensive scale across criminal justice settings internationally. Application of the model has received considerable research interest and the many positive evaluation outcomes, which have demonstrated reductions in recidivism<sup>147</sup> mean that the model is arguably the most robustly evidenced and dominant paradigm within the field of offending rehabilitation<sup>148</sup>. Given the model is regularly applied to all elements of criminal justice assessment, intervention and policy<sup>149</sup> it is not surprising that the approach has been recommended as a model on which to base interventions with those who stalk<sup>10</sup>.

Whilst the three RNR principles are at the heart of the model, there is a misconception that these principles represent the model in its entirety. This is not the case. Over time, the principles have been further developed to include 18 principles in total<sup>150 151 152 153</sup>. Whilst some of these have already been discussed, operationalising the RNR model with those who stalk, in the way it is intended, requires application of all 18 principles. In summary they include overarching principles which direct the intervention approach, the need for structured assessments that are appropriate and diverse, service delivery principles highlighting the necessary skills of the practitioner and organisational principles that addresses systemic issues.

As is highlighted, the RNR model emphasises the need for practitioners to develop positive working relationships with their clients. This is hardly surprising given that strong therapeutic alliance has been robustly associated with positive therapeutic outcomes<sup>154</sup> and in some instances has even been found to be more predictive of positive outcomes than the type of intervention itself<sup>155</sup>. Highlighting the importance of therapeutic alliance with those that stalk<sup>130</sup> subsequently seems logical. Indeed, in their research examining participants’ experiences of engaging in the Stop-Stalking Service, Siepelmeyer and Seewald<sup>156</sup> found that the relational elements of the intervention were considered the most useful by participants, more so than the cognitive, behavioural, or emotional elements.

The treatment experiences of other offending populations suggest that positive treatment outcomes are associated with therapists who are warm, empathic, and emotionally responsive. Clients thrive when offered support, acceptance, respect, encouragement, directedness, flexibility, some self-disclosure, humour, and a non-confrontational, genuinely interested approach<sup>157 158</sup>. Striving for such an approach with those who stalk will likely be beneficial.

The **Risk principle** proposes that interventions designed to reduce the likelihood of re-offending should only be targeted at those who are assessed as a moderate or high risk of reconviction and further, that those with higher levels of risk require a higher intensity of therapeutic intervention when compared to their moderate risk counterparts. In practice, this has typically resulted in

higher risk individuals accessing more intervention provision for a longer length of time than those assessed as a moderate risk.

When considering the application of the risk principle to those who stalk, a key question is how to assess risk in order to identify who requires the most intensive intervention. The RNR model encourages practitioners to use validated structured professional judgement (SPJ) tools to reach defensible assessment decisions. The two such tools that have been designed to assess the risk of stalking: the Stalking Risk Profile (SRP)<sup>9</sup> and the Stalking Assessment and Management guidelines (SAM)<sup>20</sup> are discussed earlier in the resource.

The **Need principle** states that interventions should support change in relation to the criminogenic needs relevant to the individual. Criminogenic needs are dynamic factors that have been empirically shown to increase the risk of future reoffending. Application of the need principle to those who stalk will be considered alongside the responsivity principle below.

The **Responsivity principle** comprises two components. The first posits that interventions designed to reduce the likelihood of reoffending should be grounded in research evidence of effectiveness (i.e. adopting a Cognitive-Behavioural Therapy derived framework<sup>149 154 159</sup>). More recently evolved therapy intervention approaches whilst incorporating some CBT elements (theories, models and techniques), draw on additional theories such as relational frame theory and evolutionary theories for example. These contextual behavioural approaches include Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT), and Compassion Focused Therapy (CFT). Essentially, the practitioner should look to ascertain evidence of effectiveness, clear theoretical rationale for its use, and evidence for its use in the population of interest.

There is more information on these therapies below.

The second component of the responsivity principle states that, to maximise the opportunities for success, interventions should be designed and delivered in an individually tailored way that attends to each participant's needs and reduces any barriers to learning or engagement. Therefore, practitioners may need to be responsive to a person's age, gender, ethnicity, motivation, mental and/ or physical health status, personality characteristics or their cognitive ability, amongst other factors. These will all impact upon dosage considerations.

With the need and responsivity principles in mind, along with the fundamentals of CBT, it can be argued that the aforementioned risk assessment process should also be used to undertake a behavioural functional analysis of the stalking behaviour<sup>143 144</sup>. This will help both the practitioner and client identify the antecedents to the stalking, the nature of the behaviour itself and the actual and/or perceived consequences. It will also help the practitioner to identify what motivates and sustains the stalking behaviours and in turn what criminogenic needs to target through intervention.

One model that has gained traction both in healthcare and forensic disciplines in recent years is the bio-psycho-social model of behaviour and change. For example, Hayes and Hofmann<sup>160</sup> (p.18) suggest that a key goal of intervention is to 'learn which core bio-psycho-social processes should be targeted with a given client who has a given goal in a given situation, and to then identify the component methods most likely to change those processes'.

To develop the idea of applying the need and responsivity principles to those who stalk, the table below sets out the criminogenic needs highlighted within the stalking literature and possible CBT processes that might be drawn on to support change regarding each. These processes attend to biological, psychological, and social resources to differing degrees.

CRIMINOGENIC NEED ASSOCIATED WITH STALKING	POSSIBLE THERAPEUTIC PROCESSES
<b>Lack of motivation to engage / to change</b>	Motivational interviewing techniques underpinned by the principles of client-clinician partnership, compassion, acceptance and evocation <sup>134 161</sup> Application of Self-Determination Theory <sup>162</sup>
<b>Attitudes and beliefs that sustain stalking behaviours</b> (including suspiciousness, grievance thinking, narcissism, entitlement, a lack of insight into one's stalking behaviour) <sup>117 163</sup>	Identification of goals Skills to manage unhelpful thoughts (e.g. thought stopping, distraction, and the use of self-talk which incorporates perspective taking and consequential thinking) Cognitive reappraisal: restructuring and/ or defusion techniques Belief modification Acceptance techniques Values clarification
<b>Emotion dysregulation</b> (including problems managing anger, jealousy, loss, fear of rejection, loneliness, depression, hopelessness) <sup>19 27 66 92 145 164 165 166</sup>	Psychoeducation and emotion identification Arousal reduction and self-management strategies (e.g. self-talk, breathing techniques, progressive muscle relaxation, mindfulness, visualisation) Cognitive reappraisal: restructuring and/ or defusion techniques Belief modification Acceptance techniques
<b>Preoccupation with the person subjected to stalking</b> <sup>69 167 168</sup>	Skills for thought stopping and distraction Cognitive reappraisal: restructuring and/ or defusion techniques Acceptance techniques Routine planning
<b>Mental illness</b> (including Erotomania, Delusional Disorder, morbid infatuation, psychosis, and affective disorders) <sup>145 169 170 171</sup>	Pharmacological treatments (e.g. antipsychotic medications, mood stabilisers) CBT focused on symptom management
<b>Not understanding what constitutes stalking behaviour</b> <sup>27</sup>	Psychoeducation (e.g. behaviours that constitute stalking, the law, likely impacts on people subjected to stalking)
<b>External locus of control, sense of hopelessness, inability to cope with situations</b> <sup>38</sup>	Problem solving training to develop coping skills Contingent behavioural management
<b>Substance misuse</b> <sup>27 165 172</sup>	Pharmacological treatments (e.g. substitute medications or those to help manage withdrawal symptoms) Motivational Interviewing CBT focused on substance misuse

CRIMINOGENIC NEED ASSOCIATED WITH STALKING	POSSIBLE THERAPEUTIC PROCESSES
<b>Antisocial lifestyle</b> (including association with antisocial peers) 38 173 174	Cognitive reappraisal: restructuring and/ or defusion techniques Belief modification Values clarification Interpersonal skills training (to support the development of pro-social relationships).
<b>Lack of employment/ constructive activity</b> 27 164 165	Values clarification work Routine planning Enhancement of employment skills
<b>Difficulties developing and maintaining healthy, pro-social intimate and non-intimate relationships</b> 36 38 145 175	Interpersonal skills training (e.g. assertiveness skills, communication skills, conflict management skills) Dealing with rejection and accepting loss
<b>Unhealthy sexual interests</b> 27 145	Behaviour modification to reduce arousal to unhealthy sexual interests and increase/ reinforce arousal to healthy sexual interests

In terms of sequencing and adopting the recommendations of Linehan<sup>176</sup> practitioners may want to consider pre-treatment work to help develop motivation and commitment to the intervention. Building a safe psychological space for individuals who engage in stalking to engage in treatment within is particularly crucial. The intervention work should then be prioritised according to the severity of each problem, with life-threatening behaviours targeted first, followed by any therapy interfering behaviours, quality of life interfering behaviours and lastly skill development work.

### THE DESISTANCE PARADIGM

The importance of applying the principles of the desistance paradigm to intervention work with those who stalk has been highlighted recently by Siepelmeyer and Ortiz-Müller<sup>130</sup>. Often seen as a competing theory to the RNR model<sup>177 178</sup>, desistance is considered the process of change, of moving away from criminal behaviour and sustaining this change over a period<sup>179</sup>. Understanding the processes associated with desistance is considered critical for those working in the criminal justice field as it can inform how best to support individuals during their journey of change with maintaining active desistance<sup>180</sup> and seems crucial when considering recidivism rates of those who stalk.

Numerous theories have been proposed to explain desistance (see Weaver, 2019), for example:

1. 'Individual and agentic' theories<sup>181 182 183 184 185 186</sup>
2. 'Social and structural' theories<sup>187 188</sup>
3. 'Informal social control' theories<sup>189</sup>
4. 'Interactionist' theories<sup>136 190</sup>
5. 'Situational theories'<sup>191 192</sup>

Research exploring desistance (but not specifically in relation to stalking) has offered some support for the aforementioned theories. The findings seem to indicate that desistance involves a number of internal (psychological) and external (social) factors. In 2010, Maruna<sup>193</sup> summarised the factors which have most prominently been associated with desistance, as:

1. Maturational development
2. Forming strong, pro-social relationships with family and others in the community
3. Feeling connected to non-criminal others and having a pro-social support network
4. Finding a way to meaningfully contribute to community/ families
5. Abstaining from alcohol/substance use
6. Gaining and sustaining stable, fulfilling employment or a constructive routine
7. Having a sense of self-agency, hope and motivation about the possibility of personal change
8. Having contact with others who believe they can change
9. Developing a non-offending identity

In highlighting these themes, Maruna argued that rehabilitative interventions should support these processes. Indeed, when those who stalk are thought about in a humanistic way, as people with basic human needs, it is easy to see how targeting the above processes could enhance their quality of life and in turn support the process of desistance. Application of the Good Lives Model<sup>147</sup> is one method recommended to support this process.

When applying the principles of desistance theory in practice, practitioners should remain aware of limitations associated with the paradigm. Whilst the model does help to meet the basic needs of those who offend and can support the development of a working alliance, it does not by itself target all of the factors that have proven links to reoffending<sup>194</sup>. For example, Cullen et al.<sup>195</sup>, argue that it does not enable practitioners to explore key aspects of criminal thinking and change. This may equally apply to those who stalk. It should also be noted that the research in the field tends to be based on findings drawn from either qualitative or relatively weak methodology. As such, many of the findings above are correlates of desistance rather than being more robust predictors<sup>178</sup>.

