

**Resilience in Victims of Stalking and Obsessional Relational
Intrusion**

Faye Blazey, BSc(Hons), MSc

Thesis submitted to the University of Nottingham for the degree of
Doctor in Forensic Psychology

April 2021

Abstract

Introduction: Stalking and obsessional relational intrusion (ORI) victimisation research has largely focused on negative effects, consistent with a legal requirement for stalking victims to experience fear, alarm or distress. This thesis explored victim resilience.

Aims: To determine the role of coping strategies and coping self-efficacy in relation to the negative and positive outcomes for victims of stalking and ORI. To understand victim experiences of resilience.

Methods: A systematic review explored the role of stalking victims' coping strategies on negative emotions. The primary study (online survey) additionally considered protective factors and positive outcomes in ORI victims. Given the findings about the protective factor of coping self-efficacy, a critique of the measure from the primary study (General Self-Efficacy Scale; GSE) was undertaken to consider how secure the findings were. Further, a second empirical study qualitatively explored how resilience was experienced.

Results: Coping strategies lacked or had unhelpful relationships to negative emotions (systematic review), yet different relationships to negative and positive outcomes were found, with coping self-efficacy salient for positive outcomes (primary study), whereby the GSE was a 'good enough' tool (critique). Finally, experience of resilience included survival and a coping self-concept (secondary study).

Discussion: There is value in understanding resilience in victims of stalking and ORI. Focus on separate aspects insufficiently captures the complexity of resilience, thus research may benefit from holistic approaches such as humanistic exploration of coping self-concept.

Acknowledgements

Thank you to Dr Simon Duff for your supervision. Your helpful feedback and your ideas have challenged me to grow. I have particularly valued the 'so what?' conversations and your humour.

To each of the participants whom took the time to respond to the online survey, thank you sincerely for your contribution.

Participants A, B, C and D, it was a privilege to hear you speak so openly and courageously. I would like to express deep gratitude for the time you took to share your experiences with me.

To Dr Elspeth Dustagheer, your generosity to take on the role of second reviewer in your own time is appreciated. Your kindness and compassionate ways have had a remarkable role to play in keeping my momentum going. Thank you.

Thank you to Professor Sarah Lewis for your support in enabling me to take on a regression with more detail than I previously knew possible. Further thanks go to Jane Grogan for teaching me how to navigate Boolean operators in multiple ways.

To everyone that has had a role in this research, thank you. I hope that the combination of our efforts might in some way touch the lives of others.

Table of Contents

Abstract	ii
Table of appendices	v
List of figures	ix
Chapter 1: Introduction	10
Chapter 2: Systematic review	21
Chapter 3: Primary study	80
Chapter 4: Critique of a Psychometric Measure of Self-Efficacy	126
Chapter 5: Secondary Study	150
Chapter 6: Thesis Discussion	199
References	219

Table of appendices

Appendix A – Systematic Review: Search Syntax	228
Appendix B – Systematic Review: Screening Form	237
Appendix C – Systematic Review: Selection Form	238
Appendix D – Systematic Review: Quality Assessment Tools	239
Appendix E – Systematic Review: Data Extraction Form	242
Appendix F – Systematic Review: Additional Analysis for Acquadro et al. (2018)	246
Appendix G – Systematic Review: Completed Quality Assessment Forms	249
Appendix H - Primary Study: Survey Flow Chart	327
Appendix I - Primary Study: Survey Information for Participants	328
Appendix J - Primary Study: Assumption Testing	337
Appendix K - Primary Study: Additional Assumption Testing for Multiple Regressions	339
Appendix L - Primary Study: Regression plan	342
Appendix M - Primary Study: Homogeneity of Variances	344
Appendix N – Secondary Study: Participant Information	345
Appendix O - Secondary Study: Participant Instructions	349
Appendix P - Secondary Study: Interview Schedule	350
Appendix Q - Secondary Study: Theory Validity and Descriptive Validity	351
Appendix R - Secondary Study: Field Notes Form	352
Appendix S - Secondary Study: Transcription Protocol	353

List of Tables

Table 1 <i>PECOSS Inclusion and Exclusion Criteria</i> _____	28
Table 2 <i>Dates of Searches of Academic Databases</i> _____	30
Table 3 <i>Dates of Searches of Government and Statistical Bulletins</i>	30
Table 4 <i>Dates of Searches of Academic Dissertations and Theses</i> _	31
Table 5 <i>Dates of Searches of Conference Papers</i> _____	31
Table 6 <i>Dates of Searches of Public and Third Sector Reports, and Unpublished Studies</i> _____	32
Table 7 <i>Main Search Terms</i> _____	33
Table 8 <i>Follow-up of Papers With Relevant Variables But No Relevant Analysis</i> _____	34
Table 9 <i>Study Characteristics</i> _____	38
Table 10 <i>Participant Characteristics</i> _____	40
Table 11 <i>Quality Ratings For Included Studies</i> _____	45
Table 12 <i>Control of Confounding Variables</i> _____	56
Table 13 <i>Summary of Study Findings</i> _____	60
Table 14 <i>Statistical Findings From Each Study</i> _____	62
Table 15 <i>Number of Participant Responses</i> _____	92
Table 16 <i>A Priori Power Calculations for Multiple Regressions</i> ____	93
Table 17 <i>Frequency of Age and Gender Categories in Each Condition</i> _____	101
Table 18 <i>Median and Ranges for GSE Ratings</i> _____	102
Table 19 <i>Median and Ranges for ORI Condition Ratings</i> _____	103
Table 20 <i>Multiple Regression Model Regarding the Relationship Between Type of Coping Strategy and Negative outcomes</i> ____	105

Table 21 <i>Multiple Regression Model Regarding the Relationship Between Type of Coping Strategy and Positive outcomes (n = 170)</i>	106
Table 22 <i>Multiple Regression Model Regarding Coping Self-Efficacy, Coping Strategies, and ORI in relation to Negative outcomes</i>	107
Table 23 <i>Multiple Regression Model Regarding Coping Self-Efficacy, Coping Strategies, and ORI in relation to Positive outcomes</i>	108
Table 24 <i>Summary of Responses to Research Questions Based on Statistical Findings</i>	110
Table 25 <i>General Self-Efficacy Scale Items (Schwarzer & Jerusalem, 1995)</i>	132
Table 26 <i>General Self-Efficacy Scale Scoring (Schwarzer & Jerusalem, 1995)</i>	133
Table 27 <i>Independent T-tests to Consider Differences in STAY2 Scores</i>	246
Table 28 <i>Mann-Whitney U tests for Moving Toward Coping Strategy</i>	247
Table 29 <i>Mann-Whitney U tests for Moving Away Coping Strategy</i>	247
Table 30 <i>Mann-Whitney U tests for Moving Inward Coping Strategy</i>	247
Table 31 <i>Mann-Whitney U tests for Moving Outward Coping Strategy</i>	248
Table 32 <i>Spearman's Rho Correlations for Moving Against Coping Strategy</i>	248

Table 33 Skewness and Kurtosis Values for All Variables (n = 170)	337
Table 34 <i>Summary of P-Plots</i>	338
Table 35 <i>Summary of Histograms</i>	338
Table 36 <i>Ranges of Responses in ORI Condition</i>	339

List of figures

Figure 1 Thesis conceptual framework applied to resilience framework	17
Figure 2 Completed PRISMA Flowchart	37
Figure 3 Conceptual framework: systematic review findings	73
Figure 4 Advice for Victims (Suzy Lamplugh Trust, 2016)	84
Figure 5 Modified conceptual framework: Primary study questions	90
Figure 6 Modified conceptual framework: Primary study findings	119
Figure 7 Modified conceptual framework: Psychometric critique	129
Figure 8 Super-ordinate and Sub-ordinate themes	165
Figure 9 Example Quotes for 'Survival'	168
Figure 10 Example quotes for 'Process of survival'	173
Figure 11 Example quotes for 'Capacity to endure'	176
Figure 12 Example quotes for 'Coping self-concept'	178
Figure 13 Example quotes for 'Coping self-image'	182
Figure 14 Example quotes for 'Self-esteem'	185
Figure 15 Example quotes for 'Agency'	188
Figure 16 Modified conceptual framework: Secondary study	194
Figure 17 Modified conceptual framework: Summary	204
Figure 18 Conceptual framework applied to the Resilience Framework	206

Chapter 1: Introduction

1.1 Main topic

This thesis explores how positive psychology relates to the experience of unwanted intrusions, that is, being subject to stalking or stalking-like behaviours. Positive psychology is a relatively recent approach in which the strengths of human experience are explored, in order to move beyond the traditional problem-focused perspective of psychological research (Seligman & Csikszentmihalyi, 2000). In the case of crime victimisation, positive psychology has been studied through the notion of resilience. A resilience framework has been developed which proposes that protective factors may buffer against the adversity of victimisation, a process of adaptation may allow the victim to respond to the adversity in an adaptive way, and finally that positive outcomes following adaptation are possible alongside the possibility of negative outcomes (Dutton & Greene, 2010).

Stalking is not specifically defined in UK law (Crown Prosecution Service, 2018), however a number of example behaviours are outlined which overall must be considered to be more than harassment to “amount to stalking”, the examples given in law are following, contacting (or attempting to contact), publishing material in relations to, monitoring, or watching or spying on a person, or loitering in any place or interfering with the property of another person (Protection from Harassment Act, 1997; Protection of Freedoms Act, 2012). The legislation for stalking also has requirements on the victim’s emotional state, that is “fear of violence

or serious alarm or distress” (Protection of Freedoms Act, 2012). In the absence of a clear legal definition, it has been interpreted that stalking is “a pattern of unwanted and persistent behaviour that is motivated by a fixation or obsession that causes a victim to suffer alarm, distress or a fear of violence” (Suzy Lamplugh Trust, 2018, 'Stalking isn't a crime' Section).

The requirement on the victim to feel fear, alarm or distress makes for a relatively high threshold by which to observe the perpetrators behaviour, further, it is acknowledged that the term ‘victim’ may exclude some of the population whom have experienced these types of intrusions (Owens, 2015). Therefore, in this thesis stalking-like behaviours have also been studied to remove the victim-focused requirements. In particular, the concept of Obsessional Relational Intrusion (ORI) has been studied in this thesis, ORI is defined as “repeated and unwanted pursuit and invasion of one’s sense of physical or symbolic privacy by another person, either stranger or acquaintance, who desires and/or presumes an intimate relationship” (p.234-235, Cupach & Spitzberg, 1998).

To date, there has been established a resilience framework for victims of crime more generally (Dutton & Greene, 2010), as outlined above. In relation to being subject to unwanted intrusions such as stalking or ORI, a coping typology for victims of ORI has been derived from empirical research, however theories of resilience in relation to ORI and/or stalking are lacking (Cupach & Spitzberg, 2004, 2014).

1.1.1 Significance of main topic

In the UK, the latest estimates indicate that in England and Wales, approximately 14.8% people aged 16-74 years have experienced stalking since the age of 16, whereby 3.6% of people aged 16-74 years experienced stalking in the year 2019/20 (Office for National Statistics, 2020c), with the overall stalking and harassment prevalence estimate having increased by 12% in the year 2019/20 in comparison to the year prior (Office for National Statistics, 2020b). It has been acknowledged that there is a need to appropriately support victims of stalking and intrusions (Taylor-Dunn, Bowen, & Gilchrist, 2017).

As can be seen from the aforementioned dates of stalking legislation, stalking has relatively recently been recognised as a criminal offence, and notably one which explicitly requires the victim to sustain negative outcomes. The experience of negative outcomes has been substantiated in the psychological research and is noted to go beyond negative emotional outcomes, impacting many areas of the victim's life (Korkodeilou, 2017; Spitzberg, 2002a). Despite there being a tautological approach as to the ways in which the legal and psychological research literature indicate that stalking is harmful to victims, it remains that it is harmful to victims. Similarly, ORI has been identified as problematic for many people (Spitzberg, Nicastro, & Cousins, 1998), which indicates these experiences remain problematic even when the expectation to experience fear, alarm or distress, has been removed.

1.1.2 Overview of resilience in stalking/ORI victims

When considering how individuals respond to the experience of stalking or ORI victimisation, a typology of coping strategies has been established. The typology indicates that victims coping strategies fall into the following categories (Spitzberg & Cupach, 2003):

- Moving inward: concentration on the self, e.g. self-blame
- Moving outward: connecting with others, e.g. social and/or professional support networks
- Moving toward: reasoning with the pursuer, e.g. negotiating the definition of the relationship
- Moving away: avoiding the pursuer, e.g. changing daily routines
- Moving against: conflict with the pursuer, e.g. attempting to intimidate

Whilst the above typology of five coping strategies begins to explain what it is that victims do in response to Stalking and/or ORI (SORI), it does not fully explain the relationship (if any) between these strategies and the negative outcomes that are known to be associated with the experience of SORI. As previously discussed, there remains an absence in the literature regarding an established theory of resilience for victims of SORI (Cupach & Spitzberg, 2004, 2014) thus the full extent of the role of coping strategies remains unclear.

In terms of moving beyond a purely problem-focused perspective, there is a set of empirically derived types of positive outcomes, which have been summarised as follows (Spitzberg, 2014):

- Personal resilience: Increased sense of agency and personal strength
- Relationship improvement: Improved relationship with the pursuer
- Social resilience: Renewed appreciation for family and friendships
- Spiritual resilience: Feeling more positive about life and the future
- Openness resilience: Increased sense of adaptability
- Coping resilience: Renewed confidence in ability to cope with problems

There has been a measure developed with regard to the above positive outcomes alongside more robustly established negative outcomes ('Symptoms', see chapter three), however there has been little research focused on positive outcomes or use of the measure.

In the absence of an established theory, the crime victimisation literature more generally provides a resilience framework for considering whether a factor may be protective, a process of adaptation or a positive outcome (Dutton & Greene, 2010). Parts of the resilience framework appear to have been studied in isolation, for example, process of adaptation considered in the above typology of coping strategies, and separately, the types of positive outcomes. There appears to be an absence of consideration of protective factors. Further, it appears that overall the literature is without focus on how the three elements of the resilience framework may fit together for victims of SORI.

1.2 Aim of thesis

As highlighted above, it can be seen that stalking victimisation literature has tended to be problem focused. Therefore, this thesis took a positive psychology perspective to broaden the literature beyond problem-focused approaches. Given the prevalence, associated negative impact, and need for support, this thesis aimed to ascertain whether a strengths-based perspective may have relevance in understanding victim experiences, by considering the role of resilience. Specifically, this thesis aimed to determine the role of coping strategies and the role of coping self-efficacy in relation to the negative and positive outcomes for victims of SORI. Further, this thesis aimed to understand how victims *experience* resilience in relation to ORI.

1.2.1 Research questions

In addressing the above aims, the following research questions have been explored through this thesis, as follows.

1.2.1.1 Systematic review

How effective are stalking victims' coping strategies in managing the negative emotions that arise from the experience of being stalked?

1.2.1.2 Primary study

1. Is there a difference in coping self-efficacy (CSE) between people who have and have not experienced ORI?
2. In people who have experienced ORI, is there a relationship between type of coping strategy and:

- a. Negative outcomes?
 - b. Positive outcomes?
3. In people who have experienced ORI, how well do CSE, overall use of coping strategies and experience of ORI predict the variance in ratings of negative outcomes?
4. In people who have experienced ORI, how well do ratings of CSE, overall use of coping strategies and experience of ORI predict the variance in the ratings of positive outcomes?

1.2.1.3 Secondary study

How do people who have been subject to obsessional relational intrusion by another person, experience resilience?

1.3 Conceptual framework

Given the lack of established theory related to resilience for victims of SORI, this thesis took a staged approach to research (Leshem & Trafford, 2007), with the findings and recommendations from each chapter informing the research topic and questions for the subsequent chapter. Therefore, the conceptual framework was developed as the thesis progressed, allowing for each chapter to modify the framework according to its methods and findings (Leshem & Trafford, 2007; Punch, 2016). The discussion in chapter six brings together the modifications into an overall conceptual framework, which has been situated in the context of the aforementioned resilience framework (Dutton & Greene, 2010). For reference, the final conceptual framework from the discussion chapter is presented here in Figure 1, to provide context for the below thesis overview.

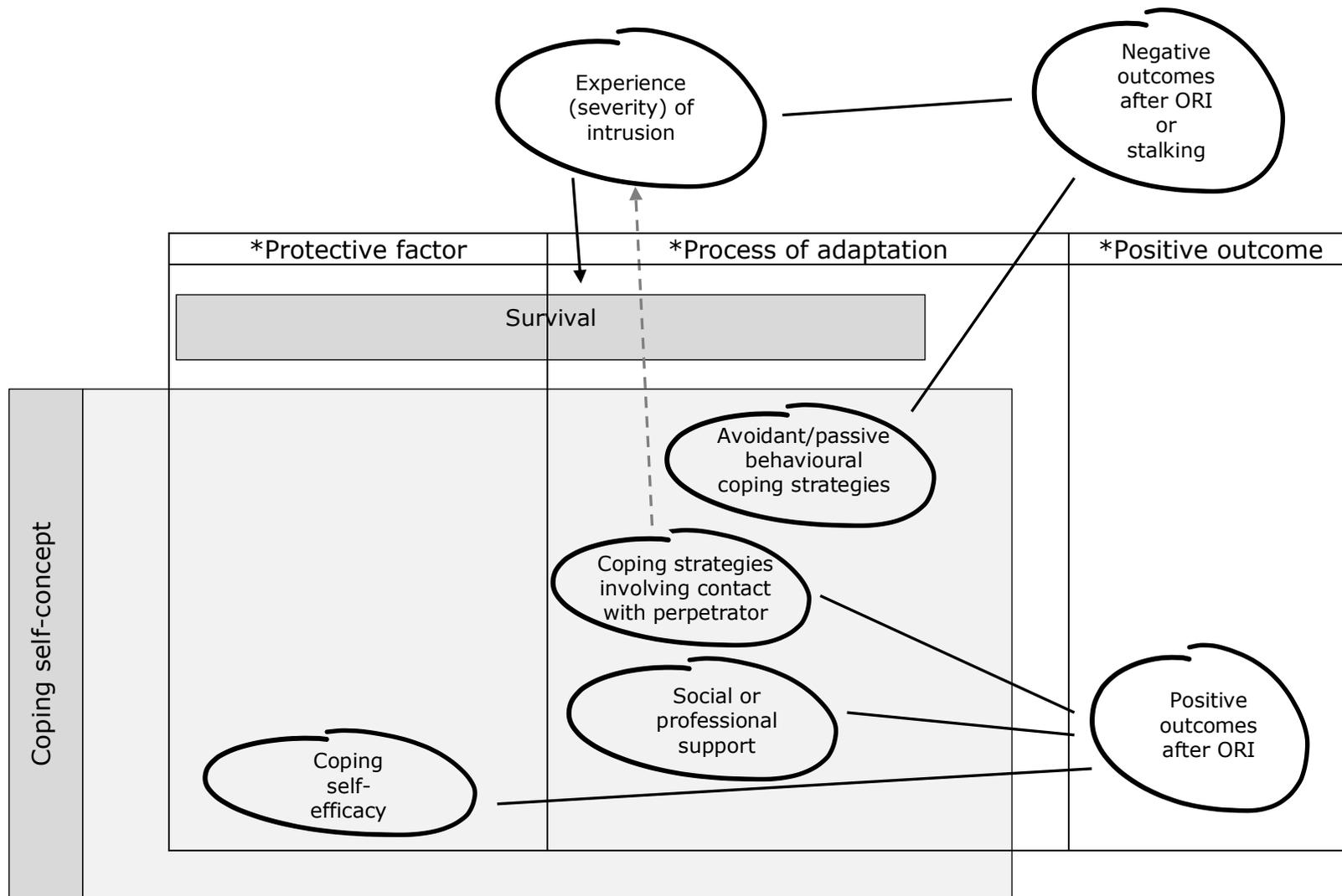


Figure 1 Thesis conceptual framework applied to resilience framework

1.4 Thesis overview

As outlined above, where there has been a strengths-based focus in the literature, it has been in relation to the role of coping strategies used in response to SORI. Therefore, the systematic review begins this research thesis by bringing together empirical studies investigating the role of coping strategies in relation to the negative emotions experienced by stalking victims. It was found that cognitive coping strategies did not bear a relationship with the negative emotions, and that increased use of behavioural coping strategies were associated with increased negative emotions, particularly increased traumatic distress when avoidant or passive coping strategies were used.

The systematic review highlighted that research was needed using a broader definition that did not define stalking by the victim's emotional response, alongside a need to consider other aspects of resilience beyond coping strategies. Therefore, the primary study was designed to investigate the role of coping self-efficacy (a protective factor), coping strategies (process of adaptation), and both positive and negative outcomes, for people who have been subject to ORI. Following participant recruitment to an online survey, it was found that in ORI victims, experience of ORI, and the coping strategies of moving inwards, moving against and moving away predicted 59.6% of the variance in negative outcomes. The coping strategies moving outwards, moving against, and moving towards, and coping self-efficacy predicted 51.4% of the variance in positive outcomes.

Given the novel findings regarding coping self-efficacy of the primary study, the fourth chapter in this thesis sought to establish how secure the findings were by reviewing the psychometric properties of the measure of coping self-efficacy that was used, the General Self-Efficacy scale (Schwarzer & Jerusalem, 1995). Overall it was established that the measure has 'good enough' psychometric properties to retain confidence in the findings from the primary study.

The primary study and psychometric critique highlighted the need for greater depth of exploration and a more holistic approach. Therefore, the fifth chapter set out to explore victim's experiences of resilience using qualitative methodology, in complement to the quantitative methodology in chapters two to four. Four participants from the online survey took part in a follow-up interview exploring their interpretation of their resilience in relation to their experience of ORI. Using Interpretative Phenomenological Analysis, two superordinate themes were constructed, 'survival' and 'coping self-concept'.

1.5 Originality

Overall it has been established that victims of intrusions such as SORI can experience both positive and negative outcomes, and that protective factors and processes of adaptation relate *differently* to positive and negative outcomes. Further, it has been acknowledged that consideration of resilience as a collection of related but distinct parts (protective factors, processes of adaptation and outcomes) is likely to be insufficient to capture the complexity of victims'

experiences of resilience. As discussed in chapter six (discussion), the findings of this thesis in combination create grounds for future practice-focused research to explore the role of emotion-focused interventions for victims of intrusions, early intervention and/or preventative applications, and to define intrusive behaviours by the perpetrator's behaviour rather than the victim's emotional response to expand the scope of the literature (and thus practical applications) to understand the full range of victim experiences. Similarly, it is recommended that such research may benefit from holistic approaches to ascertain and attend to the complexity of experiences of resilience for victims of intrusions, in particular a humanistic approach may be valuable in further exploring the role of a coping self-concept. It is hoped that the findings of this thesis therefore form a foundation from which practical applications for supporting victims can be approached in a way that goes beyond only problem-focused approaches.

Chapter 2: Systematic review

A Systematic Review of the Relationships Between Coping Strategies and the Negative Emotions That Arise From Stalking Victimization

2.1 Abstract

Background: Stalking legally requires victims to experience negative emotions. It has been observed that victims use coping strategies in response to stalking, this systematic review aimed to summarise the evidence regarding the relationship between victims' coping strategies used in response to stalking, and negative emotions.

Review question: How effective are stalking victims' coping strategies in managing the negative emotions that arise from the experience of being stalked?

Methods: Academic databases, Government reports, public/third sector reports, dissertations, conference proceedings, and correspondence with key authors were searched for relevant papers. Papers were included if they studied adult victims of stalking (population), coping strategies in response to stalking (exposure), and negative emotions (outcome). Screening of 686 studies then selection from 60 studies identified nine papers describing nine studies (2,659 participants) were identified for qualitative synthesis.

Quality analysis: Studies were assessed for risk of bias using the National Heart, Lungs, and Blood Institute Study Quality Assessment Tools. One study was rated 'good', eight were rated 'fair'.

Results: Cognitive coping strategies were unrelated to negative emotions. Increased use of behavioural coping strategies was related to increased traumatic distress, depression and anxiety.

Implications: Stalking victims' coping strategies may be attempts to control uncontrollable situations, which may increase distress.

Limitations: All studies were cross-sectional therefore causation between coping strategies and emotions could not be determined.

Conclusion: Stalking victims' coping strategies lacked or had unhelpful associations with negative emotions. Developing an understanding of emotion-focused coping, general adaptive coping, and early intervention may offer opportunities to alleviate negative emotions.

Keywords: Stalking, victim, coping, emotion

2.2 Background

Stalking became recognised as a criminal offence in the UK in 2012 (Protection of Freedoms Act, 2012), as an act that goes beyond harassment. Interpretation of 'stalking' is subjective as it has to go beyond harassment despite 'harassment' not being defined in the law (Protection from Harassment Act, 1997). No specific behavioural parameters for the offence of stalking are outlined however examples of acts which occur in "particular circumstances" are suggested (p.101-102, Protection of Freedoms Act, 2012):

"(a) following a person,

(b) contacting, or attempting to contact, a person by any means,

(c) publishing any statement or other material—

(i) relating or purporting to relate to a person, or

(ii) purporting to originate from a person,

(d) monitoring the use by a person of the internet, email or any other form of electronic communication,

(e) loitering in any place (whether public or private),

(f) interfering with any property in the possession of a person,

(g) watching or spying on a person."

Where stalking causes fear of violence, serious alarm or distress, the maximum penalty increases from 51 weeks imprisonment and a fine (Protection of Freedoms Act, 2012) to 10 years imprisonment and a fine (Policing and Crime Act, 2017). Lack of clarity and consensus regarding a definition of stalking extends to the psychological literature, however it is broadly acknowledged that repeated unwanted harassment or intrusion which may cause the victim to experience distress, is central to most definitions both academically and legally (Cupach & Spitzberg, 2014).

Estimates show that in England and Wales, approximately 243,086 people aged 16 years and over experienced stalking and harassment in the year 2016/17 (Office for National Statistics, 2017a), with the estimate increased by 30% in the year 2017/18 (Office for National Statistics, 2018a). This increase is thought to likely be a result of improved recording of crime (HMIC and HMCPSI, 2017), which may be associated with the extent of training which an individual police officer has undertaken and as such their ability to identify behaviours as stalking when the perpetrator was known to the victim (Scott, Nixon, & Sheridan, 2013), and/or the wider regional, criminal justice and thus societal context (Sheridan, Scott, & Nixon, 2016). Whilst the increase is not purported to reflect an increase in stalking itself, there remains a lack of consistency and accuracy in how police record stalking offences (HMIC and HMCPSI, 2017; Office for National Statistics, 2018a), and it is argued that not all people who experience victimisation identify with the label of 'victim' (Owens, 2015). Given

that this can result in an underestimate of victimisation, it adds value to the need for understanding how victims (or those who have been stalked) attempt to cope with stalking.

Qualitative data describe the broad extent to which stalking victims experience physical and emotional impacts (Korkodeilou, 2017), coping by making practical changes to their lives (Taylor-Dunn et al., 2017), however the extent to which the coping had an impact, if any, on the emotional impacts of stalking victimisation were not studied thus remains unclear. This research commissioned by Her Majesty's Inspectorate of Constabularies has called for police forces to better understand stalking to improve practice in handling cases (Taylor-Dunn et al., 2017), thus implying a need to support victims to cope.

2.2.1 Scoping.

Whilst literature- and systematic-reviews broadly acknowledge that perpetration of crime impacts on victims, (Boom & Kuijpers, 2012; Shapland & Hall, 2007), stalking has been considered amongst other violent crimes rather than independently. Scoping further identified that a systematic review of the negative psychological impact of stalking on victims had been planned by another author. However, it remains clear there is a further need to understand the role of victim coping responses in relation to the impact of stalking, such that victims can be supported appropriately to cope as effectively as possible with the impact of stalking.

2.3 Review question

2.3.1 Definition of concepts.

A distinction between 'offline' and 'cyber' stalking was not made as research has found no fundamental difference between 'offline' and cyberstalking in terms of perpetrator motivation (Cavezza & McEwan, 2014) nor emotional impact on the victim (Sheridan & Grant, 2007).

Academic definitions of stalking include victim distress and the law outlines that stalking may induce fear, alarm or distress, yet it remains unclear the extent to which the coping strategies victims use to cope with stalking, aid them in managing these negative emotions. Whilst psychological definitions broadly concur on distress, 'fear, alarm or distress' is a legal concept, therefore the review considered any negative emotion to ensure the variability in academic and legal terms (e.g. 'alarm') were adequately captured.

2.3.2 Aim.

The aim of this systematic review is to determine if coping strategies used by victims of stalking (16y+) are effective in managing the negative emotions that arise from the experience of being stalked. Therefore, the review question is as follows:

How effective are stalking victims' coping strategies in managing the negative emotions that arise from the experience of being stalked?

2.3.2.1 Objectives.

- To determine if the use of coping strategies by victims in response to stalking impact the negative emotions that are associated with stalking victimisation
- To determine if such effects have a helpful or unhelpful direction (i.e. are increased use of coping strategies associated with reduced or increased negative emotions, respectively?)
- To determine if such effects differ according to different types of coping strategies used by stalking victims

2.3.3 Inclusion criteria.

Table 1 outlines the Participant, Exposure, Comparison, Outcome, Setting and Study Design (PECOSS) inclusion and exclusion criteria. The PECOSS structure for defining inclusion and exclusion criteria was used as it is broader than 'Population, Intervention, Comparison, Outcome' (PICO) which focuses on experimental studies. A broader structure was appropriate because coping strategies used in response to stalking were expected to most likely to appear in the literature as naturally occurring exposures (observational), with fewer manipulated interventions (experimental) expected.

Table 1 *PECOSS Inclusion and Exclusion Criteria*

Category	Inclusion criteria	Exclusion criteria
Population	Has been stalked Age 16y+ (in line with Crime Survey for England and Wales)	Not stalked Age 15y or less
Exposure	Use of coping strategy in response to stalking	Coping strategies not reported
Comparison	No use of coping strategy (between pts), Repeated measures (within pts), No comparison group	N/A
Outcome	Negative emotions	Negative emotions not reported
Setting	Any	N/A
Study design	Cohort Case-control Nested case-control Cross-sectional Case series Single case study	Qualitative data only

2.4 Methods

2.4.1 Sources of literature.

Published literature was searched for in academic journals via academic databases which had psychological and/or criminal justice focus, and for grey literature in:

- Government statistical reports and bulletins
- Reports from public and third sector organisations
- Academic dissertations and theses
- Conference proceedings
- Unpublished studies

As no systematic reviews have been found on this question to date, no time restrictions were placed on the publication dates of literature. See Table 2 for details of the dates at which each academic database was searched, Table 3 for government reports and bulletins, Table 4 for academic dissertations and theses, Table 5 for conference papers, Table 6 for public/third sector reports and unpublished studies.

2.4.2 Search strategy.

Due to flexibility in the PECOSS regarding comparison, setting and study design, the search strategy focused on terms relevant to the population, exposure and outcome, see Table 7 (for brevity, Table 7 excludes truncations, spelling variations, and database defined headings based on searches of main terms). An example of search syntax, was as follows for PsycINFO:

Table 2 *Dates of Searches of Academic Databases*

Source	Date of search	Number of records
PsycINFO	07.01.2019	50
PsycARTICLES	07.01.2019	98
Medline (ovid)	07.01.2019	44
Cumulative Index to Nursing and Allied Health Literature (CINAHL)	07.01.2019	22
Applied social Sciences Index and Abstracts (ASSIA)	07.01.2019	88
National Criminal Justice Reference Service (NCJRS)	07.01.2019	32
Scopus	07.01.2019	160
PsycEXTRA	Access not permitted	N/A
GoogleScholar	07.01.2019	110

Table 3 *Dates of Searches of Government and Statistical Bulletins*

Source	Date of search	Number of records
Department of Health (gov.uk)	13.01.2019	1
Ministry of Justice (gov.uk)	13.01.2019	2
Office for National Statistics (gov.uk)	13.01.2019	0
UK Data Archive (gov.uk)	13.01.2019	0
World Health Organisation	13.01.2019	32

Table 4 *Dates of Searches of Academic Dissertations and Theses*

Source	Date of search	Number of records
Nottingham eTheses	13.01.2019	3
DEEP-DART Europe (now: DART-Europe)	13.01.2019	3
Networked Digital Library of Theses and Dissertations	13.01.2019	10

Table 5 *Dates of Searches of Conference Papers*

Source	Date of search	Number of records
Proquest Conference Papers Index	13.01.2019	8

Table 6 *Dates of Searches of Public and Third Sector Reports, and Unpublished Studies*

Source	Date of search	Number of records
Wellcome Trust	13.01.2019	0
Research Councils UK	13.01.2019	0
National Institute for Health and Care Excellence (NICE), NICE Evidence Services	13.01.2019	19
Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS)	13.01.2019	14
Public Affairs Information Service (PAIS) International	13.01.2019	53
Open Grey	13.01.2019	1
Suzy Lamplugh Trust	13.01.2019	4
Protection Against Stalking	13.01.2019	0
Paladin	13.01.2019	10
Victim Support	13.01.2019	0
Women's Aid	13.01.2019	1
Email enquiries to key authors in the field	01.02.2019	4
Google search	13.01.2019	4

Table 7 *Main Search Terms*

Section of review question	Main terms
Population	Stalk
Exposure	Coping, Help-seeking, Self-help, Support
Outcome	Emotion, Negative emotion, Stress, Distress, Trauma

1. exp Stalking/ or stalk*.mp.
2. exp "STRESS AND COPING MEASURES"/ or exp COPING BEHAVIOR/ or coping.mp.
3. exp SELF-HELP TECHNIQUES/ or exp HELP SEEKING BEHAVIOUR/ or help?seeking behavio?r*.mp.
4. support.mp. or exp SUPPORT GROUPS/ or exp SOCIAL SUPPORT/
5. 2 or 3 or 4
6. exp emotional responses/ or exp emotional states/ or exp negative emotions/ or exp emotional trauma/ or emotion*.mp.
7. 1 and 5 and 6

See appendix A for full syntax for each search, including spelling variations, truncations and specific headings from each database.

2.4.3 Data management.

Data from searches was managed in EndNote Online accessed at <https://access.clarivate.com/login?app=endnote>

2.4.4 Study selection.

2.4.4.1 Screening.

Screening involved a review of title and abstract against inclusion and exclusion criteria, as above. Where it was unclear if a study should be included or excluded, it was included for more detailed review in the selection stage. See appendix B for screening record form.

2.4.4.2 Selection.

Selection was based on review of the full article against the above inclusion and exclusion criteria. Where papers reported relevant variables but did not report relevant analysis, authors were contacted to enquire about unpublished analysis or access to the dataset, see Table 8. For any study that was progressed to this stage, the form outlined in appendix C recorded the outcome of the selection process.

Table 8 *Follow-up of Papers With Relevant Variables But No Relevant Analysis*

Aspect of selection	Number of papers
Paper identified with relevant variables but no relevant analysis, author contacted	14
No response received	9
Response received	5
Author was unable to provide information or access to data	4
Author provided information or access to data	1
Additional information or access to data did not meet selection inclusion criteria	0
Additional information or access to data met selection inclusion criteria	1

2.4.5 Quality assessment.

This review was not likely to elicit randomised control trials as the exposure is more likely to be naturally occurring than randomly allocated, therefore, the National Heart, Lungs, and Blood Institute (NHLBI) Study Quality Assessment Tools (NHLBI, n.d.) was used to enable assessment of various study designs within a recommended framework (Ma et al., 2020), see appendix D for tools. Overall quality ratings (good/fair/poor) for each study are presented in the results section. A second reviewer who has undertaken systematic review research to Doctoral level second-reviewed the quality assessments. Complete agreement was found between first and second reviewer for two randomly selected papers (22.22% of included papers).