### AN INTEGRATIVE APPROACH TO REHABILITATIVE INTERVENTION

Whilst the RNR model, Good Lives Model, and desistance theories have been viewed as competing in their focus, there has been recognition that the models have a number of similarities and are to some extent complementary<sup>178 195 196</sup>. This has led a number of authors in the field to propose an integrative model that incorporates elements of both models by adopting a strengths-based approach in a manner that also enables the individual to work toward their goals, focus on their criminogenic needs and develop a non-offending identity<sup>178, 179 197 197</sup>. With this in mind, a combined approach to intervention with those who stalk may well be beneficial.

A few treatment approaches have been chosen to showcase their application through case studies, with individuals who have engaged in stalking. It remains that effectiveness studies are essential to determine their value against a number of measures, including improving wellbeing for the person stalking (and therefore for the person subjected to stalking if the stalking stops), and reduction in recidivism.



## DIALECTICAL BEHAVIOUR THERAPY

Dialectical behaviour therapy (DBT)<sup>198</sup> was originally developed to treat borderline personality disorder/emotionally unstable personality disorder and has been applied within forensic and non-forensic populations for this client group and intervention with various risky behaviours linked with recidivism<sup>199 200</sup>. Two empirical studies have examined the use of DBT specifically for stalking behaviours. Although limited in number and scope, the studies supporting the use of DBT for stalking are methodologically robust. However, it is important to note that the RCT study also shows support for an anger management-based CBT programme with two of the studies coming from the same group.

Dialectical Behavior Therapy<sup>199</sup> has some support as an intervention to treat stalking<sup>131 132</sup>. It has appeal because treatment targets in DBT are aligned with risk for harm (to self or others). DBT prioritises treatment targets with life threatening behaviours first, followed by behaviours that interfere with treatment, and then behaviours that interfere with quality of life. In the case of stalking, when prior violence is present, stalking is targeted as a level I treatment target (directly under homicidal or severe violent behaviours). Below is a de-identified case study example for the application of DBT with a person who has stalked.

Tyrone (called 'Ty') was a 26-year-old man released from prison a year and a half before entering treatment at a stalking -specific treatment program in New York City. He served five years of a six-year sentence after being arrested for a drug sale, after attempting to sell four grams of ecstasy to an undercover police officer. He was released early for 'good behaviour.' Ty lived in a high crime neighbourhood. He was physically abused by his stepfather and was removed from his home for neglect at age 4. His mother, a substance abuser, lost custody of Ty when he was six. He lived with his grandmother from age 4, until her death when Ty was 11. He spent the rest of his childhood and adolescence in foster care. He lived in several homes, where he reported that he learned to 'take care of myself.' He was a good student and played football until he was transferred to a school without a football team because his foster care parents moved out of state and did not take him with them. He successfully graduated high school and was living with cousin at time of the arrest at age 19. He reported that he supported himself at that time by selling drugs (Xanax, ecstasy, and Oxycodone). At that time, Ty explained that he was in relationship with a girl named Monica. He stated that they were, 'on and off' in a tumultuous relationship for a year before he was arrested. He said they fought because, 'she is insecure and because I cheated on her.' Prior to his arrest on drug charges, the police were called to her home on one occasion. They were verbally fighting loudly. No charges were pressed. Shortly before his arrest for drug sales, she became pregnant with his child who was born while he was in prison. He spoke with son on the phone but did not meet him until his release. Following his release from prison, he moved in with his aunt and began working at a clothing store. He gave a portion of his earnings to his aunt. He visited with his son and the mother of his child and tried to provide for them as he was able.

Ty stated that he and his son's mother were close the first few months he was out of prison. He would visit with her and his son. She liked that he was interested in being a good father to his son. One day while his son was with his maternal grandmother, he went to drop off some sneakers that he bought for his son. He said that he ended up 'hooking up' with his son's mother and stated that she became angry and belligerent after seeing a text come in from another woman. He said that he tried to leave, but she reportedly grabbed his cell phone. The police were called, and Ty admitted to the police that he grabbed his phone back and shoved her out of the way so that he could leave. He was charged with assault. An order of protection was granted to his child's mother and visits with his son were coordinated through

the child's maternal grandmother. Despite having an order of protection, he continued to speak with Monica regularly. He reported that she apologised to him and sometimes invited him over to see them. On another occasion, she texted him and said she missed him and wanted him to come over to see her. He reportedly went to her home and stated that she said she needed money and when he said he did not have money to give her, she called the police and said he was violating the order of protection. His probation officer was going to charge him with violation of probation, but upon seeing the texts between them, the PO told him she would not violate him, but that this was his last chance. He went home from the probation office, drank three shots of Hennessy, and left a series of threatening voicemails on Monica's cellphone saying to stop messing with his life or he would kill her. He was charged with violating a protection order and with stalking. He was sent to mandatory stalking treatment at our clinic.

DBT Formulation began with a nomothetic review of risks for suicide/self-harm, and if present, risks for violence. While Ty presented low risk for suicide, he did have a number of risk factors for future violence including prior violence, other antisocial behaviours (carrying a gun and drug sales), past problems with relationships (with the mother of his child), employment difficulties (he was underemployed and had no legal job history), problems with substance abuse, history of violating protective orders, and history of trauma in childhood. He also had the issue of leaving threatening messages, although the charge of stalking was lodged for multiple messages that were left in a single day. At the time he presented for evaluation (approximately nine months after the incident), stalking and harassment had desisted (though urges to intimidate and threaten were present at a manageable level). The second step in DBT case formulation is to conduct behaviour chain analyses for target behaviours (violence, and stalking/harassment) to add idiographic information about the drivers of such behaviours. Behaviour chains are detailed accounts of a person's experience immediately before, during, and after a target behaviour. They can be thought of as a moment-to-moment reporting of a person's experiences, both observable and internal including thoughts, emotions, and body sensations. In the case of Ty, there were several instances of severe, potentially life-threatening violence in his past. Although there were relatively few incidents (a fight at a high school basketball game when provoked, a fight in prison when he was jumped and retaliated, a time he drew a gun during a drug deal, and the time he shoved his girlfriend hard). Ty's violence was noteworthy, not for its chronicity, but for its severity. In the first two instances, he injured people severely. Both victims required surgery and had broken facial bones. In each case he only stopped beating them because he was forcibly pulled off the victims. His accounts indicated extreme anger at being attacked, and a thought that the person needed to be taught a lesson, followed by what he described as 'blacking out-seeing himself pounding the person but being unable to stop.' Neither drugs nor alcohol was involved in either severe attack. The chain that involved pulling the gun indicated that he always carried a gun, but that he never came close to firing except this instance. He stated that the person moved suddenly and that made him react. He stated that he was fortunate that he did not shoot because the person was answering his phone rather than pulling out a weapon. He said that he did not fear for his life in any of the cases, but felt he had to stand his ground and the situations 'got out of hand' or nearly did. So, the working hypothesis about drivers of Ty's violence was that when he was extremely angry and a person attacked him, the anger combined with an attitude that he had to stand his ground were driving the violence. When asked if he was ever disrespected at other times, he acknowledged that he was, but stated that he was only that mad a few times.

Regarding the incident with his ex-girlfriend when he pushed her, Ty indicated that she made him mad by taking his phone and snooping and that he wanted to get away 'before I did



something I'd regret,' and that he shoved her to get past her. He said that he was violent one time before when she slapped him, and he slapped her back, before his son was born. Alcohol was not involved in either incident. Regarding the threatening messages, he stated that he was furious that she messed up his probation and almost 'got me locked up again.' He went home and had a few drinks and picked up the phone and cursed and threatened. He stated that he was not intending to follow up with the threats but did intend to scare her. The working hypothesis regarding the stalking behaviours was that his anger was extremely high when his freedom was threatened or when she threatened to keep his son from him.

Ty had many strengths. He was intelligent. He was determined not to go back to prison. He stated that being a good father to his son was his most important goal. He enjoyed spending time with his son, and by all accounts (including a social worker who supervised initial visits) was a good and patient father. He appeared to have good controls when anger was moderate to high, but when his anger was extremely high his controls gave out.

Regarding potential scenarios for future violence, his prosocial lifestyle and job made the likelihood that he would be attacked or provoked low. He had moderate urges to contact the mother of his child when she left him angry messages or said unflattering things about him to their son. His potential for future criminality was heightened by the fact that he was underemployed and found it difficult to earn enough to provide for his son and himself. Ty's treatment targets and interventions were as follows:

**Level I:**

- Violence-Mindfulness for Awareness of Anger & Emotion Regulation (Opposite Action Skill for Anger), Cognitive Restructuring for Attitudes around Standing Ground and Disrespect
- Urges to Threaten Ex-Girlfriend- Mindfulness for Awareness of Anger, Interpersonal Effectiveness (DEAR MAN, GIVE, FAST Skills), Managing sobriety.

**Level II:**

- No Treatment Interfering Behaviours

**Level III:**

- Urges to Sell Drugs-Working on Plumbing Certificate to attain higher paying job.

Ty was extremely committed to treatment and to creating a 'straight life' and being there for his son. Managing his urges to threaten his ex was complicated by the fact that they shared a son and although they were not permitted to see each other physically, the stipulations of their agreement included the ability to contact one another for the purposes of discussing their son, his needs, visitation, etc. By the time of his referral and intake, he had become involved with a new woman. He reported that they been together eight months and while they had arguments, they never became loud or angry. In his words, 'we talk it out.'

One issue in treatment is how to work when problem behaviours do not appear. DBT uses diary cards where urges to engage in problem behaviours and levels of emotions are tracked and chain analysis to analyse behaviours and urges. Ty had several instances come up over his 24-month treatment. In one instance, he was picking his son up from school after he was involved in a fight. He met the mother of the youth who was involved in the altercation with his son. Ty said, 'it's good they are making them speak to one another.' The mother said that she, 'wished my son kicked your son's ass.' Ty was incredibly angry. He ended up leaving with

his son before meeting with the principal. He reported anger at a seven out of 10 and used breathing and the DBT STOP skill. In another instance, he was riding a motorcycle and a woman tapped him from behind with her car. He was angry, got off his bike and proceeded to tell her to be more careful. She was texting and repeated the behaviour. He reported being mad at a nine out of 10 but warned her again. He again used breathing and the STOP skill. At this point, it was looking like progress was happening in treatment. His urges to contact his ex in an angry manner were consistently low. He learned skills to validate her, and she responded in kind. She occasionally asked him to come over, but he remained committed to his current girlfriend and had no urge to get involved with Monica again. Then an incident happened where a van cut him off while on his motorcycle with a group of friends. He rode up to the van, noted that he was in front of a police station, and decided he did not care, 'the guy needed to be taught a lesson.' He grabbed the man and started punching him through his window. His friends pulled him away and no one reported the incident.

In DBT, we examine the incidents to look for themes. In taking account of all his incidents, being hit on his motorcycle seemed worse. He rated his anger as high in front of the school. When we pressed him, we found that he was startled by the van. Then, we connected the incidents that made him the most violent (being attacked at the basketball game, being jumped in prison, being startled while holding a weapon, and being cut off in traffic). What became apparent was before anger rose dangerously high for Ty, it was preceded by fear or a sense of vulnerability. He noted that this was the same way he felt with Monica when she belittled him, and he was desperate to get away from her before he hit her. He connected that feeling to when he was young and felt trapped when being attacked by his stepfather. In treatment, we began teaching him to notice fear, anxiety, and hypervigilance. Although he believed he was not affected by his past trauma, and he did not have full-blown PTSD, he could not tolerate feelings of being weak or vulnerable. His attitudes about teaching people lessons were incongruous with the rest of his prosocial thoughts. The attitudes appeared to be fleeting and only appeared when he was in danger or was being belittled. He used mindfulness practice to develop equanimity, the ability to observe conflict and his emotions in conflictual situations. As he noticed a range of emotions more intently, his anger ratings dropped, even when provoked. His relationship with his ex-girlfriend improved dramatically, and he was allowed unsupervised visits with his son. His urges to sell drugs were heightened at Christmas time when he desperately wanted to buy his son some nice things, but he was able to notice increased urges and used DBT PROS and CONS to avoid selling. He continued to study for his plumber's certificate. At 18 months post-treatment, he was employed as a plumber and engaged to be married to the same woman he was seeing in treatment. He was no longer on probation and has had no violence, no new stalking charges, and no drug charges. We believe that the key to this successful treatment was discovering that fear (imperceptible to him at the time) was the primary emotion that prompted rage and violence in Ty. The use of behaviour chain analysis and the structure of DBT was helpful in uncovering this.