2.4.6 Data extraction.

A data extraction form was developed based on the PECOSS. The form focused on recording the following from each study:

- Study characteristics
- Participant characteristics
- Outcomes (dichotomous and continuous data subsections)
- Miscellaneous details (e.g. conclusions, funding source)

The selected papers were listed alphabetically by first author, then a random number generator was used to select one paper to pilot the data extraction form. Following piloting, amendments were made to allow recording of non-parametric data, clarity in recording of

continuous data, and sample characteristics such as relationship to the stalker. See appendix E for data extraction form.

2.5 Results

2.5.1 Description of studies.

Of the 773 records that were identified, 87 were found to be duplicates and were removed prior to screening. Of the 686 records that were screened, 626 were excluded, leaving 60 to be reviewed at the selection stage. At the selection stage, full texts were checked against PECOSS criteria, 51 were excluded and nine papers (containing nine studies) were progressed to the analysis stage. One of the included papers did not report relevant analysis (Acquadro Maran & Varetto, 2018), however contact with the first author facilitated access to the data to undertake the relevant analysis. A summary of the additional analysis can be found in appendix F. Figure 2 displays the PRISMA flowchart (Moher, Liberati, Tetzlaff, Altman, & The PRISMA Group, 2009) outlining the hits from searches and number of records processed at each stage.

All studies employed a cross-sectional design with a grand total of 2,659 participants across studies. A summary of the study characteristics can be found in Table 9, and participant characteristics in Table 10. Three studies were conducted in The Netherlands (Blaauw, Winkel, Arensman, Sheridan, & Freeve, 2002; Kamphuis, Emmelkamp, & Bartak, 2003; Kraaij, Arensman, Garnefski, & Kremers, 2007), three in the USA (Hensler-McGinnis, 2008;

Mechanic, Uhlmansiek, Weaver, & Resick, 2000; Owens, 2017), one in Italy (Acquadro Maran & Varetto, 2018), one in Czech Republic (Podaná & Imříšková, 2016), and one in Australia (Purcell, Pathé, Baksheev, MacKinnon, & Mullen, 2012).

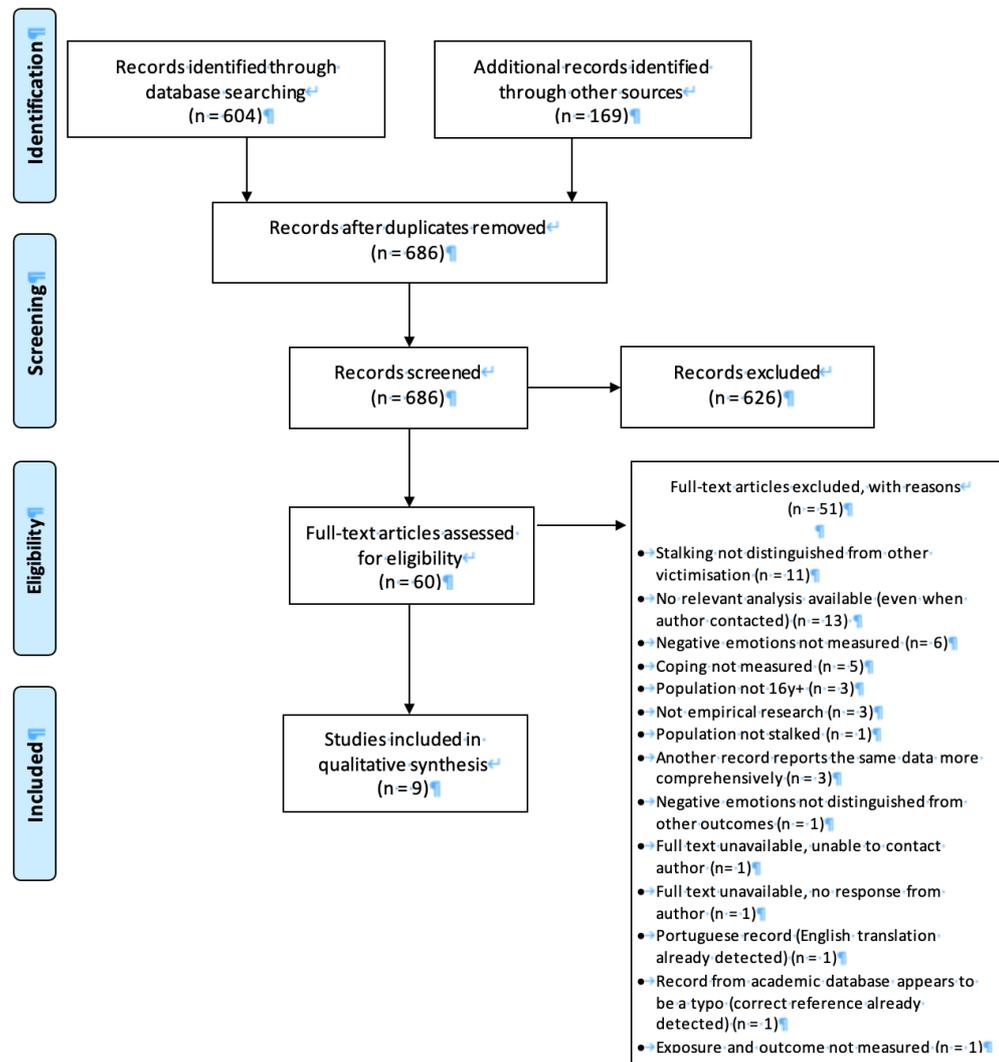


Figure 2 Completed PRISMA Flowchart

Table 9 *Study Characteristics*

Study	Year conducted	Country	Funding source	Study design	Population	Exposure	Outcome	Number of Participants
Acquadro Maran & Varetto (2018)	Not reported	Italy	Not reported	Cross-sectional	Stalked Health Care Professionals (HCPS)	Coping typology (five categories)	Anxiety, depression	<i>N</i> = 147
Blaauw et al. (2002)	1998	The Netherlands	Not reported	Cross-sectional	Victims of stalking (registered with a foundation)	Number of countermeasures used	Psychiatric symptoms	<i>N</i> = 241
Hensler-McGinnis (2008)	2007 - 2008	USA	Not reported	Cross-sectional	Cyberstalked students (nationally representative)	The Brief Resilient Scale (BRS)	Trauma	<i>N</i> = 452
Kamphuis et al. (2003)	Not reported	The Netherlands	Not reported	Cross-sectional	Female victims of stalking	Utrecht Coping List (UCL)	Trauma	<i>N</i> = 131
Kraaij et al. (2007)	Not reported	The Netherlands	Not reported	Cross-sectional	Victims of stalking	Cognitive Emotion Regulation Questionnaire (CERQ)	Anxiety, trauma, depression	<i>N</i> = 47

Study	Year conducted	Country	Funding source	Study design	Population	Exposure	Outcome	Number of Participants
Mechanic et al. (2000)	Not reported	USA	Not reported	Cross-sectional	Female victims of stalking	Number of strategic responses	Trauma, depression	<i>N</i> = 114
Owens (2017)	2006	USA	No financial support	Cross-sectional	Victims of stalking (nationally representative)	Number of self-protective behaviours	Expression of fear	<i>N</i> = 1,144
Podaná & Imříšková (2016)	2012 - 2013	Czech Republic	Czech Science Foundation Grant 404/12/2452	Cross-sectional	Victims of stalking	Three coping strategy styles	Fear	<i>N</i> = 147
Purcell et al. (2012)	1999	Australia	Not reported	Cross-sectional	Victims of stalking (nationally representative)	Billings & Moos Coping strategies measure	Psychiatric symptoms, trauma	<i>N</i> = 236

Table 10 *Participant Characteristics*

Study	Gender	Age (years)	Ethnicity	Socioeconomic status	Relationship to stalker
Acquadro Maran & Varetto (2018)	Female: 65.3% Male: NR Other: NR	Min.: 19 Max.: 60 Mean: 36	Not reported	Nurses: 40.1% Psychologists: 25.2% Physicians: 15% Health technicians: 9.5% Health care operators: 6.1% No answer: 4.1%	Intimate romantic $n = 104$ Intimate non-romantic $n = 45$
Blaauw et al. (2002)	Female: 89% Male: 11% Other: (0%)	Min.: 19 Max.: 82 Mean: 43.4	Not reported	Employed: 59%	Prior intimate relationship: 68% Prior acquaintance: 26% Stranger: 6%

Study	Gender	Age (years)	Ethnicity	Socioeconomic status	Relationship to stalker
Hensler-McGinnis (2008)	Female: 81.2% Male: 17.9% Other: 0.9%	Min.: 18 Max.: 43 Mean: 21.9	European-American/ White: 71.5% African American/ Caribbean/ Black: 7.5 % Asian American/ Pacific Islander: 5.8% South Asian/ Indian/Pakistani: 2.0% Middle Eastern/ Arab: 1.3% Native American/ Native Alaskan: 0.7% Biracial/Multiracial/Other: 10.6 %	Enrolled in private institutions: 25.4 % Enrolled in public/ state institutions: 74.6 %	Estranged/separated/ ex-spouse: 2.4% Spouse/committed partner: 0.9% Seriously dating: 11.1% Casually dating: 10.2% Family member/relative: 0.4% Friend: 9.3% Service provider/customer relationship: 1.3% Work colleague: 3.5% Acquaintance: 16.4% Online acquaintance/buddy: 11.5% Stranger: 22.6% Unknown: 10.4%
Kamphuis et al. (2003)	Female: 100% Male: (0%) Other: (0%)	Min.: 22 Max.: 70 Mean: 42.7	Not reported	Not reported	Previous intimate relationship: 100%
Kraaij et al. (2007)	Female: 100% Male: (0%) Other: (0%)	Min.: 22 Max.: 56 Mean: 36	Not reported	Not reported	Former partner: 66% Known to victim (including former partners): 92%

Study	Gender	Age (years)	Ethnicity	Socioeconomic status	Relationship to stalker
Mechanic et al. (2000)	Female: 100% Male: (0%) Other: (0%)	Min.: NR Max.: NR Mean: NR	African-American: 69% White: 31%	Income < \$10K/y : 51% Income \$10K <x< \$30K/y : 39% Income >\$30K/y : 9%	Dating: 8% Married: 41% Cohabiting: 38% Separated or divorced: 14% Mean length of relationship: 7.4y Mean length of abuse: 5.3y
Owens (2017)	Female: <i>n</i> = 808 Male: <i>n</i> = 336 Other: (<i>n</i> = 0)	Min.: NR Max.: NR Mean: 38.1	White non-Hispanic: 76.2% Black non-Hispanic: 10.0% Hispanic: 8.7% Other non-Hispanic: 5.2%	In school: 14.2% Married households: 38.8% Single-parent households: 23.2% Single-person households: 38.0% Household size of one: 29.6%	Intimate relationship: 28.1% Known relationship: 60.3% Stranger relationship: 11.5%
Podaná & Imříšková (2016)	Female: 64.5% Male: 35.5% Other: (0%)	Min.: NR Max.: NR Mean: 40.4	Not reported	Not reported	Partner: 54.4% Stranger: 16.2% Acquaintance: 29.4%
Purcell et al. (2012)	Female: 74% Male: NR Other: NR	Min.: NR Max.: NR Mean: NR	Not reported	In paid employment: 75%	Ex-partner: 21% Non-intimate (e.g. acquaintance, colleague, stranger): (79%)

In terms of participants, two studies selected adults who had been stalked from a nationally representative sample of victims of crime, two studies focused on female victims of stalking, one study focused on stalked health care professionals (HCPs), one study focused on university students who had been cyberstalked, one study sought stalking victims who were registered with an Anti-Stalking Foundation, and two studies considered adult victims of stalking more generally (see Table 9). In terms of relationship to the stalker, two studies required that the stalker had been an intimate partner, and regarding other experiences of interpersonal abuse, two studies required participants to have experienced domestic violence and stalking by the same perpetrator (see Table 10).

Whilst each study used a different measure of coping strategies, overall the measures related to cognitive or behavioural coping strategies (see Table 9 for measures). One study (Purcell et al., 2012) reported findings related to both cognitive and behavioural coping strategies, two studies considered cognitive coping strategies (Hensler-McGinnis, 2008; Kraaij et al., 2007), and six studies focused on behavioural coping strategies (Acquadro Maran & Varetto, 2018; Blaauw et al., 2002; Kamphuis et al., 2003; Mechanic et al., 2000; Owens, 2017; Podaná & Imříšková, 2016).

The negative emotions that were measured were anxiety, fear, depression, and traumatic distress (see Table 9). Anxiety was measured with the State-Trait Anxiety Inventory (STAI; Spielberger,

1983) in one study, General Health Questionnaire 28 (GHQ-28; Goldberg & Hillier, 1979) in two studies, and Symptom Checklist 90 (SCL-90; Derogatis, 1977) in one study. Fear was measured on two five-point rating scales in one study and by researcher coding of an open question about how the stalking made the participant feel in one study. Depression was measured using Beck Depression Inventories (BDI; Beck, Steer, & Brown, 1996; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) in two studies, GHQ-28 in two studies, and SCL-90 in one study. Traumatic distress was measured using Impact of Events Scales (IES; Horowitz, Wilner, & Alvarez, 1979; Weiss & Marmar, 1997) in four studies, and the Post-traumatic Diagnostic Scale (PDS; Foa, Cashman, Jaycox, & Perry, 1997) in one study.

2.5.2 Quality assessment.

Eight studies received a rating of 'fair', and one study received a rating of 'good'. Although the majority of studies were rated 'fair', there was heterogeneity of the nature and combination of risks of bias therein. Quality ratings and main risks of bias are detailed in Table 11, completed assessment tools can be found in appendix G.

2.5.2.1 Recall bias.

All studies used cross-sectional designs thus were at risk of recall bias as both coping strategies (exposure) and negative emotions (outcome) were measured at the same time. Therefore, the studies may have been biased by the presence and/or severity of the outcome impacting recall of the exposure during data collection.

Table 11 *Quality Ratings For Included Studies*

Study	Quality Rating	Risk(s) of bias
Acquadro Maran & Varetto (2018)	Fair	<ul style="list-style-type: none"> • Recall bias: due to cross-sectional design, both exposure and outcome have already occurred, therefore the presence/severity of outcome may have influenced recall of the exposure • Measurement bias: the conditions for data collection remain unclear, and there is a lack of clarity about psychometric properties of coping strategies measure and subsequent categorisation. • Confounding variables were not controlled for in analysis • Selection bias: although a large representative sample of HCPs, response rate was not above 50% and participation was voluntary. Therefore, it is possible that recruitment has selected those more interested in sharing experiences, reaching out to others who wish to understand/help (i.e. there may have been difference in coping/emotions between those who participated and those who did not), e.g. those more likely to connect with external support may have participated, whereas those with more severe symptoms may not have participated due to absence from work or not wishing to dwell on negative emotions <p data-bbox="562 970 2074 1107">Summary: In the context of a cross-sectional study, this study was rated as 'fair' as there appear to be attempts at managing risks of bias (e.g. large representative sample of HCPs, comparison between groups). Although the research question is not exactly that of the systematic review, the variables and thus the additional analysis is relevant to the systematic review.</p>

Study	Quality Rating	Risk(s) of bias
Blaauw et al. (2002)	Fair	<ul style="list-style-type: none"> • Selection bias: the sample may not have been representative of the target population. The population and selection were not specified clearly enough to rule out potential for selection bias as the sample may represent those most likely to want to help and/or reach out to those interested in understanding their experiences, who may have different scores than those who would not want to help or reach out to those who want to understand. However, the response rate is above 50% so the impact of potential for selection bias is less than in other comparable studies • Recall bias: due to cross-sectional design, both exposure and outcome had already occurred, therefore the presence/severity of the outcome may have influenced recall of the exposure • Measurement bias: regarding data collection, it appears there was a lack of control of the conditions in which questionnaire responding took place. Further, there was a lack of validation of 'countermeasures' questions which measured coping strategies (exposure) <p>Summary: Whilst overall a rating of 'fair' has been given, it is of note that the response rate was above 50% (thus selection bias not as threatening as other studies), and approach to statistical analysis (regression) provided more opportunity to control for other variables thus confidence in these findings is greater than those of similar studies which do not employ such statistical techniques, as potential confounding was controlled for in this study's analysis. However, measurement bias may undermine the findings given the lack of validation of countermeasures questions. Therefore, the risks of/controls for bias are mixed in this study, giving it an overall rating of 'fair' as some aspects weaker and some aspects stronger.</p>

Study	Quality Rating	Risk(s) of bias
Hensler-McGinnis (2008)	Fair	<ul style="list-style-type: none"> <li data-bbox="622 292 2040 464">• Selection bias: the sample may not represent target population as the target population and selection process were not clearly enough specified to rule out selection bias. Snowball sampling may have engaged participants who represent those most likely to want to help and/or reach out to those interested in understanding their experiences, who may have had different scores than those who did not wish to do so <li data-bbox="622 507 2040 608">• Recall bias: due to the cross-sectional design, both the exposure and outcome had already occurred at the time of measurement, therefore the presence/severity of the outcome may have influenced recall of the exposure <li data-bbox="622 651 2040 715">• Measurement bias: during data collection there was a lack of control of the conditions in which questionnaire responses were given by each participant <p data-bbox="562 722 2078 820">Summary: With regard to the review question, it is not possible to ascertain a causal direction due to cross-sectional design, therefore offers limited opportunity to respond confidently to the review question.</p>

Study	Quality Rating	Risk(s) of bias
Kamphuis et al. (2003)	Fair	<ul style="list-style-type: none"> <li data-bbox="622 292 2067 499">• Selection bias: the target population and selection process were not clearly enough specified to rule out the potential for selection bias, as the sample may not have been representative of the target population. It is possible that sampling methods may have encouraged participation from participants most likely to want to help and/or reach out to those interested in understanding their experiences, who may have different scores than those who would not want to help or reach out to those who want to understand <li data-bbox="622 547 2067 611">• Recall bias: due to cross-sectional design, both the exposure and outcome had already occurred, therefore presence/severity of outcome may have influenced recall of the exposure <li data-bbox="622 651 2067 715">• Measurement bias: during data collection there was a lack of control of the conditions in which questionnaire responses were given by each participant <p data-bbox="562 754 2067 892">Summary: Whilst overall a 'fair' rating has been given, it is of note that the approach to statistical analysis (regression) provides more opportunity to control for other variables than is the case in other studies. Therefore, the confidence in these findings is greater than those of similar studies which do not employ such statistical techniques, as potential confounding is controlled for.</p>

Study	Quality Rating	Risk(s) of bias
Kraaij et al. (2007)	Fair	<ul style="list-style-type: none"> • Selection bias: the sample may not represent the target population as the target population and sampling methods were not clearly enough specified to rule out the possibility of selection bias. Therefore, the sample may represent participants most likely to want to help and/or reach out to those interested in understanding their experiences, who may have different scores than those who would not want to help or reach out to those who want to understand • Recall bias: due to the cross-sectional design, both exposure and outcome had already occurred, therefore the presence/severity of the outcome may have influenced recall of the exposure • Measurement bias: during data collection there was a lack of control of the conditions in which questionnaire responses were given by each participant • Confounding variables were controlled for however the statistical values are not reported. Statistical values are reported only for the analyses which did not control for confounding, therefore the strength and significance of the associations is only known for analyses which did not control for severity of stalking.

Summary: Due to the above risks of bias, this study has received a rating of fair. The first author was contacted to seek further details of the statistical values of the analysis which reportedly controlled for potential confounding variable (severity of stalking), as these were not reported in the paper. No response was received from the author therefore it was not possible to improve the quality assessment rating due to the remaining risk of confounding variables impacting on the reported statistical analysis.

Study	Quality Rating	Risk(s) of bias
Mechanic et al. (2000)	Fair	<ul style="list-style-type: none"> • Selection bias: the sample may not have represented the target population because the target population and sampling process were not clearly enough specified to rule out this risk of bias. However, it is noted that attempts were made to find participants representative of those who have not sought help which is a strength of the approach to sampling • Recall bias: due to cross-sectional design, both exposure and outcome had already occurred, therefore the presence/severity of the outcome may have influenced recall of the exposure, particularly as the outcome was measured just before the exposure was measured • Measurement bias: the environmental conditions during data collection remain unclear • Researcher bias: blinding was not used during face-to-face data collection. Although the researcher measured outcomes first, the exposure was measured via interview thus the interviewer may have been biased due to prior measurement of outcome status • Confounding was not controlled for in the correlational analysis, which in the context of an underpowered cross-sectional design, means the possibility of drawing conclusions is very limited
<p>Summary: The procedure had greater strength than other studies such as the presence of an interviewer which enabled some control over the standardisation of data collection, however it remains unclear if this took place in the researcher's environment or the participant's, and thus it was not possible to fully assess the level of control/standardisation. There are also several weaknesses in this study, such as poor reporting of the sample and sampling frame, lack of power, lack of control for confounding variables</p>		

Study	Quality Rating	Risk(s) of bias
Owens (2017)	Fair	<ul style="list-style-type: none"> <li data-bbox="611 292 2051 355">• Recall bias: due to cross sectional design, both exposure and outcome have already occurred, therefore the presence/severity of the outcome may have influenced recall of the exposure <li data-bbox="611 403 2063 467">• Measurement bias: conditions under which interview data collection took place remain unclear, and there is a lack of clarity about the reliability and validity of coping strategies measure <li data-bbox="611 507 2074 611">• Selection bias: lack of details about the recruitment and response rate of the sample mean that selection bias cannot be ruled out, however it might be tentatively suggested that the impact of selection bias is likely to be small given the use of a nationally representative sample

Summary: Within the context of a cross-sectional study, this study received a rating of 'fair' as there appeared to be some attempts at managing risks of bias (e.g. large representative sample, control of potential confounding variables in statistical analysis).

Study	Quality Rating	Risk(s) of bias
Podaná & Imříšková (2016)	Fair	<ul style="list-style-type: none"> • Recall bias: due to cross-sectional design, both exposure and outcome had already occurred, therefore the presence/severity of the outcome may have influenced recall of the exposure • Measurement bias: there is a potential for measurement bias due to different approaches to data collection for male and female participants. However, the different approaches to data collection were informed by evidence to reduce the likelihood of non-response bias, therefore this may actually reduce the chance of bias rather than increase it • Sampling bias: Whilst the disparity in timeframe between recruitment of male and female participants may pose potential for bias in the between-gender comparisons, this bias is likely to be less pronounced (although still present) for the statistics that consider the whole sample whereby both timeframes are considered within one overall sample. • Confounding: control variables were not used in the relevant analysis, which in combination with cross-sectional design, limits the extent to which the conclusions can be confidently asserted <p>Summary: it appears that there are some weaknesses to this study, however it appears that procedures were planned to reduce the main risks of bias, therefore, overall this appears to be a study of fair quality</p>

Study	Quality Rating	Risk(s) of bias
(Purcell et al., 2012)	Good	<ul style="list-style-type: none"> Recall bias: due to cross-sectional design, both exposure and outcome had already occurred, therefore the presence/severity of the outcome may have influenced recall of the exposure Measurement bias: during data collection there was a lack of control of conditions in which participants responded to the questionnaire. There was also a lack of clarity about reliability and validity of the coping strategies measure <p>Summary: Within the context of a cross-sectional study, this study received a rating of good as there appeared to be robust attempts at managing risks of bias (e.g. large representative sample, controlling for multiple confounding variables). Comparative to other cross-sectional studies, the findings of this study are more convincing due to the strengths of the study design and analysis. It is noted that the rating of 'good' remains in the context of all studies being cross-sectional.</p>

Cross-sectional design therefore inherently inhibits determining causation however more robust study designs were not detected. It is hypothesised this was due to ethical issues of knowingly allowing stalking to continue if a prospective design were used, therefore it is important to note that all ratings for quality assessment remain in the context of cross-sectional design.

2.5.2.2 Selection bias

Six studies were at risk of selection bias (see Table 11). Sampling methods were too inadequately reported to confidently rule out the potential for selection bias in three papers. For example, sampling methods such as opportunity/convenience and snowball sampling may have been biased toward selecting participants who were more likely to connect with external sources of support (e.g. victim support organisations used for convenience sampling). Seeking external support was often included on behavioural measures of coping strategies, therefore there may have been a difference in coping strategies between those who participated and those who did not.

Three studies may have been impacted by selection bias to a lesser extent). One study did not detail sampling methods although reported attempts to recruit participants who may not have engaged in help-seeking behaviours. Another study reported a response rate above 50% which will have limited the impact of selection bias however the sampling frame was not clearly specified so the risk of bias cannot be ruled out. Finally, another study sought a large representative sample

of HCPs however the response rate was below 50% and relied upon voluntary opt-in selection so is likely to have the similar risks of selection bias as the first three studies.

2.5.2.3 Measurement bias

Five studies lacked control over the conditions in which participants responded to survey measures (see Table 11). In four studies there was a lack of established psychometric properties for measures of coping thus may not have provided valid or reliable findings. One study was at risk of researcher bias as the interviewer measured outcomes first, then assessed the exposure (via interview) which may have been biased due to lack of blinding to outcome status.

One study used systematically different data collection methods according to participant gender, however this was informed by evidence regarding reducing the risk of non-response bias, therefore is likely to have reduced the risk of bias rather than increase it.

2.5.2.4 Confounds

In four studies, potential confounding variables were not controlled in the analyses, which in combination with cross-sectional designs, limits confidence in the studies' conclusions. Five studies did control for confounding variables, see Table 12.

Table 12 *Control of Confounding Variables*

Study	Analysis controlled for confounding variables	Confounding variables that were controlled
Acquadro Maran & Varetto (2018)	No	-
Blaauw et al. (2002)	Yes	Decrease in the frequency of stalking The following variables were included in the regression plan but were not significant in the model: Stalker was a former intimate partner, Stalked for longer than three years, Stalking started less than one year ago, Recently stalked daily, Stalking still ongoing
Hensler-McGinnis (2008)	Yes	Cyberstalking stopped/ongoing/unknown ('outcome') , self-identifies as a victim of cyberstalking, duration of cyber stalking, frequency of cyber stalking, intensity of cyberstalking, number of cyberstalking behaviours experienced, prior relationship to cyberstalker, victim sexual orientation, cyberstalker sex, victim academic status, and interactions between resilient coping and each of these variables
Kamphuis et al. (2003)	Yes	Stalking violence (threatened or actual assault), victim openness to experience, non-violent stalking severity, stalking duration
Kraaij et al. (2007)	No	-
Mechanic et al. (2000)	No	-

Study	Analysis controlled for confounding variables	Confounding variables that were controlled
Owens (2017)	Yes	Victim individual/household variables (<i>gender, age, ethnicity, current education status, single parent, relationship status, household size of one</i>) Offender variables (<i>gender, single/multiple offenders, relationship to victim</i>) Event variables (<i>victim identified their experiences as stalking, frequency of stalking in past year, duration of stalking, physical pursuit, number of fear-inducing events</i>)
Podaná & Imříšková (2016)	No	-
Purcell et al. (2012)	Yes	Victim gender, victim age, victim marital status, stalking ongoing, relationship to stalker, number of stalking methods, stalking duration, threatened, assaulted, perceived availability of social support, exposure to adverse life events

2.5.2.5 Strongest study

The study assessed as having the weakest risk of bias was rated as 'good' because it used a nationally representative sample which was clearly detailed with good response rate, was well powered, measured the exposure as a continuous variable, and controlled for multiple confounding variables in the analyses (see Table 11).

2.5.3 Descriptive data synthesis.

Overall, the studies indicated that increased use of behavioural and cognitive coping strategies to cope with being stalked, was associated with increased reporting of negative emotions such as fear, anxiety, depression, and traumatic distress (Blaauw et al., 2002; Kamphuis et al., 2003; Kraaij et al., 2007; Owens, 2017; Purcell et al., 2012). Some studies only found this when stalking severity was lower (Mechanic et al., 2000), or victims were female (Podaná & Imříšková, 2016). In contrast, where a coping typology was studied, participants who used strategies most akin to avoidance or proactive help-seeking ('moving away' or 'moving outward', respectively) reported fewer or less severe symptoms of depression than participants who did not use those strategies (Acquadro Maran & Varetto, 2018). Notably, the coping strategies in the aforementioned studies tended to focus on behavioural or cognitive strategies which were *specific* to the experience of stalking. Where there was an explicit focus on general adaptive coping strategies, one study found no mediating role of adaptive coping strategies on trauma symptoms, following

cyberstalking victimisation (Hensler-McGinnis, 2008). An overview of findings is summarised in Table 13.

2.5.4 Qualitative data synthesis.

As the included studies focused on cognitive coping strategies (three studies) and/or behavioural coping strategies (seven studies), the results will be synthesised under these subheadings. A summary of the statistical results from each study can be found in Table 14.

2.5.4.1 Cognitive coping strategies.

In adult victims of stalking (stalked more than two months-, but less than five years-ago), five cognitive coping strategies were not correlated with negative emotions, and four cognitive coping strategies positively correlated with symptoms of anxiety ($r = .44 - .72$), depression ($r = .48 - .80$) and traumatic distress ($r = .43 - .72$) (Kraaij et al., 2007), see Table 14. An attempt was made to address lack of power whereby only findings where $p < .006$ were considered statistically significant, however the lack of detail reported for partial correlations which controlled for the severity of stalking undermines the extent to which confidence can be maintained in the strength of the associations. Although interesting to learn that self-blame, rumination, refocus on planning, and catastrophising were associated with greater symptoms of distress (see Table 13), the weakness in the design and reporting limit the conclusion that these strategies are unhelpful to stalking victims and the hypothesis that behavioural strategies may have potential for positive impact.

Table 13 *Summary of Study Findings*

Study	Population	Exposure	Outcome	Findings
Acquadro Maran & Varetto (2018)	Italian Health Care Professionals (HCPs) stalked in intimate relationship involving domestic violence (DV)	Y/N questions categorised by Spitzberg's coping typology (Spitzberg, 2002a)	Symptoms of depression: Beck Depression Inventory (BDI; Italian version). Symptoms of anxiety: State-Trait Anxiety Inventory (STAI)	Participants who used 'moving away' or 'moving outward' coping strategies reported lower BDI scores
Blaauw et al. (2002)	Stalking victims registered with Dutch Anti-Stalking Foundation, stalked for over one month in past five years	Number of 'countermeasures' used	Psychiatric symptoms (depression, anxiety, somatic symptoms and social dysfunction): General Health Questionnaire-28 (GHQ-28)	Symptoms less pronounced when victims used fewer countermeasures
Hensler-McGinnis (2008)	University students who have been cyberstalked	Adaptive coping: The Brief Resilient Scale (BRS)	Post-traumatic stress symptoms: Impact of Events Scale – Revised (IES-R)	No evidence that resilient coping moderated the relationship between cyberstalking and trauma symptoms
Kamphuis et al. (2003)	Female victims of stalking (prior intimate relationship with stalker)	Coping strategy categories: Utrecht Coping List (UCL)	Post-traumatic stress symptoms: Impact of Events Scale (IES; Dutch adaptation)	Increased passive coping was associated with increased trauma symptoms.
Kraaij et al. (2007)	Adult stalking victims, stalked more than two months ago but less than five years	Cognitive coping strategies: Cognitive Emotion Regulation Questionnaire (CERQ)	Symptoms of depression and anxiety: Symptom Check List 90 (SCL-90; Dutch translation). Post-traumatic stress symptoms: IES	Use of self-blame, rumination, catastrophising, and focusing on planning in response to the stalking were associated with increased symptoms of depression, anxiety and trauma

Study	Population	Exposure	Outcome	Findings
Mechanic et al. (2000)	Female stalking victims who have experienced DV by stalker	Number of strategic responses, in Standardized Battering Interview	Symptoms of depression: BDI-II. Post-traumatic stress symptoms: Post-traumatic Diagnostic Scale (PDS)	When lower levels of stalking experienced, increased strategic responding associated with greater symptoms of depression and trauma
Owens (2017)	Stalked in preceding 12 month, nationally representative sample (USA)	Number of self-protective behaviours	Open ended question about how the stalking made the participant feel. Researchers coded whether the answer expressed fear or not	Number of self-protective behaviours was positively associated with fear, amongst other predictor variables
Podaná & Imříšková (2016)	Victims of stalking (aged 16 years and over at time of stalking)	12 coping response questions to form three categories	Two 5-point scales to rate fear for own and others' safety	Female victims who used proactive behaviour reported greater fear than those who used avoidance or passive coping, and greater fear than males who used proactive behaviour
Purcell et al. (2012)	Victims of prolonged stalking that caused fear in nationally representative Australian sample	The Billings & Moos Coping strategies measure	Psychiatric symptoms: GHQ-28. Post-traumatic stress symptoms: IES	Those who used avoidance coping more likely to report increased psychiatric and trauma symptoms than if cognitive coping used. Behavioural coping weakly associated with increased chance of meeting caseness threshold on IES

Table 14 *Statistical Findings From Each Study*

Study	Exposure	Outcome	Statistical test(s)	Summary of statistical findings
Acquadro Maran & Varetto (2018)	Coping typology (five categories)	BDI, STAI	Mann-Whitney U Spearman's Rho	Those who used 'moving away' coping strategy had lower BDI scores ($Mdn = 1, n = 60$) than those who did not use 'moving away' ($Mdn = 7, n = 36$), $U = 1438.0, z = 2.792, p = .005$, effect size $r = .28$. Those who used 'moving outward' coping strategy had lower BDI scores ($Mdn = 1, n = 56$) than those who did not use 'moving outward' ($Mdn = 5.5, n = 40$), $U = 1518.0, z = 3.048, p = .002$, effect size $r = .31$
Blaauw et al. (2002)	Number of 'countermeasures' used	GHQ-28	Regression	"The regression analysis showed that 9% of the high levels of symptoms was explained ($R^2 = .09, F = 9.14, df = 2,180, p < .001$) by two indicator variables: a decrease of the frequency of stalking ($B = 4.31, SE B = 1.38, \beta = .22, p < .005$) and the number of countermeasures ($B = 3.47, SE B = 1.30, \beta = .19, p < .01$)."
Hensler-McGinnis (2008)	The Brief Resilient Scale (BRS)	IES-R	Regression	42.8% of the variance was explained by a number of variables included in the model. Resilient coping interacted with other variables ($p < .001$), however such interactions only predicted a further 1.4% of the variance, thus no significant moderating effect of resilient coping on trauma symptoms was found

Study	Exposure	Outcome	Statistical test(s)	Summary of statistical findings
Kamphuis et al. (2003)	Utrecht Coping List (UCL)	IES	Regression	<p>Passive coping was a significant (positive) predictor ($B = 2.88$, $SE B = 1.21$) of IES scores ($p = .02$), overall 30% of variance of IES scores was explained by the model</p> <p>$n = 44 - 47$ (not specified for each test). Significant relationships were found between self-blame and symptoms of depression $r = .61$, anxiety $r = .51$, intrusion (trauma) $r = .45$, avoidance (trauma) $r = .43$. Significant relationships found between rumination and symptoms of depression $r = .80$, anxiety $r = .72$, intrusion (trauma) $r = .72$, avoidance (trauma) $r = .43$. Significant relationships found between refocus planning and symptoms of depression $r = .48$, anxiety $r = .44$, intrusion (trauma) $r = .50$, avoidance (trauma) $r = .61$. Significant relationships found between catastrophising and symptoms of depression $r = .55$, anxiety $r = .52$, intrusion (trauma) $r = .50$, all $p < .006$. It is reported that partial correlations were undertaken, however the values were not reported</p>
Kraaij et al. (2007)	Cognitive Emotion Regulation Questionnaire (CERQ)	SCL-90, IES	Correlation	<p>$n = 48$ (mid-range of severity of stalking, removed to enable comparisons of extremes). In the relentless stalking group, non-significant findings were made. In the infrequently stalked group, strategic responding was found to be significantly associated with symptoms of trauma $r = .42$, $p = .02$</p>
Mechanic et al. (2000)	Number of strategic responses	BDI-II, Post-traumatic Diagnostic Scale (PDS)	Correlation	<p>$n = 48$ (mid-range of severity of stalking, removed to enable comparisons of extremes). In the relentless stalking group, non-significant findings were made. In the infrequently stalked group, strategic responding was found to be significantly associated with symptoms of trauma $r = .42$, $p = .02$</p>

Study	Exposure	Outcome	Statistical test(s)	Summary of statistical findings
Owens (2017)	Number of self-protective behaviours	Expression of fear	Odds ratio from logistic regression	$n = 1,007$ due to missing data. The odds of expressing fear were increased when participants used increased numbers of self-protective behaviours, $OR = 1.14, p < .001, SE 0.03$
Podaná & Imříšková (2016)	Three coping strategy styles	Fear	Mean difference	Female victims who used proactive behaviour tended to express more fear ($M = 3.3$) than female victims who used avoidant ($M = 2.45$) or passive coping ($M = 2.62$), $F = 7.00, p < .01$, and male victims who used proactive behaviour ($M = 2.50$), $t = 2.54, p < .01, d = .63$ For GHQ-28 scores, $R^2 = 0.238, p < .001$, with avoidance coping $\beta = 0.33, p < .001$, and cognitive coping and behavioural coping non-significant. Being threatened; and experiencing ongoing stalking were also significant predictors. For IES scores, $R^2 = 0.301, p < .001$, with avoidance coping $OR 1.04$ (CI 1.02 – 1.06), $p < .001$, and behavioural coping $OR = 1.02$ (CI 1.00-1.05), $p < .05$. Stalking duration was also a significant predictor. "Odds of caseness on the IES also increased by 1.23 for each 10% increase in behavioural coping score. Similarly, odds of IES caseness increased by 1.35 for each 10% increase in avoidance coping score." (p.10)
Purcell et al. (2012)	Billings & Moos Coping strategies measure	GHQ-28, IES	Regression	

In cyberstalked university students, adaptive cognitive coping strategies were found not moderate trauma symptoms (only 1.4% variance explained) (Hensler-McGinnis, 2008). This was the only study to explicitly consider adaptive coping, although it was considered as a general coping concept rather than stalking-specific. Although Hensler-McGinnis (2008) focused on only one measure of negative emotions, traumatic distress is closely linked with the legal requirement for distress, thus retains ecological value despite narrow focus. Transparent reporting of non-significant values builds on the findings above which, cumulatively, begin to suggest that cognitive coping strategies used to cope with stalking do not bear a helpful relationship with negative emotions.

In a study that considered both cognitive and behavioural coping strategies in a nationally representative sample of stalking victims, again, no significant findings were made with regard to the role of cognitive coping strategies and the depression, anxiety or traumatic distress associated with the experience of stalking (Purcell et al., 2012). This study addressed shortcomings of Kraaij et al. (2007) by considering both cognitive and behavioural strategies simultaneously yet also found that behavioural strategies were potentially unhelpful, in contrast to the hypothesis postulated by Kraaij et al. (2007). The quality assessment found Purcell et al. (2012) to be most resistant to the risks of bias, therefore might be considered to hold the greatest weight in terms of the conclusions it offered, supporting the

implication that *adaptive* cognitive coping may support emotional recovery thus warrants more robust investigation.

Overall, despite disparity of study populations, there were common findings regarding cognitive coping strategies (see Table 13). It is therefore suggested that cognitive coping strategies do not have a helpful impact on alleviating negative emotions. It appears most likely that there is no significant relationship, with a suggestion that increased use of some cognitive coping strategies may be associated with increased negative emotions. There remains a lack of clarity regarding the role of *adaptive* cognitive coping, which has been postulated to offer a helpful impact on negative emotions. To assert or refute this conclusion and hypothesis with more confidence, future research could consider adaptive cognitive coping strategies that are both general and specific to stalking, whilst controlling for stalking severity, to ascertain if there is a distinction between the role of each.

2.5.4.2 Behavioural coping strategies.

Due to a larger number of studies that focused on behavioural coping strategies, with multiple measures of negative emotions, data will be synthesised in relation to each type of negative emotion.

Fear. Agreement was found across two studies (see Table 13) whereby increased use of 'self-protective' or 'proactive' coping was associated with increased fear (odds ratio 1.14, $p < .001$ Owens, 2017; $t = 2.54$ and $F = 7.00$, $p < .01$, Podaná & Imříšková, 2016),

see Table 14. Both studies encapsulated a range of behaviours within the definitions, they shared similarities regarding help-seeking and changing one's own behaviours however Owens' (2017) included 'avoidant' behaviours which Podaná and Imříšková (2016) found to be statistically distinct from proactive behaviours.

Although Podaná and Imříšková (2016) refined the definitions of coping strategies, the findings are limited in practical application as the average rating for the female victims who used avoidance was between 'often' and 'always' fearful, and the average rating for females who used other strategies and the males who used avoidance was between 'sometimes' and 'often'. Alongside unsubstantiated psychometric properties of the scales, this indicates potential overlap in the amount of fear associated with each coping strategy.

Whilst Podaná and Imříšková (2016) attempted to attend to severity, Owens (2017) created a clearer distinction between presence/absence of reported fear which bears greater relevance to the legal threshold which considers presence/absence rather than severity. Although there was potential for researcher bias to impact the coding of fear, Owens' (2017) study was likely to be more resistant to risks of selection bias and confounding than Podaná and Imříšková (2016), adding weight to the assertion that self-protective behaviours are associated with fear. The nature of cross-sectional studies precludes the possibility of making causal inferences, thus it cannot be confidently concluded whether the behavioural coping

strategies increased fear, were increased by fear, or had a more nuanced (non-causal) relationship with fear.

Trauma. Three studies indicated that increased behavioural coping was associated with increased symptoms of traumatic distress (see Table 13). The study most at risk of bias found that only when lower levels of stalking were experienced, 'strategic responding' (i.e. help-seeking from professionals) was associated with greater symptoms of trauma ($r = .42, p = .02$) (Mechanic et al., 2000). In contrast, Kamphuis et al.'s (2003) study, deemed more resistant to risks of bias, did not find a significant relationship between support-seeking, or active coping efforts and trauma symptoms, whilst a weak association was found by Purcell et al. (2012) (odds ratio 1.02, CI 1.00 – 1.05, $p < .05$), a study more robust to risk of bias and clinically relevant in terms of using a diagnostic threshold to define caseness.

Both Kamphuis et al. (2003) and Purcell et al. (2012) reported findings which indicated coping strategies characterised by avoidant coping, withdrawal and passivity made a significant contribution to the variance in scores on measures of trauma ($B = 2.88, p = .02$, model explained 30% variance, and odds ratio 1.04, CI 1.02 – 1.06, $p < .001$, model also explained 30% variance, respectively). Again, the hypothesis arose in the authors' discussions that trauma symptoms may be tempered, rather than increased or unaffected by coping strategies, if *proactive* behavioural coping strategies are considered in future research. Whilst Mechanic et al.'s (2000) study

offers tentative evidence that proactive efforts are associated with increased trauma symptoms, the weaknesses of the study do not preclude the rationale for further investigation. Overall, avoidant or passive coping strategies may in part account for the severity of trauma symptoms, however cross-sectional design again limits the extent to which these findings can be interpreted as causal.

Anxiety and depression. Two studies considered anxiety and depression within one measure, one study considered them separately and one study considered only depression (see Table 13). Again, cross-sectional designs inhibited causal conclusions.

In the two studies that considered anxiety and depression together, increased use of 'countermeasures' (Blaauw et al., 2002), specifically avoidance (Purcell et al., 2012), was associated with increased GHQ-28 scores even when frequency/presence of continued stalking was controlled for ($B = 3.47$, $SE B = 1.30$, $\beta = .19$, $p < .01$, 9% of variance in symptoms explained, and $\beta = 0.33$, $p < .001$, with 23.8% of variance in symptoms explained, respectively). The definition used by Blaauw et al. (2002) included avoidant, help-seeking, self-protective and confrontational coping behaviours, whereas the measure used by Purcell et al. (2012) identified specific types of coping strategies which enabled analysis to be more specific, which in combination with more rigorous methods may explain why 23.8% of the variance in symptoms was explained in Purcell et al. (2012)'s study compared to 9% in Blaauw et al.'s (2002). Further to this, the

GHQ-28 score considers symptoms of depression, anxiety, social dysfunction and somatic symptoms collectively thus it cannot be concluded that the findings relate specifically to anxiety and/or depression, but rather might be a reflection of psychopathology more broadly. However, it can be maintained that overall the coping strategies did not provide relief from negative outcomes.

The study that considered anxiety and depression separately found no significant impact regarding anxiety, although did find that participants who used 'moving away' and 'moving outwards' coping strategies reported lower scores for depression; $U = 1438.0$, $z = 2.792$, $p = .005$, with effect size $r = .28$, and $U = 1518.0$, $z = 3.048$, $p = .002$, with effect size $r = .31$, respectively (Acquadro Maran & Varetto, 2018). The analysis did not control for confounds, and the median BDI score for both those who did and did not use each coping strategy was in the clinically 'mild' (i.e. lowest) range. Therefore, aside from limited confidence in the study not being at risk of bias, the role of coping strategies was minimal, at best.

The study that considered depression alone found that when stalking severity was lower, 'strategic responding' (i.e. help-seeking from professionals) was not associated with symptoms of depression ($r = .28$, $p = .12$) (Mechanic et al., 2000). The lack of statistically significant findings in combination with aforementioned weaknesses, undermines the study's assertion that help-seeking style coping strategies were associated with greater reports of depression.

Overall, relationships were detected between behavioural coping strategies and symptoms of anxiety and depression in both helpful and unhelpful directions (an association with anxiety less likely than one with depression). However, methodological issues regarding clinical relevance, measurement, statistical analysis, and cross-sectional design weaken the confidence in these findings.

2.5.5 Quantitative data synthesis.

The study characteristics, risks of bias, and statistical techniques were too heterogenous to synthesise with meta-analysis/forest plot.

2.6 Discussion

Overall, stalking victims' cognitive coping strategies were not found to bear a relationship with negative emotions, with a suggestion of a potentially unhelpful role. With regard to behavioural coping strategies, avoidant or passive strategies were found to contribute to explaining the variance in trauma symptoms, and there were weaker indications that behavioural coping strategies may have a role regarding depression, and less likely with anxiety.

Whilst some evidence is fairly convincing, the cross-sectional design used in all of the studies precludes the possibility of inferring causal relationships. Therefore, in response to the review question '*How effective are stalking victims' coping strategies in managing the negative emotions that arise from the experience of being stalked?*' it is not possible to comment on *effectiveness* of coping strategies

due to the lack of a temporal component in all studies. It is, however, possible to acknowledge that cognitive coping strategies were generally unrelated to negative emotions, and that behavioural coping strategies had the most convincing and clinically relevant association with symptoms of traumatic distress when the strategies were considered in terms of avoidance or passivity.

Some studies had more stringent inclusion criteria than others, however, all studies focused on adult victims of stalking, whereby the most convincing findings (regarding trauma symptoms) were substantiated by studies of female victims (The Netherlands and USA), or those from a nationally representative sample (Australia). It is therefore argued that the findings of this review regarding trauma symptoms might be reasonably generalisable in Western cultures given that females tend to be more likely than males to be victimised by stalking (Cupach & Spitzberg, 2014).

The studies had varying strengths and weaknesses regarding risks of bias, whereby recall bias was present in every study. Other common risks of bias were potential confounding variables in statistical analysis, measurement bias relevant to the measurement of coping strategies and/or negative emotions, and selection bias when non-representative samples were used. It was noted that some studies made attempts to reduce bias, for example recruitment strategies to minimise non-response bias, seeking nationally representative samples, ensuring sufficient statistical power, and controlling for

multiple confounding variables. Only one study employed multiple strategies to attempt to manage risks of bias and thus received a rating of 'good' comparable to the other studies which were rated as 'fair' in terms of resistance to risks of bias.

2.6.1 Conceptual framework

The findings from this systematic review as discussed above are summarised into a diagram in Figure 3. To fully represent the findings of this chapter, solid lines represent relationships between variables, faded lines indicate possible weak relationships, and faded dashed lines indicate associations that were not substantiated. The diagram will be updated in the chapters that follow.

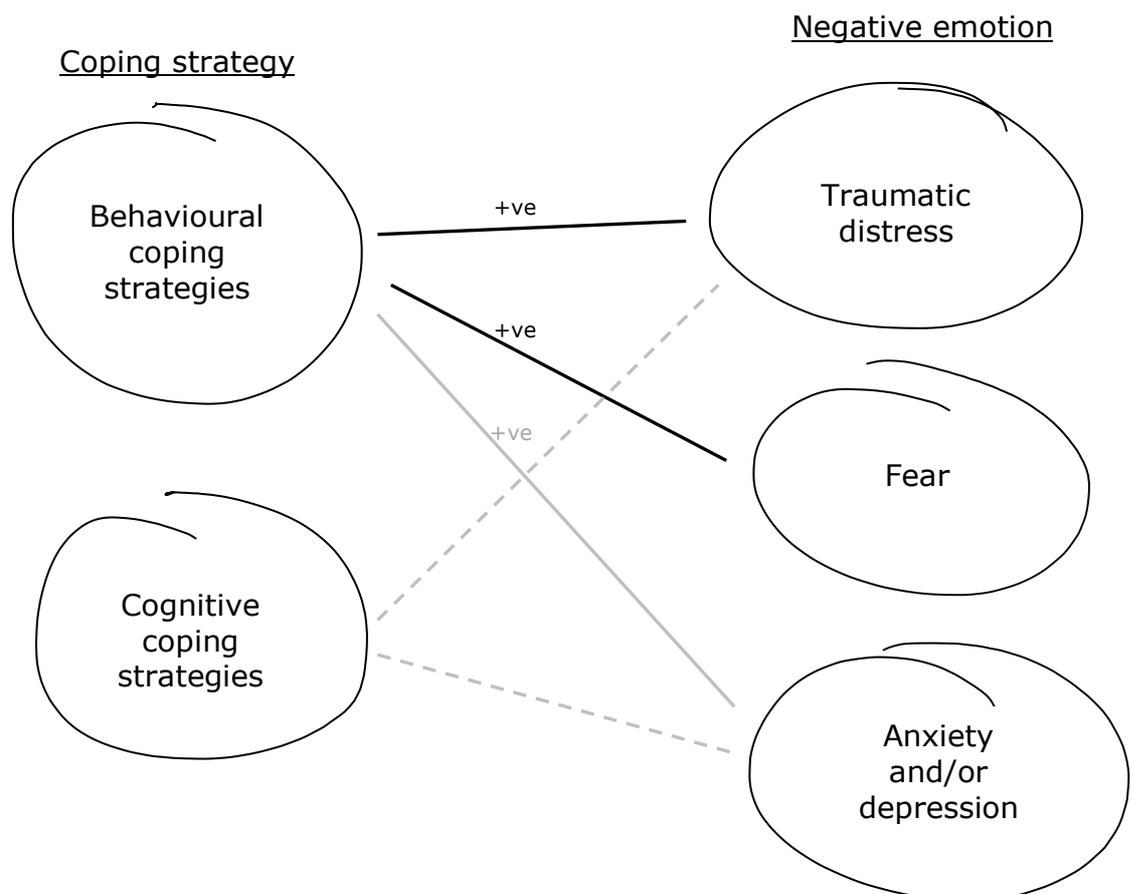


Figure 3 Conceptual framework: systematic review findings

2.6.2 Implications

Cognitive and behavioural coping strategies had different roles regarding negative emotions, for stalking victims. Studies which found lack of, or potentially unhelpful, relationships between cognitive or passive behavioural coping, and negative emotions, generally hypothesised that active behavioural coping (including avoidance) may mitigate the unhelpful direction or lack of association. Other studies, however, indicated that active behavioural coping strategies (including avoidance) may also have an unhelpful role for negative emotions (i.e. increased attempts at coping associated with increased negative emotions). It might be inferred that the coping strategies measured in these studies represented an attempt to exert cognitive or behavioural control in an uncontrollable situation which may have in itself increased distress (Thoits, 1995). Therefore, future research may add clarity by considering emotion-focused coping strategies such as relaxation techniques.

With regard to the need to support victims to cope (Taylor-Dunn et al., 2017), the studies generally attended to the coping responses unique to stalking victims, with some studies considering stalking victims who had experienced additional forms of abuse. However, the findings of this review support the consideration of general adaptive coping in future research, as it may offer a more useful way to inform practice, for example through relaxation techniques or strategies to reduce vulnerability to increased distress from maladaptive coping.

The findings of this review also support the proposal that defining the offence by the perpetrator's behaviour (rather than the victim's emotional response) may be useful in developing early intervention services/strategies to cease the stalking before the commencement of avoidant or passive coping. Whilst valuable to aid early intervention, there could be practical difficulties in defining the offence solely by perpetrator behaviours given the large range of possible behaviours, which can be interpreted as neutral when considered in isolation (McEwan, Simmons, Clothier, & Senkans, 2020). However, using victim impact to define stalking is not considered reliable (McEwan et al., 2020).

Consideration of context may provide a way to focus on defining the offence by the perpetrator's behaviour, in particular the overall pattern of behaviour. When there is repeated engagement in behaviours that may contribute to stalking, the behaviours persist beyond two weeks (Purcell, Pathé, & Mullen, 2004) and include behaviours such as making threats of harm (Johnson & Thompson, 2016), the risk of the stalking persisting and having negative emotional impact for the victim is increased (Mullen, Pathé, & Purcell, 2009). This threshold should be considered with priority and seriousness given that it also predicts increased likelihood of escalation into serious violence such as murder and attempted murder (Sheridan & Roberts, 2011). A limitation of this approach is that the behaviours may have been commenced by the perpetrator prior to the victim 'counting' them (in terms of frequency and/or

relevance). This means that the threshold may have been crossed sooner than is identified by the victim or professionals. This highlights the need for increasing public awareness of stalking behaviours and thresholds to enable victims and others in their life to more efficiently identify when this is happening, to support their efforts to seek help. To consider the pattern of behaviours as 'unwanted' could avoid criminalising behaviours that are not stalking, without placing pressure on the victim to experience a specific emotional response.

Consideration of early intervention is pertinent as this review cannot rule out the possibility that increased attempts at coping may have either followed negative emotions rather than preceded them, or held a reciprocal role in the continuation or escalation of the stalking. Further, by defining the offence by the perpetrator's behaviour, it may be possible to develop an understanding of a greater range of characteristics of stalking behaviours and the associated impacts for victims. In accordance with observations made by Owens et al. (2015), the literature reviewed here may represent only those who experienced sufficient negative emotion to deem it necessary to use the discussed coping strategies. It therefore remains possible that those who have effectively used *adaptive* coping strategies may not consider themselves a victim due to the unfulfilled (or alleviated) fear requirement.

2.6.3 Limitations

In the context of the constraints of a practitioner doctorate it was not possible to have a second reviewer for the entirety of the process. Therefore, second reviewing of the quality assessment stage was prioritised as this was anticipated to have greatest influence on data synthesis. Although second reviewing throughout is recommended for systematic reviews, single review at screening and selection stages has been deemed an appropriate approach where second screening has not been possible due to constraints on resources (Waffenschmidt, Knelangen, Sieben, Bühn, & Pieper, 2019).

To address the limitation of having a single reviewer, a screening form was completed for every paper screened in addition to every paper that was subsequently reviewed at the selection stage. This was done to increase the transparency of the review process by enhancing the detail recorded in the audit trail.

Although it was not possible to provide a direct answer to the review question with regard to *effectiveness*, the review was useful in highlighting the lack of relevant study designs employed in stalking victim research to establish the effectiveness of coping strategies in managing negative emotions, as well as summarising the current evidence about observed associations.

2.6.4 Recommendations

To determine causality, future research would benefit from prospective study designs, particularly with regard to bolstering findings regarding traumatic distress and clarifying findings regarding anxiety and depression. However, it is acknowledged that ethical limitations may preclude prospective studies of stalking victimisation, particularly when there is suggestion that early intervention focused on cessation of the stalking may be a valuable research endeavour.

Future studies could consider whether there is a distinction to be made between general adaptive coping and stalking-specific coping, as well as between emotion-focused, cognitive, and behavioural coping strategies. It is also recommended that studies defining stalking by the pattern of the perpetrator's behaviour (in terms of frequency and persistence) rather than the victim's emotional state, may enrich the literature by developing a broader understanding of coping and emotions in response to being stalked.

2.6.5 Conclusions

The cognitive and behavioural coping strategies used in response to stalking were observed to have an unhelpful, or at best, lack of association with negative emotions. Use of coping strategies as attempts to control the uncontrollable nature of stalking may have increased distress. The lack of prospective study designs inhibited establishing whether these findings can explain the *effectiveness* of stalking victims' coping strategies in managing negative emotions.

Future research would benefit from defining stalking or intrusions by the perpetrators behaviours rather than the victim's emotional response to enrich an understanding of the range of experiences for people who have been subject to such intrusions. Similarly, developing an understanding of emotion-focused coping, general adaptive coping, and early intervention may offer opportunities to alleviate negative emotions.

Chapter 3: Primary study

Understanding Resilience in Victims of Obsessional Relational

Intrusion

The systematic review in chapter two that found stalking victims' use of coping strategies were associated with increased negative emotions (or, at best, had a lack of association with negative emotions), however it was discussed that the findings may not represent the full scope of victim experiences because stalking is defined by the victim's emotional response rather than simply the perpetrators behaviour. As such, this chapter sought to use a broader definition than 'stalking' to capture a fuller range of victim experiences. Similarly, this study took a broader strengths-based perspective by considering resilience, of which coping strategies form one part therein.

In this chapter, an overview of literature regarding resilience in victimisation is presented, which informed four research questions. This study took a strengths-based approach to victim research by investigating the role of resilience in people who have experienced obsessional relational intrusion.

3.1 Abstract

Objective: This study investigated whether coping self-efficacy, coping strategies and positive outcomes have a role in resilience of obsessional relational intrusion (ORI) victims.

Design: To anonymously reach UK general population adults, a cross-sectional design with online survey was used. ORI victims and non-victims were matched for age and gender.

Methods: Participants were recruited online, $N = 340$ ($n = 170$, per condition). All participants answered the General Self-Efficacy Scale, ORI victims responded to: Cluster ORI-Victimization Short-Form, Coping, and Symptoms (brief version).

Results: ORI victims and non-victims did not differ on coping self-efficacy. Multiple regressions found that in ORI victims, experience of ORI ($p = .003$), and coping strategies of moving inwards ($p = .004$), against ($p = .012$) and away ($p < .001$) predicted 59.6% of the variance in negative outcomes. Coping strategies moving outwards ($p = .024$), against ($p = .012$), and towards ($p < .001$), and coping self-efficacy ($p < .001$) predicted 51.4% of the variance in positive outcomes.

Conclusions: Theoretical conceptualisations of resilience as protective factors, processes of adaptation, and positive outcomes are useful in understanding the impact of ORI on victims, thus have potential

application in developing intervention/prevention or strategies. Future research would be improved with qualitative or prospective designs, to analyse the depth of the experience, or temporal sequences in resilience of ORI victims, respectively.

3.2 Keywords

Resilience, victim, obsessional relational intrusion, stalking

3.3 Background

'Obsessional relational intrusion' (ORI) is broader than 'stalking', defined as "repeated and unwanted pursuit and invasion of one's sense of physical or symbolic privacy by another person, either stranger or acquaintance, who desires and/or presumes an intimate relationship" (p.234-235, Cupach & Spitzberg, 1998).

ORI and stalking are not limited to sensational occurrences involving celebrities, meaning they are a "prevalent social problem" (Spitzberg et al., 1998). Research regarding psychological impacts of victimisation by stalking and/or ORI (SORI) focuses on negative outcomes such as symptoms of anxiety, depression, panic disorder (Kuehner, Gass, & Dressing, 2007), post-traumatic stress disorder (Purcell, Pathé, & Mullen, 2005), fear (Boon & Sheridan, 2001; Nicastro, Cousins, & Spitzberg, 2000; Sheridan, Davies, & Boon, 2001), distress and upset (Budd & Mattinson, 2000). Similarly, a cross-sectional study offers suggestion that increased length of time of both real and anticipated intrusion poses the potential for outcomes to be worsened (Purcell et al., 2012). Overall, there has been a bias in the literature, focusing on negative outcomes with little acknowledgment of resilience (Spitzberg, 2002b; Spitzberg & Cupach, 2003).

The bias in the ORI and stalking literature means that advice given by professional bodies is based on predominantly hypothesis driven

literature (Cupach & Spitzberg, 2014), focused on avoiding the intrusion, without considering victim resilience, see Figure 4.



Figure 4 Advice for Victims (Suzy Lamplugh Trust, 2016)

3.4 Resilience

The literature aimed at supporting victims of SORI tends to focus on avoiding escalation of the intrusion due to its erratic nature (Cupach & Spitzberg, 2014), rather than understanding the role of victim resilience (Cupach & Spitzberg, 2014). Research in victimisation has found increased resilience is linked with reduced negative outcomes, for example in intimate partner violence (IPV) (Jose & Novaco, 2016),

childhood sexual abuse (Wilcox, Richards, & O’Keeffe, 2004), and families of victims of traumatic crimes (Wu, 2011). However, definitions of resilience within these studies lack consistency as they relate to belief in ability to adapt, experience of growth following adversity, and a personality characteristic that enables adaptation, respectively.

A review of resilience and victimisation evidence highlighted that resilience can be conceptualised as a framework comprising three components (Dutton & Greene, 2010):

- **Protective factors:** do pre-existing protective factors buffer against negative outcomes when adversity is experienced?
- **Process of adaptation:** do coping strategies used during adversity improve the subsequent outcomes?
- **Positive outcome:** following survival of adversity, do growth or other positive outcomes occur?

It remains unclear if and how these components relate to one another (Dutton & Greene, 2010), including for ORI. As discussed, ORI victimisation is a prevalent problem associated with negative outcomes, further, chapter two found cognitive coping had no role and increased behavioural coping is related to increased negative emotional impact for stalking victims, thus there is a need to clarify the role of resilience for people who experience unwanted intrusions.

3.4.1 Self-efficacy

This study will consider the protective factor of self-efficacy in relation to coping. Coping self-efficacy (CSE) is how much one believes in their ability to cope with stressors (Schwarzer & Warner, 2013), whereby CSE is theorised to influence enactment of coping strategies (Bandura, 1977). An intervention to increase CSE has been found to reduce distress arising from stalking (Gallas, Bindeballe, Gass, & Dressing, 2009), however the relationship with enacted coping responses therein remains unclear. The role of CSE for people who have experienced ORI, rather than stalking, remains unclear.

3.4.2 Coping strategies

Coping strategies are adaptations of thoughts and behaviours to attempt to minimise distress (Miceli & Castelfranchi, 2001). The ORI literature suggests that coping strategies have a complex role in the relationship between ORI and negative outcomes (Nguyen, Spitzberg, & Lee, 2012). In the absence of other ORI research, the stalking literature offers findings about coping strategies in relation to unwanted intrusions that meet the threshold for stalking, that is, have a legal requirement to elicit fear in the victim.

Cognitive coping strategies such as rumination, self-blame, and planning (but not necessarily enacting) behavioural responses, have been found to contribute to increased negative outcomes of stalking, beyond the impact of stalking itself (Kraaij et al., 2007). Similarly, avoidant strategies used by stalking victims have been found to relate

to increased negative outcomes compared with other strategies (Purcell et al., 2012). However, there is a need for caution in considering coping strategies in response to unwanted intrusions. Strategies to avoid contact with the pursuer also limit opportunities for interaction, which is important because interaction can precipitate violence towards the victim (Bendlin & Sheridan, 2019; Sheridan & Roberts, 2011; Thompson, Stewart, & Dennison, 2020).

The complexity of the role of coping strategies has been emphasised in recent behavioural sequential analysis which indicates that even with minimal response from the victim the stalker may continue, yet extreme efforts to avoid contact from the stalker also appeared to precipitate escalation including attempted murder of the victim (Quinn-Evans, Keatley, Arntfield, & Sheridan, 2019).

Five empirically derived coping strategies relevant to ORI have been identified (Spitzberg & Cupach, 2003):

- Moving inward: concentration on the self, e.g. self-blame
- Moving outward: connecting with others, e.g. social and/or professional support networks
- Moving toward: reasoning with the pursuer, e.g. negotiating the definition of the relationship
- Moving away: avoiding the pursuer, e.g. changing daily routines
- Moving against: conflict with the pursuer, e.g. attempting to intimidate

Whilst there is suggestion that some strategies encourage cessation of intrusion or negative outcomes, it remains unclear whether any strategies may bear a relationship to positive outcomes. Therefore, this study provides an opportunity to add clarity to the ORI literature.

3.4.3 Positive outcomes

There has been a lack of focus on positive outcomes (Ryff & Singer, 1998) including in ORI research. As stalking requires negative outcomes to be legally classified as stalking, it appears the SORI literature has paid little attention to the idea that positive outcomes may be possible (Cupach & Spitzberg, 2004).

In other areas, it has been found that victims of IPV can experience positive outcomes such as personal strength and appreciation of life, thus develop resilience as a positive outcome (Cobb, Tedeschi, Calhoun, & Cann, 2006). Therefore, observation of positive outcomes will be important in understanding how resilience applies to experiences of ORI. Positive outcomes are less well defined than negative outcomes however there may be positive outcomes relevant to ORI (Spitzberg, 2014), as follows:

- Personal resilience: Increased sense of agency and personal strength
- Relationship improvement: Improved relationship with the pursuer

- Social resilience: Renewed appreciation for family and friendships
- Spiritual resilience: Feeling more positive about life and the future
- Openness resilience: Increased sense of adaptability
- Coping resilience: Renewed confidence in ability to cope with problems

3.5 Purpose

This study aims to further develop an understanding of resilience in people who have experienced ORI. Understanding resilience in relation to experiences of ORI could be useful in enhancing psychologically informed services for people who have experienced stalking-like intrusion, and those at risk of being victimised. This contribution could be through developing intervention and prevention strategies to enhance resilience as:

- Coping self-efficacy to exist before victimisation; and/or
- Identifying useful coping strategy(s) to use during victimisation; and/or
- Increasing the possibility of positive outcomes which follow after victimisation

The potential to enhance resilience presents the possibility of reducing need for resources responding to the negative outcomes for people who have experienced ORI (e.g. psychological and/or medical therapies for PTSD, anxiety, depression). Similarly, enhancing

resilience could present a possibility to increase the potential for positive outcomes when ORI is experienced.

3.6 Conceptual Framework

Based on the variables discussed in the background information, a modified conceptual framework presents relationships for exploration in this present study in Figure 5. Findings from the systematic review are represented in grey.

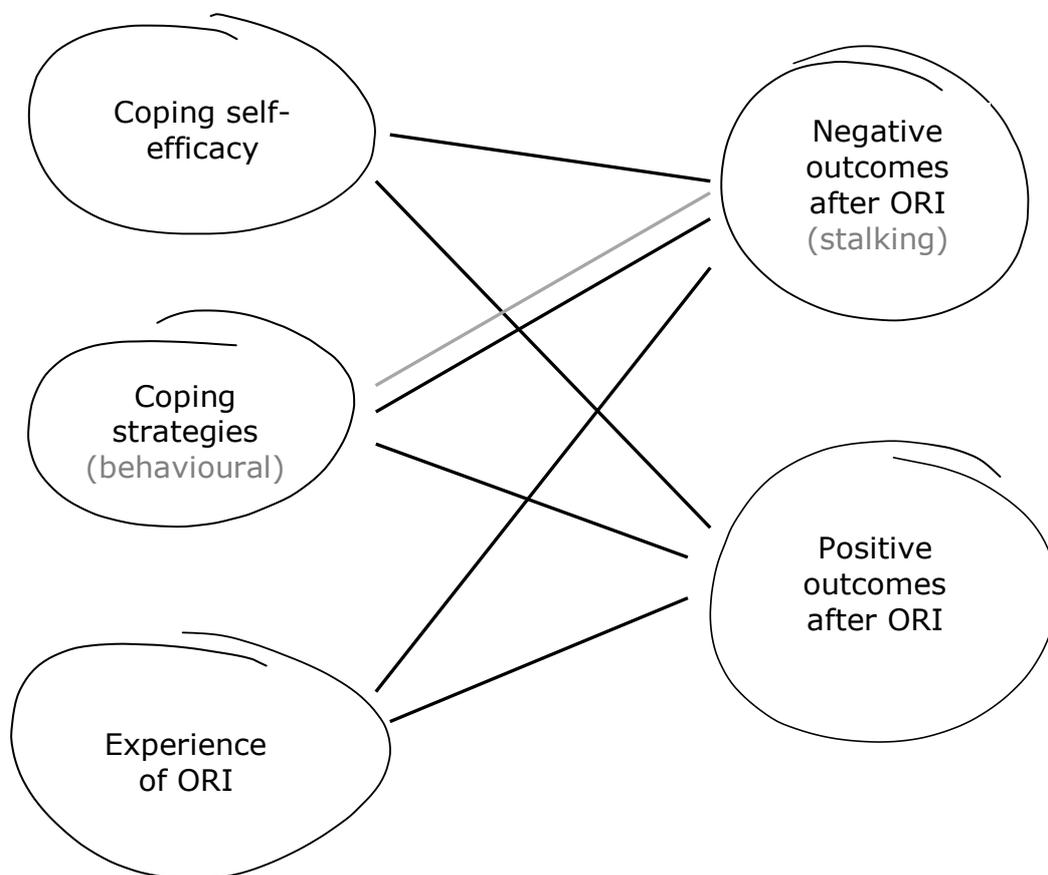


Figure 5 Modified conceptual framework: Primary study questions

3.7 Research Questions

Coping Self-efficacy

1. Is there a difference in CSE between people who have and have not experienced ORI?

Coping Strategies

2. In people who have experienced ORI, is there a relationship between type of coping strategy and:
 - a. Negative outcomes?
 - b. Positive outcomes?

Coping Self-Efficacy and Coping Strategies

3. In people who have experienced ORI, how well do CSE, overall use of coping strategies and experience of ORI predict the variance in ratings of negative outcomes?

Positive Outcomes

4. In people who have experienced ORI, how well do ratings of CSE, overall use of coping strategies and experience of ORI predict the variance in the ratings of positive outcomes?

3.8 Method

3.8.1 Design

A cross-sectional design was used, whereby each participant responded to measures in an online survey. See appendix H for online survey flowchart.

To limit unidentified impact of individual differences, a matched-participants design was used to investigate CSE comparatively between those who had and had not experienced ORI. Participants

were matched on age and gender categories, as young adult women to report experiences of ORI more than other genders or ages (Cupach & Spitzberg, 2014; Office for National Statistics, 2017b, 2020a). For the remaining research questions, a within-participants design was used with the participants who had experienced ORI.

3.8.2 Participants

Participants (UK general population adults, 18y+) were recruited via voluntary response sampling on social media. Online advertisement first targeted those who had experienced ORI, thereafter, sought participants who had not experienced ORI but whom matched the ORI group participants for age and gender. In total, 407 participants responded, 178 participants had experienced ORI (ORI condition) and 229 had not (matched condition). Of the 178 in the ORI condition, 170 had complete data and a corresponding matching control. See Table 15 for summary of responses included and excluded from analysis.

Table 15 *Number of Participant Responses*

	ORI condition (<i>n</i>)	Matched condition (<i>n</i>)
Total responses	178	229
Matched responses (included)	170	170
Unmatched/surplus responses (excluded)	8	59

3.8.3 Power

Where research of a similar nature and thus effect sizes exist (Nguyen et al., 2012) power calculations were made, where $\alpha = 0.05$ and $(1 - \beta) = 0.8$ for two-tailed tests, see Table 16.