### COGNITIVE BEHAVIOURAL THERAPY

Cognitive Behavioural Therapy (CBT) uses cognitive and behavioural techniques to address emotional distress and modify cognitions and behaviours. CBT is widely used within forensic settings and forms the basis for many individual and group-based interventions. Two studies have examined the use of CBT with those who have engaged in stalking behaviour, through case study evaluations<sup>201</sup>. The first reported on the use of CBT with two males with intellectual disabilities who had committed stalking offences, and the second reported a case study of a female with

bipolar disorder and Personality Disorder (Not Otherwise Specified) who had committed a stalking offence during a manic phase. Both reported modest but positive outcomes. Overall, the evidence base for CBT applied specifically to stalking behaviour is limited.

A de-identified case study example of using a CBT-informed approach with an individual who has stalked is presented here:

Devan is a 42-year-old man who had been convicted of Section 4A stalking against his ex-partner. He and his partner had four children together and separated shortly after the last child was born. Devan made numerous telephone calls, sent text messages, attended the home and the children's school in an attempt to resume the relationship. His ex-partner moved the family, but Devan found out where they had moved to and attended the new address. He made threats to harm his ex-partner in some of his messages and concerns were raised about the safety of both his ex-partner and their children.

Devan was referred to the stalking service for an assessment regarding his stalking risk and to consider if a psychological intervention might be of benefit. As a consequence of the assessment Devan was offered 20 sessions of a cognitive-behavioural informed psychological intervention.

Devan described a good childhood. His parents separated before he was born, and he was brought up by his mother and his stepfather with his two younger step siblings. He denied any form of childhood abuse and said that he continues to have good relationships with his family and is especially close to his mother and half-sister. Devan said he generally enjoyed school and was an average pupil. He was suspended on two occasions for fighting but reported no other difficulties and left school at the age of 16 years with qualifications.

Devan attended college, studying computing and electronics. Since leaving college he had a variety of jobs but settled most as a chauffeur working for three different companies for four years at a time, with no disciplinary problems until his last post. His contract with his last company was terminated when he was convicted of the 4A stalking offence against his ex-partner.

Devan denied that substance use had caused him any problems, although he had a previous conviction for possession of a class B drug. He said that he had used cocaine for approximately a one-year period, that he smoked cannabis occasionally and drank on a social basis. It was unclear if the use of substances contributed to his stalking behaviour. Devan had never had any previous contact with mental health services or been treated for any psychiatric disorder by his GP. He had no medical history of note.

It was in the area of intimate relationships that Devan described most difficulty. He said that he was heterosexual in orientation and had his first girlfriend at the age of 15 years. He had several girlfriends and sexual partners concurrently at the time that he met the victim of his stalking when he was 17 years of age, and she 16. He stated that the relationship went well until the point that they were expecting their first child and moved in together. Devan continued to have other relationships and said that it affected the trust of their relationship. Not only did this affect the level of trust his partner had of him but his trust of her and he described that he became increasingly jealous, possessive and controlling in their relationship. The relationship ended following an argument when his ex-partner would not tell him where she had been when she went out. Devan was given a police caution, moved out of the home and then commenced the behaviour that resulted in the stalking conviction.

Devan was initially quite hostile and did not believe that he had any problems with relationships. He blamed others for his difficulties and stated that the court, probation officers and social workers were out to make his life difficult. However, he was motivated by wanting to continue to have contact with his children and to apply for custody at some point and was aware that how he was perceived by others was important.

### **Planned psychological intervention using CBT**

The psychological intervention focused on the following few key areas: (i) developing meaningful engagement, (ii) using a stage of change model to identify opportunities and barriers for change, (iii) using CBT to identify and challenge thinking errors, and (iv) developing a relapse prevention plan.

### **Developing a Meaningful Engagement**

Establishing engagement is central to any psychological engagement and is a notable challenge when working with individuals who engage in stalking behaviour. There are common presentations of a sense of entitlement and self-preoccupation that result in a lack of insight into the offending behaviour and a sense of self-righteousness, which is not conducive to help-seeking.

Shortly before the start of the sessions Devan secured a new role as a chauffeur and wanted the session times to be flexible on the day and to be able to telephone in the morning to arrange when he would attend. Devan found it frustrating when the session times were enforced, particularly if he turned up late and therefore missed the session. He struggled with the concept that times could not just be focused on his availability but gradually adjusted to the consistency of the rules and this helped to support his engagement in the therapy activities, including working on homework tasks between the sessions.

### **Approaching Change**

Devan approached the sessions with a focus on the way in which he felt he was being treated unfairly by others. He was introduced initially to the change model and spent some time discussing the move from pre-contemplation to contemplation. Devan had made other changes in his life, most notably giving up smoking, and this became a useful comparator for considering other changes, particularly reflecting on his initial reluctance to give up smoking followed by subsequent benefits.

Devan was able to recognise that although he blamed others for his predicament his behaviour had certainly not resulted in the resumption of the relationship as he had hoped. Thus, a focus on this aspect of self-interest became an important opening to consider alternatives.

A key component in approaching change was to consider the potential benefits for Devan and one of the more useful aspects of the sessions was the cost-benefit analysis of making changes. Devan was able to identify that if he gave up the behaviour, he would lose a sense of trying to take control and would feel as though he was giving in. Benefits included having time to engage in other activities, gaining approval from his mother and potentially having access to his children.

### **CBT Informed Intervention**

The core sessions focused on the following areas:

1. Devan's understanding of relationships and past stalking behaviours.
2. Identifying thinking errors that contributed to these behaviours.

3. Finding alternative ways of thinking about relationships, his partner, and his behaviour.
4. Finding strategies to help him manage better in relationships and to tolerate the end of relationships.
5. Identifying behaviours and thoughts that would indicate that he is at risk of stalking behaviour.
6. Forming a plan about what he needs to do if that happens.
7. Identifying interventions and life goals.
8. Identifying the skills and strengths that he has to help him to achieve those goals and reviewing progress.
9. Writing this up as a Relapse Prevention Plan that he could use and refer to.

Applying a CBT model with Devan made it possible to identify some repetitive assumptions that would drive his behaviour. For example, Devan accepted that he was jealous of his partner whilst they were together and that this then fuelled the stalking behaviour as he became increasingly focused on both wanting to resume the relationship but also to ensure that she was not with someone else. By exploring his functioning within the former relationship, Devan identified thinking patterns related to his partner being 'dressed up', which he interpreted as being 'for someone else' (a man she was interested in). We identified this related to a core belief that people could not be trusted, and of course Devan had his own experience of multiple partners to reinforce that, albeit he justified his behaviour on gender grounds. The resulting behaviour was driven by a need to 'check-up' on his partner both while they were together and once they had separated, in various means. Post-relationship, Devan would ruminate that his ex-partner was seeing someone else, evoking a strong emotional response and taking action by sending some text messages. When this action was no longer sufficient to address his emotional state the intensity and intrusiveness of the behaviour increased

Sessions identified these 'jumping to conclusions' thinking errors that often resulted in Devan feeling upset and angry that he found intolerable, and the stalking behaviour became a way of managing that distress and believing that he was still in control. Devan challenged these assumptions in various ways, accepting that the end of the relationship left him angry and upset and recognising that his own thinking contributed to his distress.

Devan identified other thinking errors such as being self-critical, having gender-based beliefs about himself as a man. For example, he held the view that if he was a 'proper man' he would have been able to maintain the relationship or 'make' his partner 'come back'. This resulted in some exploration about his views about men, male role models, and his perception of himself as a man. Devan also acknowledged his view that he could have multiple partners at one time had contributed to his own sense of mistrust. Devan was able to identify thinking patterns therefore that had been perpetuating his distress and increased the likelihood of a stalking behaviour response. These included thoughts such as 'she has not responded to my text' ... 'That means she is with someone else' ... 'What sort of man am I to let another man take my place' (classic if... then... internal scripts/assumptions). These underlying assumptions when active contributed to further stalking behaviour which aimed to provide some reassurance or confirmation.

The stalking behaviour substituted the lost relationship and provided a way of managing distress fuelled by ruminative thoughts, primarily through taking action (and control therefore). Devan worked on the concept of identifying alternatives such as 'because someone has not responded to my text I should not jump to conclusions' and 'we are no longer a couple, and it

is ok for her to be with someone else even if I find that hard'. Further work was needed to challenge some of his core beliefs about his sense of himself as a man and he was able to draw on some male role models within the family whom he respected and who behaved differently to himself. For example, Devan developed alternative statements such as 'my uncle doesn't text when his wife is out, and they seem to have a good relationship'.

It was important for Devan to identify when he was at risk of engaging in stalking behaviour so that he could engage in alternative strategies. He focused on feeling agitated, rushing thoughts about his ex-partner and what she might be doing, and ruminating that he 'had to do something about it'. He also recognised that sometimes when he was bored, stalking behaviour would help to fill his time and one of his strategies was to engage in other more pro-social activities, for example joining a gym. The sessions made use of a reflective log or diary so that he could keep track of changes in his thoughts and feelings. Devan was intermittent in his use of this strategy stating that he felt that he was back at school, although when he did engage with it he found it to be effective. He preferred to use a notebook, rather than sheets of printed paper as this felt less like schoolwork, and just made brief bullet points. Devan also worked on addressing physical feelings of agitation, enjoying working out at the gym. He struggled to use relaxation techniques but did find it helpful to understand the biological aspects of his anxiety and stress.

Although Devan described himself as popular, with lots of friends, these were predominantly casual acquaintances, and in actuality he was quite isolated. He did identify that his relationships with his mother and sister were particularly important to him, and they became a crucial part of his support network. For Devan, these were positive female role models, whose opinion of him mattered and he shared with them some of the work that he was doing in the sessions, and they became part of his strategy to try to manage urges to engage in stalking behaviour. Devan was challenged to use his view of the female members of his family to re-evaluate his views about other women.

Stalking behaviour had fulfilled an important function for Devan, to the extent that it had become a time-consuming occupation. Developing other meaningful activities formed a crucial part of the intervention plan. The first of these was supporting Devan to maintain his newly found employment as a chauffeur. As he was then in a financial position to do so Devan joined a gym, and the benefit of this was reinforced.

Goal setting and review was an important process throughout the intervention. Devan needed frequent and explicit links between the work he was undertaking and how that would be of direct benefit to him in trying to meet his goals. A strengths'-based approach appealed to Devan and reference to previous changes such as him giving up smoking proved a useful way to identify and enforce a sense of agency to make changes.

Preparing for termination and developing the relapse prevention plan took several sessions. Devan was often vague about what he had learned although still demonstrated that he was using the CBT techniques that had been identified. The relapse prevention plan, therefore, became an important document that summarised Devan's achievements and how he could use strategies in different situations. Crucially it was important to prepare Devan for potential setbacks. There had been a theme during the sessions that using a strategy once should be enough and Devan was not always diligent with his practice. However, using the sessions to refocus on goals and progress proved a good motivator and Devan engaged enough with the



homework tasks to produce some changes. The aim of the relapse prevention plan was to provide a summary of how the sessions had worked so that he could, in effect, be his own CBT therapist. The relapse prevention plan included some questions that helped to elicit underlying thoughts and generate alternatives, not only the concluding summary. It was important for Devan to emphasise his achievement and progress throughout.