Table 16 *A Priori Power Calculations for Multiple Regressions*

Existing effect size	Variable	Variable	Suggested n	Achieved
$r = .54$	Moving inward coping strategy	Negative outcomes	38	Yes
$r = .41$	Moving outward coping strategy	Negative outcomes	70	Yes
$r = .65$	Moving away coping strategy	Negative outcomes	24	Yes
$r = .47$	Moving toward coping strategy	Negative outcomes	52	Yes
$r = .72$	Moving against coping strategy	Negative outcomes	19	Yes
$r = .33$	Moving inward coping strategy	Positive outcomes	111	Yes
$r = .17$	Moving outward coping strategy	Positive outcomes	437	Not feasible
$r = .44$	Moving away coping strategy	Positive outcomes	60	Yes
$r = .21$	Moving toward coping strategy	Positive outcomes	284	No
$r = .38$	Moving against coping strategy	Positive outcomes	82	Yes

In existing research, positive outcomes have been rated by a single item thus produce the greatest variability in power calculations. Considering feasible timescales and the ethical value to expose the smallest number of participants to the smallest risk, the proposed sample size was $n = 284$ for those who have experienced ORI, and n

= 284 for the matched condition as this would likely capture true effects if they exist, with the exception of associations between 'moving outward' and positive outcomes.

Toward the deadline for participant recruitment, the proposed sample size for the association between 'moving toward' coping strategy and positive outcomes had not been achieved ($n = 284$). However, preliminary analysis showed that with $n = 148$ participants per condition, an effect between 'moving toward' coping strategy and positive outcomes was detected despite $n < 284$. Therefore, with $n = 170$ per condition, this study is likely to be sufficiently powered to detect effects if they exist, as outlined above.

3.8.4 Materials

3.8.4.1 Demographic information

Participants were asked to identify their gender (male/female/other), age category, and whether they had experienced ORI. All other materials used were self-report survey style psychometric measures.

3.8.4.2 Coping self-efficacy

The General Self-Efficacy Scale (GSE) (Schwarzer & Jerusalem, 1995) measures perceived self-efficacy to cope with stressful life events. The GSE has 10 Likert-type items, whereby a rating of 1 indicates 'not true at all' to 4 which indicates 'exactly true'. Scores can range from 10 to 40, the greater the score, the more belief in one's ability to cope with stressors. The GSE has been found to be valid and have

good reliability ($\alpha = .88$) in a British sample (Scholz, Doña, Sud, & Schwarzer, 2002).

3.8.4.3 Obsessional relational intrusion

The Cluster ORI-Victimization Short Form (CORI) (Spitzberg, 2012) presents the ORI-Victim Short Form (ORI-42) (Spitzberg & Cupach, 2004) as 10 cluster items. The ORI-42 measures the experience of ORI towards the respondent. Reliability of subscales from ORI-42 which form cluster items are as follows: Hyper-intimacy $\alpha = .86$, Mediated contact $\alpha = .74$, Interactional contact $\alpha = .82$, Harassment $\alpha = .75$, Surveillance $\alpha = .87$, Invasion $\alpha = .83$, Threats $\alpha = .90$, Violence $\alpha = .93$ (Nguyen et al., 2012).

The CORI is rated using Likert-type scales from 0 to 6 to denote increases in frequency, whereby 0 indicates 'never' having been subject to that type of behaviour, and 6 indicates '> 25 times'. Scores range from 0 to 60, the higher the score, the greater frequency and/or variety of ORI behaviours experienced.

3.8.4.4 Coping strategies

The measure named 'Coping' (Brundige & Spitzberg, 2004) has 40 items to measure use of coping strategies specifically in response to ORI. Items are rated on 7-point Likert-type scales, whereby 0 indicates 'never' having used the coping strategy, and 6 indicates having used it '>25 times'. Total scores range from 0 to 240, with subscales as follows:

- Moving inwards (8 items): 0 to 48
- Moving outwards (5 items): 0 to 30
- Moving against (8 items): 0 to 48
- Moving away (12 items): 0 to 72
- Moving towards (7 items): 0 to 42

The higher a subscale score, the more that coping strategy has been used. The higher the overall score, the greater the overall frequency and/or variety of coping strategies used. The subscales have acceptable-to-good reliability, as follows: moving inward $\alpha = .91$, moving outwards $\alpha = .77$, moving against $\alpha = .87$, moving away $\alpha = .88$, moving towards $\alpha = .92$, (Nguyen et al., 2012).

3.8.4.5 Outcomes

The measure named 'Symptoms (brief version)' (Spitzberg, 2014) requires participants to rate their experience of ORI-specific outcomes. 'Symptoms' has 15 items rated on 6-point Likert-type scales, whereby 0 indicates 'never' having experienced the outcome, and 6 indicates having experienced it '>10 times'. 'Symptoms' measures both negative (8 items: reliability $\alpha = .89$) and positive outcomes (7 items) of experiencing ORI (Nguyen et al., 2012). Scores for negative outcomes range from 0 to 48, and scores for positive outcomes range from 0 to 42, with higher scores indicating greater frequency and/or variety of outcomes.

3.8.5 Procedure

The study was conducted using 'Online Surveys'. See appendix H for online survey flowchart, and appendix I for privacy notice, participant information, consent forms, and debrief information.

3.8.5.1 Consent

Participants responded to online advertisement with opt-in link to survey information pages where they were asked if they consent to participation. Participants who confirmed informed consent were progressed to the first page of the study.

3.8.5.2 Demographic information

Participants completed questions about demographic information (age and gender category). A 'prefer not to say' option was not offered as demographics were necessary to match participants.

3.8.5.3 Measurement of coping self-efficacy

Participants were directed to complete the GSE. Participants gave self-reported ratings directly via the online survey.

3.8.5.4 Condition allocation

All participants were asked if they had experienced ORI. As 'obsessional relational intrusion' is an academic term, 'stalking-like behaviours' was adopted in participant information instead. The term 'stalking-like behaviours' was chosen because 'stalking' was thought to likely be more commonly known in the general population, but it

was important to differentiate and therefore not use the term 'stalking'. Given that ORI is defined differently from stalking, a clear definition of the term 'stalking-like behaviours' was provided in participant information and the same definition (without the presence of the label of 'stalking-like behaviours') was used for the condition allocation question. Findings of this study should therefore be regarded in the context of ORI.

The definition underpinning the terms ORI and 'stalking-like behaviour' remained consistent across both. Therefore, participants were asked the following question to enable allocation to ORI/matched conditions:

Has another person, on more than one occasion, attempted to pursue you or to invade your physical or virtual privacy, or your sense of privacy? This could be by a stranger or someone you know, they might want or assume a relationship with you, when you don't want this.

Participants who selected 'No' (i.e. had not experienced ORI) were directed to a debrief. Participants who selected 'Yes' (i.e. had experienced ORI) were directed to the next measure. This question did not offer a 'prefer not to say' option as it would not be possible to allocate to a condition without a response.

3.8.5.5 ORI condition measures

Participants who confirmed they had experienced ORI were directed to complete the CORI, followed by 'Coping', then 'Symptoms' by giving direct self-report responses via the online survey. Thereafter, participants were directed to a debrief page.

3.8.5.6 Debrief

Participants were reminded that to save their responses they must click 'finish', thereby acting as a reminder they still have a choice regarding withdrawal, having completed full participation and debrief.

ORI participants were provided information about how to opt-in to obtaining information about a follow up study (see chapter five).

3.8.6 Ethics

A favourable ethical opinion was given by the Faculty of Medicine and Health Sciences Research Ethics Committee at the University of Nottingham, on 25.10.2018, reference number: 124-1808.

3.8.6.1 Methodology

Given the topic of unwanted intrusion, an opt-in online survey was a preferable method to others such as face-to-face, telephone, or postal contact to reduce the possibility of mimicking or creating intrusive experiences. An online survey may have reduced control over standardised conditions (e.g. participants may have been

distracted), however it was important the methodology enabled participants to have as much agency as possible.

Wherever possible, a 'prefer not to say' option was provided to remove pressure for a response and thus reduce potential for procedural bias. It is assumed any participant preferring not to give a response to questions without this option, will have withdrawn.

3.8.6.2 Withdrawal and anonymity

Participants were informed then reminded prior to the 'finish' button that they were free to withdraw without giving reason, by exiting the survey. An online survey was preferable to direct contact to avoid inadvertently creating real or imagined pressure to participate. Similarly, this methodology removed the need for contact with the researcher and prevented identification of individual participant responses. Therefore, the potential for embarrassment or socially desirable responding will have been reduced.

3.9 Results

3.9.1 Participant demographics

Of the 340 participants ($n = 170$ per condition), 20-24 years was the most frequently endorsed age category ($n = 92$, per condition), and female the most frequently endorsed gender ($n = 148$, per condition). See Table 17 for frequencies of ages and genders.

Table 17 *Frequency of Age and Gender Categories in Each Condition*

Age category (years)	Female (<i>n</i>)	Male (<i>n</i>)	Total (<i>n</i>)
20-24	83	9	92
25-34	45	6	51
35-44	14	4	18
45-54	4	3	7
55-59	2	0	2
Total (<i>n</i>)	148	22	170

Regarding a relationship between experience of ORI and negative outcomes, this sample was found to be representative of the existing literature, as experience of ORI ($n = 170$) was significantly related to negative outcomes, $r_s = 0.672$, $p < 0.001$.

3.9.2 Descriptive statistics

Skewness and/or kurtosis z-scores for all variables fell beyond the ± 1.96 limits of normal distribution. Histograms and p-plots also confirmed the data does not resemble normal distribution (see appendix J for summary).

3.9.1 Inferential statistics

Table 18 displays the median, minimum, maximum and interquartile range (IQR) for GSE scores, and inferential statistics.

Table 18 *Median and Ranges for GSE Ratings*

Condition	Median	Range	
		Min. - max.	IQR (Q1, Q3)
ORI	31.00	10 - 40	7 (28, 35)
Matched	31.00	15 - 40	5 (29, 34)

3.9.1.1 Assumptions

As outlined above, the data were non-normally distributed. Similarly, assumptions of multiple regression were not met (see Appendix K). Square root transformation improved the suitability of the distributions thus square root transformation was used to prepare data for multiple regression analyses, see appendix L for regression plan. Table 19 displays the median, minimum, maximum and IQ or CORI, Coping and Symptoms scores in the ORI condition. Responses of 'prefer not to say' were considered missing data.

Table 19 *Median and Ranges for ORI Condition Ratings*

Measure	Median	Range	
		IQR (Q1, Q3)	Min. - max.
CORI	12	14 (7, 21)	0 - 54
Coping: Total	42.5	45.5 (25.75, 71.25)	0 - 178
Coping: Moving Inwards	11	12 (6, 18)	0 - 48
Coping: Moving Outwards	4	6 (2,8)	0 - 24
Coping: Moving Against	2	6 (0, 6)	0 - 32
Coping: Moving Away	19	21.25 (11, 32.25)	0 - 71
Coping: Moving Towards	5	8.25 (1.75, 10)	0 - 41
Symptoms: Positive outcomes	6	10 (2, 12)	0 - 30
Symptoms: Negative outcomes	10	16 (4, 20)	0 - 39

For multiple regression analyses, potential confounding variables were identified as the variables that had a correlation with both outcome variable and one or more of the predictor variables of interest. Potential confounders were investigated, any potential confounder which impacted significant predictor variables by more than 10% of their regression coefficient (*B*) value, was confirmed as a confounding variable to be included in the model. By using the 'enter' method to enter variables into the model, each variable

adjusts for one another, thus no specific order of entry is needed as an iterative process was used to investigate the role of each predictor and confounding variable, to establish the final models.

3.9.1.2 Q1. Is there a difference in CSE between people who have and have not experienced ORI?

In addition to the above assumption checks, tests indicated lack of homogeneity of variances, see appendix M for details. Therefore, a non-parametric test was used, the Mann-Whitney U Test. CSE in those who have experienced ORI ($n = 170$, $Mdn = 31.00$) did not differ from those who have not experienced ORI ($n = 170$, $Mdn = 31.00$), $U = 13699.00$, $z = -0.831$, $p = 0.406$.

**3.9.1.3 Q2. In people who have experienced ORI, is there a relationship between type of coping strategy and:
a. Negative outcomes?**

The five types of coping strategies were entered into the model as predictor variables of interest. Experience of ORI and overall use of coping strategies were identified as confounding variables.

Specific types of coping strategy were not found to be significant predictors of negative outcomes. Whilst experience of ORI and overall use of coping strategies were initially included as confounders, they were found to be significant predictors. The model predicted 59% of the variance in negative outcomes ($R^2 = .595$, $Adj. R^2 = .590$), effect size $f^2 = 1.44$, see Table 20.

Table 20 *Multiple Regression Model Regarding the Relationship Between Type of Coping Strategy and Negative outcomes*

	<i>B</i>	<i>SE B</i>	β	<i>p</i>
Constant	-.449	.242		.065
Experience of ORI	.249	.092	.214	.008
Overall use of coping strategies	.390	.052	.591	<.001

Note: $R^2 = .595$, *Adj. R² = .590*

b. Positive outcomes?

The five types of coping strategies were entered into the model as predictor variables of interest. Negative outcomes, CSE, experience of ORI and overall use of coping strategies were identified as confounding variables.

Moving outwards, moving against and moving towards were found to positively predict increases in ratings for positive outcomes. Whilst negative outcomes and CSE were included as confounding variables, they were also found to be significant predictors. Experience of ORI and overall use of coping were confounding variables. The model predicted 51.4% of the variance in positive outcomes ($R^2 = .534$, *Adj. R² = .514*), effect size $f^2 = 1.06$, see Table 21.

Table 21 *Multiple Regression Model Regarding the Relationship Between Type of Coping Strategy and Positive outcomes (n = 170)*

	<i>B</i>	<i>SE B</i>	<i>β</i>	<i>p</i>
Constant	-2.81	.863		.001
Moving outwards	.212	.093	.178	.024
Moving against	.207	.082	.186	.012
Moving towards	.421	.082	.443	< .001
Negative outcomes	.173	.076	.196	.024
Coping self-efficacy	.652	.155	.231	< .001
Experience of ORI	-.134	.091	-.131	.114
Overall use of coping strategies	-.026	.084	-.045	.755

Note: $R^2 = .534$, $Adj. R^2 = .514$

3.9.1.4 Q3. In people who have experienced ORI, how well do CSE, overall use of coping strategies and experience of ORI predict the variance in ratings of negative outcomes?

Coping self-efficacy, overall use of coping strategies, and experience of ORI were entered into the model as predictor variables of interest. The specific type of coping strategies of moving inwards, moving against and moving away were identified as confounding variables.

Experience of ORI was found to be a significant predictor of negative outcomes. CSE and overall use of coping strategies were not significant in this model. The three types of coping strategies which were initially included as confounding variables were also found to be significant predictors of negative outcomes. The model predicted

59.6% of the variance in negative outcomes ($R^2 = .605$, $Adj. R^2 = .596$), effect size $f^2 = 1.48$, see Table 22.

Table 22 *Multiple Regression Model Regarding Coping Self-Efficacy, Coping Strategies, and ORI in relation to Negative outcomes*

	<i>B</i>	<i>SE B</i>	β	<i>p</i>
Constant	-.430	.249		.086
Experience of ORI	.267	.088	.230	.003
Moving inwards	.285	.097	.228	.004
Moving against	.188	.074	.149	.012
Moving away	.301	.079	.306	< .001

Note: $R^2 = .605$, $Adj. R^2 = .596$

3.9.1.5 Q4. In people who have experienced ORI, how well do ratings of CSE, overall use of coping strategies and experience of ORI predict the variance in ratings of positive outcomes?

Coping self-efficacy, overall use of coping strategies, and experience of ORI were entered into the model as predictor variables of interest. Moving towards, moving outwards, moving against, and negative outcomes were identified as confounding variables.

Coping-self-efficacy was found to be a significant predictor of ratings for positive outcomes. Experience of ORI and overall use of coping strategies were not found to be significant predictors. The three types of coping strategies which were included as confounding variables were also found to be significant predictors of positive outcomes. The

model predicted 51.1% of the variance in positive outcomes ($R^2 = .525$, $Adj. R^2 = .511$), effect size $f^2 = 1.04$, see Table 23.

Table 23 *Multiple Regression Model Regarding Coping Self-Efficacy, Coping Strategies, and ORI in relation to Positive outcomes*

	<i>B</i>	<i>SE B</i>	β	<i>p</i>
Constant	-2.905	.861		.001
Coping self-efficacy	.622	.154	.220	<.001
Moving towards	.368	.064	.388	<.001
Moving outwards	.185	.087	.156	.035
Moving against	.185	.078	.166	.019
Negative outcomes	.110	.062	.124	.078

Note: $R^2 = .525$ $Adj. R^2 = .511$

3.9.2 Results summary

A summary of the results is as follows:

- Coping self-efficacy did not differ between those who did and did not experience ORI
- There were mixed findings about the role of overall use of coping strategies, and the coping strategies of moving inwards, moving against and moving away, in predicting the variance in negative outcomes
- Moving outwards, moving against and moving towards coping strategies contributed to predicting increases in ratings for positive outcomes
- Experience of ORI positively contributed to predicting negative outcomes
- Coping self-efficacy contributed to predicting positive outcomes

3.10 Discussion

3.10.1 Overview of findings

This study aimed to develop an understanding of resilience in people who have experienced ORI, by considering the role of CSE, use of coping strategies, and positive outcomes. A brief overview of the findings is displayed in Table 24.

Table 24 *Summary of Responses to Research Questions Based on Statistical Findings*

N ^o .	Question	Short Response	Further Response
1	Is there a difference in CSE between people who have and have not experienced ORI?	No	No difference in CSE was found between those who have and have not experienced ORI
2a	In people who have experienced ORI, is there a relationship between type of coping strategy and negative outcomes?	No	No type of coping strategy predicted variance in negative outcomes. However, confounders (experience of ORI and overall use of coping strategies) predicted variance in negative outcomes, with large effect size
2b	In people who have experienced ORI, is there a relationship between type of coping strategy and positive outcomes?	Yes (Outward, against, towards)	Increases in ratings for moving outwards, moving against and moving towards predicted increases in positive outcomes, the model had a large effect size
3	In people who have experienced ORI, how well do CSE, overall use of coping strategies and experience of ORI predict the variance in negative outcomes?	Well (ORI)	Increases in ratings for experience of ORI predicted increases in ratings for negative outcomes, the model had a large effect size. In contrast to Q2a, overall use of coping strategies was not a predictor or confounder, and moving inwards, against and away were predictors
4	In people who have experienced ORI, how well do CSE, overall use of coping strategies and experience of ORI predict the variance in positive outcomes?	Well (CSE)	Increases in ratings for CSE predicted increases in ratings for positive outcomes, with a large effect size. Consistent with Q2b, moving towards, outward and against were also predictors.

3.10.2 Interpretation of findings

3.10.2.1 Experience of ORI

Ratings for experience of ORI significantly contributed to explaining the variance in ratings for negative outcomes, with large effect size. This finding suggests that the greater the extent to which participants experienced ORI (frequency, severity, or both), the greater their experience of negative outcomes.

These findings support the existing literature, which shows experiencing ORI to be associated with negative outcomes such as negative emotions and psychological distress/disorder (Boon & Sheridan, 2001; Budd & Mattinson, 2000; Kuehner et al., 2007; Nicastro et al., 2000; Purcell et al., 2005; Sheridan et al., 2001).

Higher CORI ratings indicate increased frequency and/or variety of ORI behaviours, thus this finding offers tentative support to the study which found increased duration of ORI created potential for increased negative outcomes (Purcell et al., 2012).

Whilst this finding demonstrates the experiences of the sample are representative of the evidence base, it is notable that the 'Symptoms' measure includes other types of negative outcomes such as spiritual, social, behavioural and economic outcomes. This finding therefore suggests that experience of ORI may contribute to explaining negative emotional outcomes and/or other negative outcomes.

3.10.2.2 Coping self-efficacy

No difference in CSE ratings was found between those who have and have not experienced ORI. Increases in ratings for CSE were found to contribute to explaining increases in positive outcomes, with large effect size. These findings suggest that the greater belief participants had in their ability to cope with stressors, the greater their experience of positive outcomes.

These findings contrast with those suggesting that increasing CSE may reduce distress that arises from stalking victimisation (Gallas et al., 2009). However, it is not possible from this study design to elicit whether there is a hidden temporal element, or whether there is something unique to the experience of ORI, rather than stalking, that means no relationship was detected.

Interestingly, a relationship was found between CSE and positive outcomes, which suggests the more someone believes in their ability to cope, the more likely they were to experience positive outcomes following ORI.

It may have been that those with greater self-efficacy enacted more effective coping strategies (Bandura, 1977), subsequently resulting in fewer negative outcomes and greater positive outcomes. However, without a prospective design, it is difficult to eliminate the possibility that those with greater CSE may have appraised their experiences of

coping and related outcomes more favourably, or that the experience of having survived ORI subsequently increased participant CSE.

Although the study design inhibits consideration of whether increased CSE preceded ORI or may have been an outcome in itself, the lack of difference found between those who had and had not experienced ORI, adds confidence to the suggestion that increased CSE was not purely an outcome of ORI.

3.10.2.3 Use of coping strategies

3.10.2.3.1 Overall use of coping strategies

Ratings for overall use of coping strategies were not found to contribute to explaining positive or negative outcomes. However, when investigating *types* of coping strategies, overall use of coping strategies was a confounder that was found to significantly predict negative outcomes.

These findings may suggest that the more participants enacted any coping strategy, the greater the likelihood of negative outcomes. The mixed findings may reflect that participants could have obtained the same overall rating but have used different types of strategies therein. Therefore, the 'Coping' measure might more usefully be considered in terms of types of coping strategy, as below.

3.10.2.3.2 Moving outward and moving toward

Ratings for moving outward and moving toward coping strategies contributed to explaining increases in positive outcomes, with large effect size. This suggests the more participants sought support from others (moving outward), and the more they engaged with the pursuer to negotiate the relationship (moving towards), the greater positive outcomes they experienced.

3.10.2.3.3 Moving inward and moving away

When investigating the role of different types of coping strategy, neither moving inward or away were found to be significant predictors of positive or negative outcomes. However, when considering the role of other factors (ORI, CSE, overall coping), both moving inward and away were confounding variables which were subsequently found to be significant predictors of negative outcomes.

In the context of experiences of ORI, CSE and overall use of coping strategies, these findings suggest the more participants used internalising strategies such as self-blame (moving inward) or strategies such as changing behaviours to avoid the pursuer (moving away), the greater negative outcomes they experienced.

These findings offer some support to the extension of stalking literature to ORI experiences regarding internalising strategies (e.g. moving inwards) contributing to negative outcomes (Kraaij et al., 2007). However, the mixed findings suggest that moving inwards

may contribute to negative outcomes in addition to the experience of ORI, rather than independently of it.

The findings also support extension of stalking literature to ORI experiences in that avoidant coping strategies bear a relationship to increased negative outcomes (Purcell et al., 2012). However, this study also found moving against contributed to explaining negative outcomes (see below). Therefore, it is suggested that coping strategies with both avoidant (e.g. moving away avoids contact with the pursuer, moving inward avoids expressing emotions) and conflictual aspects contribute to increased negative outcomes of ORI, compared with other strategies.

3.10.2.3.4 Moving against

Increases in moving against coping strategy were found to contribute to explaining increases in positive outcomes. When investigating the contribution of experience of ORI, moving against was a confounding variable that was found to significantly contribute to predicting the variance in negative outcomes.

These findings suggest the more participants engaged in conflict with the pursuer (moving against), the greater the positive outcomes, and either some or no increase in negative outcomes. This suggests moving against may have a complex role in resilience in people who have experienced ORI. Perhaps moving against shares a quality with moving toward, such as feelings of agency and control when initiating

contact with the pursuer, but that the nature of the contact (i.e. conflict) is detrimental, comparative to negotiation which may be endorsed more positively.

Overall, similar to existing literature, different types of coping strategy and overall use of coping strategies were found to have a complex relationship with negative (Nguyen et al., 2012) and positive outcomes. This study adds clarity regarding the role of different coping strategies, where some appear relevant to negative outcomes, some relevant to positive outcomes, and one relevant to both.

3.10.2.4 Positive outcomes

As already discussed, participants endorsed experiencing positive outcomes, whereby increases were explained by increases in CSE, and the coping strategies of moving outward, toward and against.

These findings suggest that participants did experience positive outcomes, and that these tended to be greater when they had a greater belief in their ability to cope, and used coping strategies to connect with others, negotiate the relationship with the pursuer, and engage in conflict with the pursuer.

In addressing the gap in the literature regarding possible positive outcomes (Ryff & Singer, 1998) of experiencing ORI, this study offers support to the empirically derived conceptualisation of positive outcomes arising from ORI (Spitzberg, 2014) as participants did

endorse positive items on the 'symptoms' measure. Similarly, these findings support the notion that resilience may be considered a positive outcome of victimisation (Cobb et al., 2006).

3.10.2.5 Resilience in victims

In combination, these findings support the conceptualisation of resilience as a protective factor, process of adaptation, and/or a positive outcome (Dutton & Greene, 2010).

3.10.3 Contribution

A contribution to the ORI literature is that there was no predictive relationship between experience of ORI and positive outcomes, which suggests another factor such as CSE or coping strategies may explain how positive outcomes arise following ORI. Further, this study offers tentative clarity regarding different types of coping strategies in relation to both positive and negative outcomes following ORI, whereby it appears positive and negative outcomes can be impacted independently of one another.

Similarly, a contribution of this study to resilience literature regards the role of CSE. The findings suggest that increased CSE links to increased positive outcomes, but in contrast to neighbouring victimisation and resilience research, CSE did not appear to relate to negative outcomes.

Overall, this study offers the following contributions to the ORI literature:

- Positive outcomes can follow the experience of ORI; and
- Positive outcomes do not appear directly related to the experience of ORI; and
- Positive (but not negative) outcomes have a relationship with a belief in one's ability to cope; and
- Coping strategies can impact negative and positive outcomes in different ways

3.10.3.1 Conceptual framework

The conceptual framework has been modified to reflect the findings from the present study, as displayed in Figure 6, whereby dotted lines represent mixed findings. Findings from the systematic review regarding behavioural coping strategies are represented in grey. The systematic review identified that within behavioural coping strategies, avoidance and passivity had a relationship with traumatic distress. Avoidance and passivity are similar in description to 'moving inward' and 'moving away', therefore the modified conceptual framework aligns these concepts in presenting the findings.

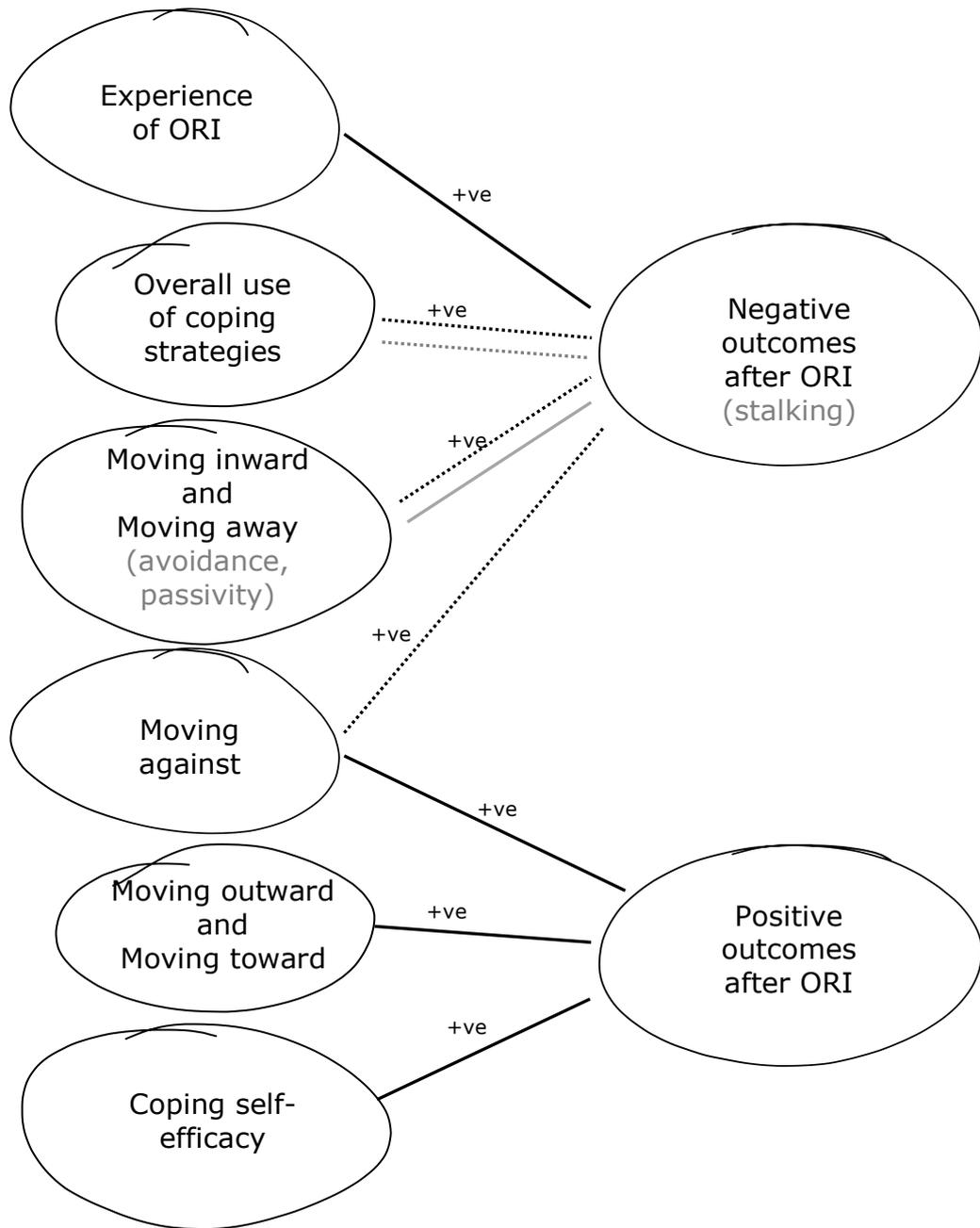


Figure 6 Modified conceptual framework: Primary study findings

3.10.4 Implications

These findings have implications for the advice that is given to people who experience victimisation by intrusions. The findings support the advice to use 'moving outward' (seeking support from others) as this was found to increase positive outcomes. In terms of further research to inform practice, exploration of the role of more formalised support/peer networks to de-stigmatise the experience of ORI may be a useful way to establish if it is possible to further encourage 'moving outward'.

These findings in isolation would encourage of the use of 'moving towards' (negotiation with the pursuer) and 'moving against' (conflict with the pursuer), with regard to increasing the prospect of greater positive outcomes. However, in practice, safeguarding of the victim via risk management must remain the central priority. Where intrusions persist beyond two weeks, there is a real and serious increase in the likelihood that the intrusions will persist over time, inducing psychological harm for the victim and the potential for escalation into violence such as murder and attempted murder (Johnson & Thompson, 2016; Mullen et al., 2009; Purcell et al., 2004; Sheridan & Roberts, 2011). Given that the risk to the victim can be grave, victims should not be advised to 'move towards' or 'move against' the pursuer. The existing advice that centralises risk management should remain supported as the findings of this chapter do not mitigate the serious risks of harm.

In practice, the risk management and safeguarding advice given to victims discourages 'moving towards' and 'moving against' but encourages using 'moving away' (avoidance) to prioritise safety. The active use of 'moving away' may encourage cessation of the intrusion, as it aims to avoid opportunities for the intrusion to escalate to serious violence (Bendlin & Sheridan, 2019; Quinn-Evans et al., 2019; Sheridan & Roberts, 2011; Thompson et al., 2020). This creates a dilemma in that the advice that aims to keep victims safe from psychological harm and potential grave consequences also, paradoxically, is likely to encourage other negative outcomes and reduced possibility for positive outcomes.

Therefore, an important area for further research would be to investigate whether it is possible to simulate the experiences of 'moving toward' and 'moving against' for people experiencing ORI such that they may still benefit from possible positive outcomes, but without compromising safety. It is of utmost importance that risk management and safeguarding of the victim must remain central to any practice-based research questions that are investigated. For example, exploring the role of relational or dialogue-focused interventions such as the 'empty chair technique' (Thompson, 2015; Tillett, 1984) where the person simulates dialogue with the pursuer, with support from a therapist, in a safe location (the pursuer should not be involved in any way).

Similarly, in the Restorative Justice (RJ) literature there are varying perspectives on whether victims of intrusions can access RJ due to serious and grave safety issues. In terms of benefits to victims, it is the opportunity to have their say and explain the impact of the offence, that has been found to be valuable (Gavrielides, 2018). Areas of the RJ literature which may lend to exploration with people who have experienced intrusions, are those which prioritise a victim-centred approach (Van Camp & Wemmers, 2013), embed risk management and safeguarding issues in the process (Miller, Hefner, & Iovanni, 2020), and take place post-conviction for gendered crimes to maximise victim satisfaction (Miller & Iovanni, 2013). For example, the use of 'victim offender encounters' or 'victim offender mediation' presents the opportunity to engage in RJ processes whilst avoiding direct contact between victim and perpetrator (Van Camp & Wemmers, 2013).

Research utilising different designs may aid clarity regarding whether a temporal aspect is important in the relationship between CSE and positive outcomes. For example, the most rigorous ethical approach would be to conduct a prospective longitudinal cohort study whereby CSE and experiences of ORI are measured at several points, making it possible to study the relationship between CSE and positive outcomes with greater rigour. However, it is acknowledged that such studies are resource intensive for both researchers and participants, thus an initial alternative may involve measuring CSE before and after

the use of vignettes (ORI) to review whether there would be an anticipated impact on coping self-efficacy.

3.10.5 Limitations

The cross-sectional design limits extrapolation of the findings to general population experiences due to the potential for recall bias. Due to collecting all measures at once, following ORI, those who had more positive and/or less negative outcomes, may have been more likely to remember using the coping strategies they found beneficial.

The 'Symptoms' measure in combination with the cross-sectional design limits confidence in some findings. For example, the item 'behavioural symptoms' (negative outcome) is similar in concept to 'moving away', and similarly 'coping resilience' (positive outcome) is similar in concept to the GSE. Therefore, the findings which suggest 'moving away' predicts negative outcomes, and that CSE predicts positive outcomes, may reflect measurement of similar, rather than distinct concepts.

The use of the definition of ORI for condition allocation places the findings in the context of ORI. Whilst the definitions for ORI and stalking share some conceptual similarities, they remain distinct. Therefore, to be able to extend the findings of this chapter to the stalking victim population, further research would be needed with a sample of stalking victims.

3.10.1 Recommendations for Future research

To address the aforementioned limitation regarding cross-sectional design inhibiting causal conclusions being drawn, future research would benefit from prospective study designs. Further, the above discussed implications represent a collection of distinct but possibly related considerations for practical application. Given that ORI (and stalking) by its nature is considered overall how a collection of intrusive experiences accumulate or synergise, it seems equally as important that such an approach is therefore taken in understanding victim resilience, to contextualise this collection of implications. This study broadens the overview that was developed from the systematic review (chapter two), however future research should now explore depth of the experience of resilience to complement this breadth. Establishing depth alongside breadth may help to enrich the ways in which this research can be applied in practice to support victims.

3.11 Conclusion

This study has found coping self-efficacy, coping strategies, and positive outcomes to be relevant aspects of resilience for people who have experienced ORI. Similar to the systematic review in chapter two, the findings also suggest there are grounds for exploring temporality in the role of coping self-efficacy, and maximisation of some coping strategies alongside minimisation of others, in future research to allow for informed practical applications that may encourage the potential for positive outcomes and limit the likelihood of negative outcomes.

This study has built on the findings of the systematic review to develop a broader overview of how resilience might be understood in people who have been subject to intrusions such as ORI and stalking. However, it remains that the overview that has been developed is lacking in depth, therefore, more in-depth exploration of how resilience is experience is needed to enrich the findings made to date. Such depth may further shape the practical implications that have been discussed by establishing directly from the individual what their *experience* has been like, and as such how support can be appropriately developed and offered.

Chapter 4: Critique of a Psychometric Measure of Self-Efficacy

The findings of the primary study in chapter three found coping self-efficacy to be related to positive outcomes for people who have experienced ORI, yet unrelated to negative outcomes. Therefore, in complement to the findings of the systematic review (chapter two) regarding coping strategies being linked to negative outcomes, the findings of the primary study suggest that there is value in understanding aspects of resilience beyond coping strategies and negative outcomes, for example, coping self-efficacy. To assess the extent to which confidence can be asserted in the primary study's findings regarding coping self-efficacy, the present chapter sought to investigate the psychometric properties of the measure of coping self-efficacy used in the primary study.

4.1 Background

Self-efficacy is a person's belief in their agency to take adaptive action (Schwarzer, 1992). Self-efficacy has importance for crime victims as it has been found to mediate problematic outcomes in victims of domestic violence (DeCou, Lynch, Cole, & Kaplan, 2015; Thompson, Kaslow, Short, & Wyckoff, 2002), and have a key role in recovery from psychological symptoms following trauma (Bosmans & van der Velden, 2015). Self-efficacy can both be predicted by previous victimisation and can predict re-victimisation, in victims of rape (Littleton & Decker, 2017). Therefore, being able to assess self-

efficacy in victims or those at risk of victimisation, could inform practical decisions about how best to direct resources to prevent victimisation and/or negative outcomes of victimisation.

Self-efficacy is a cognitive process whereby an individual believes:

- They have control over their environment;
- And; they are able to cope with stressors by taking action (Schwarzer & Warner, 2013).

It is theorised that self-efficacy is impacted by the following factors (Bandura, 1977, 2011):

1. Mastery experiences; direct experience of success improves self-efficacy, experience of failure diminishes self-efficacy.
2. Social modelling; experiencing successful perseverance vicariously increases self-efficacy.
3. Social persuasion; persuasion by others to believe in abilities can increase exerted effort, increasing chance of success.
4. Physical and emotional states; experiences such as anxiety or negative mood can emphasise a lack of self-efficacy, whereas positive moods can emphasise increased self-efficacy.

Self-efficacy is distinct from actual ability to cope with stressors, optimism, expectation outcomes, self-concept, locus of control, self-esteem, autonomy, and perceived difficulty of a task (Schwarzer & Warner, 2013). Self-efficacy is distinct from these constructs because "self-efficacy beliefs are of a *prospective* and *operative* nature"

(p.141, Schwarzer & Warner, 2013), whereby beliefs of ability focus on agentic interaction with stressors and the environment.

It is theorised that level of self-efficacy determines whether, and to what extent, coping behaviours will be enacted (Bandura, 1977). Regarding practical application, an intervention to develop self-efficacy has been effective in reducing the psychological distress resulting from stalking victimisation (Gallas et al., 2009). In combination with the findings outlined above, this highlights the importance of assessing self-efficacy to understand the expected impact of victimisation, and to determine appropriate intervention to support victims to cope.

4.1.1 Conceptual framework

The conceptual framework has been modified to represent the strongest findings that have been discussed in the systematic review (chapter two) and the primary study (chapter three). For clarity, mixed and unsubstantiated findings from previous chapters are not included, see Figure 7.

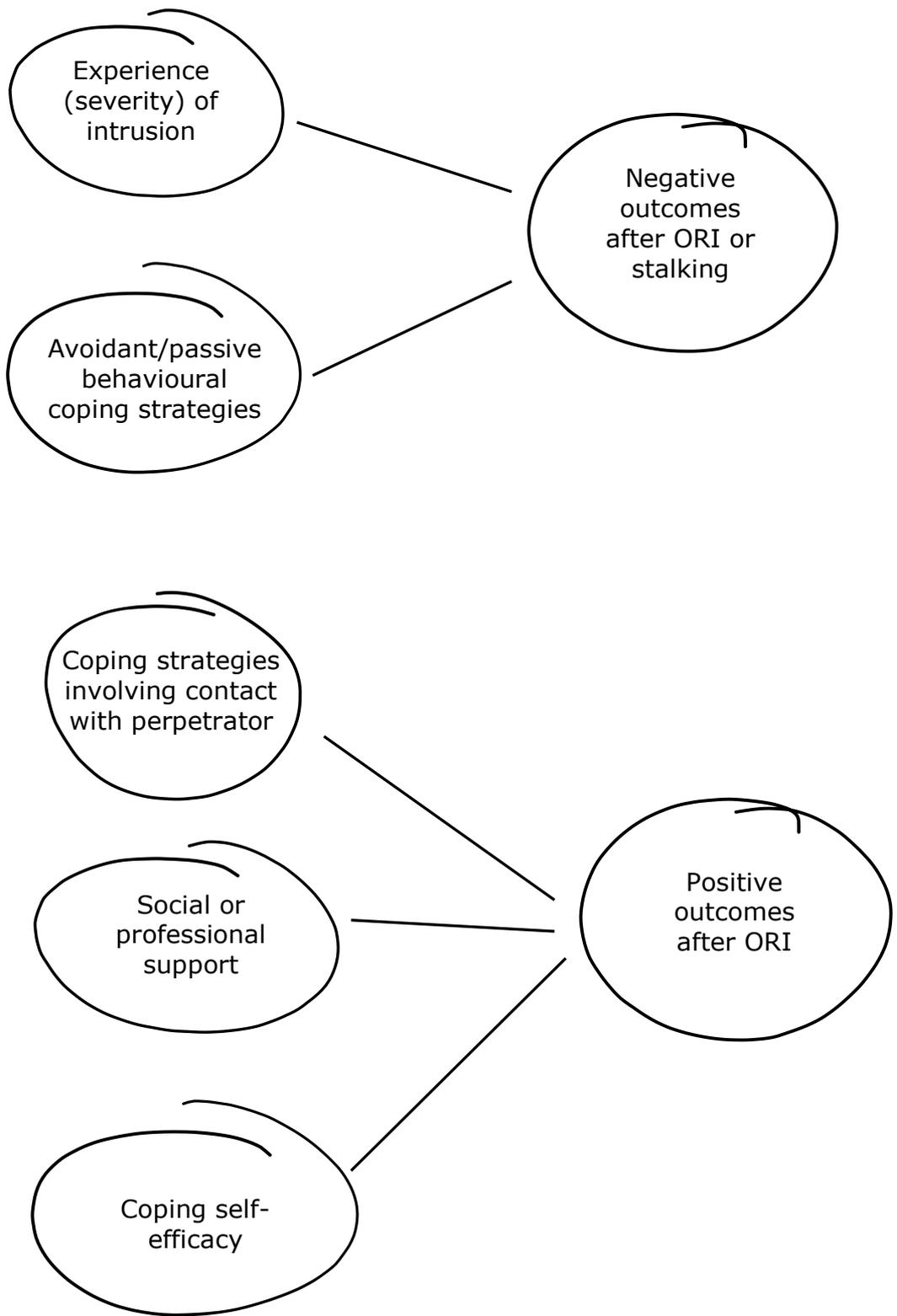


Figure 7 Modified conceptual framework: Psychometric critique

As depicted by Figure 7, positive outcomes have a relationship with coping self-efficacy, external support and coping strategies that involve contact with the pursuer. As discussed in chapter three, coping strategies that involve contact with the pursuer may be implicated in escalation of intrusion and subsequent physical harm. Therefore, the modified conceptual framework highlights the need to establish how much confidence can be placed in the findings regarding the role of coping self-efficacy, in relation to potential applications to increase the chance of positive outcomes for victims.

4.2 Overview of the General Self Efficacy Scale

This review considers the General Self-Efficacy scale (GSE), originally authored in German by Jerusalem and Schwarzer in 1979, and later translated into 33 languages, including English (Schwarzer, 2014; Schwarzer & Jerusalem, 1995). The GSE was developed to assess self-efficacy, that is, one's belief in ability to cope with daily stressors and stressful life events.

Given the number of cross-cultural studies, where possible, this review will draw upon evidence focused on the English GSE with UK samples to place this review in context of the use of the GSE in this research thesis. However, the diversity in evidence means studies using other translations and samples will be considered in reviewing the psychometric properties of the GSE. For a psychometric measure to be considered good, it must (Kline, 2015):

- Provide at least interval-level data, but preferably ratio;

- Be internally and externally reliable;
- Be valid;
- Have discriminatory power;
- Have appropriate standardised norms for comparison.

In measuring self-efficacy, the 10 GSE items (see Table 25) are rated on a likert-type scale (see Table 26), giving a total score between 10 and 40, therefore providing interval level data. A higher score reflects higher self-efficacy (Schwarzer & Jerusalem, 1995), that is, stronger belief in one's ability to take adaptive action to cope with stressors.

Table 25 *General Self-Efficacy Scale Items (Schwarzer & Jerusalem, 1995)*

Item	Statement
1	I can always manage to solve difficult problems if I try hard enough.
2	If someone opposes me, I can find the means and ways to get what I want.
3	It is easy for me to stick to my aims and accomplish my goals.
4	I am confident that I could deal efficiently with unexpected events.
5	Thanks to my resourcefulness, I know how to handle unforeseen situations.
6	I can solve most problems if I invest the necessary effort.
7	I can remain calm when facing difficulties because I can rely on my coping abilities.
8	When I am confronted with a problem, I can usually find several solutions.
9	If I am in trouble, I can usually think of a solution.
10	I can usually handle whatever comes my way.

Table 26 *General Self-Efficacy Scale Scoring (Schwarzer & Jerusalem, 1995)*

Applicability of item	Likert-type scale score
Not at all true	1
Hardly true	2
Moderately true	3
Exactly true	4

4.2.1 Other measures of self-efficacy.

There are two other widely used general self-efficacy measures. The Self-Efficacy Scale (SES; Sherer et al., 1982), which comprises a subscale of social self-efficacy (6 items) and a subscale of general self-efficacy (17 items), and the New General Self-Efficacy Scale (NGSE; Chen, Gully, & Eden, 2001) comprised of 8 items.

Each of the GSE, SES and NGSE have been found to have acceptable construct validity, internal reliability, and item-level and test-level information (Scherbaum, Cohen-Charash, & Kern, 2006). Each tool has different strengths; the GSE has been translated and validated across many languages and cultures, allowing for cross-cultural research, the SES contains an additional subscale to consider social self-efficacy, and the NGSE is the shortest to administer. All measures have been found to have sufficient discriminating power particularly between low scores (Scherbaum et al., 2006). The NGSE had the greatest test information function despite having the fewest number

of items. Therefore, it can be argued the NGSE items and overall scale operate with most accuracy in estimating the latent trait of self-efficacy (Scherbaum et al., 2006).

4.3 Reliability

4.3.1 Internal reliability.

4.3.1.1 Split-half reliability.

Split-half reliability is useful to gauge the internal reliability of a measure however it is limited due to the number of combinations by which a test can be halved (Kline, 2000). The split-half reliability of the GSE has been found to be 0.78 (items 1,2,3,4,9) and 0.84 (items 5,6,7,8,10) in a sample of adult outpatients with schizophrenia (Vauth, Kleim, Wirtz, & Corrigan, 2007).

Increased number of items will increase reliability estimates therefore split-half reliability estimates are limited because considering half the items will underestimate reliability (Kline, 2000). However, the above split-half reliability estimate for the GSE is strong. The GSE has 10 items, which is the minimum number of items for a reliable test (Kline, 2000), thereby avoiding artificially inflating the reliability.

It is important that reliability estimates are obtained on a sample representative of the target population (Kline, 2000). The GSE is intended for the broad population of adolescents and adults. Therefore, when applying the GSE to a UK general population/victim sample, as in this thesis, these split-half reliability values should be

considered with caution as they relate to a clinical sample of private out-patients with schizophrenia with no comparison group.

4.3.1.2 Internal consistency.

The online English GSE had internal consistency of $\alpha = 0.87$ in an international sample, in comparison to $\alpha = 0.89$ in a Canadian sample participating via pencil-and-paper (Schwarzer, Mueller, & Greenglass, 1999). This sample was well matched to large-scale demographic surveys of internet users, whereby 50% of participants were aged 25 and under, and 40% aged 26-50 years (Schwarzer et al., 1999). However, current UK internet users are less skewed towards youth, with 44% of people aged over 75, and 80-99% of all other adult age groups demonstrating recent internet use, (Office for National Statistics, 2018b). Therefore, these findings suggest the GSE is internally consistent online in English-speaking populations aged 50 and under, however applicability to older adults is unclear.

The GSE was found to have internal consistency values of $\alpha = 0.75 - 0.91$ across 25 countries (Scholz et al., 2002). The British sample consisted of 26 men, 193 women and 242 participants who did not specify their gender. The British men had a mean age of 57.5 years and the women 60.8 years, which more closely represents current UK internet users than the previously discussed study, however the age of the remaining 242 participants is unknown. The British sample's GSE responses had Cronbach's $\alpha = 0.88$, whereby a value of $0.7 < \alpha$

< 0.9 in a sample of >100 participants is considered ideal (Kline, 2000).

The corrected item-total correlations (ITCs) for items in the British sample ranged from $r = 0.35 - 0.73$ (Scholz et al., 2002). ITCs indicate the extent each item relates to the sum of remaining items (George & Mallery, 2016) whereby correlations <0.30 indicate the item does not relate well to the measure (Field, 2009). The corrected ITCs indicate no items on the English GSE needed to be removed, in the British sample. Removal of any item did not improve the internal consistency, even in nations where there were ITCs <0.30 (Scholz et al., 2002), indicating the GSE has strong internal consistency.

It is possible to increase α by increasing the number of items even if lacking a strong relationship to other items (Cortina, 1993). The SES (17 item subscale) was found to have $\alpha = 0.88$ compared to the NGSE (8 items) and the GSE (10 items) which both had $\alpha = 0.85$, in a sample of students (Scherbaum et al., 2006). This is notable because the SES had lowest mean information function (0.56), the GSE (0.65) and the NGSE (0.79) had greater discrimination (Scherbaum et al., 2006). This suggests the internal reliability of the SES may be inflated by the larger number of items, whereas less error with fewer items gives strength to the performance of the NGSE and the GSE.

4.3.2 External reliability.

4.3.2.1 Test-retest reliability.

Test-retest reliability indicates how stable a measure is in capturing the same construct of the same respondent at different times, given no intervention. Test-retest reliability is expressed as a value between 1 (exactly identical scores) and -1 (exact inverse scores) whereby 0 indicates no relationship between scores. Test-retest estimates are best calculated with samples of $N \geq 100$, for >3 months. Values of $r \geq 0.8$ indicate acceptable test-retest reliability. Where the value falls below 0.8, the inherent error in the tool is too great to accurately measure the construct (Kline, 2000).

The English GSE was reported to have stability over four months in a sample of British older adults with arthritis ($N = 80$), $r = 0.63$ (Barlow, Williams, & Wright, 1996). These findings do not meet the 0.80 threshold, indicating the tool's error impacts measurement of self-efficacy. This study meets the minimum time delay between testing, however it violates expectations regarding sample size, thus giving unsuitable evidence for assessing test-retest reliability.

In Norwegian adult smokers and non-smokers ($N = 93$), test-retest reliability of the Norwegian GSE was $r = 0.82$ over 7 weeks (Leganger, Kraft, & Røysamb, 2000). Initially this indicates acceptable test-retest reliability. However, lack of sufficient interval between testing, combined with a sample smaller than the threshold, indicates a failure to substantiate confidence in test-retest reliability.

A prospective study of Serbian students ($N = 352$) assessed the Serbian GSE's test-retest reliability over 4 months ($r = 0.64$) and 2 years ($r = 0.54$) (Lazic, Jovanovic, & Gavrilov-Jerkovic, 2018). Sample size and intervals between testing exceed expectations, but coefficients did not cross the 0.80 threshold, therefore suggesting the error of the GSE is too great to give externally consistent scores.

None of the above studies provide convincing evidence of test-retest reliability. However, there is inherent difficulty in assessing external reliability because self-efficacy is impacted by mastery experiences, social modelling, social persuasion, and physical and emotional states (Bandura, 1977, 2011) which occur in day-to-day life. Assessment of test-retest reliability assumes no intervention however it would be difficult to ensure >100 participants did not encounter mastery experiences, social modelling, social persuasion or physical or emotional states for >3 months. Therefore, it is unclear how test-retest reliability may realistically be estimated.

4.4 Discriminative Power

Item response theory considers the difficulty of an item and pattern of responses to estimate the underlying trait (Reise & Haviland, 2005). Research comparing the GSE, SES and NGSE found all three perform sufficiently on item response modelling, thus criticisms of reliability and validity of these measures appear over-emphasised (Scherbaum et al., 2006). The GSE had notable discrimination in differentiating between similar levels of self-efficacy. The GSE had

most item- and test-information, that is precision, for respondents with low-to-average self-efficacy (Scherbaum et al., 2006).

4.5 Validity

4.5.1 Face validity.

Face validity refers to whether a test appears to measure what it intends to measure (Kline, 2000). The GSE intends to measure self-efficacy, that is, beliefs of ability to cope with daily stressors, which on appearance, clearly maps on to the items. The items involve rating belief in ability to execute behavioural and cognitive coping strategies, suggesting high face validity. Although increased face validity can increase respondent motivation to meaningfully engage, it can increase socially desirable responding (Kline, 2000).

If face validity improved motivation to meaningfully respond to the GSE it would improve accuracy of the data. However, it is possible the desire to be perceived in a socially desirable light may encourage artificially inflated scores. With regard to application to this research thesis, anonymous online responding has been used to reduce the likelihood of socially desirable responding. Theoretically, the impact of administering the GSE anonymously could be assessed by requiring participants to additionally respond in a non-anonymous setting then comparing outcomes. However, considering lack of test-retest reliability, differences in score may occur due to unreliability of the measure, rather than nature of administration.

4.5.2 Criterion validity.

4.5.2.1 Concurrent validity.

Concurrent validity relates to a measure's correlation with other measures of the same construct when administered concurrently (Kline, 2000). The GSE correlates with the SES, $r = 0.64$, the NGSE, $r = 0.66$ (Scherbaum et al., 2006), and a self-efficacy sub-scale of an optimism measure, $r = 0.77$ (Lazic et al., 2018).

There appears to be a lack of research considering the validity of self-efficacy measures (Chen et al., 2001). Therefore, given the lack of a valid benchmark measure, the best approach is to look for moderate correlations of ≥ 0.4 and consider these in terms of construct validity (Kline, 2000). The correlations of $r = 0.64$, $r = 0.66$ and $r = 0.77$ exceed 0.4, so will be discussed in the construct validity subsection.

4.5.2.2 Predictive validity.

If a measure accurately predicts another measurable construct, it has strong predictive validity and is likely to have useful applications (Kline, 2000). In private patients with diagnoses of schizophrenia the GSE correlated with perception of empowerment, $r = 0.59$, whereby self-efficacy explained 51% of the variance in empowerment (Vauth et al., 2007). This indicates strong association between self-efficacy and perceived empowerment, giving weight to the predictive validity of the GSE. Further, there was a weak negative correlation with using withdrawal ($r = -0.13$), and no association with use of secrecy, to cope with stigma (Vauth et al., 2007). These findings indicate little-

to-no relationship between self-efficacy and use of maladaptive coping strategies. The generalisability of these findings would have been strengthened had this study compared a non-clinical sample.

In assessing predictive validity, the most useful study design is prospective. A prospective study with Serbian students compared GSE scores at time 1 with measures of wellbeing 4 months, and 2 years later (Lazic et al., 2018). The GSE was related to life satisfaction ($\beta = 0.09$) and general distress ($\beta = -0.10$) 2 years later, at low levels of predictive validity. The GSE bore no predictive validity for positive affect at 2 years, nor any measures at 4 months (Lazic et al., 2018). These measures consider outcomes and past experiences, this study may have been strengthened by considering experiences of coping as a process, which is what self-efficacy prospectively considers.

The GSE has some predictive validity in relation to factors which exist before the occurrence of a stressful life-event. The GSE appears to have little predictive validity with regard to maladaptive coping strategies and obtained outcomes. It will be important to consider temporal elements of future research as demonstrated by Lazic et al. (2018), because many of the above studies measure pre-existing factors, coping strategies, and outcomes, all at the same time.

4.5.3 Content validity.

Content validity refers to the relevance of items on a measure to capturing all aspects of the construct, as assessed by a panel of

experts (Kline, 2000). There is reference to the GSE initially having 20 items (Schwarzer & Warner, 2013). It is unclear whether the process to reduce to 10 items was statistical or assessed content validity, therefore the content validity of the GSE remains unclear.

4.5.4 Construct validity.

Construct validity relates to how well a measure assesses the underlying psychological concept (Kline, 2000). Factor analysis is an approach used in psychology to assess the underlying dimensions of a psychometric measure (Bentler, 1986).

Using factor analysis in an internet sample, the GSE has been confirmed as unidimensional, with only one eigenvalue (6.96) above the value of 1 (Schwarzer et al., 1999). Further, the principle component values indicate each of the ten items fit together well without measuring exactly the same part of the construct (values of 0.75 - 0.87). Similarly, no significant relationship was found between self-efficacy and age (Schwarzer et al., 1999), suggesting the GSE has discriminant validity.

In a sample spanning 25 countries ($N = 19,120$), the GSE was confirmed as unidimensional, with one eigenvalue (4.39) above the cut of 1 (Scholz et al., 2002). The principle component values (0.54 - 0.74) indicate the items fit together without replicating one another. The size and breadth of the sample strengthen the conclusion that the GSE is unidimensional and applicable multiculturally. The

unidimensional structure has since been confirmed in a Brazilian sample (Machado, Telles, Costa-Silva, & Barreto, 2016), and in Serbian students (Lazic et al., 2018). Self-efficacy is one's belief in ability to cope with daily stressors, thus is one psychological concept. Therefore, evidence for the GSE's construct validity is strong as it replicates the theoretical idea that self-efficacy is a singular construct.

Further, in a sample of 2901 civil servants the Brazilian GSE positively correlated with internal beliefs about agency ($r = 0.27$), weakly with luck ($r = 0.07$), and weakly with control assumed of other people regarding one's own health ($r = 0.14$) (Machado et al., 2016). These findings support the GSE's discriminant validity as there are weak correlations with attribution of luck, and the control of other people, both of which are not self-efficacy. The GSE was found to correlate strongly with hope ($r = 0.71$), yet also correlated moderately with optimism ($r = 0.44$) (Lazic et al., 2018), which is not the same as self-efficacy. These findings are mixed; convergent validity is supported, but discriminant validity is undermined.

It was noted earlier that concurrent validity would be discussed here. The GSE correlates with the SES ($r = 0.64$), with the NGSE ($r = 0.66$) (Scherbaum et al., 2006), and with a sub-scale of the Questionnaire for the Assessment of Personal Optimism and Social Optimism-Extended ($r = 0.77$) (Lazic et al., 2018), all above the threshold of 0.40. In combination with the findings regarding construct validity,

these correlations add weight to the GSE's validity for use with adults and adolescents across various countries and settings.

4.6 Standardised Norms

Standardised norms are important for appropriate inferences to be drawn from an individual's scores (Kline, 2000). The GSE has norms for a German adult population ($N = 1,660$), and high school students ($N = 3494$), and for US-American adults ($N = 1,594$) (Schwarzer, 2014). It is a strength that the norms were drawn from large samples. However, with regard to application the norms are limited in comparison to the number of studies that have taken place in various countries. Although these norms may be of use for German adults and adolescents, and US-American adults, caution would be needed if making inferences for people outside of these populations. Although it may be suggested there is some similarity between the UK, and Germany and America, as a western developed nation, without UK norms it is not clear how applicable these norms are for UK adults.

With regard to this research thesis, inferences about GSE scores will be limited because a UK general population sample has been sought. However, the norms for both German and US-American populations are almost identical, with only raw scores 21-28 having T-scores different by 1, between the two adult populations. This similarity across countries contextualises that although caution is important, the norms may not be entirely meaningless for UK samples.

4.7 Implications for Application to the Primary Study

The GSE's internal reliability is strong, yet if many older adults had participated in the primary study, internal reliability would have become less clear. However, as discussed in previous chapters, the obsessional relational intrusion (ORI) literature indicates young adult females tend to be heavily represented in samples who have experienced ORI, which was the case in the primary study, therefore this will have had little impact on reliability in this application. If the GSE was used more broadly with UK crime victims, there would need to be further consideration of the reliability for older adults.

The lack of support for external reliability of the GSE may undermine the findings to some extent; in combination with a cross-sectional design, using the GSE *after* the experience of ORI may mean that an 'intervention' had taken place (i.e. ORI). With lack of confidence in test-retest reliability it may have been difficult to tell what had influenced differences in scores, if a difference had been found. The need for caution was therefore anticipated when preparing for making inferences about potential differences between ORI and control groups. However, the primary study was heavily focused on exploring the within group relationship to coping strategies and outcomes rather than making comparisons across groups. Where one comparison was made across ORI and control groups to establish whether the ORI group were significantly different to those who had not experienced ORI, no significant difference in scores was found, therefore the impact of lack of external reliability was minimal.

The GSE has high face validity, which is yet to be ratified through assessment of content validity. The predictive validity of the GSE is mixed; the GSE performs best in relation to factors which exist prior to experiencing stressors. There appears little predictive validity for coping processes or outcomes. Therefore, it was anticipated there was unlikely to be a relationship found between GSE scores and coping strategies used during ORI, nor with outcomes following ORI. Therefore, it may be argued that the lack of predictive validity underpins the primary study's absence of findings regarding GSE scores and coping strategies. A relationship was found between GSE scores and positive outcomes, which may in part be explained by the 'coping resilience' aspect of the positive outcome measure having a similar description to the GSE. However, given there are multiple other aspects of the positive outcomes measure, it is suggested that the GSE was able to perform sufficiently to overcome the limitations of predictive validity in detecting a significant relationship with positive outcomes. The concurrent validity findings bolstered the construct validity findings which demonstrated the GSE is valid in many countries, languages and settings. These findings in combination with the GSE's discriminatory power suggest the GSE will have functioned well in the primary study in assessing current levels of self-efficacy, especially where low-to-average scores were observed (i.e. performed well enough in relation to scores above the median, and at its best for scores below the median).

The lack of UK general population or victim norms limits the primary study's ability to extrapolate findings to make comparisons or inferences of GSE scores in a standardised way across cultures. The primary study managed the lack of UK norms or cut-offs for the GSE by considering how ratings on the GSE related to other variables using interval level data, not cut-off or labels, thereby retaining the relative context of the parameters and trends of scores within the study, in the absence of a standardised context (i.e. norms).

Aside from statistical considerations, the ORI group in this research thesis have been asked to complete a number of measures, thus the preference was for a short tool that permits access for research purposes therefore the preference was for the GSE over the longer SES. Similarly, the GSE was chosen over the NGSE because of the volume of findings providing support for the validity of the GSE and there is prospect of comparison across countries, which would be supported by the development of more diverse norms.

Although most studies have used cross-sectional designs, the volume of research and participants add weight to the findings which have demonstrated reliability and validity of the GSE, therefore giving confidence to the application and findings made in the primary study. Replicative rather than additive research would further strengthen confidence in these findings. More rigorous designs would provide opportunity to better assess the GSE's external reliability and predictive validity, however there becomes a danger of self-fulfilling

prophecy that the GSE becomes the most used tool because it has the most evidence, which in turn produces more evidence, meaning it is used further, with other measures simply lacking the same volume and quality of evidence rather than actually being assessed as performing less well.

4.8 Conclusion

When considering if the GSE is a 'good' psychometric measure, interval-level data and internal reliability are clear strengths. The mixed findings regarding external reliability indicate the GSE may not be externally reliable however there are inherent difficulties in assessing this. Overall the validity of the GSE is fair, given strong face validity, construct validity, and some indication of predictive and concurrent validity although the evidence for these is less convincing. The numerous studies across languages, countries and thousands of participants, add strength to the GSE's validity. Future replicative studies would bolster confidence in the findings for each translation of the GSE. The GSE has discriminatory power, particularly for low-to-average scores, and there are some standardised norms.

It appears the GSE may be considered a good enough psychological measure when applied to samples related to the standardised norms and where low-to-average scores are expected. Where there may be higher scores, or the samples are not German or US-American adults, there may be difficulty in making meaningful inferences due to lack of standardised norms. In addition to the psychometric properties of

the GSE, the translation into 33 languages presents a strength, increasing opportunities for application and comparable research.

In terms of development, assessment of content and concurrent validity, prospective study designs investigating external reliability and predictive validity, and the development of diverse standardised norms would clarify the evidence to strengthen or refute how these properties of the GSE fit into the overall picture.

Overall, confidence is maintained in the application and findings of the primary study in relation to GSE scores. It is possible that relationships between coping self-efficacy and coping strategies were not detected due to limitations in predictive validity, however it appears that limitations in predictive validity did not impede the detection of relationships with positive outcomes. Exploration of the overall experience of resilience would help to address short comings of the predictive validity of the GSE in relation to understanding more holistically the role of resilience for people who have been subjected to ORI.

Chapter 5: Secondary Study

An Exploration of Resilience as Experienced by Victims of Obsessional Relational Intrusion, Using Interpretative Phenomenological Analysis

The systematic review in chapter two identified a need for utilising broader definitions in future research. The primary study in chapter three addressed the aforementioned recommendation of the systematic review by using broader conceptualisations, that was, obsessional relational intrusion (ORI) which focuses on the perpetrators behaviour (but not on the victim's emotional state), and resilience as a protective factor, a process of adaptation or positive outcome. The primary study gave a broader overview of resilience in people who have been subjected to ORI, the present study takes the next step to deepen that understanding by exploring the detail of what such an experience is like. This study aims to address the need for depth as highlighted at the end of chapter three, and the bottom-up approach supports the idea of exploring resilience more holistically as recommended in chapter four.

5.1 Abstract

Objective: There is an absence of established theory regarding resilience in victims of Obsessional Relational Intrusion (ORI), therefore, to enhance the application of top-down research to support victims, this study explored the *experience* of resilience for victims of ORI.

Sample: Four participants were recruited via an invitation to participate in this follow-up study, following on from a quantitative internet mediated study focused on resilience in victims of ORI (see chapter three).

Data collection and analysis: Semi-structured interviews were conducted in UK University Library study rooms of the participants preference. Interpretative Phenomenological Analysis (IPA) was used to analyse the data, to attend to the participants experiences of resilience.

Results: Analysis identified two superordinate themes of 'Survival' and 'Coping self-concept'. Survival consisted of a 'Process of survival' (motivation and active attempts to continue with daily life) and a 'Capacity to endure' (sufficient emotional resources to withstand the demands of the process of survival). 'Coping self-concept' represented a combination of the participants view of their coping ('Coping self-image'), their belief of their worthiness of coping ('Self-esteem'), and their drive to seek autonomy ('Agency').

Conclusion: Overall, Survival and Coping self-concept appeared to enable participants to maintain their own existence throughout the intrusion, and to pursue a sense of autonomy and separateness from the perpetrator of the ORI, respectively. It is suggested that humanistic and holistic approaches were useful in understanding the experience of resilience of ORI and may be beneficial approaches to apply in future research.

5.2 Keywords

Resilience, victim, obsessional relational intrusion, stalking, qualitative

5.3 Background

As outlined in chapter three, resilience can be conceptualised as a framework consisting of protective factors which buffer against adverse outcomes, processes of adaptation to the adversity, and positive outcomes which develop thereafter (Dutton & Greene, 2010). In terms of application to Obsessional Relational Intrusion (ORI), chapter three outlined an empirically derived typology of coping strategies that allows application of this framework for people who have been subject to ORI, however, the typologies remain without a theory to explain resilience (Cupach & Spitzberg, 2004, 2014).

The psychological literature more broadly offers theories of resilience which have been encapsulated in to the Metatheory of Resilience and Resiliency (MRR) (Richardson, 2002). In MRR, *resiliency* is theorised as a process triggered by stressors which, through adaptive reintegration of the stressor into one's life, can enable growth and increased resilient protective qualities. *Resilience* is theorised in MRR to be a collection of protective qualities an individual has, such as self-efficacy or self-esteem, that enables them to engage in the resiliency process when disruption occurs. Further, MRR theorises that application of protective qualities in the process of adaptive reintegration requires *energy* which comes from innate human motivation to achieve self-actualisation. It is the synergy of harnessing motivational energy and the application of protective qualities which enables the process of reintegration, that forms the overall concept of *resilience* in MRR.

Although MRR was not specifically developed for ORI victimisation, its balance between comprehensiveness and parsimony in addressing underlying psychological concepts of resilience allows coherent application to ORI victimisation. In this regard, MRR appears to have greater scope than the framework postulated by Dutton and Greene (2010), as it attempts to explain the connection between protective qualities, process of reintegration and subsequent growth, through an energy source that is thought to be a core element of the human experience. The energy source central to MRR is explained as an innate motivation to move beyond survival toward self-actualisation (Richardson, 2002).

To date, the literature focusing on resilience in people who have experienced unwanted intrusions such as ORI and stalking has tended to consider protective factors, processes of adaptation and positive outcomes as distinct measurable constructs. In applying MRR to ORI victimisation, it appears a there is a need to consider resilience more holistically in order to understand the relationships between protective qualities, reintegration, growth, and the motivational energy which enables such intertwined relationships.

Similarly, as discussed in chapters two and three, investigation of the role of coping strategies (i.e. processes of adaptation or reintegration) used in response to unwanted intrusions have tended to focus on behavioural and cognitive strategies. Such a focus holds logical consistency as the treatments offered to attempt to remedy

the negative outcomes (e.g. anxiety, fear) are often underpinned by behavioural and cognitive models (e.g. cognitive behavioural therapy), thus it follows that exploring behavioural and cognitive factors before the outcomes are sustained may offer preventative or remedial opportunities. However, narrowing the focus to behavioural and cognitive elements neglects consideration of other aspects of the experience, such as physiology and neurology which also connect to understanding and treating negative outcomes of intrusion such as trauma responses. Even if considering additional elements of the experience, aspects that permeate the entire experience, such as motivational energy, may be missed. Therefore, there appears a need to adopt a more holistic approach that considers the experience as a whole rather than a collection of parts.

The study in chapter three began to address the gap in the literature regarding an understanding of resilience in those who have experienced ORI. The implications and future directions of chapter three highlighted the possibility for application of findings to enhance the resilience of those who may have been, may currently be, or may at risk of, experiencing ORI. Whilst the quantitatively measurable aspects studied in the primary study contribute to an understanding and potential applications, they do not explain or explore what the *experience* of resilience is like for the individual.

Reduction of resilience to measurable phenomena such as symptoms or outcomes may not fully encapsulate resilience in a way that is

meaningful to those who have been victimised (Dutton & Greene, 2010). Therefore, developing a more in-depth understanding about experiences of resilience may aid in highlighting if there are other salient aspects of resilience that were not captured by the measures in the previous study (chapter three) and systematic review (chapter two). Similarly, understanding the experience of resilience may enrich potential application to practice by identifying which aspects of resilience were salient in the individual's experience, directly from their perspective. Therefore, in compliment to the top-down approach in chapter three, the present study will take a bottom-up approach in exploring the role of resilience for those who have experienced ORI.

5.3.1 Purpose

This study further developed an understanding of the *experience* of resilience in people who have experienced ORI. This contributes to the evidence base by offering a perspective on resilience in experiences of ORI from a bottom-up approach. An additional perspective may offer opportunity to enrich the context for interpretation and application of theory and evidence derived from top-down approaches, particularly if aiming to offer psychologically informed services for those who have experienced, are experiencing, or are at risk of victimisation by ORI.

5.3.1.1 Research question

How do people who have been subject to obsessional relational intrusion by another person, experience resilience?

To reduce the amount of academic jargon in participant information materials regarding ORI, the term 'stalking-like behaviour' was used alongside the following explanation which was based directly on Cupach and Spitzberg's (1998) definition of ORI:

When another person has, on more than one occasion, attempted to pursue you or to invade your physical or virtual privacy, or your sense of privacy. This could be by a stranger or someone you know, they might want or assume a relationship with you when you don't want this.