## SCHEMA (MODE FOCUSSED) THERAPY

Schema therapy is a medium to long term effective therapy which draws on a range of therapy approaches<sup>202</sup>. It seeks to identify and address maladaptive schemas, dysfunctional coping and schema 'modes' through understanding their origins and current 'presentation'<sup>203</sup>. A previous case study example<sup>135</sup> has outlined how schemas can logically explain the cognitive process that leads to stalking behaviours. Whilst a theoretical explanation of the development of stalking using a Schema Therapy framework has been discussed, there is currently no direct evidence of the effectiveness of Schema Therapy for addressing stalking behaviours<sup>130 135</sup>. To put Schema Therapy in context of its hypothesised application, it should be highlighted that individuals engaging in stalking are not a homogenous group. However, one commonality is that stalking is an interpersonal, relational offence. It is the holding of one person in the mind of another and is influenced by one's beliefs about others, oneself, and the world, that is, schemas.

Schema Therapy was developed as a treatment for patients with personality disorders. Personality disorders<sup>204</sup> are prevalent in the stalking population; for example, Nijdam-Jones et al.<sup>118</sup> in their study of 137 US individual engaging in stalking's on probation, found 50% had a personality disorder and 22% met criteria for more than one personality disorder. Antisocial and 'Not otherwise specified' were each diagnosed in approximately 20% of cases. For those with severe personality pathology, such as Borderline, Anti-social, Narcissistic, and Paranoid (often found in individuals in forensic settings, and amongst individuals engaging in stalking), schema mode work is the preferred form of Schema Therapy. This is because it addresses the fluctuating emotional states and coping responses so often seen in individuals with these types of personality pathology<sup>135</sup>. In addition to the 11 schema modes identified by Young et al.<sup>205</sup>, Bernstein et al.<sup>135</sup> proposed four additional modes common to forensic patients. These schema modes help make sense of stalking behaviours and motivations.

Individuals who engage in stalking often have early maladaptive schemas in the disconnection and rejection domain (in addition to others, such as entitlement), and when these are triggered by events relevant to the schema, the vulnerable child mode presents. The emotions experienced in the vulnerable child mode (related to abandonment, humiliation, anxiety) are commonly experienced as intolerable, so to protect themselves from these feelings, the individual subconsciously employs maladaptive coping modes. These are patterned responses with a protective function, that manifest in behaviours constituting stalking. Some examples are set out below.

In the over-controller mode (obsessive subtype), *'the patient's emotional state involves a narrowing of attention along with an obsessive rumination in an attempt to protect oneself from perceived threat. ...In the Paranoid sub-type the patient seeks to seek out and therefore control a source of danger or humiliation, usually by locating and uncovering a hidden (perceived) threat'*<sup>135</sup> (p.175). These modes resonate with the obsessive experiences related to real or threatened abandonment described by individuals stalking their ex-intimate partners (Rejected typology<sup>29</sup>) Similarly, the paranoid over-controller mode going to great lengths to 'prove' the ex-partner is in a relationship

with someone else. This mode dominates when the individual engaging in stalking engages in surveillance of the person subjected to stalking.

In the conning and manipulative mode, the individual *'cheats, lies, or manipulates to achieve a specific goal, which can either entail victimising others or avoiding punishment'*<sup>205</sup> (p.657). In the case of individuals engaging in stalking the goal may be to identify information about the person subjected to stalking to further their stalking campaign, for example setting up a fake social media account to contact the friends and family of the person subjected to stalking. The threats, violence, and intimidation often inherent within stalking, usually originates from the bully attack mode. In this mode the individual engaging in stalking uses aggression to intimidate the person subjected to stalking, get revenge (for rejection, or for a perceived injustice) and to gain a sense of power (to overcompensate for feelings of helplessness and abandonment). More extreme stalking cases may be marked by the presence of the predator mode: *'a state in which a patient focuses on eliminating a threat, rival, obstacle, or enemy in a cold, ruthless, and calculating manner'*<sup>135</sup>. This may be targeted at the person subjected to stalking's partner (who is seen as a love rival) or victim of resentful typology stalking.

The sense of specialness and superiority that is experienced in the self-aggrandiser mode is a protective over-compensation for feelings of humiliation and rejection that were evoked in the trigger for the stalking behaviour. The sense of entitlement inherent in this mode serves to maintain stalking behaviour. In this mode the individual engaging in stalking feels a sense of power, depicted in sentiments such as, *she doesn't get to end the relationship; I'll be the one who says it is over*.

In addition to coping modes, impulsive and angry child modes can be almost visceral in the content and quantity (sometimes hundreds a day) of text messages sent by individual engaging in stalking: *'Come back to me right now or I'll smash your house up'*. These child modes serve to express their needs but in externally directed, uninhibited, impulsive, raw expressions of emotion. Only to be swiftly followed by messages direct from the vulnerable child mode *'I'm so sorry, I love you so much, I can't live without you'*.

Schema mode focussed therapy determines the presence of early maladaptive schemas, the role of all the modes that show up for the individual who has been engaging in stalking (including validating the amelioration of psychological distress experienced as a consequence of stalking), seeks to relationally heal the vulnerable child, and teach new ways of responding through experiential learning and practice. The de-identified case study example of Simon is presented below to illustrate the application of schema mode focused therapy:

Simon is a young man convicted of stalking his ex-wife, with whom he shares three children. Prior to therapy he had diagnoses of depression, anxiety, obsessive-compulsive disorder, and traits of borderline personality disorder. Simon's childhood was unremarkable, his parents cared for him but had little time for him. Frequently ignored in favour of his brother, he was left feeling unwanted and unworthy of attention and love. His parents were hyper-critical and set high standards for him, which he felt he never met; he was left with a sense that he was not good enough. There lay the foundation for the development of his defectiveness and emotional deprivation schemas. Simon attempted to gain his parents' approval and love by complying with them (compliant surrenderer mode), but this left him feeling resentful and lonely.

At the age of 15 Simon met Isobel who was slightly older than him, quickly fell in love and a year later moved in with her. The relationship was fine for the first few years, but as they had



more children, Simon received less attention from Isobel, and his emotional deprivation and defectiveness schemas were triggered. His vulnerable child mode was activated, within which he sought constant reassurance and attention and his compliant surrenderer mode came to the fore (in which Simon did whatever Isobel wanted to gain her love). However, Simon became convinced that because he wasn't good enough, Isobel had started a relationship with someone else, and in an attempt to control the anxiety inherent in his vulnerable child mode, he flipped into paranoid over-controller mode, constantly asking about Isobel's whereabouts, and checking her social media accounts. After months of this controlling behaviour, Isobel ended the relationship.

Simon had a psychological break down and attempted suicide. Plagued by obsessive thoughts about Isobel, he stalked her for just over a year. He placed a tracker on her car and spyware on her phone, he followed her and sent her hundreds of text messages. When in this paranoid over controller mode Simon wanted to 'prove' she was with someone else, and by 'proving it' he could control it. Thus, the stalking behaviour became a way to over-compensate for the feelings of powerlessness that the rejection triggered. It also became the only way in which he felt close to Isobel.

Following his stalking conviction, Simon remained fixated with Isobel. He then embarked on 18 months of schema mode therapy which utilised experiential, cognitive, and behavioural techniques, and incorporated mindfulness and acceptance. Work on meeting the needs of the vulnerable child mode was conducted through imagery, chair work and cognitive exercises. This mode was underpinned by his defectiveness schema (which was reinforced by the label of 'stalker') and constantly being triggered by his inner critic mode. This inner critic was a manifestation of the critical messages he received from his parents, and within the relationship with Isobel.

Reduction of the inner critic mode was conducted using experiential techniques such as chair work, positive self-statements, and having Simon create an effigy of the inner critic, on which post-it notes of the critical messages were placed and over-written (see Farrell & Shaw, 2013). Acceptance was incorporated into work (van Vreeswijk et al., 2014) with Simon being encouraged to accept that he was unable to change Isobel's ongoing criticism of him, but he could control his response to it, by dismissing the inner critic and tuning in to his healthy adult mode.

The resemblance of his relationship with Isobel to that which he had with his parents was explored and the dominance of his compliant surrender mode in both these relationships, identified. Simon's entire self-concept was dominated by what he thought Isobel thought of him, and he admitted that he continued to act in ways that he thought Isobel would approve of. By allowing his compliant surrenderer mode to dominate, Simon was keeping the dynamics of the relationship alive, where no relationship existed, and inhibiting the development of his healthy adult mode. Therefore, work then focussed on reducing the compliant surrenderer mode and strengthening the healthy adult mode, largely through behavioural change techniques.

Much of Simon's time was spent ruminating about Isobel: what she thought of him, why their relationship ended (obsessive over-controller mode). His inner critic then berated him for still thinking of her, exacerbating his vulnerable child mode. Simon acknowledged that he was frightened of giving up these thoughts because they were the last remnant

of their relationship; if he was no longer thinking of Isobel, she was truly gone from him. Simon's sense of loss as he started to accept and grieve for the relationship was validated and soothed. An appraisal of the utility of ruminating upon thoughts of Isobel led to the adoption of mindfulness practices to allow Simon to defuse from, and let go of, thoughts of Isobel and the messages of the inner critic (see Skeen, 2014). This approach also successfully treated his OCD.

Stalking behaviour becomes so all-consuming that some perpetrators have nothing else in their lives. In lieu of other activities, they have no distractions, and the obsession intensifies. A lack of friends means they have no 'sounding board' against which to gain a sense of perspective about their behaviour, and their beliefs about the victim (paranoid over-controller mode) are allowed free rein. Therefore, it is vital that contextual risk factors of the stalking behaviour, such as lack of occupation or friends, are addressed. A schema approach, by facilitating the development of the healthy adult mode, enables this. Throughout therapy, Simon was encouraged to engage in behavioural changes aimed at external factors such as developing hobbies and making new friends.

The therapeutic stance within schema therapy is one of limited re-parenting (Young et al, 2003), meeting the client's unmet emotional needs within therapy. However, attachment difficulties are prevalent amongst stalking perpetrators, and stalking is an extreme form of transgressing boundaries, therefore one needs to ensure this stance is enacted in a way that provides a model of attachment in which boundaries are respected. This can be achieved within schema therapy by exploring the mode dynamics in the therapy room. It allows for the client's attempts to transgress the boundaries of the therapeutic relationship to be made explicit and explored using the mode model (i.e. what was it about the interaction that caused the client to adopt a self-aggrandiser mode? how does this relate to the stalking episode?). In this way, the therapeutic relationship is another tool through which to explore the stalking behaviour.

By the end of therapy, Simon's healthy adult mode was stronger and was able to accept the end of his marriage and grieve. Simon became aware of the schemas and modes, their origins and how they linked to his stalking. He identified his maladaptive patterns of relating and developed healthier ways to interact. Simon's depression, anxiety, OCD and BPD traits were reduced, and he had not re-offended.

## ACCEPTANCE AND COMMITMENT THERAPY

Acceptance and Commitment Therapy (ACT)<sup>206</sup> is an approach that seeks to teach acceptance rather than experiential avoidance of unwanted thoughts and feelings, as this can be detrimental<sup>207</sup>, whilst providing alternative coping mechanisms of these. The goal is not symptom reduction, but improved symptom management. Acceptance and Commitment Therapy is one of the most widely used *third generation* interventions and is empirically supported for a range of psychological and behavioural problems. Research into using ACT to address stalking behaviours is limited, however there has been preliminary research in other offence types such as intimate partner violence. The aim of ACT is to change an individual's relationship with their thoughts and emotions, by helping them to become less impulsive and reactive to their internal experiences more focused on effective, values-based behaviour and in reducing experiential avoidance<sup>208</sup>.