5.4 Method

5.4.1 Data collection

Participants were identified via convenience sampling, by an invitation at the end of a quantitative survey about experiences of ORI and resilience (chapter three), to be given information about a follow-up study. Participants were only shown the invitation if during the survey they indicated having experienced ORI.

Four participants agreed to take part in semi-structured interviews, which lasted between 36 and 57 minutes. Participants were asked to outline their experience of ORI to provide context thereafter focusing on their experiences of resilience in relation to the ORI.

Interviews were recorded on the 'voice memos' app, whereby participants confirmed that they had given informed consent at the beginning of the recording prior to stating basic demographic

information ahead of the main interview. See appendices N, O, and P for participant information, participant instructions, and interview schedule, respectively.

5.4.2 Sample description

A sample of $N = 4$ was proposed and achieved. Due to the lack of theory regarding resilience in people who have experienced ORI, it was considered that greater depth of analysis may help to explore the gap in the literature. Further, in attending to the context of practitioner doctorate limitations on researcher experience, time resources, word limits and deadlines, $N = 4$ was deemed an appropriate sample size to analyse and report the data with sufficient depth (Smith, Flowers, & Larkin, 2009).

Three participants identified as female, one as male. Participant ages ranged from 26 to 43 years. Due to the topic of unwanted intrusions, participants were only asked for minimal demographic details to avoid inadvertently simulating experiences of intrusion.

5.4.3 Approach and Analysis

The research question was concerned with exploring the *experience* of resilience for people who have experienced ORI, therefore, a phenomenological approach was deemed most appropriate. Interpretative Phenomenological Analysis (IPA) is a qualitative research approach that facilitates participants to make meaning from their experiences, then their interpretations are interpreted further

by the researcher, whereby connections and disparities between interpretations are brought together to form an ideographic exploration and examination of such experiences (Smith et al., 2009). IPA was therefore used to analyse the data, allowing for attending to the double hermeneutic circle in which the researcher interprets the participant's interpretation of their experiences (Smith et al., 2009).

5.4.4 Internal validity

In considering validity threats (Maxwell, 2008) , threats of researcher bias, reactivity and to interpretation validity posed the most salient threats to this study. Threats to theory validity and descriptive validity were considered but considered less salient (see appendix Q).

5.4.4.1 Researcher bias

The threat of researcher bias was present due to the context of practitioner doctorate research as there were insufficient resources to employ an additional researcher for peer feedback, and restrictions on participant contact prohibited member checking of the full report.

In terms of the nature of researcher bias that was anticipated may impact this study, the researcher's views align with fourth wave feminism which may interact with the observation that ORI has been observed to be a gendered phenomenon, in that it tends to be perpetrated predominantly by males, with females predominantly the subject of intrusion (Cupach & Spitzberg, 2014). However, fourth wave feminism recognises the impact of gender norms across

genders and intersections (i.e. is not focused solely on females) as it's central value is equality for all people (Munro, 2013). This stance combined with the researcher's view that 'responsibility without blame' (Pickard, 2014, 2017) is pertinent to progress in forensic psychology, may have tempered the impact of fourth wave feminist views on the study by acknowledging that it is possible to examine the impacts of a gendered phenomenon for all genders (and other intersections) without apportioning judgment or blame.

Whilst remaining integral to the phenomenological approach which values subjectivity, the following measures were put in place in attempt to manage the threat of researcher bias. Participants were enabled to self-select, with no inclusion or exclusion restrictions made regarding participant gender, their relationship to the perpetrator, nor the gender of the perpetrator. Within the context of the practitioner doctorate, the forensic practice diary was used as an audit trail to document reflections and decisions, thus allowing inspection of when the study elicited topics that connected with the researcher's views.

5.4.4.2 Reactivity

In terms of reactivity to the researcher or research environment, the participants may have responded to appear more or less resilient, to have had greater or lesser experiences of ORI to appear more socially desirable according to their personal perspective. To manage this threat to validity, it was important that the research took a non-

judgemental approach which allowed the participant control in their discussion of their experiences, to reduce the opportunities for embarrassment or reinforcement of socially desirable responses. This was in part achieved by development of a semi-structured interview schedule consisting of open questions and prompts. Whilst empathy expressed by the researcher during interviews may have impacted participant reactivity, the ethical need to respond sensitively and appropriately to ensure participants emotional and psychological safety was considered more important than it would have been to control for the presence of empathy. Although this element of human interaction may have allowed greater emphasis on parts of the interview that the researcher responded to with empathy, appropriate responsivity may have enabled greater rapport building and thus enhanced openness with which participants responded to the remainder of the interview. Therefore, the aim of the researcher was to provide appropriate responses based on the participant's presentation. For example, use of non-verbal cues such as nods, eye contact and leaning forward, and less frequently verbal cues such as noting that an experience 'must have been tough' in response to a participant communicating that they found something challenging.

It was not possible to completely remove the threat of reactivity therefore it was important to consider the impact on data collection and results. Upon reflection, it was noticed that empathy expressed by the researcher mostly frequently occurred during the initial part of interview that was included to build rapport and illustrate participant

experiences of ORI, which gave context to later questions about resilience. Therefore, reactivity is considered to have potentially impacted the interviews, but most notably in relation to experiences of ORI rather than resilience.

5.4.4.3 Interpretation validity

Due to the research question being focused on experience, and the phenomenological approach valuing subjectivity within the double hermeneutic, there was a threat to interpretation validity. To provide a structure to the subjectivity, a semi-structured interview was used which ensured each participant was asked a core set of open questions, allowing participants to give individualised responses whilst limiting the potential for leading responses. To limit the threat of interpretation bias, different types of question were asked to allow participants to express different aspects of their interpretation of their resilience, to aim to establish a holistic view of their experience.

As previously discussed, it was not possible to engage in member checking, therefore throughout the interview, the researcher would check their understanding and prompt elaboration on responses that appeared ambiguous. Use of audio recording alongside typed transcript reduced the potential for inaccurate data recording in the absence of member checking.

To further reduce the threat of interpretation bias, the final part of the interview focused on an open question and prompts to elicit

responses that participants felt important to include but had not yet been covered. This appeared successful as, even when participants indicated nothing additional to add, with some further prompting or pausing, most gave an additional response.

5.4.5 Ethics.

A favourable ethical opinion was given by the Faculty of Medicine and Health Sciences Research Ethics Committee at the University of Nottingham, on 25.10.2018, reference number: 124-1808.

5.4.5.1 Methods

Given the topic of unwanted intrusion, it was important the methods enabled the participants to have as much control as possible. It was important that an opt-in invitation was offered to participants to allow them to learn more about the study, obligation-free, before indicating if they would like to take part. It seems this was appropriate as several potential participants expressed interest to find out more, however only those who chose to maintain contact with the researcher were invited to interview, suggesting that other potential participants felt able to freely disengage.

Issues of lone working for participants and researcher were salient given that there has been a high profile instance in which lone working is presumed to have culminated in murder (Suzy Lamplugh Trust, n.d.). Therefore, to avoid the need for lone working for either participant or researcher, participants were offered to select any UK

University library registered under the SCONUL scheme at which a room booking was made for the interview to take place. Such logistical arrangements also safely enabled the researcher to remain attentive to each participant's preference and provide a private space to protect confidentiality. All participants were offered reimbursement of travel expenses however none responded to this offer.

5.4.5.2 Withdrawal and anonymity

Participation was voluntary, whereby participants could withdraw anytime during participation. Participants were informed as to the limits at which it was no longer possible to withdraw data. Recall of events may have posed risk of distress to participants, however care was taken in advance to highlight that participants were free to decline to answer any question without reason. Throughout the interviews the researcher sensitively reiterated this where appropriate, to alleviate the potential for perceived pressure to provide an answer. Participant debrief information signposted participants to resources regarding self-care advice, further expert information, seeking psychological support.

It was anticipated that participants may have had concerns about contributions being identifiable, thus reporting minimal demographic information at group level aimed to reduce potential identification. Where participants gave potentially identifying details in interview, a generic replacement (e.g. 'city', 'relative') was used in the transcript to further protect their anonymity.

5.5 Results

In response to the research question '*How do people who have been subject to obsessional relational intrusion by another person, experience resilience?*', two super-ordinate themes were identified, one of which consisted of two sub-ordinate themes therein, and the other consisted of three sub-ordinate themes, see Figure 8.

Super-ordinate theme	Sub-ordinate themes
Survival	<ul style="list-style-type: none">• Process of survival• Capacity to endure
Coping self-concept	<ul style="list-style-type: none">• Coping self-image• Self-esteem• Agency

Figure 8 Super-ordinate and Sub-ordinate themes

5.5.1 Super-ordinate theme: Survival

It was surmised from participants' accounts that there was a sense of pervasive detrimental impact of the ORI on their lives. The impact was illustrated as a sense of crisis whereby there was a common theme that to simply maintain one's existence, vast amounts of energy were consumed in navigating the emotional toll and practical limitations of the ORI, to the preclusion of a fulfilling life (example quotes are presented in Figure 9, p.162-163). Analysis found this overall theme of survival encompassed both a sense of process during the crisis period alongside the individual's ability to endure the crisis.

Super-ordinate theme	Pt.	Quotes
Survival	A	<p>“Utterly tried to destroy me for twelve months that man tried every which way he could to destroy me”</p> <p><i>[I felt]</i> “Neurotic about locking the doors and everything, it’s worse at night, everything’s I think a lot worse when it gets dark and everyone’s starts going to sleep. It’s horrible... I spent an awful lot of time looking at stalking and other stalkers to see what <i>they’d</i> done to see if I could sort of figure out in my head is it ever going to stop? I think that’s one of the things.”</p> <p>“Well I lost believe it or not two and a half stone in weight.” ... “you just don’t realise when you’re going through something like that, my lung collapsed last <i>[DATE]</i> which was down to weight loss.”</p> <p>“But I know I’m getting better, I guess it’s just like anything it’s going to take time isn’t it, probably quite a lot of time <i>[Pt. A laughs]</i> but it is going take time.”</p>
	B	<p>“I was looking on-line ‘how do you stop people doing this stuff?’, I was like ‘what can I do to make him just go away, <i>please go away</i>’, because you can’t do anything, you can’t concentrate, you can’t live your life when there’s this person like badgering you and badgering you and badgering you and you want to strangle them. You’re never going to make them see what they’re doing or why they’re wrong. Like he would do things like send me an email in the morning which he knew would upset me so my whole day is just crushed”</p> <p>“So it’s that kind of stuff, like this kind of weird emotional kind of get emotional hooks in, just crazy.”</p>
	C	<p>“I was literally looking over my shoulder. <i>When</i> am I gonna see her? And even still to this day, <i>literally still to this day</i>, I still look out for her. It’s weird but I still...like literally on the way here, I had to double-check that this woman was not her. I had to double-check. So, still in the back of my head I have it which is weird but I think it’s just because of the impact it had on me that I’m just like...”</p>

	C	<p>"I did struggle through it"</p> <p>"Not wanting to tell them just because I didn't want another person reminding me of it."</p> <p>"I just had to like drastically...mutual friends, I actually had to cut off because I knew that was the way she was getting to me. So, as bad as that was for me, as good friends I lost, I had to do that kind of for my... what is it called? Health or wellbeing, I guess you'd call that. So, it was a kind of drastic cut. But it's what I needed to do at that point."</p>
Survival	D	<p>"I was just power-<i>[ing through]</i>... I did that for ages. And it just kind of made me a bit like a shell of myself. Don't really think I was like full-<i>[y]</i>-fleshed out. Yeah."</p> <p>"Like I had to very much put one foot in front of the other." ... "when this started happening, it just took a lot away from me. And I had to just be very... I could <i>just about manage</i> going to work, and trying to do my yoga, and trying to <i>get away</i> from it as much as I could."</p> <p>"So yeah, it was very tiring. It made me feel very intertwined with him as well in a way that I didn't want any of that, I didn't ask for any of that. But it felt that somehow what he wanted us to have a strong root together was what happened, maybe it wasn't a nice story, but that was like, I don't know, it just felt like it... I never felt like he'd won but I did also feel like, ok, this is going to take a lot of energy to move forward and I have my own back right now."</p> <p>"I mean maybe some people can, do have the emotional strength to move on in their head. But I felt like it was important for me to have a clean break, spatially"</p>

Figure 9 Example Quotes for 'Survival'

5.5.1.1 Sub-ordinate theme: Process of survival

Within the super-ordinate theme of Survival, a common theme was identified whereby participants highlighted engagement in a *process* of surviving such that ultimately, they were able to maintain their own existence. Example quotes are presented in Figure 10, p.166-168.

There appeared to be an acknowledgement of the view that 'life must continue' in some capacity, with some transcripts (e.g. Participant A) communicating this with a sense of determination, whilst others engendered a sense of resignation. Alongside this, participants experienced a range of both seemingly automatic, and purposeful actions that enabled them to maintain their existence, in the context that it appeared there was no other option. For example, the participants accounts gave indication of responses that are often associated with trauma such as hypervigilance/hyperarousal, dissociation, memory loss, avoidance, anxiety and fear (or suppression of emotions), which upon reflection appeared to the participants to explain how they were able to survive the all-encompassing experience of ORI.

Whilst the participants' accounts hint at an attempt to continue with their usual daily life, the language participants used to describe this also suggested a logically inexplicable flavour to their reflections, whereby they were not quite able to comprehend the strength of the survival process in the face of how extreme the ORI had been.

Further, it appeared that the motivation to *attempt* usual daily life had more salience than actual execution of life-as-usual. It appeared that such motivation to attempt life-as-usual may have had a reciprocal relationship with the automatic and purposeful responses (such as memory loss, and avoiding relationships, places and interactions), such that overall there appeared to be an on-going process of survival that each participant experienced throughout ORI.

Super-ordinate theme	Sub-ordinate theme	Pt.	Quotes
Survival	Process of survival	A	<p>"So I made a big effort to put weight back on, my sleep was just... I wasn't sleeping at all when all this was going on, like a car would drive past my house and I'd be awake."</p> <p>"I don't know you just kind of get on with it."</p> <p>"standing up to him which is all this [Pt. A gestures to evidence documents], and just not laying down and letting him get away with it and never giving up with the police. My constant battle with the police, complaint after complaint and shouting at them and "<i>why won't you do anything?</i>". My MP, I emailed my MP, everybody, the Chief of Police, the [AREA] Police, anybody, the papers, anybody that was... because I'm like 'this cannot happen to anybody else, why is this happening to me?' why won't any of them stop him?"</p> <p>"I'd be like 'what's he done?, the oil light comes on in my car, it's not my car's got low oil, he's done something to my car, my God he's done something to my car' and I used to get people to look under my car once a week because I was just like this all the time."</p> <p>"I stopped ringing my friends up, I stopped speaking to anybody"</p> <p>"my driving thing really was looking after and trying to protect my [CHILD] because it sort of dawned on my quite early on that the police weren't really going to protect me. They'll say that they couldn't, but I don't accept that, of course they could do something about all this if they put it into context, that's the problem"</p>

Super-ordinate theme	Sub-ordinate theme	Pt.	Quotes
Survival	Process of survival	B	<p>"You just cope with things as they come along, you have to."</p> <p>"Everyone else was normal, he was 'you're ignoring me you're not a good friend, just five minutes, just five minutes, just five minutes' and I don't know why I accepted it for so long because I was like 'I don't even really know this person, we're not close'"</p>
		C	<p>"Yeah, it was scary. But I would never show her my reaction"</p> <p>"And I kind of just learnt...I don't want to say learnt on the job but, you know, learnt as I went along and adapt..."</p> <p>"I tried to keep myself busy going to the gym to take my mind off it but then it wasn't great when she turned up. Yeah, isolate myself"</p> <p>"So then that was me stuck with her in my room hence why I used to hide."</p> <p>"I did distance myself from my family."</p> <p>"I was probably having a headache all day every day, all night, five or six times a week- no, sorry, five or six days a week"... "I was a bit naïve to think that it wasn't related to that."... "Probably part of the isolation also was caused because I just had a headache all the time and there wasn't so much I could do."</p>
		D	<p>"I realised that I had to just leave that place because people were <i>still bringing it up</i>. And so I quit that, I handed in my notice then as well, and then just really made a decision to move out of my house, to move to another area. So I just basically had the strength at this point to pick up my bags and literally physically move myself."</p>

Super-ordinate theme	Sub-ordinate theme	Pt.	Quotes
		D	<p>"it's paralysing, you know, when you're afraid. It was a lot of, it's not fight or flight, it's also like freeze, yeah. So I just, I just had to make a really conscious decision not to freeze"</p> <p>"It's kind of weirdly hard to talk about it, because I always have a sort of <i>amnesia</i> about what I was thinking."</p> <p>"I think I was just ready to, you know, if someone jumped up behind me, I wouldn't scream, I would have a fist ready, I was ready to be combative. And I think that just gives you an adrenalin rush that's not really like... your system is like flushed with adrenalin. Being prepared, but whilst inside you were like, "Oh my God, I wish I could just dig a hole, and live in it. Just sit this one out." So I think, it was a negative thing for sure feeling so small."</p> <p>"I guess it's like some sort of coping mechanism... my head just, my perspective just shut off a lot of options, a lot of thought processes and just made it really simple. Also I was speaking to so many people that didn't get it, they didn't... which is fair enough, I mean it's like it's a very unusual situation. And there was a lot of people that were just like, "get on with it," you know, "Get on with your life" that kind of attitude, and so I was like, "Ok, I'd better do that." But it was just going through the motions and I think there was a numbness that I just put on myself in order to even get out of the door, get out of the house."</p> <p>"Like, admit to myself that there's one thing to power through, but then there's another thing to be resilient, which I think is like <i>learning from it</i>. Rather than just ignoring it. Or being like that frozen deer in the headlights."</p>

Figure 10 Example quotes for 'Process of survival'

5.5.1.2 Sub-ordinate theme: Capacity to endure

Alongside the process of survival outlined above, the way participants reflected on their experiences indicated that one has a capacity to endure the strains of ORI and the demands of the process of survival. It appeared that whilst it was necessary to have a capacity to endure such demands, that the capacity was not definitive nor rigid. Participants expressed the dynamic nature of the capacity to endure in different way, for example, Participant A recognised that their future now likely includes a stable capacity that they have developed to endure ORI and the associated process of survival. Participant B's reflections highlighted that capacity to endure can differ from person-to-person, situation-to-situation, and time-to-time whereby the capacity is dynamic yet has a finite quality which can be depleted should the demands placed on it, exceed it at any given time. Participant C recognised their own capacity to endure as a general, stable part of their character although acknowledged it had developed following their experience of ORI, such that their process of survival would be different in the future. Finally, participant D spoke about their capacity to endure as requiring emotional energy and recognised that beyond survival, capacity to endure also brings a quality to heal the emotional and psychological wounds sustained during the process of survival. Examples quotes are presented in Figure 11, p.170-171.

Super-ordinate theme	Sub-ordinate theme	Pt.	Quotes
Survival	Capacity to endure	A	<p>“something that I’m going to have to live with I think for the rest of my life because I’ll never be safe from him I don’t think”</p> <p>“That was quite scary but I’m almost at a point now where it doesn’t bother me, they kept saying “do you want to have special measures and give evidence by video link?” ... “but I think when somebody has done this to you, you just get to a point when you don’t really care anymore.”</p> <p>[Regarding the police’s response to multiple events] “they don’t tie them all together and that’s a big big problem but that’s the sort of thing that can kind of tip you over the edge.”</p>
		B	<p>“I do feel that it’s really burnt me, negatively, like if resilience is anything to do with having any kind of resistance or you know some kind of elastic being able to come back then I feel like someone’s put a cigarette in that so there’s a hole [Pt. B gestures to demonstrate elastic stretching then being burnt by a cigarette], you know so there’s weakness there, like I feel burnt by this, like it’s made that ability to bounce back weaker or melted a little bit”</p> <p>“it makes me feel kind of less able myself to cope with things because there’s this uncontrollable thing out there and that’s really horrible so generally knowing that you know it’s kind of...it’s really a knock to your confidence to have that thing that you can’t control out there and that it was obviously coming from the start and you just let it get so bad, it’s yeah, it’s not a good feeling at all.”</p> <p>“this kind of emotional sort of poking all the time is really an awful experience for me”</p>

Super-ordinate theme	Sub-ordinate theme	Pt.	Quotes
Survival	Capacity to endure	C	"I would always take it just because I'm not confrontational and I'm so relaxed and I've got so much patience. So, just naturally, even if it's abuse, I would just always take it. Like verbal abuse, I'd always just take it. But before I'd probably take it really personally and just let it impact me. But now I'd say, "no, that's wrong. You shouldn't say that. If you've got a problem blah, blah, blah.""
		D	"my experience of being a victim however problematic that term is, made me feel really <i>small</i> . It made me feel really <i>weakened</i> and unable to articulate myself for a really long time. When, you're in that situation, and people can see that you're being taken advantage of, or abused, or assaulted, or whatever. And they're seeing this. And you're being asked to step up and stand up for yourself and whatever. And I just couldn't. I really couldn't. I had to kind of keep my head down, and just be small for a while." "I definitely don't think that it's by any account <i>finished</i> in terms of my process of dealing with it and untangling myself from being part of a story that you <i>never</i> had any consent in being a part of, which is quite an alienating experience." "It's like the age old, 'what doesn't kill you makes you stronger.' As you, I don't know, it's my philosophy anyway, but when you suffer or when something really painful happens to you, you have to think, you have to get yourself through it. And there is growth and wisdom in that process, which I guess is resilience, that process. I never really see it as a negative thing in the <i>end</i> , even though it would be great to avoid all of that, where we can"

Figure 11 Example quotes for 'Capacity to endure'

Overall, it appears that each participant required emotional and psychological energy resources (i.e. a capacity) to meet the demands of the process of survival in response to the impact of ORI. The fluctuations in the nature and characteristics of the capacity varied for each participant, however the need for a capacity, and its dynamic quality, appeared consistent across participants.

5.5.2 Super-ordinate Theme: Coping Self-Concept

Participants' accounts appeared, in a more nuanced way than the previous theme, to indicate that a coping self-concept was an important aspect of resilience in relation to their experiences of ORI. It was interpreted that three elements underpinned the overall coping self-concept. In this interpretation, a coping self-concept might be thought of as an idea about one's coping identity based on how one perceives their propensity for coping (coping self-image), the value one assigns to themselves and thus the importance of the need to cope to protect or restore their own wellbeing (self-esteem), and lastly their sense of feeling autonomous in enacting their coping self-image (agency), which might be considered to be motivated by self-esteem. As will be discussed for each sub-ordinate theme, the coping self-concept discussed here has a dynamic quality. An overview of example quotes for the super-ordinate theme of coping self-concept is presented in Figure 12, p.173.

Super-ordinate theme	Pt.	Quotes
Coping self-concept	A	<p>"Oh, it's completely changed my life, completely, I'll never be the same again."</p> <p>"it's not the way I am, it's not the way I've been brought up to just sit and let somebody <i>abuse</i> me"</p> <p>"Yeah, and it's kind of weird isn't it that somebody doing that to you, brings that side out of you"</p>
	B	<p>"I think you can be tough in some ways and in other ways you can be quite not tough"</p> <p>"And sometimes when things happen that make you very angry you do feel kind of... it can evolve into a feeling of strength just because you get fired up"</p> <p>"feeling that I'm sort of tough"</p>
	C	<p>"It's made me a bit stronger."</p> <p>"And I was almost in denial that I don't need help or support and I could do it alone. I don't need my friends. I don't need my family. I can do it fine. I don't need anyone."</p>
	D	<p>"she said to me, "You are more than just a stalkee.""</p> <p>"it did put a lid on what I was capable of doing, like the spectrum of what I capable of doing"</p>

Figure 12 Example quotes for 'Coping self-concept'

5.5.2.1 Sub-ordinate theme: Coping self-image

As outlined above, the notion of a coping self-image was present across all participant's accounts. When discussing their resilience, participants spoke to their perception of their own ability and strength in coping with adversity both in general and specifically in relation to ORI. Participants were prompted to consider how others may perceive their resilience, which generally elicited responses about other people's perceptions of the participant's ability for coping in the face of adversity rather than other possible interpretations of resilience. Example quotes are presented in Figure 13, p.176-177.

It was notable, however, that some participants identified that their own and other's perceptions may not match, and there was distinction between acute and stable interpretations of one's coping self-image. For example, Participant B highlighted that others may view them as strong and able to cope proficiently, which contrasted with their acute sense of feeling overwhelmed and weakened during the period of ORI, which then contrasted to a reflection on their overall coping self-image, in relation to ORI, as "tough".

Participant C's account went further in asserting their coping self-image by contrasting how they anticipated others may have expected them to respond (based on ideas about gender roles) and highlighting that such external expectations are mis-aligned to their coping self-image. This led Participant C to discuss how they made a connection

to their agency (see 'agency' section, below), by firmly identifying their coping self-image and considering the application thereof.

It was interpreted that participants coping self-images had developed following the ORI. For Participant A there appeared an amplification of an existing coping self-image centred around strength and determination, whereas for Participant B there was a simultaneous focus on coping self-image feeling diminished in the moment alongside a renewed recognition of an enduring personal toughness. Participant C similarly reflected that they perceived their coping self-image retrospectively (looking back on the experience of ORI) as ineffective, but that from this had grown a sustained perception of efficacy in coping, subsequently. Participant D's account appeared to represent a state of flux whereby they identified a pre-existing stable coping self-image as capable and adaptive which had felt insufficient during ORI, then was in a period of establishing whether development of their coping self-image may be possible. Therefore, despite different ways in which the coping self-image was interpreted in relation to before, during or after the ORI, overall it appears that coping self-image had an important role throughout.

Super-ordinate theme	Sub-ordinate theme	Pt.	Quotes
Coping self-concept	Coping self-image	A	<p>"I would say before everyone always described me as being quite a strong person"</p> <p>"Yeah, the police put in touch with the woman's centre in [CITY] and I think that's a really common thing now, even though they're a charity anyone that's been... because I didn't know stalking's considered domestic violence and I'm like 'how dare you I'm not like a battered wife, I'm not <i>weak</i> like that, if someone treats me like that I'll walk out' and I was so like dismissive of the woman's centre at first and it has got sort of a lot of woman with mental health problems and drug issues and alcohol issues they <i>are</i> being beaten up by some horrible bloke and there's me like 'I've got a job, I'm not rrrrrrr' and they were absolutely amazing with me, the woman's centre they were so supportive."</p> <p>"they said "we'll put screens round the witness box", I went "no," there's nothing that standing in a Court room and giving evidence... there's nothing that you can do to me that he's hasn't already done, he's like literally stripped away everything"</p>
		B	<p>"I think they think I'm quite tough yeah. But I suppose people are tough about <i>different</i> things."</p> <p>"I think other people think that I'm a very strong person. So I think sometimes when things upset me or affect me they are very surprised."</p> <p>"I like to be able to kind of manage things and I can generally cope with things"</p>
		C	<p>"I wouldn't say it was resilient because at the end of the day, I'm not getting better and I'm not staying the same, I probably am getting worse"</p>

Super-ordinate theme	Sub-ordinate theme	Pt.	Quotes
Coping self-concept	Coping self-image	C	<p>“They didn’t say I was depressed but they were saying, “Oh, you’re so down,” and make a joke, “Oh, you’re so depressed.” But they never see me as like this other side. When I had the confidence, they were like, “Oh, you’re always coming out.” But it was like but I always used to do that but during that period of whatever it was, seven months, I never went out so they kind of forgot what I used to be like.”</p> <p>“So, I guess that’s kind of a plus side of it. Yeah, so way more resilient than before. And I guess it made me grow up a lot. Very quickly.”</p> <p>“And that was kind of the problem with the stalking, it was like, what exactly can I do? Like if I tell and then the security or whatever, it’s only gonna be her word against mine, you know, and not that this plays a role in it but it’s like a guy versus a girl in a situation of like, “He’s following me. She’s following me,” I just felt like they’re just gonna trust her saying “he’s following her.” So, that was kind of a big thing for me as well. Because I thought generally how I saw it, it was always the guy who would stalk and in like a verbally aggressive way, which she did. But, yeah, I’d ask for a lot more help now, I guess.”</p>
		D	<p>“I think maybe given some more time and distance from it, I would have been a bit more braver in stepping forward and doing that.”</p> <p>“But yeah, you always have days when you feel small anyway without any of the fanfare.”</p> <p>“what I was feeling, I was really not <i>myself</i>. I didn’t feel like my life was mine, for a while.”</p>

Figure 13 Example quotes for ‘Coping self-image’

5.5.2.2 Sub-ordinate theme: Self-esteem

As outlined above the theme of self-esteem for these participants related to the value one assigns to oneself and by extension, to one's wellbeing in relation to the ORI. Self-esteem appeared to be discussed explicitly and implicitly, whereby action-taking was seemingly impacted by how much the participant valued their own wellbeing, particularly in relation to how they anticipated other's may view both them and the perpetrator.

It also appeared that self-esteem could be impacted by the views and actions of others, for example, both Participant B and Participant D explored the impact of the expectations and judgements of others regarding their experience of ORI, as having a detrimental impact to their self-esteem. Further, it came through that Participants A, C and D recognised a challenge to their self-esteem in some way and made an active effort to either reject further detrimental impact or to re-assert a positive influence on their own self-esteem. Example quotes are presented in Figure 14, p.179-180.

Super-ordinate theme	Sub-ordinate theme	Pt.	Quotes
Coping self-concept	Self-esteem	A	<p>"one year of my life is worth more than three sentences I said I want to do my victim statement'."</p> <p>"I think my reaction is kind of a normal reaction, I think any human being would react in that way if they had somebody doing this to them."</p> <p>"it's like now that a Judge has said it, it must be true, there really is that massive thing in people's heads that they believe it now that he's been sentenced, that he's in prison"</p> <p>"I don't want to, I really really don't want to, and I don't see why I should, I'm not being bullied into it and he'd find me anyway if he really wanted to"</p> <p>"you just feel so completely helpless and that nobody believes you and it's almost as well, a lot of people perceive it as bit like a joke."</p>
		B	<p>"what will people think of <i>me</i> because this has happened to me, you know maybe they'll think <i>I</i> did something to make it happen"</p> <p>"So recognising that, come on, cut this person off, it's wrong you don't send that kind of message to someone."</p> <p>"I think because there's a lot of shame tied up in... like someone being weird like this"</p>

Super-ordinate theme	Sub-ordinate theme	Pt.	Quotes
Coping self-concept	Self-esteem	B	"I don't really want people to know because I <i>don't</i> want this... everyone is going to start having opinions and it's going to all blow out of control and then it's another thing that's out of my control and it's going to get really messy and you know what all this gossip is like it just goes, one minute you say one thing to one person and then ten people are saying all different crazy stuff and then if he gets wind of it then it just gets even worse for me so..."
		C	"my confidence went to like zero" "I actually seeked a challenge to kind of improve my confidence" "I literally never told anyone about this when I was at uni just because that I thought, "Oh, this is normal." Then, I don't know why. It's the most unlike thing about me. I went for counselling and they just said, "Yeah, this isn't right."" "I just said, you know, I need to think about myself."
		D	"You shrug off things that you could feasibly kick up about and would be within your rights to. So I don't really know what my point is about that but, yeah, I think I would just be a bit more vocal next time." "So I think it was that realisation. It was just like, 'fuck <i>this</i> , fuck being small anymore.' This is just <i>exhausting</i> . It was like, drop it. Drop the bags I guess."

Figure 14 Example quotes for 'Self-esteem'

5.5.2.3 Sub-ordinate theme: Agency

The theme of agency appeared to add an active cognitive and behavioural component to the coping self-concept, which makes use of the coping self-image and self-esteem components. Whilst the self-esteem and coping self-image set the foundations related to one's worthiness for coping and how such coping is envisioned, the component of agency brought these together through enacting the coping self-image, according to the parameters of the self-esteem. The reason the theme of agency felt quite so potent across the participants' accounts, was that the experiences of ORI had created an experience of inescapable loss of control and of helplessness.

Therefore, in the context of experiencing ORI, agency was interpreted to take on significance in relation to *re-establishing* autonomy. There appeared to be a shared experience that the loss of control was generated by the violation of personal boundaries by the perpetrator, alongside an imposed and unwanted enmeshment with the perpetrator. It is from this position within the experience that each participant began to express their quest for autonomy. It appears that participants found agency by looking inward toward themselves. Once participants had established recognition in their own mind that they *were* separate to the perpetrator, it appears that their actions tended to follow suit, for example, seeking to manage their own behaviours in a way that would reflect a tangible sense of separateness. Example quotes are presented in Figure 15, p.182-183.

Super-ordinate theme	Sub-ordinate theme	Pt.	Quotes
Coping self-concept	Agency	A	<p>"Doing all this sort of stuff was, it's almost like therapy in weird kind of way because I think the worst thing about being stalked is feeling like you can't do anything... and you are in a degree, you're completely out of control of what they're doing to you. And it's a horrible feeling that somebody else is more in control of your life than you."</p> <p>"I'm learning Krav Maga which is fighting, [Pt. A laughed], I don't know why this didn't occur to me before but that's what I'm doing I think well if he does come near my house when he gets out at least I'll be able, it'll be a fair fight now [Pt. A laughed]."</p> <p>"So I went to the Family Court on my own, I took a week off work and looked at what to do to get an non-molestation order"</p>
		B	<p>"because I can't control it there's this like <i>thing</i> out there that I can't sort of do anything about it, that can come and do something. So yeah, I think it has made me feel kind of less resilient." "there is the controllable side which is <i>me</i>"</p> <p>"so I was like 'what can I do to make this stop?', so once I had a bit of a plan of how to react it made be feel a bit better, it was a bit more back under my control again instead of <i>him</i> doing whatever he wanted, I think that was really the thing."</p> <p>"there is definitely a practical element of trying to <i>avoid</i> him"</p> <p>"It was a bit more back under my control again"</p>

Coping self-concept	Agency	C	<p>"Because I can't stop the person turning up and I can't stop the person doing that but I'd probably seek a lot more help from people."</p> <p>"the cherry on the top [was] just to say you need to just rely on yourself to do everything."</p> <p>[Afterward I] "just seeked all the different opportunities that I possibly could"</p> <p>"I felt almost free, which was a huge relief for me personally."</p> <p>"I picked up that job to improve my confidence. But it was probably like a two or three year kind of...I did have the job for two years so that was really good. Yeah, that kind of the...<i>emotional</i> journey of how it made me feel. "</p>
		D	<p>"Yeah I guess ironically, at the end, after being really frustrated like 'it was your responsibility.' In the end I felt like it did come down to me"</p> <p>"whether or not I <i>can</i> lay down a boundary or I <i>should</i>? Or just thinking about that a lot more."</p> <p>"it started to kind of spiral out of control a little bit"</p> <p>"Now I feel like I would tell someone to 'fuck off' basically if there was a line crossed. Now someone has told me what my rights are, what is inappropriate behaviour..."</p> <p>"there's always this language too, like 'stalker', like 'victim'. Sometimes it can put you in those boxes."</p>

Figure 15 Example quotes for 'Agency'

5.6 Discussion

The purpose of this study was to explore the research question: '*How do people who have been subject to obsessional relational intrusion by another person, experience resilience?*'. The interpretation of interviews with four participants elicited two superordinate themes (consisting of sub-ordinate themes therein); Survival (Process of Survival, and Capacity to endure), and Coping Self-Concept (Coping Self-Image, Self-Esteem, and Agency). In combination, these themes suggest that the participants experienced resilience as a period of survival when subjected to ORI, that was, a process of adapting to and bearing the negative impact of ORI, which was achieved by drawing upon psychological and emotional resources (i.e. a capacity for enduring the adversity). Further, resilience was also considered to be experienced through a coping self-concept. That was, participants views about how capable they and others perceived them to be, an implicit or explicit sense of worthiness to cope effectively to maintain their wellbeing, which drove implementation of actions to re-establish their autonomy away from the perpetrator.

Following the systematic review (chapter two) and the outcomes of the study in chapter three, these findings extend the notion that resilience in relation to experiences of intrusion is more complex than simply identifying strategies to use at the time of intrusion.

5.6.1 Resilience framework

The findings of this study in part support the resilience framework proposed by Dutton and Greene (2010) in that 'Survival' appears to relate to a process of adaptation (Process of Survival) and a pre-existing factor (Capacity to Endure). Whilst there was some indication in Participant C's transcript of growth following the experience of ORI, Participant A and B's transcripts did not contain such a theme, and Participant D's transcript hinted at a hope for growth. Therefore, the findings of this study did not substantiate positive outcomes as a facet of the experience of resilience in relation to ORI.

'Coping self-concept' does not neatly map onto Dutton and Greene's (2010) resilience framework, as it appeared that each aspect had a dynamic relationship with the adversity of ORI rather than being distinct, static constructs. Although this does not refute the resilience framework, it suggests the framework is too reductionist to fully capture the experience of resilience in relation to ORI.

5.6.2 Metatheory of resilience and resiliency

The findings of this study support the self-esteem component of the Metatheory of Resilience and Resiliency (MRR) (Richardson, 2002) in terms of enabling engagement in attempts to cope. There was suggestion that reserves of emotional energy were necessary in a 'Capacity to endure' to enable withstanding the demands of the 'Process of survival', which further supports the application of MRR to people who have experienced ORI. However, it appears there may

have been a different quality to the emotional energy in this study, i.e. enduring and resistant, whereas MRR posits emotional energy as motivating, which may have greater scope for positive interpretations of the role of emotional energy within resilience.

The findings of this study also support the need for a holistic approach to understanding resilience in those who have been subject to ORI. The 'Coping Self-Concept' in particular appeared to have a dynamic role (both influencing, and influenced by, the experiences of ORI and coping), therefore, as discussed above, a more holistic approach to resilience research may facilitate developing and applying a richer understanding of resilience. For example, this follow-up study adds greater depth to chapter three because the scope of the previous study was not sufficiently holistic to have detected the Coping-Self Concept in greater depth than the consideration of coping self-efficacy. Again, this highlights that, in the absence of an established theory of resilience for people who have been subject to ORI, research may helpfully take a broader approach until greater consistency and agreement is established across the literature.

5.6.3 Self-concept

Humanistic approaches in psychology consider that the human experience is uniquely human and is greater than the sum of its parts. It is also considered that humans have awareness of oneself in relation to others, and have agency and responsibility when making

decisions and intentionally taking action to pursue goals which provide meaning to lived experiences (Bland & DeRobertis, 2019).

The findings regarding 'Coping Self-Concept' link closely with the humanist notion of Self-Concept (Rogers, 1959) which finds a connection between self-image, self-esteem, and the ideal-self in explaining how a person may experience the world and respond to such experiences. Whilst the findings here more specifically relate to the experience of coping in response to ORI, the notion of a coping self-image and self-esteem largely map onto Rogers' theory. The findings of this study differ to Rogers' theory in that he proposes the notion of an 'Ideal-self' as the third component of one's self-concept, whereas this study found that within the 'Coping self-concept', 'Agency' connected with 'Coping self-image' and 'Self-esteem'.

With regard to 'Agency', it was previously discussed that participants' accounts suggested a notion of looking inward to establish separateness from the perpetrator of the ORI. It might be argued, that in the context of unwanted and imposed enmeshment with the perpetrator, the desire for separateness and re-establishing autonomy may in itself represent a manifestation of the 'ideal-self' at that time. To consider 'ideal-self' here as a more general concept does not fit well with the participants' accounts, however it appears that there may have been an ORI-specific 'ideal-self' that is independent of the perpetrator and the impact of the ORI, that is, agentic.

5.7 Conceptual framework

Following on from the previous chapter, the conceptual framework has been modified to include the findings from this chapter. The super-ordinate themes are represented by dark grey boxes and the sub-ordinate themes by mid-grey boxes. A light grey box is used to illustrate the potential relationship between coping self-concept and the other aspects of resilience in victims of ORI as identified by previous chapters (i.e. coping strategies, and coping self-efficacy), as discussed in more detail in the following section ('implications'). As outlined above, Figure 16 illustrates the notion that 'survival' and 'coping self-concept' are aspects of resilience in victims of ORI and stalking go beyond the parameters of Dutton and Greene's (2010) Resilience Framework.

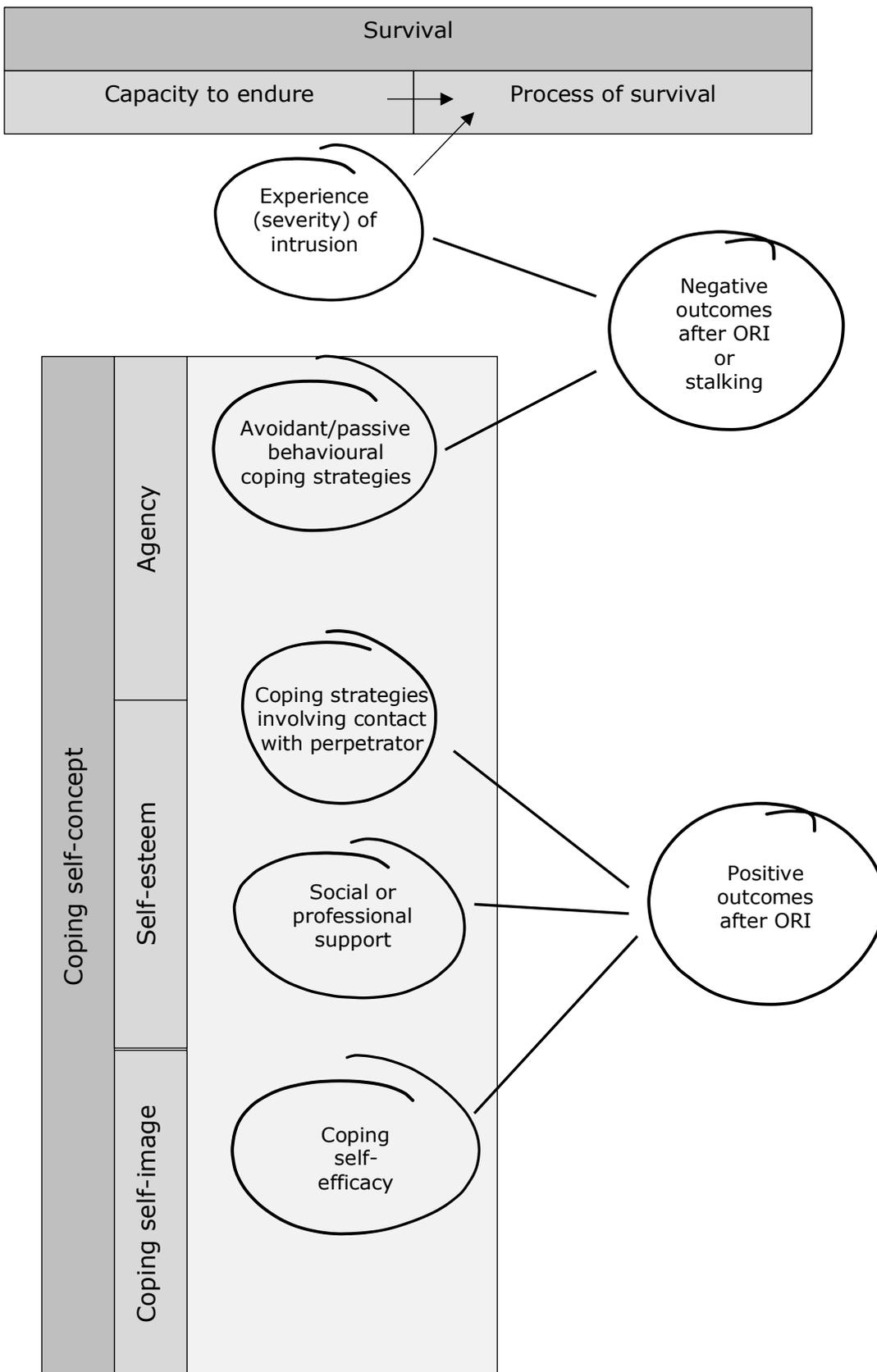


Figure 16 Modified conceptual framework: Secondary study

5.7.1 Implications

The systematic review in chapter two identified the need for preventative and/or early intervention with regard to coping and the negative emotions that arise from stalking. This recommendation taken in combination with the findings of the present study regarding the possibility of an ORI specific 'Coping Self-Concept' raises a new research question about whether humanistic and/or holistic therapies may have a role worth exploring in regard to prevention and/or early intervention for people at risk of intrusions such as ORI or stalking. For example, in the case of early intervention, person-centred approaches which focus on the individual reconnecting with themselves, may present opportunities to develop interventions that explore 'Coping self-image' and reassert the individual's 'Agency' in the context of self-esteem being central to the therapeutic approach.

Further, the study in chapter three identified that moving inward (blaming oneself, 'bottling up' emotions), moving against (engaging in conflict with the perpetrator), and moving away (avoiding contact with the perpetrator) were the coping strategies associated with increased negative outcomes. Moving outward (seeking support from others), moving against, moving towards (negotiation with the pursuer) and coping self-efficacy (one's confidence in ability to cope) were associated with increased positive outcomes. The notion of a 'Coping self-concept' could offer tentative explanations for the motivations and/or drivers for engaging in these strategies (e.g. low self-esteem and poor coping self-image might be hypothesised to

drive moving inward, whereas increased self-esteem, coping self-image and desire for agency may be hypothesised to drive moving outward, against and away). However, research would be needed to clearly establish for each participant what, if any, role the Coping self-concept has in underpinning the aforementioned coping strategies.

5.7.2 Limitations

The study sought participants who had experienced ORI, however at least two of the participants had received confirmation from bodies within the Criminal Justice System that the intrusion met the legal threshold for stalking. It is possible that the other participants had also experienced stalking based on the detail they provided, however they had not sought contact with the Criminal Justice System, so this had not been formally supported or refuted from a legal perspective. Therefore, the conclusions regarding the participants experiences of resilience are more appropriately placed in the context of ORI *and/or* stalking, as it cannot be neatly ascertained as to which aspects of the experience may have been unique to either ORI or stalking. It is important to note however, that the themes were constructed across all cases, which does suggest there were substantiated commonalities in their experiences of resilience.

As the context of a study will prevent the achievement of perfect validity in qualitative research (Maxwell, 2008), it is acknowledged that the primary limitations relate to the context of the professional doctorate impacting on the internal validity of this study. Most

notably, researcher bias and reactivity may have impacted on interpretation validity in the double hermeneutic aspect of interpreting the data. For example, the context of a personal experience of the practitioner doctoral programme feeling highly pressured may have led the researcher to be unconsciously more alert to ideas regarding survival and capacity for enduring the demands of adversity.

5.7.3 Recommendations for future research

In addition to the aforementioned recommendations regarding exploration of humanistic approaches for prevention/early intervention, and potential hypotheses between 'Coping self-concept' and the ORI coping typology (Spitzberg & Cupach, 2003), further recommendations for future research are suggested.

Participants did not explicitly discuss theological concepts, therefore the role of spirituality remains unclear. Future research could consider theological aspects, as they are relevant to both MRR and holistic approaches. For example, to explore the role of spirituality within or alongside 'Survival' and/or 'Coping self-concept'.

Future research would benefit from greater distinction between ORI and stalking. For example, a larger sample, with analysis split between groups according to whether the intrusion is ORI or stalking. This would be helpful in establishing whether the themes identified in the present study remain consistent, and whether there are grounds

for researching the potential for generalising the findings. For example, a prospective study with university students (ORI and stalking have been identified as fairly common in university student populations (Cupach & Spitzberg, 2014)). At initial enrolment students could be prompted to provide qualitative and quantitative data related to their general 'capacity to endure', 'coping self-image', self-esteem, and agency, then toward the end of their enrolment (e.g. final year), be prompted to provide similar data plus a measure of ORI/stalking. Participants who indicate having experienced ORI or stalking could then provide data regarding the process of survival.

5.8 Conclusion

This study found that in four participants who reported having experienced ORI, themes of 'Process of survival' and 'Capacity to endure' together captured their resilience with regard to maintaining their existence throughout the intrusion ('Survival'). Further, 'Coping self-concept' was found to represent a combination of the participants view of their coping ('Coping self-image'), the value which underpinned their belief of their worthiness of coping ('Self-esteem'), and their drive to seek autonomy and separation from the perpetrator ('Agency'). Overall, it is suggested that holistic and humanistic approaches to research and potential applications may benefit the ORI resilience research in the absence of an established theory.

Chapter 6: Thesis Discussion

6.1 Summary of Findings

6.1.1 Systematic review

The systematic review aimed to determine the role of the coping strategies used to manage the experience of stalking, in relation to the negative emotions associated with stalking victimisation. Cognitive coping strategies were unrelated to stalking victims' negative emotions. Behavioural coping strategies used in response to stalking were however found to have a role. In particular, avoidant or passive strategies explained the variance in trauma symptoms, and more broadly behavioural coping strategies were, weakly, found to have a relationship with depression symptoms, and to a more limited extent, anxiety symptoms. Due to the systematic review search eliciting only observational cross-sectional designs it was not possible to infer causal relationships, therefore it was not possible to comment on *effectiveness* of the coping strategies in managing the negative emotions associated with stalking victimisation.

It was recommended that future research should use of broader definitions (e.g. absence of focus on the victim's emotions) to allow for developing a fuller understanding of the full range of victim experiences of coping during, and outcomes following intrusion.

6.1.2 Primary study

The primary study responded to the recommendation of the systematic review for research to use broader definitions or concepts

in order to achieve greater scope in understanding resilience in people who have experienced intrusions by another person. The primary study, therefore, used a broader concept than stalking, that is obsessional relational intrusion (ORI), and a broader concept of resilience which additionally considered protective factors and positive outcomes, alongside the aforementioned coping strategies.

The aim of the primary study was to determine the role of coping self-efficacy and coping strategies in relation to the negative and positive outcomes for victims of obsessional relational intrusion (ORI).

Overall it was found that both negative and positive outcomes were possible for victims of ORI, and that coping strategies related differently to each. Notably, it was found that positive outcomes did not appear to have a relationship with the experience of ORI but did have a relationship with coping self-efficacy (one's belief in their ability to cope successfully).

In terms of scope, the primary study extended the breadth of understanding how resilience may apply to victims of intrusions. To deepen the depth of such an understanding, it was recommended that an in-depth exploration of how resilience is experienced would enrich the findings and associated implications for application in ways that may directly impact victims experiences.

6.1.3 Psychometric critique

Given the findings from the primary study regarding coping self-efficacy, the psychometric critique aimed to establish how secure these findings were, in relation to the psychometric properties of the measure that was used, the General Self-Efficacy scale (GSE).

The GSE was found to have potential as a 'good enough' tool both in general and in the primary study. Therefore, confidence is maintained in the findings of the primary study regarding the relationship between coping self-efficacy and positive outcomes following ORI.

The primary study previously identified the need for establishing greater depth of understanding of resilience in victims. This need was emphasised in relation to the limitations of the GSE's predictive validity, whereby a more holistic approach was recommended to explore experiences of resilience in greater depth.

6.1.4 Secondary study

Following the recommendations of the primary study and psychometric critique, the aim of the secondary study was to explore victim experiences of resilience in a more holistic way, using a bottom-up approach to complement the previous top-down approach in the primary study and systematic review.

The secondary study qualitatively explored how resilience was *experienced* by a follow-up sample of participants from the primary

study. The findings highlighted that resilience (in relation to intrusion) is more complex than merely using coping strategies at the time of the intrusion. The findings overall indicated that participants experienced resilience firstly as a period of survival, that was, a process of adapting to and bearing the negative impact of ORI, which was achieved by drawing upon psychological and emotional resources (i.e. a capacity for enduring the adversity). Secondly, resilience was also considered to be experienced through a coping self-concept. That was, participants' views about how capable they and others perceived them to be, an implicit or explicit sense of worthiness to cope effectively to maintain their wellbeing, which drove implementation of actions to re-establish their autonomy away from the perpetrator.

6.1.5 Synthesis of Thesis Findings

Overall it has been found that in victims of intrusions such as stalking and ORI, there can be both positive and negative outcomes. Further, the *type* of coping strategy used by victims had a relationship with the type (and/or extent) of outcomes they experienced.

With regard to negative outcomes, cognitive coping strategies had no role, whereas increased avoidant or passive responses to the intrusion, and increased severity and/or frequency of the experience of ORI were associated with increased negative outcomes. Whilst the experience of 'survival' was not identified as a negative outcome in itself, the theme was constructed from the collection of negative aspects detailed from participants' overall experiences.

Regarding positive outcomes, coping self-efficacy, seeking support networks, and strategies involving contact with the pursuer, were all positively associated with positive outcomes.

In terms of how these aspects of resilience were experienced by victims, it appears that their coping self-concepts (more broadly) influenced their coping self-efficacy and use of behavioural coping strategies in response to the intrusion. It is suggested that each victim's coping identity (coping self-image), belief in their deservingness to cope to preserve their own wellbeing (self-esteem), and motivation to regain agency (agency) underpinned both their belief in their ability to cope successfully (coping self-efficacy) and subsequent uses of coping strategies, ultimately resulting in negative or positive outcomes, or a combination thereof.

6.1.5.1 Conceptual framework

Throughout the thesis, each chapter has contributed to developing an overall conceptual framework, with a staged approach. The details of the contribution of each chapter has been presented at the end of each chapter, with the main findings of the previous chapters included. Therefore, Figure 17 presents a summary of the conceptual framework as developed throughout the thesis, to represent the synthesis of the thesis' main findings, as discussed above. Given the seriousness of the implication regarding the use of coping strategies that involve contact with the pursuer (discussed in chapter three and below), this is also acknowledged with a grey dashed arrow.

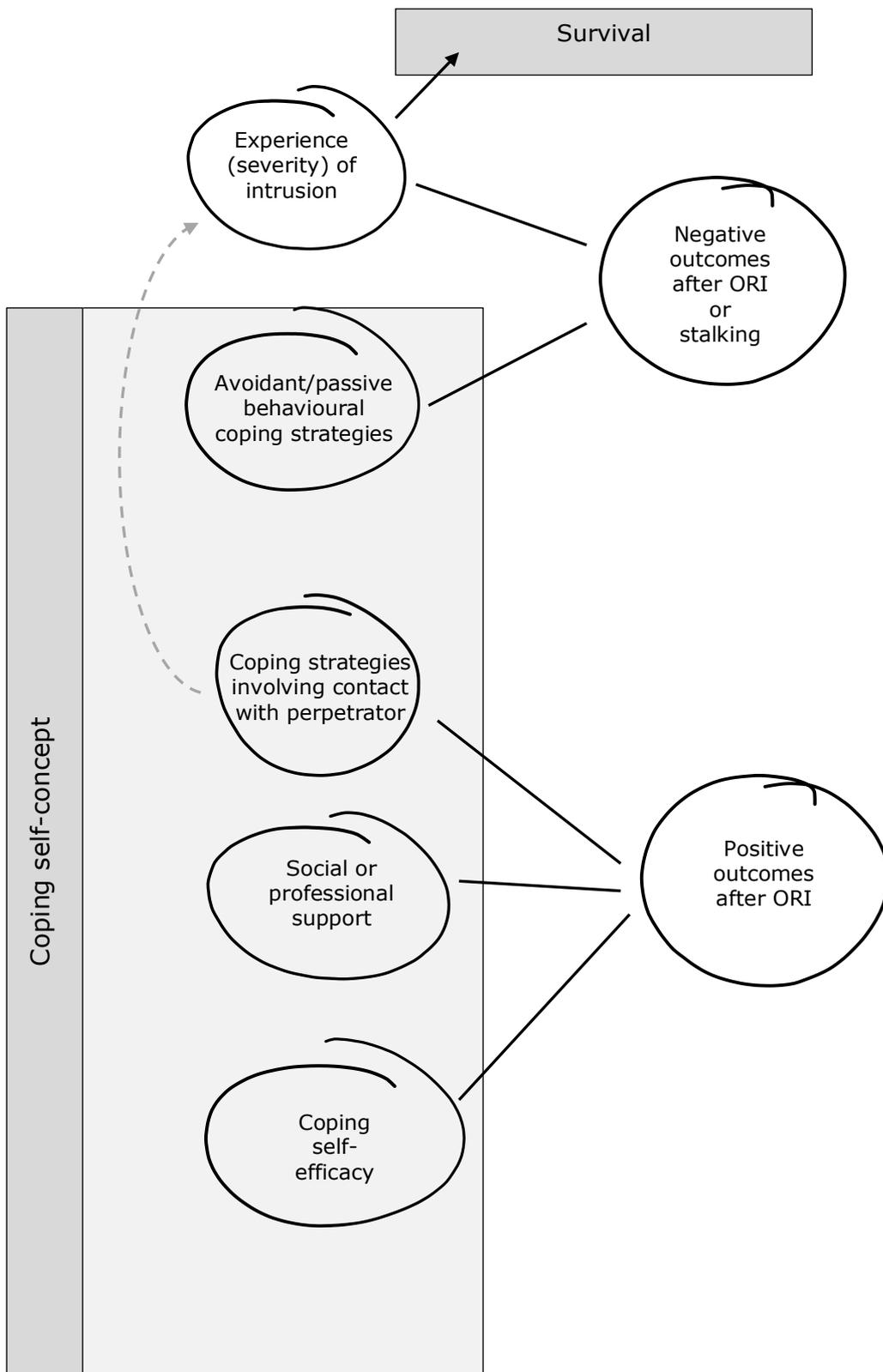


Figure 17 Modified conceptual framework: Summary

6.2 Interpretation

Given the lack of an established theory of resilience for victims of ORI and/or stalking (Cupach & Spitzberg, 2004, 2014), this thesis expands the evidence base exploring the conceptualisation of resilience for people who have been subject to ORI and/or stalking. Where consideration of resilience in the ORI/stalking literature does exist, there is a focus on coping strategies, which have been conceptualised within an empirically derived coping typology (Spitzberg & Cupach, 2003). The existing coping typology was explored in the primary study, other coping strategies in the systematic review, and other potential aspects of resilience beyond coping strategies were considered in the primary study, psychometric critique and the secondary study, as outlined above. More broadly in the crime victim literature a resilience framework has been established, which has also been explored in this thesis.

6.2.1 Resilience Framework

In terms of applying the thesis' findings to the established resilience framework for crime victims (Dutton & Greene, 2010), Figure 18 demonstrates how aspects of the conceptual framework fit within the resilience framework (resilience framework marked with asterisk '*'), and those postulated to go beyond it. As discussed in chapters two and three, behavioural coping strategies are 'processes of adaptation' to the experience of stalking or ORI, the primary study investigated coping self-efficacy as a 'protective factor' and found that 'positive outcomes' were possible following the experience of ORI.

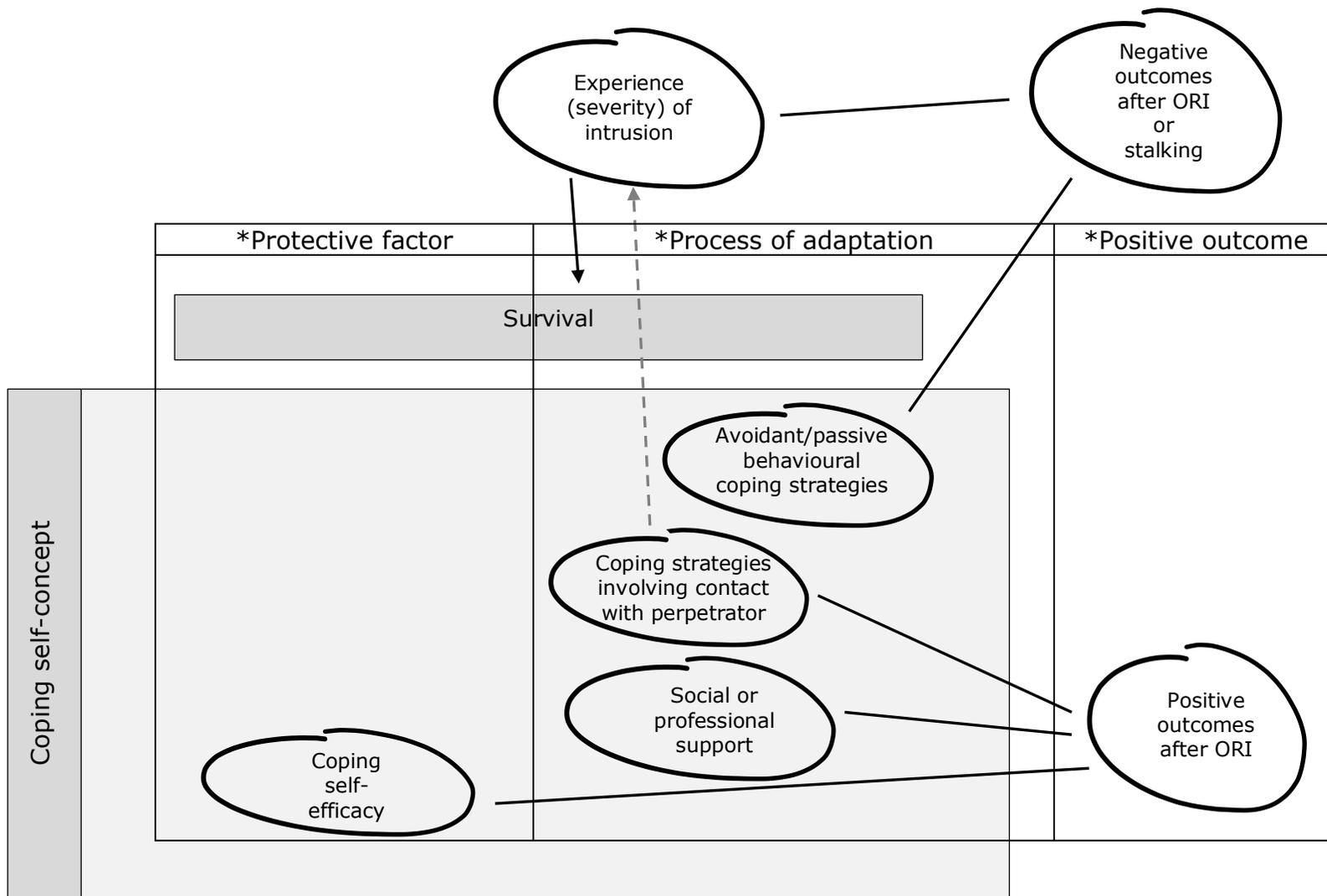


Figure 18 Conceptual framework applied to the Resilience Framework

From the secondary study, the theme of 'survival' consisted of a 'capacity to endure' which may be considered as a protective factor, and a 'process of survival' which may be considered within the processes of adaptation. Whilst the coping self-concept has the potential to act as a protective factor, it may be hypothesised to also function in an unhelpful way depending on the content of each of the coping self-image, self-esteem and agency. If an individual were to view themselves as someone who lacks the internal resources and access to external resources thus has self-image of being unsuccessful at coping, who believes they deserve to have negative experiences, and who values relationships in which co-dependency or enmeshment are a core feature, then it is entirely possible that a coping self-concept could act as a risk factor for poor coping and outcomes, rather than a protective factor against it.

6.2.1 Coping Self-Concept and Coping Self-Efficacy

It can be seen that there is an affinity between coping self-efficacy (CSE), and the coping self-concept constructed in the secondary study. Whilst there is a close connection, they are distinct enough that both have been kept within the overall conceptual framework rather than simply merging them. It might be argued that CSE sits within or is influenced by the coping self-concept, however the distinction remains that CSE relates to a belief in one's *efficiency* and *effectiveness* for future coping, whereas coping self-concept represents a synergy of multiple components which establish an overall experience related to one's *identity*.

6.3 Implications

Overall, it appears there is a need for a dual focus on reducing the possibility of negative outcomes, alongside increasing the potential for positive outcomes, for individuals who have been subject to ORI.

This suggests that a holistic approach to understanding resilience is important in capturing the entirety of the phenomenon. Specifically, a humanistic approach may be beneficial in considering the potential for maximising positive outcomes or experiences (and simultaneously minimising negative outcomes or experiences), whilst attending to agency, self-efficacy and self-concept as key aspects of human experience (Bland & DeRobertis, 2019).

In terms of reducing negative outcomes, the systematic review identified the need to employ early intervention strategies, that is, to intervene by ceasing the ORI or stalking before the victim begins engaging in avoidant or passive coping strategies. The primary study took this further by noting that the coping strategies that related to positive outcomes were potentially dangerous as the literature has established that continued contact between perpetrator and victim may escalate the intrusion to serious violence, thus presenting risk of greater harm to the victim. Similarly, it was the intensity and continuation of the intrusion that the victims in the secondary study found it necessary to survive through, which although not a negative *outcome*, was discussed as a negative experience. In sum, it appears that in applying the findings of this thesis with the aim to reduce the

likelihood of negative outcomes for victims, the most effective approach may be to focus on ceasing the intrusion by the perpetrator rather than advising victims on coping strategies they should not use. This supports the argument that defining intrusions (i.e. stalking and ORI) by the perpetrator's behaviour rather than the victim's emotional response may be useful in identifying and intervening in their pattern of intrusive behaviours more efficiently and thus reduce the risk of negative outcomes and experiences for the victim. This would also mirror the arguments in other areas of victimisation research which highlight that it would be unethical to focus on educating a victimised or oppressed person/group about taking responsibility for avoiding adverse impacts of victimisation, whereas it is ethically more appropriate to focus on recognising that it is the responsibility of the perpetrator to cease the abuse (Taylor, 2020).

In terms of increasing the potential for positive outcomes, if it were the case that an individual did have the misfortune of being subjected to intrusions, it seems again that preventative efforts may be most valuable. The primary study and psychometric critique highlighted the potential value in pre-emptively offering intervention to increase coping self-efficacy of the individuals most likely to be at risk of victimisation by ORI, as well as acknowledging the existing research that suggests that this might also be useful during victimisation to reduce distress (Gallas et al., 2009). The secondary study developed this argument further by acknowledging the importance of one's broader coping self-concept which might usefully be enhanced

preventatively, for example through holistic approaches that allow for consideration of the whole experience rather than reducing down to singular parts. In particular, a humanistic approach would allow a strengths-based perspective in considering how best to enhance or develop aspects such as self-efficacy, agency and/or self-concept in one's pursuit for maximising positive experiences and outcomes, within the context of adversities such as stalking and ORI.

Further, taking a holistic approach seems highly relevant given the nature of ORI and stalking which relate specifically to the accumulation of a number of intrusions which have a collective impact. Therefore, it seems fitting that a preventative or early intervention type approach would mirror the pervasive nature by taking a holistic view which considers the person's experiences as a whole, rather than focusing on individual elements therein.

Whilst the primary study made suggestions about alternative ways to safely simulate coping strategies that would otherwise involve contact with the perpetrator, it seems that in balancing the potential negative outcomes against the potential for positive outcomes, that ceasing the ORI or stalking, and pre-emptively increasing coping self-efficacy and strengthening coping self-concept may overall be a more favourable priority. It is unlikely that it would be possible to cease all Stalking and/or ORI (SORI) completely, therefore the recommendation for alternatives to safely simulate coping strategies

associated with positive outcomes remains, however should not be considered the main potential application.

6.4 Limitations

In terms of main limitations of the individual chapters, a brief overview of the previously discussed limitations is presented here. The systematic review (chapter two) used a second reviewer for the quality assessment stage only, however, use of screening and selection forms increased the transparency of the review. The primary study (chapter three) had a limitation regarding the interpretation of the relationships between 'moving away' and negative outcomes, and between coping self-efficacy and positive outcomes. The similar nature of the concepts on the respective psychometric measures limited the validity of the findings regarding these specific relationships, as it may be possible that the measures have captured the same underlying factor rather than distinct factors. The psychometric critique (chapter four) demonstrated that there were possible limitations of the GSE, particularly predictive validity, however the above-mentioned findings from the primary study indicate that the GSE performed well in this regard, whereby future replicative studies could bolster the conclusions drawn about the GSE having 'good enough' psychometric properties. There were potential threats to internal validity for the secondary study (chapter five), however chapter five details several strategies that were put in place to manage the potential impact of researcher bias, reactivity and interpretation validity. The secondary study also had a limitation regarding the sample having experienced both ORI and stalking, thus

it was not possible to ascertain which aspects of resilience may have been unique to either ORI *or* stalking victimisation, however the themes were shared amongst participants which suggests there were common aspects of the experience of resilience for SORI victims.

In terms of limitations of the whole thesis, overall context is important given the nature of stalking and ORI as patterns of intrusions, not single events, therefore, each chapter's contribution is limited when considered separately from the other chapters. To operationalise specific elements of resilience may be too reductionist to fully understand the experience (systematic review, primary study, and psychometric critique), whilst a more holistic approach without such reduction may not offer sufficient specificity to make reasonable practical applications at individual or group level (secondary study). Therefore, to overcome this limitation, it is suggested that the findings from each of the chapters are considered in complement with one another in an overall culmination, so that both the specific aspects and overall experience can be considered in the context of one another. Further, as this research thesis has focused on data collection following the occurrence of stalking or ORI there is an overall limitation as to establishing the causal direction of the findings.

6.5 Recommendations for Future Research

Given the importance of overall context in understanding resilience in victims of stalking and ORI, there is a need to strike a balance

between operationalising distinct concepts to understand what role(s) they have and attending to the overall experience and context by using holistic approaches. In carrying forward the following recommendations, it is therefore also recommended that future research utilise mixed method approaches in attempt to achieve this balance.

In order to draw conclusions about the causal direction of the findings, and thus be able to *explain* how the positive and negative outcomes have come about following SORI, prospective study designs are necessary in future research.

Ethically it would be difficult to justify the use of prospective studies specifically in relation to SORI victimisation because the researcher would thereby knowingly be allowing harm to occur to the participants without intervening. However, it may be more reasonable to include relevant measures within broader cohort studies. By situating measures within broader cohort studies, it may be possible to obtain resilience measures pre- and post-SORI whereby the intrusion has taken place in the participant's life in the intervening periods of time between routine follow-up measures. It would also therefore be possible to prioritise responding ethically if a participant were to report *current* SORI (i.e. to direct to appropriate services for support, such as the police and/or victim agencies) without inhibiting data collection or undermining the entirety of the research project.

Alongside applying these methodological recommendations, this thesis has identified specific topics worthy of further investigation. Firstly, it has been identified that operationalising definitions of SORI based on the perpetrators intrusive behaviours may enrich the literature by capturing a fuller range of experiences of people who are subject to such intrusions. Building on from this, future research could usefully take a holistic approach to resilience by integrating consideration of the role of early intervention in preventing negative outcomes and understanding adaptive coping, whereby the secondary study recommended this could take a humanistic perspective. A humanistic approach could benefit future research by enabling the exploration of potential relationships between coping self-concept and use of particular coping strategies. Such research could therefore ascertain if there are further benefits (or minimised negative outcomes) likely to be gleaned from developing one's coping self-concept pre-emptively or concurrently to SORI. Therefore, a humanistic perspective could be particularly valuable in exploring the potential for practical application regarding early-intervention strategies, as it would enable a focus on self-image, agency and self-esteem, which together form the coping self-concept.

Further, where there is also a need to consider the role of coping strategies in cases where the SORI persists, research would benefit from exploring the role of emotion-focused strategies. In establishing external reliability regarding the *experience* of resilience for victims,

greater distinction between stalking and ORI victim samples would be beneficial in the context of mixed-methods prospective design, and exploration of the role of spirituality remains a gap in the literature.