ACT is a behavioural therapy underpinned by functional contextualism. In ACT, experiential avoidance (the internal struggle to avoid or get rid of difficult and unwanted thoughts and feelings) and cognitive fusion (being rigidly invested in and dominated by our cognitions) are viewed as being responsible for human psychological suffering<sup>209</sup>. In this broadest sense, stalking behaviours could be viewed as manifestations of experiential avoidance (e.g. regular intrusions on a people subjected to stalking's life in order to avoid facing their reality, of loss, and/or of loneliness) and cognitive fusion (e.g. with predictive thoughts such as, *this is the only person I can be happy with?* Or rule-laden thoughts such as, *if I back down now then they will think they've won!*). In stalking, the absence of workability of tactics intended to achieve their goals is almost always flawed, and as such gently fostering creative hopelessness in order to reframe this and signpost to new skills can be easily achieved. Teaching through experiential learning the skills around the Hexaflex helps a person improve psychological flexibility, to *be present, open up, and do what matters*<sup>210</sup>. The six core processes of ACT forming the Hexaflex<sup>210</sup> are as follows:

1. Defusion: Watch your thinking
2. Acceptance: Open up
3. Contact with the present moment: Be here now
4. Values: Know what matters
5. Committed action: Do what it takes
6. Self-as-context: The noticing self

There is no current published research *directly* assessing the use of ACT for addressing stalking behaviours, however there are emerging studies exploring the impact of ACT intervention with offending populations. ACT is widely used with adult populations and there are over 3,000 effectiveness studies<sup>211</sup>, now including studies exploring the utility of ACT with intimate partner violence and stalking<sup>212 213 214</sup>. Of particular note, two randomised controlled trials provided support for the efficacy of ACT with aggression, intimate partner abuse and potentially stalking<sup>215 216</sup>.

The evidence is limited and does not provide support for the use of ACT for those who engage in stalking behaviour at this time. However, ACT seems to have appeal. Emotion dysregulation is a core problem for those who stalk<sup>5 7</sup>. Psychosocial damage caused to the individuals engaging in stalking by their own intense investment in the people subjected to stalking and persistent nature of the behaviour. Therefore, applying a treatment approach that focuses on developing mindful awareness of emotions, and that teaches psychological flexibility to help people respond functionally in the presence of difficult thoughts and feelings in a values driven way<sup>207</sup>, seems like an appropriate way to help others desist from stalking.

The application of ACT is illustrated in the de-identified case study example of Tony below:

Tony is a middle-aged man, serving a lengthy sentence in prison for assaulting a man. He has a criminal record that shows a pattern of violent offences against men and women (including his former partner). During the early stages of this sentence Tony was involved in supplying drugs in prison and a rival dealer arranged for four men to break his arm. Prior to this it was not uncommon for him to be involved in fights with other prisoners. As a requirement of his sentence plan, Tony was assessed for, accepted by, and sent to a Therapeutic Community. It is at this unit that Tony met the two female professionals involved in his treatment and supervision, whom he soon after began to stalk. In summary, Tony was deselected and

transferred elsewhere (only in part due to his overfamiliarity with these two professionals), and subsequently began to send several unwanted letters to the two female members of staff. The primary victim, Ms X received letters of a romantic nature, the content of which was suggesting he was in a relationship with Ms X and was planning to have children with her (these were false assertions). The letters to Ms Y were less frequent, were not romantic but would include Orders of Service that he had created, allegedly at the recipient's request. The letters were repeatedly stopped, and he was informed to stop, however Tony would make persistent attempts to circumnavigate the systems that had been put in place to protect the victims. Tony was visited by the police about this and conveyed his levels of distress and his intention to avail of help. Tony presented to the allocated male psychologist as confused both about why he was engaging in the stalking behaviours and why his behaviours were considered stalking and motivated to try new things to help him.

Tony initially recalled his childhood as unremarkable in many ways and he described a loving family relationship. His parents however divorced when he was young and following this, he moved to live with his mother several hundred miles away from his father. He reported no major issues arising due to this and continued achieving the usual milestones. However, Tony described feeling increasingly abandoned by his mother and returned to his original hometown as a teenager. Tony started socialising with antisocial peers and began petty offending, drinking alcohol and getting into drunken fights; a pattern that would persist into adulthood. Tony met and formed a relationship with a local woman his age and in time they had two children. His partner did not approve of his criminal behaviour and for a while he managed to remain gainfully employed yet he did not ever fully leave his antisocial lifestyle behind. As he aged, others fell away from the group and settled down. Tony continued despite the consequences escalating. Several of his alcohol fuelled fights ended in increasingly lengthy custodial sentences and he missed his children growing up. Tony separated from his wife at her request and learned that soon after she had a relationship with someone he knew. Tony took this badly and embarked on a destructive pattern of abusing substances and alcohol, regularly frequenting public houses and having casual sex with females. He fell out with friends and the only constant feature in his life was his children (Tony stated he was always sober for them and never missed a visit).

Tony co-produced and consented to therapy goals based on the use of Acceptance and Commitment Therapy (ACT) to assist him in developing insight and subsequently, new skills to work with his private inner experiences, and choose action with better (values-aligned) outcomes.

Tony disclosed regularly experiencing thoughts about the exaggerated nature of his relationship with the victims, possible conspiracies (placing him in a victim role), and about optimistic powers that his father had to help his situation, particularly in times of emotional distress. ACT taught Tony that his thoughts were simply words, they were not necessarily true. He learned that the more he focussed on negative or persecutory thoughts by attaching to them or trying to challenge them, the more they were reinforced by similar thoughts, and they overwhelmed him. He also learned this about the romantic thoughts about the victim of his stalking who in clearer moments he recognised was just doing her job. Tony had very little self-worth during this period and nothing else to occupy his time or focus. ACT taught Tony how to defuse from related self-conceptualisations, and other stalking related thoughts, emotions, and memories using a range of techniques. One of the simplest 'I am having the thought that...' became a powerful tool for Tony as he was able to explore the thoughts he was

having as an observer (self-as-context), which helped to reduce some of the power they had over him and the tendency to act upon them (e.g. by writing letters to the victims). Tony also learned through ACT to be more mindful and to access a state of the observing self when he felt defusing wasn't helping. It took Tony several months to feel confident he could achieve this state of simply noticing thoughts and sitting with the discomfort, and at times the temptations to indulge in faulty thoughts when emotionally charged.

Tony learned about his life compass (values clarification). This was powerful for him, and he spent several sessions exploring his life to date and future goals. He reflected on the many positive times in his past and times when he had been living more in tune with his values. Functional analyses showed Tony that his tendency was to fuse with thoughts lowering his self-worth and leading him to make more nihilistic choices (experiential avoidance). Workability analyses highlighted the payoffs but also the long-term costs. Tony learned about the 'Choice Point' and how when he had defused from rigid thinking it was then up to him to decide whether to do something that would meet his values and lead to a more fulfilling life or choose to either drift or choose a more destructive and avoidant path. Through committed action activities and teaching basic goal setting skills Tony put his values into realistic goals and began to prioritise his efforts. These efforts led to increased contact with his children, to reconciling and having a visit with his father and to finding a talent and creative outlet in drawing.

Tony was assisted in setting SMART goals, preparing smaller steps, practising elements, and planning for setbacks (including his own stories, thoughts, emotions and memories). For example, he set mini goals that led him to increase his attendance in the religious classes he had become infrequent at attending and he felt a greater sense of inner peace from his faith. He began to exercise more often and was offered and took on additional fitness classes. Tony found a renewed interest in music and films and joined the prison library to borrow CD's and DVDs to help fill his evenings with something he enjoyed. He also focussed more on work and achieved qualifications, something he had hitherto not been bothered about.

Through this intervention work Tony realised that his stalking behaviour had the function of achieving care, guidance and nurturance, and latterly, avoiding the inevitable loss of this once transferred. He recognised that following being assaulted he was left feeling scared and unsafe and that having to open up and share feelings in the therapeutic community had been exposing and emotionally overwhelming. He recognised patterned thoughts and developed 'stories' his mind had generated as a way to cope and had fused with these. He reflected that developing the relationship story had gotten out of hand through too much investment in it to want to stop. Being able to identify negative thinking and defuse from it more easily he was able to cope, to have family visits, to becoming fitter and have a sense of community. He was choosing to live by his values. Through ACT Tony was able to experientially learn about the power of the mind, and how to observe thoughts, typical thinking patterns (stories), emotions, memories, urges, and bodily sensations without needing to act in that moment. He learned about his values and experienced using skills to ensure mindful presence, self-as-context relating, defusion, and acceptance so he could choose values-led and purposeful actions. Tony learned how to recognise Choice Points and working on goals leading to a fulfilling life that met his values, through committed action.

This intervention is focussed on practicing acceptance of inner experiences and seeing through commitments for action. It was an accessible therapy intervention for Tony and also

one which required lengthy commitment to, given the strength of fusion and rigidity to start. Tony has desisted from stalking anyone and has demonstrated to other professionals involved in his sentence management that he can now recognise and give room to the stories his mind creates, and difficult emotions, and focus on positive ways to move forwards in life enhancing ways despite their presence.

## OCCUPATIONAL THERAPY

There is anecdotal evidence suggesting the beneficial application of occupational therapy for people who engage in stalking. Occupational therapists work from an understanding that there is a relationship between the things that people do and their health and well-being. The word 'occupation' relates to any activity that is both meaningful and purposeful to the individual performing them and contributes to the individual's sense of identity. Occupations tend to be grouped according to purpose - self-care, leisure, and productivity (work), used to fill and structure time, and support an individual's role and participation in society. Activities are not occupations if they are involuntary, or if they are aimed at a goal which does not involve individual meaning and participation.

The understanding therefore of an activity as an occupation rests in the meaning it has to an individual. There is a direct relationship between participation in occupations and health, well-being and quality of life due to the benefits, privileges and harms associated with chosen occupations. Traditionally occupational therapists focus on occupations which they see as positive and productive for individuals, groups, and communities. Yet when thinking about human occupation in its entirety, its many facets must include less functional occupations too. The reality is that individuals don't engage in positive occupations all the time, and often these more dysfunctional or harmful occupations, such as criminal behaviours, come with consequences to the individual as well as others, and can lead to illness, isolation and despair.

Stalking behaviour is one such occupation that has a specific meaning to the individual engaged in it, and the associated activities are purposeful and contribute to that individual's sense of identity. Whether it be writing vexatious complaint letters, damaging property, breaching the conditions of a restraining order or pursuing a relationship that is not reciprocated - the occupations provide structure, routine, and meaning to the individual and therefore the motivation to perform these activities is strong. The resulting harm caused to those engaged in, or on the receiving end of the behaviour becomes secondary to the goal. A de-identified case example of Fashan, is presented below.

Fashan is a 21-year-old biology student from an Indian sub-continent background, who came to the attention of the stalking service after pursuing a relationship with a fellow student that was not reciprocated. He was eventually reported to the police for stalking behaviours and his place on his degree course was subsequently suspended by the university. Fashan fits the profile of an incompetent suitor, as his motivation was to establish contact with the victim in the hope of a romantic relationship. He attempted to form a relationship in an appropriate context but did so in an unskilled and inappropriate way, displaying very poor communication and social skills. Those individuals who meet this criterion often present with autistic spectrum traits or an intellectual difficulty and usually stalk for brief periods and if they persist it is because they are blind or indifferent to the distress of victim.

Although arguably Fashan displayed ASD traits, a formal assessment or diagnosis had never



been made. Fashan was referred for an occupational therapy assessment to look at his occupational performance and functioning due to the concerns raised about limited engagement in pro-social occupations and his understanding of relationships.

Fashan's initial occupational assessment was based on The Model of Human Occupation (MOHO) (Kielhofner, 2008). The Model of Human Occupation (MOHO) is a client-centred model used in occupational therapy practice to address how and why individuals engage in meaningful occupations. The model views human beings as having internal systems that interact with the environment and explains the underlying motivations, patterns, and contexts of occupational behaviour. The internal part consists of three subsystems: Volition, Habituation, and Performance. Volition refers to how people are motivated and make choices regarding daily activities. Volition involves values, interests, and personal causation, which is one's sense of effectiveness and confidence on performing action. We are more likely to engage in occupations that we value as important and find satisfying and enjoyable. We are also more likely to engage in occupations that align with our perceived capabilities. Habituation refers to how daily activities are organised into patterns and routines. People repeatedly behave in similar ways, following schedules, and performing behaviours the same way over and over again. Routines and patterns of behaviour are often associated with social roles, which give us a sense of who we are. The last subsystem, performance, consists of the basic capacities for action, that is, skills.

From a MOHO perspective, the environment plays a major role and can significantly impact occupational behaviour. Motivation, habituation, and occupational performance are all influenced by the environment. The environment includes contextual characteristics such as physical, social, cultural, economic, and political features. Furthermore, the key to MOHO is understanding that all components within it are dynamic. When any part of it changes (skills, values, roles, habits, routines, environment), the entire dynamic may shift in either a healthy or unhealthy way for the individual.

From the initial assessment an occupational formulation was developed. Fashan had a strict, sheltered upbringing and his opportunity to engage and converse with the opposite sex outside his family unit was very limited from an early age. He was a high achiever at school, and his family directed his career path towards the sciences. Due to focusing on his education there had not been time to explore or engage in many leisure activities and therefore he has a limited range of occupations. The university environment was the first time he had the freedom to explore relationships with the opposite sex and he was highly motivated to find a woman who matched his ideals and values, ideals which came only from women within his family, or as portrayed in literature and film. He first felt connected to his victim as she 'had a smile' like his mother's. Fashan's persistence in his attempts to form a relationship with the victim was the belief that there was a formula to love/relationships like the biology or chemistry experiments he was performing as part of his degree course. He suggested that in science experiments he would change the formula as many times as he needed until he got the correct outcome, and he had applied this rule in his attempts to form a relationship with his victim. He said that each time he was rejected, he didn't know if she really meant it so he would try different solutions. He said he was not aware of the distress his actions caused his victim, and therefore persisted in his attempts to form a relationship.

Fashan had had no formal sex education, as culturally this was not something he was

permitted to learn at school, and the little knowledge he did have had been gained through biology textbooks. He admitted that he had no previous sexual experiences and was preoccupied by his own sexual inexperience, which created anxiety for him about consummating a relationship with a future partner. During the subsequent occupational therapy intervention, sessions looked at social skills development as well as his occupational performance and engagement. The social skills work explored Fashan's limited understanding of intimate relationships. Time was spent looking at how relationships are formed, what constitutes a healthy or unhealthy relationship, why people engage in relationships and issues around consent. Through some practical work it transpired Fashan struggled to read facial cues to distinguish any of the common emotions - sad, happy, distress, fear. He therefore did not understand flirting and had no awareness of the non-verbal signals that would indicate if a woman was attracted to him.

During the sessions Fashan developed some 'rules' for himself which he would employ if he tried to form an intimate relationship in the future. The other focus of the intervention sessions was looking to develop his occupational performance and engagement. Fashan had no real understanding of how his stalking behaviour had affected him personally, or how his removal from his degree course impacted on his daily routine or how limited his occupations had become. He was currently living at home and only spent his time with his family, reading or watching television and there were no purposeful goals or structure to his day since leaving university, which was causing him to isolate himself further. He struggled to articulate how this was affecting his mood and wellbeing.

In order to identify and set some short-term goals the Occupational Self-Assessment, a MOHO evaluation tool and outcome measure, was completed to identify activities that interested him, and he felt he could do well at. Importantly he was encouraged to prioritise activities that would have a social aspect to expand his social networks, as well as activities he would enjoy and find meaningful. Fashan identified art and cricket as occupations he would like to participate in, as he had enjoyed doing both as a young boy and achieving engagement in these activities became a focus of the sessions.

Using a graded approach, the steps to achieve these goals were broken down into manageable tasks, such as researching local art classes and cricket clubs, visiting the locations, then making enquiries as to groups he could join. Given his interpersonal style Fashan finds interacting with new people challenging so making the enquiries was a step he would keep delaying. We worked through this by writing a down what information he required, a narrative of a possible conversation and practising this through role play, which increased his confidence. By the end of the intervention sessions Fashan had planned and booked his first cricket training session at a local club and was still looking at the options of art time art courses at college. A maintenance plan was also developed towards the end of the sessions to help Fashan sustain the progress he had made, detailing the strategies he had found helpful, to enable him to participate in pro-social and meaningful occupations going forward.



## GROUP-BASED INTERVENTIONS

Utilising group-based interventions for people who stalk could be problematic if their typologies (hence, motivations and victimology) are not properly assessed. Currently there are no known group-based interventions showing effectiveness for addressing stalking, although some are being piloted and some are existing programmes which individuals who have stalked are routinely referred into.

## INTIMATE PARTNER VIOLENCE PROGRAMMES

McEwan et al.<sup>80</sup> state that people who have stalked former intimate partners are over-represented in most forensic settings, accounting for half to two-thirds of cases compared to fewer than half in community surveys. For this group, treatment intervention may be available through existing programmes for intimate partner violence perpetrators, which would be assumed to address any IPV history (where effectiveness studies confirm this). However, it is unlikely to address *all* stalking-related needs, and could encourage continued or renewed victim focus. It is encouraged that a case formulation approach is taken to understand the bespoke needs of the person who has stalked in decision making around treatment intervention, including consideration to possible unintended consequences. Furthermore, it remains unclear whether those who stalk ex-intimate partners and those who engage in intimate partner violence present with the same treatment needs<sup>7 80</sup>. Indeed, *'emerging evidence [suggests] that the two behaviours often do not co-occur; a significant number of ex-intimate stalkers do not engage in intimate partner violence during the previous relationship, while many violent partners do not proceed to stalk after the relationship has broken down'*<sup>80 125</sup>. The common conflation of IPV and stalking can be unhelpful and should not be assumed.

## SUMMARY

A rapid evidence review by Johnson<sup>217</sup> concluded from the seven articles reviewed, that there appears to be some merit in individuals who engage in stalking to undergo intervention specific to stalking rather than generic IPV or offending behaviour therapy, with this being based on DBT. However, this is tentative, and more research is required. There also appears some positive effects of police involvement, but specifically involvement by officers trained in the most effective responses, supporting the person subjected to stalking to employ these appropriately. However, this is based on very limited evidence and more research is needed. To conclude, the REA explored the effectiveness of various interventions aimed at reducing stalking behaviour, however it highlighted by the lack of articles for inclusion that there is a lack of research within this field, especially in the United Kingdom. Findings from the articles reviewed suggested that interventions exist which are more effective than doing nothing, however, more research is required as to which interventions prove more useful in certain situations. Further, more research is needed into the effectiveness of different and specific therapies for individuals engaging in stalking. Indeed, the emphasis is on assessing the person in front of you and working with them to make sense of their harmful behaviours. It is hopefully inevitable that as time passes the evidence base underpinning treatment effectiveness will improve. Until then this section provides a framework to guide thinking around treatment approaches. In working with individual who stalk and in applying treatment intervention it is imperative that we all build the evidence base for what works and what doesn't.

A faint, light blue line drawing of a person with long, wavy hair, wearing a long-sleeved top and pants. They are holding a glowing, star-like object in their right hand, which is raised towards their face. The background is a solid light blue color.

Risk Management  
& Desistance

# CHAPTER 9

## 9. Risk Management & Desistance

### RISK MANAGEMENT

Risk management planning when working with those who have engaged in stalking behaviour is a key aspect of intervention and should be informed by the assessment and formulation of the stalking behaviour. The ongoing presence of preoccupation is not uncommon and should be considered in part of both risk management and therapeutic focus. The dynamic nature of risk requires practitioners to be clear which risks are present, to whom they relate, and what is the response. Depending on the context, setting and remit of the practitioner various issues may be more prescient than others, for example limits of confidentiality. The presence of ongoing preoccupation is common and requires a clear process not unlike the process of monitoring and managing risk to self in the context of suicidal ideation, the core skills required fall within the competencies of practitioner psychologists.

In considering the management of risk in the context of ongoing therapeutic intervention it is important as a practitioner to have a clear framework in mind, to be clear when action is required and when the disclosure of information is required (for example the breach of a protective order condition). This can be achieved by clearly, honestly and transparently outlining the framework of management in the early stages of therapeutic contracting and being clear what information may be disclosed, why and how those disclosures are made (for example, in MAPPA, community offender manager, keyworker, prison offender manager, etc.). In addition, being clear how the intervention approaches may ameliorate those areas of risk may help in engagement. Additionally, psychologists' practitioners should be cognizant of requirements under the HCPC standards on confidentiality and expectations in disclosure for example where it is necessary to protect public safety or prevent harm to other people.

### SUPPORTING DESISTANCE

Desistance is not simply the act of not offending. It is a multifaceted and dynamic process and is defined as 'the process by which an individual desists from offending is invariably difficult to unravel and understand and encompasses a whole range of personal and contextual changes'<sup>218</sup> (p.355), a core part of which is the ability for the individual to learn from mistakes and failure, while building on successes at the same time. Supporting desistance involves supporting those who have offended to make more workable choices after consideration of the costs, benefits and consequences of a behavioural choice, this process is mediated by the emotional causal process and the functional orientation to the individual's goals<sup>219</sup>. In addition to the assessment of risk practitioners should see to identify strengths, resources and values that will support ongoing active desistance, reduce shame and social disconnection in order to provide a holistic approach to management and to inform targets for intervention and to reduce the psychosocial damage to the individual. Consideration should also be given to aspects of social rehabilitation as a mitigating factor in establishing desistance in relation to the development of a non-offending identity and autonomy, this maybe more challenging in cases of stalking given the significant social detriment of this offending label.

### RISK MONITORING

As with any aspect of therapeutic practice the regular review of risk is required, in working with those who have engaged in stalking behaviour the review of ongoing preoccupation and behaviours

is required and serves a dual purpose of monitoring risk and therapeutic progress. Where there is active stalking behaviour to the primary or secondary victim (communication or approach behaviour to the primary person subjected to stalking or their network) then the individual is actively offending. Input is required akin to crisis management to focus on the immediate behavioural management of the episode and that contact which indicates an imminent risk to the person subjected to stalking or others will require disclosure in line with ethical guidelines and codes of practitioner practice. Consideration should also be given to any increasing psycho-social damage or significant loss as increases in these areas may indicate escalating imminence of risk and decreased capacity for coping. Where there are prohibitive orders in place (e.g. a Restraining Order) practitioners should consider whether third party disclosure to law enforcement is required, practitioners should be familiar with their organisations policies, those in private practice should see advice from their insurer and refer to the relevant code or practice.

If the individual is not reporting direct contact with the person subjected to stalking, then the assessment of other behaviours that could be part of the stalking episode and reflect ongoing preoccupation (e.g. checking social media accounts, attending areas where they hope the person subjected to stalking is, ongoing rumination). Understanding the individual emotional position in relation to the person subjected to stalking is also important and whether they are positive (e.g. ongoing hope of a relationship) or negative (e.g. anger, humiliation, resentment, etc.). Where there is the presence of negative emotion exploring if the person has imagined hurting the person subjected to stalking and if this is ego syntonic or dystonic and if there are any indicators of progression toward behavioural action.

As part of gaining a clear and informed perspective to allow the effective management of risk it is also important to be alert to and review the level of psycho-social damage to the individual who has engaged in stalking behaviour

## A NOTE ABOUT SETTINGS

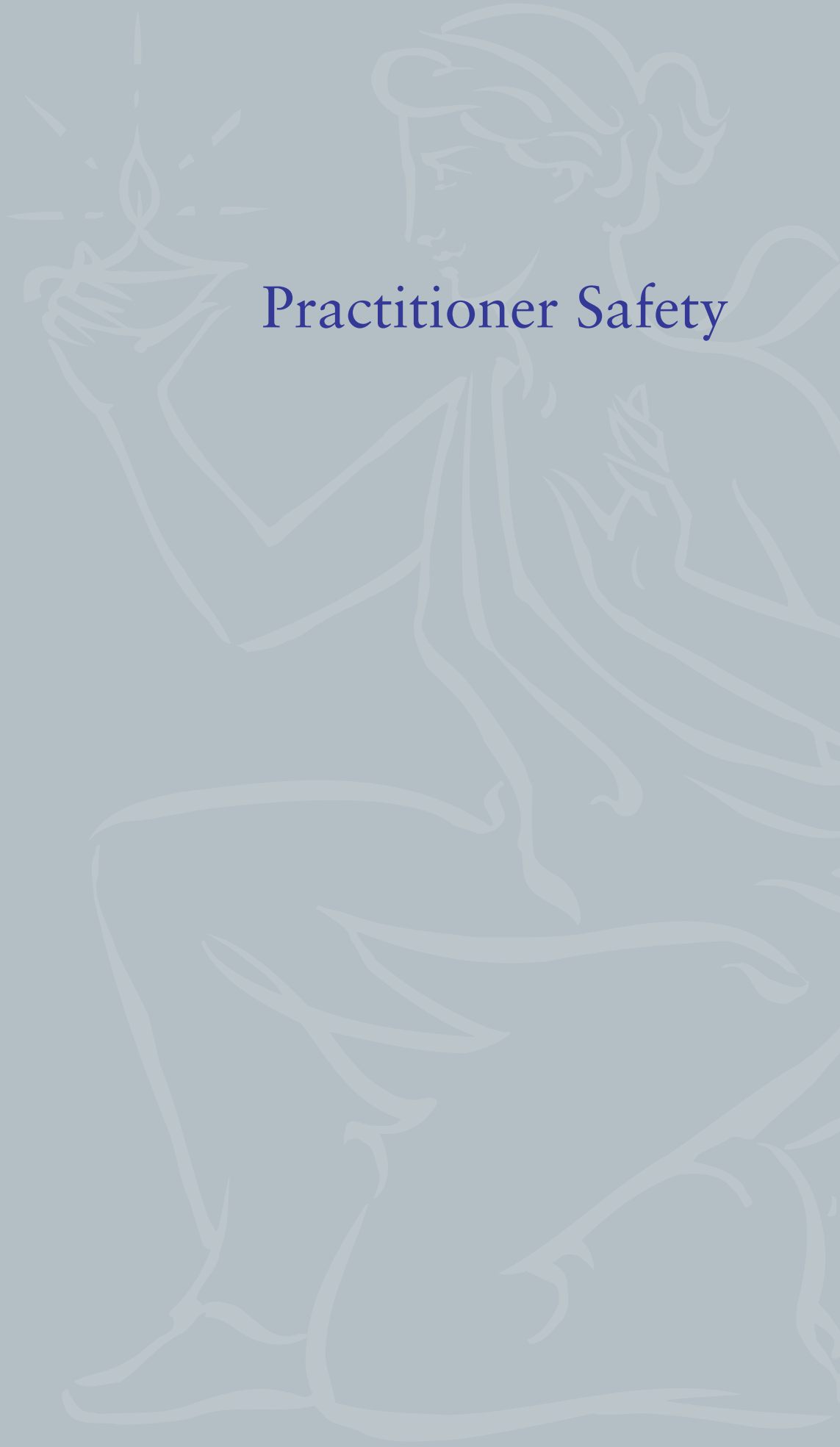
Dependant on the setting the work is occurring may mean that certain aspects of risk management are more or less salient. For example, in custodial, community criminal justice and secure forensic settings there may be clear limits to confidentiality and an expectation that practitioners contribute to the overall risk management of the individual as part of the punishment and rehabilitative process. This may or may not include the provision of formal risk assessments in parole settings or the contribution to progress reports to the Ministry of Justice for those under a restriction section, input in care planning and mental health tribunals. Practitioners should seek to support from multidisciplinary teams, multiagency support and were practicable ensure that responses to risk and management are based in a clear formulation and shared understanding of the stalking behaviour.

In independent practice or community mental health settings the use of supervision and seeking support from local practitioners familiar with stalking behaviour may provide specific support in relation to risk management and disclosure. Practitioners in making decisions around disclosure should be clear in documenting rationales for disclosure or non-disclosure and should seek support from the relevant safeguarding professionals.

In addition, if therapeutic intervention is undertaken as part of a licence, treatment requirement or Stalking Protection Order (SPO) positive requirement it is incumbent on the practitioner to be clear prior to starting any work what the framework is, how and who to report non-attendance, as frequently cases this may constitute a breach of condition or in the case of and SPO a separate criminal offence.

# CHAPTER 10

## Practitioner Safety



## 10. Practitioner safety

An important component of assessment and intervention work with individuals who engage in stalking is the monitoring and managing of potential risks to the wellbeing and safety of the practitioner. This section will consider the general risk of stalking toward practitioners from clients as well as the considerations for working with those who have been identified as engaging or having engaged with stalking behaviours.

Research conducted internationally agrees that practitioners working within forensic and mental health settings are at an increased risk of being subjected to stalking when compared to the general population<sup>29, 220, 221, 222</sup>, this is the case for all clients and there is no research to suggest that clients who have engaged in stalking are more likely to transfer and target their stalking behaviour toward the practitioner. However, there are a few considerations in relation to specific stalking types that are worth noting.

Within the broad spectrum of clients those who develop a fixation on their therapist as a result of a mental illness, particularly psychotic disorders, are more likely to go on to target that practitioner<sup>223 224</sup> and those who fixate on people in the public eye<sup>225</sup> potentially pose a greater risk of stalking behaviour in general. However, where the client is referred for already stalking an individual in the context of mental illness, the nature of the fixation would suggest that it is unlikely they will then transfer that fixation to the practitioner. Similarly, those who are stalking their ex-partner are doing so with a particular meaning and thus engaging in stalking behaviour with the practitioner would not be consistent with the original function of the behaviour.

It is also helpful to be aware of the individual who has a pattern of resentful stalking as they have the potential to make multiple complaints, although not necessarily to the level of a stalking offence.

It has been suggested that the increased contact with individuals who engage in stalking through forensic work, for example, engaging in assessment and treatment work, could be associated with stalking victimisation. Purcell and colleagues<sup>226</sup> found some support for this hypothesis, with higher rates of stalking among forensic psychologists. A recent systematic scoping review by Jutasi and McEwan<sup>227</sup> however asserted that there was no evidence that any particular professions were at greater risk. Storey and colleagues<sup>228</sup> noted in their research that nearly a third of counsellors, 11% of psychiatrists, and 19.5% of psychologists reported being stalked in the context of their professional lives<sup>229 230 231</sup>. Approximately one in six professionals experience stalking as part of their working life<sup>222</sup>. Rates for reporting stalking victimisation by professionals, however, are thought to be low, perhaps related to perceptions that only less skilled practitioners are stalked, which there is no evidence for<sup>145 218 232 233</sup>.

Despite the increased risks, forensic and mental health practitioners generally are not provided with guidance and training for how to deal with being stalked by a client<sup>218 223 228 234 235</sup>. A case study presented by Storey and colleagues<sup>223</sup> highlighted the potential for professional obligations to make practitioners more vulnerable once they are victimised, for example concerns about confidentiality or a sense of duty not to abandon a client in need. They suggested a number of prerequisite measures such as setting and maintaining professional boundaries following screening that would include taking into account previous stalking behaviours, where relevant. The importance of having clear boundaries and creating a safe working environment is crucial in all psychological work but also there is a requirement to hold a dual role of providing therapeutic interventions whilst at the same time monitoring behaviour within the sessions so that there can be a robust response should stalking behaviour emerge. Storey and Hart<sup>236</sup> comment that



'vulnerabilities may be prevalent due to professional characteristics. Mental health practitioners may believe that their training equips them to assist stalkers, and so fail to recognise risk or report stalking. Mental health practitioners may also be reluctant to cause harm to a client, whom they were once ethically bound to help.' This means that there is an organisational responsibility to provide good reflective supervision and to ensure that there are clear policies and procedures for handling allegations of stalking and managing complaints against professionals, identifying when this is a stalking rather than legitimate activity. It is also important to consider safety planning and employment adjustments.

Farber<sup>237</sup> suggests that some of the qualities that are valued in developing therapeutic relationships may inadvertently contribute to stalking behaviour in the process of providing empathy. Consideration needs to be given to those individuals who have difficult attachment histories, and it is not uncommon for those who engage in stalking behaviour to have impaired social skills and a tendency to misinterpret empathy and understanding by professionals<sup>218</sup>. Storey and Hart<sup>231</sup> explored the assessment and management of stalking perpetrated by clients against their counsellors and found that factors related to risk of stalking by the client included high levels of mental disorder, a recent significant loss and potential misunderstanding or minimisation of the stalking behaviour by the therapist. Treatment targets such as anger, obsession and relationship problems also appeared to be relevant factors in considering stalking risk. Of the 23 counsellors that identified that they had been stalked over half over half were perceived to have a motive related to a desire for a relationship, either intimate or non-intimate. Treatment needs identified that addressing healthy relationships and overcoming relationship loss and trauma may be key to preventing continued stalking.

The impact of stalking on health professionals is as profound as for any other individual<sup>238</sup> and practitioners should monitor the behaviour and disclosures of their clients carefully. Discussing the behaviour of clients in supervision is also advised. Unwanted contact displays of love or extreme anger, or evidence of obsession and fixation toward the practitioner should be recognised for what they are, a cause for concern. They should not be over-looked, minimised or considered an occupational hazard. Stalking behaviours carried out by a third party on behalf of the client (stalking by proxy) or targeted toward a friend or family member of the practitioner (secondary victims) are also of concern.

All such behaviours, however seemingly innocuous, should be recorded in detail. This may involve keeping a diary or incident log with dates of occurrences, saving text messages or emails, screen-shotting any communications via social media and taking photographs of evidence. Physical evidence should also be saved, and the practitioner is advised to handle the items as little as possible and save it in a dated plastic bag. Any instance of victimisation should be reported to workplace managers/ supervisors as a matter of urgency. It is also advised that an objective risk assessment be undertaken and a personal safety plan for the practitioner developed and instigated. Careful decision making about ongoing contact should be made. In most instances, it is advised that contact between the practitioner and the client ceases. According to Meloy<sup>239</sup> (p.177) 'each contact... is an intermittent positive reinforcement and predicts an increase in frequency of subsequent approach behaviour'. It is for this reason that clients should be informed of the decision to cease contact by a letter from the service generally rather than directly from the practitioner. Transferring the client to another practitioner should be done with the aforementioned risk assessment in mind and with the receiving practitioner being fully informed of the situation. In contexts where a practitioner is allocated to a ward or other setting where contact may occur even when therapeutic work is ended there should be consideration to the movement of the practitioner or the individual to reduce opportunities for contact.

Storey and Hart<sup>231</sup> highlight that the person who has been subjected to stalking ‘should never provide treatment for [their offender], as contact only serves to continue or escalate stalking. Thus, a pathway to treatment... that limits risk to subsequent treatment providers needs to be created.’ They suggest developing information sharing practices (like those within nursing and policing contexts) to adequately convey risks whilst providing alternative treatment intervention options. Furthermore, improving workplace safety through having tested safety plans, which could include buddy systems in cases of lone working and private practice. Over half of those in the study by Storey and Hart<sup>231</sup> reported feeling unsafe at work or home, adding that being alone, a feeling of being unable to escape, limited security provision or lack of co-worker awareness made them feel unsafe.

Depending on the nature of the stalking behaviours, safety planning should consider:

1. **Ending of therapeutic work with the individual** – even if further work or care is needed then consideration for that to be provided by another practitioner is important.
2. **Enhancing the practitioner’s safety in the workplace** – for example, consideration given to coordinating leave from a ward to avoid times the practitioner is coming and going or relocating some work tasks and therapeutic provision. (e.g. the practitioner may need to be escorted from the car park to the building or may need to move office, in ward setting this may require the moving of teams to reduce opportunity for ongoing unavoidable contact).
3. **Enhancing security in the home** (e.g. locks, lighting, security cameras).
4. **Changing the practitioner’s routine behaviours** (e.g. forms of transport, routes of transport to work, any other patterns of behaviour that the stalker is aware of such as going to the gym, social clubs, or a local bar/ restaurant after work).
5. **Enhancing cyber security** (both personal and professional).
6. **Changing phone numbers** (both professional and personal), though it can be useful to keep the original as well as the new number to collect evidence.
7. **Sharing information** about the nature of the risk with work colleagues, family and friends to enhance the support available to the practitioner and to minimise any inadvertent exposure to risk or disclosures of information.
8. **Accessing specialist support services** such as the National Stalking Helpline, Paladin’s National Stalking Advocacy Service or the Cyber helpline.
9. **The safety of other employees** within the workplace (related to the risk of becoming secondary victims).

Stalking behaviours and any consequent safety concerns should be reported to the police, and both the practitioner and their respective organisation should follow any specialist advice or services provided. This may include sharing evidence collected, a multi-agency approach to risk management and safety planning, pursuing a criminal charge and/or applying for a Stalking Protection Order. It is advisable for employers and professional organisations to have in place robust and communicated *managing responses to stalking* strategies to safeguard professionals in their working life targeted by through stalking by the whole spectrum of potential individuals engaging in stalkings (clients, colleagues, managers, people who are managed, or coach/teach/train, family, friends, ex-partners, etc.)

# CHAPTER 11

Further Research



# 11. Further Research

Research is core activity for psychologists; it underpins psychological practice, and that practice informs knowledge gaps for research activity to target. This 'Scientist-Practitioner'<sup>240 241</sup> model encourages the application of knowledge from research to inform practice exemplifying the psychology identity as evidence-informed practitioners<sup>242</sup>. It advocates the integration of research and empirical findings into practice, and highlights how practice will generate research, with an overarching assumption that practitioners who fully integrate this model will produce effective psychological services and research will focus on impactful, real-world issues<sup>243</sup>.

Stalking related research has gained momentum over the last decade or so, which has helped underpin risk assessment tools and responses to those subjected to stalking behaviour, as well as this resource document. There is a lot that is now known about stalking as well as its impact, but there are some key gaps in empirical knowledge related to stalking that would have practical application and impact. The below is certainly not an exhaustive list but makes some suggestions for potential research direction.

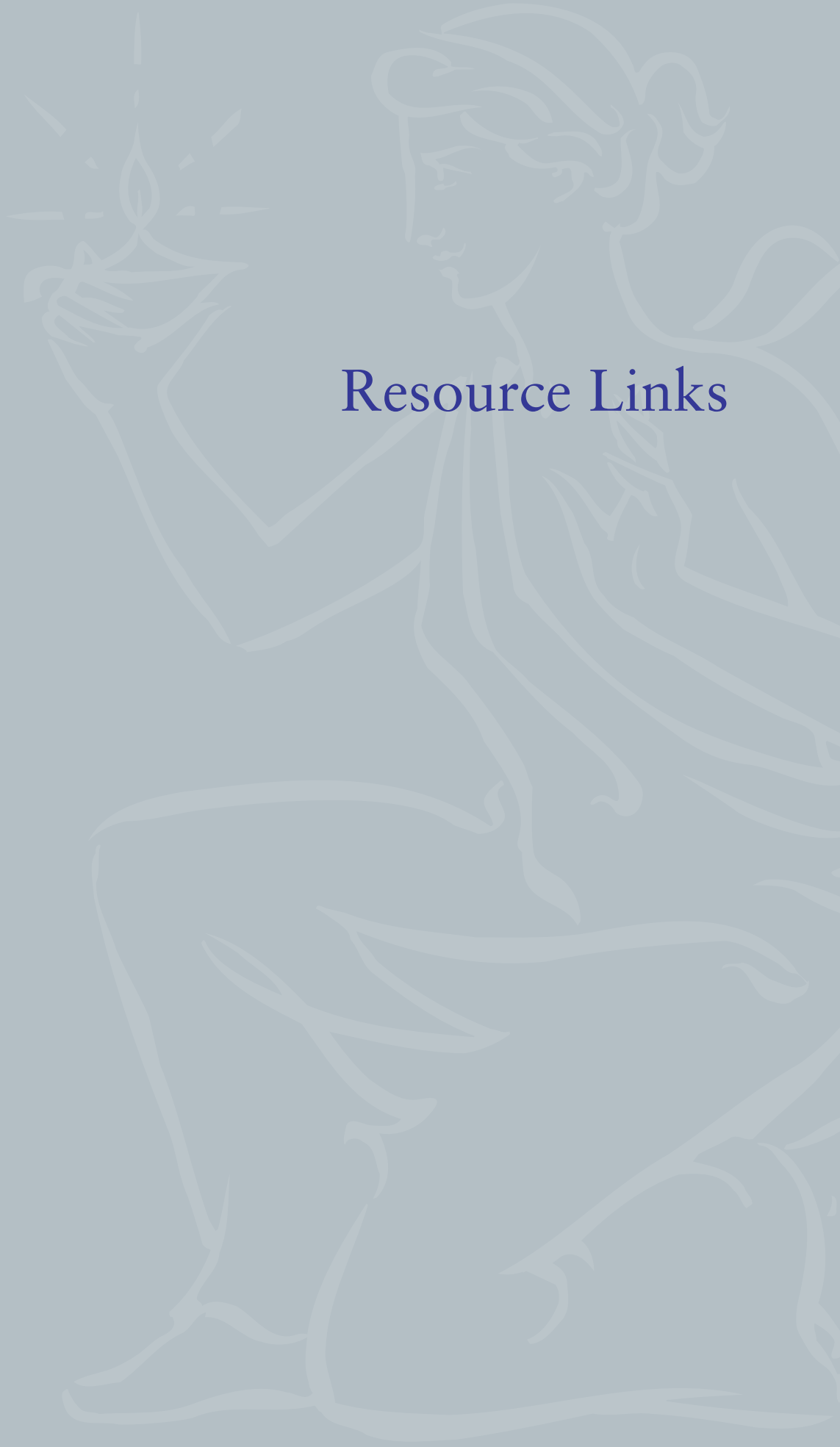
1. **Treatment effectiveness:** Those providing psychological treatment interventions to individuals who engage in stalking are encouraged to evaluate outcomes through direct (e.g. stalking behaviours) and indirect (e.g. thoughts & attitudes) measurement. Practitioners are encouraged to increase evaluative and research activity, and to collaborate on research activities to address international knowledge gaps with an overall aim of reducing stalking and the impact of such.
2. **Life course persistence of stalking** – Review if the stalking behaviour is episodic or chronic.
3. **Stalking and age** – Consider the potential impact of age and stalking prevalence; in particular there is limited understanding of the prevalence of stalking in young people.
4. **Stalking and desistance factors** – There is some early research about the potential for desistance and this needs to be repeated and extended to gain a better understanding about what, if anything, might impact recidivism.
5. **Stalking and addressing fixation/obsession** – There is emerging research regarding the impact of interventions. Further research to understand how this is experienced by the individual engaged in stalking behaviour will aid the design of intervention approaches to address those elements.
6. **Level of rumination** – Further research on rumination, its role in perpetuating stalking behaviour and the impact of interrupting and reducing that rumination would significantly assist in the development of evidence-based intervention approaches.
7. **Young people and stalking** – Current stalking risk assessment tools are not normed for those aged under 18. A good understanding of how stalking presents in the younger age group would assist in identifying if additional tools are needed alongside bespoke interventions.

## FINAL COMMENT

This resource has been written based on current available research and knowledge about stalking. It is hoped that with the current advancement of research in this area that this resource will be able to be updated to reflect those developments.

# CHAPTER 12

## Resource Links



## 12. Resource links

**The Suzy Lamplugh Trust:** This trust provides nationwide advice, information, and training. It provides advocacy for people subjected to stalking and support/resources for people subjected to stalking and professionals. It is a key part of the National Stalking Consortium, and campaigns on improving legislations and services. Website: [www.suzylamplugh.org](http://www.suzylamplugh.org)

**The National Stalking Helpline:** This provides advice and information to anyone affected by stalking. Website: [www.stalkinghelpline.org](http://www.stalkinghelpline.org)

**Action Against Stalking:** This service was founded by Ann Moulds who led the successful campaign for the introduction of stalking legislation in Scotland in 2010. The website offers advice and information. Website: [www.actionagainststalking.org](http://www.actionagainststalking.org)

**The Alice Ruggles Trust:** This trust exists to raise awareness of stalking (including coercive control), to ensure that relevant legislation is effective and adhered to, and to bring about lasting improvements in the management of individuals engaging in stalking and the protection of people subjected to stalking. The Trust is a member of the National Stalking Consortium. Website: [www.alicerugglestrust.org](http://www.alicerugglestrust.org)

**Paladin:** This assists high-risk people subjected to stalking through the support of Independent Stalking Advocate Caseworkers. Website: [www.paladinservice.co.uk](http://www.paladinservice.co.uk)

# CHAPTER 13

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# CHAPTER 14

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# 14. Acknowledgements

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The importance of integrating the views of experts by experience was recognised and those who had stalked were invited to contribute to this guide. A small number of people were invited to share their experiences of stalking others and of practitioners who had been involved with them,

with the view that this could help psychologists improve their understanding. The wishes of those who did not want to contribute were recognised and respected. One contribution from a client was received, which is provided in the 'Assessment and Case Formulation' section.

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The Division of Forensic Psychology is the largest network of Forensic Psychologists in the UK. Forensic Psychology is the application of psychology within the legal system to create safer communities and to assist people to find pathways away from criminal behaviour. Forensic Psychologists work across many settings including, HM Prison and Probation Service, Hospitals, secure children's homes, police forces, Courts and Universities. In practice Forensic Psychologists assess, formulate, and intervene in those engaging in harmful behaviours, provide advice and expertise to other professionals, and develop and facilitate training and knowledge in forensic settings, all with the ultimate goal of contributing to the development of a safer society.

The Division of Clinical Psychology has a mission to support the development of Clinical Psychology, both as a profession and as a body of knowledge, by working collaboratively with others to promote the unique and important contributions of Clinical Psychology that cannot be replicated by other approaches.



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