6.6 Recommendations for Practical Applications of the Research

As discussed throughout, the need for early intervention is clear. Early intervention to cease the intrusion would be valuable to help to avoid harm (psychological and/or physical) to the victim as per the course of the intrusions, and to help avoid the need for the victim to engage in coping strategies that are associated with increased negative emotional outcomes. This is pertinent given that in many cases there have been upwards of one hundred intrusive behaviours before the victim tells anyone about it (Sheridan, 2013). This means that by the time a person is seeking support, the two-week threshold which indicates an increase in risk of persistence and harm, has been well surpassed. A way of increasing possibility for early intervention may be to expand existing campaigns to increase public awareness of stalking and ORI, such as that undertaken by the Alice Ruggles Trust (Alice Ruggles Trust, 2021). By increasing the awareness in the general public of what stalking and ORI are, and the importance of attending to specific risk indicators, it may increase the opportunities for individuals to seek support for themselves or others before risk of persistence and harm has escalated. Increased awareness may also allow individuals to examine their own intrusive behaviours towards others, after having learned about the harm and/or potential criminal

liability associated with their behaviours. Similarly, continued training for professional groups may aid the timely and effective implementation of the newly established Stalking Protection Orders. Stalking Protection Orders provide a legal framework under which victim safety is intended to be prioritised, however initial findings indicate that they are not being used to their full potential nor with the necessary attention to timeline (Suzy Lamplugh Trust, 2021).

Another application of these findings could be to offer interventions before intrusions have occurred, to increase resilience through focus on coping self-efficacy, coping self-concept and agency. As it is not possible to determine in advance which individuals may be targeted by stalking or ORI in the future, it is suggested that pre-emptive interventions may be initially trialled in populations known to be most represented within stalking and ORI victimisation. For example, this might be achieved through holistic wellbeing programs offered as part of secondary, tertiary or university education for female students. This would therefore provide the benefit of increased chance of positive outcomes to those who experience intrusions, as well as enhanced coping self-efficacy, coping self-concept and agency in those who do not go on to experience victimisation.

Given the risk of harm to the victim where intrusions persist, applications of this research should heavily focus on early intervention and pre-intrusion intervention. It is recognised however that it is unlikely that all cases will be successfully ceased, therefore

it is recommended that where intrusions persist, victims are given support to identify risk-managed applications of coping strategies which offer the chance for limited negative outcomes alongside increased positive outcomes. For example, this could entail continued promotion of 'moving away' (avoidance) as the primary strategy because of the previously discussed serious safety implications. Thereafter, victims could be supported to increase psychological separation from the pursuer by simulating strategies of 'moving against' and 'moving towards' without contact with the pursuer. For example, this could be with a therapist (e.g., empty chair technique) or Restorative Justice practitioner, whereby risk-management is embedded in the intervention to protect the victim from harm.

6.7 Conclusion

Overall this thesis has established that there is value in understanding resilience in victims of stalking and ORI. It has become clear that a focus only on protective factors (e.g. coping self-efficacy), coping strategies, or outcomes, separately, is insufficient to capture the complexity of the experience of resilience. Further, it has been argued that defining intrusions by the perpetrator's behaviour rather than the victim's emotions may be beneficial for expanding an academic understanding within the literature and for practical applications such as early intervention or emotion-focused coping, to reduce the likelihood of negative outcomes being sustained. Due to the apparent complexity of stalking, ORI and the related experiences of resilience,

future research may benefit from holistic approaches, particularly humanistic approaches to exploring the role of coping self-concept.

References

- Acquadro Maran, D., & Varetto, A. (2018). Psychological impact of stalking on male and female health care professional victims of stalking and domestic violence. *Frontiers in Psychology, 9*(321), 1–9. <https://doi.org/10.3389/fpsyg.2018.00321>
- Alice Ruggles Trust. (2021). About Our Trust. Retrieved 28 February 2021, from <https://www.alicerugglestrust.org/about-trust>
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review, 84*(2), 191–215. <https://doi.org/10.1037/0033-295X.84.2.191>
- Bandura, A. (2011). A Social Cognitive perspective on Positive Psychology. *International Journal of Social Psychology, 26*(1), 7–20. <https://doi.org/10.1174/021347411794078444>
- Barlow, J. H., Williams, B., & Wright, C. (1996). The generalized self-efficacy scale in people with arthritis. *Arthritis and Rheumatism, 9*(3), 189–196. [https://doi.org/10.1002/1529-0131\(199606\)9:3<189::AID-ANR1790090307>3.0.CO;2-#](https://doi.org/10.1002/1529-0131(199606)9:3<189::AID-ANR1790090307>3.0.CO;2-#)
- Beck, A. T., Steer, R. A., & Brown, G. K. (1996). *Manual for the Beck Depression Inventory* (2nd ed.). San Antonio, TX: The Psychological Corporation.
- Beck, A. T., Ward, C. H., Mendelson, M., Mock, J., & Erbaugh, J. K. (1961). An inventory for measuring depression. *Archives of General Psychiatry, 4*, 561–571. <https://doi.org/doi:10.1001/archpsyc.1961.01710120031004>
- Bendlin, M., & Sheridan, L. (2019). Risk factors for severe violence in intimate partner stalking situations: An analysis of police records. *Journal of Interpersonal Violence, 00*(0), 1–22. <https://doi.org/10.1177/0886260519847776>
- Bentler, P. M. (1986). Structural modeling and psychometrika: An historical perspective on growth and achievements. *Psychometrika, 51*(1), 35–51.
- Berry, W. D. (1993). *Quantitative Applications in the Social Sciences: Understanding Regression Assumptions*. Thousand Oaks: CA: Sage Publications Inc. <https://doi.org/https://dx-doi-org.ezproxy.nottingham.ac.uk/10.4135/9781412986427>
- Blaauw, E., Winkel, F. W., Arensman, E., Sheridan, L., & Freeve, A. (2002). The toll of stalking: the relationship between features of stalking and psychopathology of victims. *Journal of Interpersonal Violence, 17*(1), 50–63.
- Bland, A. M., & DeRobertis, E. M. (2019). Humanistic Perspective. In V. Zeigler-Hill & T. Shackelford (Eds.), *Encyclopedia of Personality and Individual Differences*. Cham: Springer. https://doi.org/ttps://doi.org/10.1007/978-3-319-28099-8_1484-2
- Boom, A. ten, & Kuijpers, K. F. (2012). Victims' needs as basic human needs. *International Review of Victimology, 18*(2), 155–179. <https://doi.org/10.1177/0269758011432060>
- Boon, J., & Sheridan, L. (2001). Stalker Typologies: A Law Enforcement Perspective. *Journal of Threat Assessment, 1*, 75–97. https://doi.org/http://dx.doi.org/10.1300/J177v01n02_05
- Bosmans, M. W. G., & van der Velden, P. G. (2015). Longitudinal

- interplay between posttraumatic stress symptoms and coping self-efficacy: A four-wave prospective study. *Social Science and Medicine*, *134*, 23–29. <https://doi.org/10.1016/j.socscimed.2015.04.007>
- Brundige, & Spitzberg, B. H. (2004). Coping. In W. R. Cupach & B. H. Spitzberg (Eds.), *The Dark Side of Relationship Pursuit: From Attraction to obsession and stalking* (pp. 173–176). Mahwah, NJ: Lawrence Erlbaum Associates, Inc.
- Budd, T., & Mattinson, J. (2000). Stalking: Findings from the 1998 British Crime Survey. London: Crown Copyright.
- Cavezza, C., & McEwan, T. E. (2014). Cyberstalking versus off-line stalking in a forensic sample. *Psychology, Crime and Law*, *20*(10), 955–970. <https://doi.org/10.1080/1068316X.2014.893334>
- Chen, G., Gully, S. M., & Eden, D. (2001). Validation of a New General Self-Efficacy Scale. *Organizational Research Methods*, *4*(62), 62–83. <https://doi.org/10.1177/109442810141004>
- Cobb, A. R., Tedeschi, R. G., Calhoun, L. G., & Cann, A. (2006). Correlates of posttraumatic growth in survivors of intimate partner violence. *Journal of Traumatic Stress*, *19*(6), 895–903. <https://doi.org/10.1002/jts>.
- Cortina, J. M. (1993). What Is Coefficient Alpha? An Examination of Theory and Applications. *Journal of Applied Psychology*, *78*(1), 98–104.
- Crown Prosecution Service. (2018). Stalking and Harassment. Retrieved 16 August 2020, from <https://www.cps.gov.uk/legal-guidance/stalking-and-harassment>
- Cupach, W. R., & Spitzberg, B. H. (1998). Obsessional Relational Intrusion and Stalking. In B. H. Spitzberg & W. R. Cupach (Eds.), *The Dark Side of Close Relationships* (pp. 233–264). Mahwah, NJ: Lawrence Erlbaum Associates, Inc.
- Cupach, W. R., & Spitzberg, B. H. (2004). *The dark side of relationship pursuit: From attraction to obsession and stalking*. <https://doi.org/10.4324/9781410609908>
- Cupach, W. R., & Spitzberg, B. H. (2014). *The dark side of relationship pursuit: From attraction to obsession and stalking* (2nd ed.). Abingdon, Oxon: Routledge.
- DeCou, C. R., Lynch, S. M., Cole, T. T., & Kaplan, S. P. (2015). PTSD Symptom Clusters Associated With Physical Health and Health Care Utilization in Rural Primary Care Patients Exposed to Natural Disaster. *Journal of Traumatic Stress*, *28*, 465–468. <https://doi.org/10.1002/jts.22034>
- Derogatis, L. R. (1977). *SCL-90: Administration, scoring and procedures manual for the r(evised) version*. Baltimore, MD: Johns Hopkins University School of Medicine, Clinical Psychometrics Research Unit.
- Dutton, M. A., & Greene, R. (2010). Resilience and crime victimization. *Journal of Traumatic Stress*, *23*(2), 215–222. <https://doi.org/10.1002/jts>.
- Field, A. (2009). *Discovering Statistics Using SPSS* (3rd ed.). London: Sage Publications Ltd.
- Foa, E. B., Cashman, L., Jaycox, L., & Perry, K. (1997). The validation

- of a self-report measure of posttraumatic stress disorder: The Posttraumatic Diagnostic Scale. *Psychological Assessment*, 9, 445–451.
- Gallas, C., Bindeballe, N., Gass, P., & Dressing, H. (2009). Implementation of a structured group program for stalking victims: A pilot project. *Psychotherapeut*, 54(3), 199–204. <https://doi.org/10.1007/s00278-008-0611-0>
- Gavrielides, T. (2018). Victims and the restorative justice ambition: a London case study of potentials, assumptions and realities. *Contemporary Justice Review: Issues in Criminal, Social, and Restorative Justice*, 21(3), 254–275. <https://doi.org/10.1080/10282580.2018.1488129>
- George, D., & Mallery, P. (2016). *IBM SPSS Statistics 23 Step by Step: A Simple Guide and Reference* (14th ed.). Abingdon: Routledge.
- Goldberg, G. P., & Hillier, V. F. (1979). A scales version of the General Health Questionnaire. *Psychological Medicine*, 9, 139–145.
- Hensler-McGinnis, N. F. (2008). Cyberstalking victimization: Impact and coping responses in a national university sample. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 69(5-B).
- HMIC and HMCPSI. (2017). Living in fear – the police and CPS response to harassment and stalking.
- Horowitz, M., Wilner, N., & Alvarez, W. (1979). Impact of event scale: A measure of subjective stress. *Psychosomatic Medicine*, 41, 209–218.
- Johnson, E. F., & Thompson, C. M. (2016). Factors associated with stalking persistence. *Psychology, Crime and Law*, 22(9), 879–902. <https://doi.org/10.1080/1068316X.2016.1197225>
- Jose, R., & Novaco, R. W. (2016). Intimate partner violence victims seeking a temporary restraining order. *Journal of Interpersonal Violence*, 31(20), 3352–3376. <https://doi.org/10.1177/0886260515584352>
- Kamphuis, J. H., Emmelkamp, M. G., & Bartak, A. (2003). Individual differences in post-traumatic stress following post-intimate stalking: Stalking severity and psychosocial variables. *British Journal of Clinical Psychology*, 42(2), 145–156. <https://doi.org/10.1348/014466503321903562>
- Kline, P. (2000). *Handbook of Psychological Testing* (2nd ed.). London: Routledge.
- Kline, P. (2015). *A Handbook of Test Construction (Psychology Revivals): Introduction to Psychometric Design*. Hove: Routledge.
- Korkodeilou, J. (2017). 'No place to hide'. *International Review of Victimology*, 23(1), 17–32. <https://doi.org/10.1177/0269758016661608>
- Kraaij, V., Arensman, E., Garnefski, N., & Kremers, I. (2007). The role of cognitive coping in female victims of stalking. *Journal of Interpersonal Violence*, 22(12), 1603–1612. <https://doi.org/10.1177/0886260507306499>
- Kuehner, C., Gass, P., & Dressing, H. (2007). Increased risk of mental disorders among lifetime victims of stalking - Findings from a

- community study. *European Psychiatry*, 22(3), 142–145.
<https://doi.org/10.1016/j.eurpsy.2006.09.004>
- Lazic, M., Jovanovic, V., & Gavrilov-Jerkovic, V. (2018). The general self-efficacy scale: New evidence of structural validity, measurement invariance, and predictive properties in relationship to subjective well-being in Serbian samples. *Current Psychology*, In press.
<https://doi.org/https://doi.org/10.1007/s12144-018-9992-6>
- The
- Leganger, A., Kraft, P., & Røysamb, E. (2000). Perceived self-efficacy in health behaviour research: Conceptualisation, measurement and correlates. *Psychology and Health*, 15(1), 51–69.
<https://doi.org/10.1080/08870440008400288>
- Leshem, S., & Trafford, V. (2007). Overlooking the conceptual framework. *Innovations in Education and Teaching International*, 44(1), 93–105. <https://doi.org/10.1080/14703290601081407>
- Littleton, H., & Decker, M. (2017). Predictors of resistance self-efficacy among rape victims and association with revictimization risk: A longitudinal study. *Psychology of Violence*, 7(4), 583–592.
<https://doi.org/10.1037/vio0000066>
- Ma, L. L., Wang, Y. Y., Yang, Z. H., Huang, D., Weng, H., & Zeng, X. T. (2020). Methodological quality (risk of bias) assessment tools for primary and secondary medical studies: What are they and which is better? *Military Medical Research*, 7(1), 1–11.
<https://doi.org/10.1186/s40779-020-00238-8>
- Machado, L. A. C., Telles, R. W., Costa-Silva, L., & Barreto, S. M. (2016). Psychometric properties of multidimensional health locus of control - A and general self-efficacy scale in civil servants: ELSA-Brasil musculoskeletal study (ELSA-Brasil MSK). *Brazilian Journal of Physical Therapy*, 20(5), 451–460.
<https://doi.org/10.1590/bjpt-rbf.2014.0177>
- Maxwell, J. A. (2008). Designing a qualitative study. In L. Bickman & D. Rog (Eds.), *The Handbook of Applied Social Research methods* (2nd ed., pp. 214–253). Thousand Oaks, CA: Sage Publications.
- McEwan, T. E., Simmons, M., Clothier, T., & Senkans, S. (2020). Measuring stalking: the development and evaluation of the Stalking Assessment Indices (SAI). *Psychiatry, Psychology and Law*, 0(0), 1–27.
<https://doi.org/10.1080/13218719.2020.1787904>
- Mechanic, M. B., Uhlmansiek, M. H., Weaver, T. L., & Resick, P. A. (2000). The impact of severe stalking experienced by acutely battered women: An examination of violence, psychological symptoms and strategic responding. *Violence and Victims*, 15(4), 443–458.
- Miceli, M., & Castelfranchi, C. (2001). Further distinctions between coping and defense mechanisms? *Journal of Personality*, 69(2), 287–296. <https://doi.org/http://dx.doi.org/10.1111/1467-6494.00146>
- Miller, S. L., Hefner, M. K., & Iovanni, L. A. (2020). Practitioners' perspectives on using restorative justice with crimes of gendered violence. *Contemporary Justice Review: Issues in Criminal, Social, and Restorative Justice*, 23(1), 65–90.

- <https://doi.org/10.1080/10282580.2019.1700372>
- Miller, S. L., & Iovanni, L. A. (2013). Using Restorative Justice for Gendered Violence: Success With a Postconviction Model. *Feminist Criminology*, 8(4), 247–268. <https://doi.org/10.1177/1557085113490781>
- Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., & The PRISMA Group. (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. *PLoS Medicine*, 6(7). <https://doi.org/10.1371/journal.pmed1000097>
- Mullen, P. E., Pathé, M., & Purcell, R. (2009). *Stalkers and their victims, second edition*. *Stalkers and their Victims* (2nd ed.). Cambridge University Press. <https://doi.org/10.1017/CBO9780511544088>
- Munro, E. (2013). Feminism: A Fourth Wave? *Political Insight*, 4(2), 22–25. <https://doi.org/10.1111/2041-9066.12021>
- National Heart Lung and Blood Institute. (n.d.). Study Quality Assessment Tools. Retrieved 22 July 2018, from <https://www.nhlbi.nih.gov/health-topics/study-quality-assessment-tools>
- Nguyen, L. K., Spitzberg, B. H., & Lee, C. M. (2012). Coping with obsessive relational intrusion and stalking: the role of social support and coping strategies. *Violence and Victims*, 27(3), 414–433. <https://doi.org/http://dx.doi.org/10.1891/0886-6708.27.3.414>
- Nicastro, A. M., Cousins, A. V., & Spitzberg, B. H. (2000). The tactical face of stalking. *Journal of Criminal Justice*, 28(1), 69–82. [https://doi.org/10.1016/S0047-2352\(99\)00038-0](https://doi.org/10.1016/S0047-2352(99)00038-0)
- Office for National Statistics. (2017a). Crime in England and Wales: Year Ending June 2017. *Crime Survey For England and Wales*.
- Office for National Statistics. (2017b). Domestic abuse, sexual assault and stalking. Retrieved from <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/yearendingmarch2016/domesticabusesexualassaultandstalking>
- Office for National Statistics. (2018a). Crime in England and Wales: Year Ending March 2018. *Office for National Statistics Statistical Bulletin*, (July), 1–133.
- Office for National Statistics. (2018b). *Internet users, UK: 2018. Statistical Bulletin*.
- Office for National Statistics. (2020a). Crime in England and Wales: Annual supplementary tables (March 2019). Retrieved 6 March 2020, from <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/crimeinenglandandwalesannualsupplementarytables>
- Office for National Statistics. (2020b). Crime in England and Wales: Year Ending March 2020. <https://doi.org/10.1080/10282580.2020.1811111> Figure 3: Trend in Crime Survey for England and Wales violence, 1981 to year ending December 2014
- Office for National Statistics. (2020c). Crime in England and Wales: year ending March 2020 - Annual supplementary tables.
- Owens, J. G. (2015). Why Definitions Matter: Stalking Victimization

- in the United States. *Journal of Interpersonal Violence*, 31(12), 1–31. <https://doi.org/10.1177/0886260515573577>
- Owens, J. G. (2017). A gender-biased definition: Unintended impacts of the fear requirement in stalking victimization. *Crime and Delinquency*, 63(11), 1339–1362. <https://doi.org/10.1177/0011128715615883>
- Pickard, H. (2014). Responsibility without blame: Therapy, philosophy, law. *Prison Service Journal*, (213), 10–16.
- Pickard, H. (2017). Responsibility without blame for addiction. *Neuroethics*, 10(1), 169–180. <https://doi.org/10.1007/s12152-016-9295-2>
- Podaná, Z., & Imříšková, R. (2016). Victims' responses to stalking: An examination of fear levels and coping strategies. *Journal of Interpersonal Violence*, 31(5), 792–809. <https://doi.org/10.1177/0886260514556764>
- Policing and Crime Act (2017).
- Protection from Harassment Act (1997).
- Protection of Freedoms Act (2012). Norwich: The Stationary Office.
- Punch, K. F. (2016). *Developing Effective Research Proposals* (3rd ed.). London: Sage Publications Ltd.
- Purcell, R., Pathé, M., Baksheev, G. N., MacKinnon, A., & Mullen, P. E. (2012). What mediates psychopathology in stalking victims? The role of individual-vulnerability and stalking-related factors. *Journal of Forensic Psychiatry & Psychology*, 23(3), 361–370. <https://doi.org/10.1080/14789949.2012.679007>
- Purcell, R., Pathé, M., & Mullen, P. E. (2004). Editorial: When do repeated intrusions become stalking? *Journal of Forensic Psychiatry & Psychology*, 15(4), 571–583. <https://doi.org/10.1080/14789940412331313368>
- Purcell, R., Pathé, M., & Mullen, P. E. (2005). Association between stalking victimisation and psychiatric morbidity in a random community sample. *British Journal of Psychiatry*, 187, 416–420. <https://doi.org/10.1192/bjp.187.5.416>
- Quinn-Evans, L., Keatley, D. A., Arntfield, M., & Sheridan, L. (2019). A Behavior Sequence Analysis of Victims' Accounts of Stalking Behaviors. *Journal of Interpersonal Violence*, 00(0), 1–19. <https://doi.org/10.1177/0886260519831389>
- Reise, S. P., & Haviland, M. G. (2005). Item response theory and the measurement of clinical change. *Journal of Personality Assessment*, 84(3), 228–238. https://doi.org/10.1207/s15327752jpa8403_02
- Richardson, G. E. (2002). The metatheory of resilience and resiliency. *Journal of Clinical Psychology*, 58(3), 307–321. <https://doi.org/10.1002/jclp.10020>
- Rogers, C. R. (1959). A theory of therapy, personality, and interpersonal relationships, as developed in the client-centred framework. In S. Koch (Ed.), *Psychology: A Study of a Science Study I conceptual and Systematic Volume 3 Formulations of the Person and the Social Context* (pp. 184–256). London: McGraw-Hill Book Company.
- Ryff, C. D., & Singer, B. (1998). The Contours of Positive Human Health. *Psychological Inquiry*, 9(1), 1–28.

- https://doi.org/http://dx.doi.org/10.1207/s15327965pli0901_1
- Scherbaum, C. A., Cohen-Charash, Y., & Kern, M. J. (2006). Measuring general self-efficacy: A comparison of three measures using item response theory. *Educational and Psychological Measurement*, 66(6), 1047–1063. <https://doi.org/10.1177/0013164406288171>
- Scholz, U., Doña, B. G., Sud, S., & Schwarzer, R. (2002). Is general self-efficacy a universal construct? Psychometric findings from 25 countries. *European Journal of Psychological Assessment*, 18(3), 242–251. <https://doi.org/10.1027//1015-5759.18.3.242>
- Schwarzer, R. (1992). Preface. In R. Schwarzer (Ed.), *Self-Efficacy: Thought Control of Action* (pp. IV–XIV). London: Taylor & Francis.
- Schwarzer, R. (2014). Everything you wanted to know about the General Self-Efficacy Scale but were afraid to ask. *Documentation of the General Self-Efficacy Scale*.
- Schwarzer, R., & Jerusalem, M. (1995). Generalized Self-Efficacy scale. In J. Weinman, S. Wright, & M. Johnston (Eds.), *Measures in health psychology: A user's portfolio. Causal and control beliefs* (pp. 35–37). Windsor, England: NFER-NELSON.
- Schwarzer, R., Mueller, J., & Greenglass, E. (1999). Assessment of perceived general self-efficacy on the internet: Data collection in cyberspace. *Anxiety, Stress and Coping*, 12(2), 145–161. <https://doi.org/10.1080/10615809908248327>
- Schwarzer, R., & Warner, L. M. (2013). Perceived self-efficacy and its relationship to resilience. In S. Prince-Embury & D. H. Saklofske (Eds.), *The Springer series on human exceptionality: Resilience in children, adolescents and adults: Translating research into practice* (pp. 139–150). New York, NY: Springer. <https://doi.org/10.1007/978-1-4614-4939-3>
- Scott, A. J., Nixon, K., & Sheridan, L. (2013). The Influence of Prior Relationship on Perceptions of Stalking: A Comparison of Laypersons, Nonspecialist Police Officers, and Specialist Police Officers. *Criminal Justice and Behavior*, 40(12), 1434–1448. <https://doi.org/10.1177/0093854813494183>
- Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist*, 55(1), 5–14. <https://doi.org/10.1037//0003-066X.55.1.5>
- Shapland, J., & Hall, M. (2007). What do we know about the effects of crime on victims? *International Review of Victimology*, 14(2), 175–217. <https://doi.org/10.1177/026975800701400202>
- Sherer, M., Maddux, J. E., Mercandante, B., Prentice-Dunn, S., Jacobs, B., & Rogers, R. W. (1982). The Self-Efficacy Scale: Construction and Validation. *Psychological Reports*, 51(2), 663–671. <https://doi.org/10.2466/pr0.1982.51.2.663>
- Sheridan, L. (2013). Impact Case Study (REF3b): Improving police investigation procedures, informing legislation and improving support for victims of Stalking, 1–4.
- Sheridan, L., Davies, G., & Boon, J. (2001). The Course and Nature of Stalking: A Victim Perspective. *The Howard Journal of Criminal Justice*, 40(3), 215–234. <https://doi.org/http://doi.wiley.com/10.1111/1468-2311.00204>

- Sheridan, L., & Grant, T. (2007). Is cyberstalking different? *Psychology, Crime and Law*, 13(6), 627–640. <https://doi.org/10.1080/10683160701340528>
- Sheridan, L., & Roberts, K. (2011). Key questions to consider in stalking cases. *Behavioral Sciences and the Law*, 29(2), 255–270. <https://doi.org/10.1002/bsl.966>
- Sheridan, L., Scott, A. J., & Nixon, K. (2016). Police officer perceptions of harassment in England and Scotland. *Legal and Criminological Psychology*, 21(1), 1–14. <https://doi.org/10.1111/lcrp.12049>
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. Los Angeles: Sage.
- Spielberger, C. D. (1983). *State-Trait Anxiety Inventory Manual*. Palo Alto, CA: Consulting Psychologists Press.
- Spitzberg, B. H. (2002a). The tactical topography of stalking victimization and management. *Trauma, Violence & Abuse*, 3(4), 261–288.
- Spitzberg, B. H. (2002b). The Tactical Topography of Stalking Victimization and Management. *Trauma, Violence & Abuse*, 3(4), 261–288. <https://doi.org/10.1177/152483802237330>
- Spitzberg, B. H. (2012). Cluster ORI Victimization Short Form. In *ORI Victimization Cluster Package* (pp. 20–22). unpublished measure.
- Spitzberg, B. H. (2014). Symptoms (Brief Version). In B. H. Spitzberg & W. R. Cupach (Eds.), *The Dark Side of Relationship Pursuit: From Attraction to Obsession and Stalking* (2nd ed., pp. 302–303). New York, NY: Routledge.
- Spitzberg, B. H., & Cupach, W. R. (2003). What mad pursuit? Obsessive relational intrusion and stalking related phenomena. *Aggression and Violent Behavior*, 8(4), 345–375. [https://doi.org/10.1016/S1359-1789\(02\)00068-X](https://doi.org/10.1016/S1359-1789(02)00068-X)
- Spitzberg, B. H., & Cupach, W. R. (2004). Obsessional Relational Intrusion - Short Form. In W. R. Cupach & B. H. Spitzberg (Eds.), *The Dark Side of Relationship Pursuit: From Attraction to obsession and stalking* (pp. 165–168). Mahwah, NJ: Lawrence Erlbaum Associates, Inc.
- Spitzberg, B. H., Nicastro, A. M., & Cousins, A. V. (1998). Exploring the interactional phenomenon of stalking and obsessive relational intrusion. *Communication Reports*, 11(1), 33–47. <https://doi.org/10.1080/08934219809367683>
- Suzy Lamplugh Trust. (n.d.). Suzy's Story. Retrieved 29 June 2020, from <https://www.suzylamplugh.org/suzys-story>
- Suzy Lamplugh Trust. (2016). Put a STOP to Stalking. Retrieved from <https://www.suzylamplugh.org/Handlers/Download.ashx?IDMF=617547c7-8773-4c48-a5e1-40bf985fcb92>
- Suzy Lamplugh Trust. (2018). The Myths & Realites of Stalking. Suzy Lamplugh Trust.
- Suzy Lamplugh Trust. (2021). Stalking Protection Orders: One Year On. Retrieved 28 February 2021, from <https://www.suzylamplugh.org/blog/stalking-protection-orders-one-year-on>

- Taylor-Dunn, H., Bowen, E., & Gilchrist, L. (2017). *The Victim Journey*. University of Worcester.
- Taylor, J. (2020). *Why Women Are Blamed For Everything*. Derby, UK: VictimFocus.
- Thoits, P. (1995). Stress , Coping , and Social Support Processes: Where Are We? What Next? *Journal of Health and Social Behaviour*, 35(Extra Issue : Forty Years of Medical Sociology : The State of the Art and Directions for the Future), 53–79.
- Thompson, C. M., Stewart, A. L., & Dennison, S. M. (2020). Using Dynamic Contextual Factors to Better Understand the Etiology and Escalation of Stalking Violence. *Criminal Justice and Behavior*, 47(1), 99–122. <https://doi.org/10.1177/0093854819878234>
- Thompson, Kaslow, N. J., Short, L. M., & Wyckoff, S. (2002). The mediating roles of perceived social support and resources in the self-efficacy-suicide attempts relation among African American abused women. *Journal of Consulting and Clinical Psychology*, 70(4), 942–949. <https://doi.org/10.1037/0022-006X.70.4.942>
- Thompson, R. A. (2015). *Counseling Techniques: Improving Relationships with Others, Ourselves, Our Families, and Our Environment*. Routledge.
- Tillett, R. (1984). Gestalt therapy in theory and in practice. *The British Journal of Psychiatry : The Journal of Mental Science*, 145, 231–235. <https://doi.org/10.1192/bjp.145.3.231>
- Van Camp, T., & Wemmers, J. A. (2013). Victim satisfaction with restorative justice: More than simply procedural justice. *International Review of Victimology*, 19(2), 117–143. <https://doi.org/10.1177/0269758012472764>
- Vauth, R., Kleim, B., Wirtz, M., & Corrigan, P. W. (2007). Self-efficacy and empowerment as outcomes of self-stigmatizing and coping in schizophrenia. *Psychiatry Research*, 150(1), 71–80. <https://doi.org/10.1016/j.psychres.2006.07.005>
- Waffenschmidt, S., Knelangen, M., Sieben, W., Bühn, S., & Pieper, D. (2019). Single screening versus conventional double screening for study selection in systematic reviews: a methodological systematic review. *BMC Medical Reserach Methodology*, 19(132), 1–9. <https://doi.org/https://doi.org/10.1186/s12874-019-0782-0>
- Weiss, D., & Marmar, C. R. (1997). The Impact of Events Scale-Revised. In J. P. Wilson & T. M. Keane (Eds.), *Assessing sychological trauma and PTSD*. (pp. 399–411). New York, NY: Guilford Press.
- Wilcox, D. T., Richards, F., & O’Keeffe, Z. C. (2004). Resilience and risk factors associated with experiencing childhood sexual abuse. *Child Abuse Review*, 13(5), 338–352. <https://doi.org/10.1002/car.862>
- Wu, H.-C. (2011). The protective effects of resilience and hope on quality of life of the families coping with the criminal traumatisation of one of its members. *Journal of Clinical Nursing*, 20, 1906–1915. <https://doi.org/10.1111/j.1365-2702.2010.03664.x>

Appendix A – Systematic Review: Search Syntax

Date	Source	Syntax/Search terms	Hits
07.01.2019	PsycInfo	<ol style="list-style-type: none"> 1. exp Stalking/ or stalk*.mp. 2. exp "STRESS AND COPING MEASURES"/ or exp COPING BEHAVIOR/ or coping.mp. 3. exp SELF-HELP TECHNIQUES/ or exp HELP SEEKING BEHAVIOUR/ or help?seeking behavio?r*.mp. 4. support.mp. or exp SUPPORT GROUPS/ or exp SOCIAL SUPPORT/ 5. 2 or 3 or 4 6. exp emotional responses/ or exp emotional states/ or exp negative emotions/ or exp emotional trauma/ or emotion*.mp. 7. 1 and 5 and 6 	50
07.01.2019	PsycArticles	<ol style="list-style-type: none"> 1. (stalking or stalked).mp. [mp=title, abstract, full text, caption text] 2. (Coping or Coping behavio?r).mp. [mp=title, abstract, full text, caption text] 3. Help?seeking.mp. [mp=title, abstract, full text, caption text] 4. 2 or 3 	98

		<p>5. emotion*.mp. [mp=title, abstract, full text, caption text]</p> <p>6. 1 and 4 and 5</p> <p><i>Note: There were no headings nor a thesaurus to explore for this database, so it is based on keywords only. It was found that narrowing these terms any further excluded papers that appeared relevant to the review question.</i></p>	
07.01.2019	Medline (Ovid)	<p>1. Stalk*.mp.</p> <p>2. Exp Adaptation, Psychological/ or coping*.mp.</p> <p>3. Help?seeking behavio?r.mp. or exp HELP-SEEKING BEHAVIOR/ or exp SELF-HELP GROUPS/</p> <p>4. support*.mp. or exp PSYCHOSOCIAL SUPPORT SYSTEMS/ or exp SOCIAL SUPPORT/</p> <p>5. 2 or 3 or 4</p>	44

		<p>6. emotion*.mp. or exp Emotions/ 7. 1 and 5 and 6</p>	
07.01.2019	CINAHL	<p>S1. (MH "Stalking") OR "stalk*" S2. (MH "Coping+") OR "coping*" OR (MH "Coping Support (Saba CCC)") OR (MH "Defensive Coping (Saba CCC)") OR (MH "Coping Assistance (Iowa NIC)+") S3. (MH "Help Seeking Behavior") OR (MH "Support Groups+") OR "help#seeking*" S4. (MH "Emotional Support (Saba CCC)+") OR "support*" OR (MH "Support Groups+") S5. S2 OR S3 OR S4 S6. (MH "Emotions+") OR (MH "Psychological Trauma") OR (MH "Stress, Psychological+") OR (MH "Mental Health (Omaha)") OR "emotion*" S7. S1 AND S5 AND S6</p>	22
07.01.2019	ASSIA	<p>stalk* OR MAINSUBJECT.EXACT.EXPLODE("Stalkers") OR MAINSUBJECT.EXACT.EXPLODE("Stalking") AND</p>	88

		<p>MAINSUBJECT.EXACT.EXPLODE("Helpseeking") OR MAINSUBJECT.EXACT.EXPLODE("Support") OR MAINSUBJECT.EXACT.EXPLODE("Selfhelp") OR MAINSUBJECT.EXACT.EXPLODE("Coping strategies") OR MAINSUBJECT.EXACT.EXPLODE("Coping skills") OR MAINSUBJECT.EXACT.EXPLODE("Emotional coping") OR MAINSUBJECT.EXACT.EXPLODE("Emotional support") OR MAINSUBJECT.EXACT.EXPLODE("Coping style") OR MAINSUBJECT.EXACT.EXPLODE("Social support") OR MAINSUBJECT.EXACT.EXPLODE("Coping") OR coping* OR help?seeking* OR support*</p> <p>AND</p> <p>MAINSUBJECT.EXACT.EXPLODE("Emotional wellbeing") OR MAINSUBJECT.EXACT.EXPLODE("Affective experiences") OR MAINSUBJECT.EXACT.EXPLODE("Psychological distress") OR MAINSUBJECT.EXACT.EXPLODE("Psychological trauma") OR MAINSUBJECT.EXACT.EXPLODE("Negative emotions") OR MAINSUBJECT.EXACT.EXPLODE("Emotions") OR MAINSUBJECT.EXACT.EXPLODE("Emotional disturbance")</p>	
07.01.2019	NCJRS	<ol style="list-style-type: none"> 1. Stalk* 2. Coping* 3. Help?seeking behavio?r 	32

		<p>4. Support*</p> <p>5. 2 OR 3 OR 4</p> <p>6. Emotion* OR trauma* OR distress* OR (negative emotion*)</p> <p>7. 1 AND 5 AND 6</p> <p><i>Note: There were no headings nor a thesaurus to explore for this database, so it is based on keywords only.</i></p>	
07.01.2019	Scopus	<p>TITLE-ABS-KEY-AUTH((stalking) OR (stalked)) AND ((coping*) OR (help*seeking*)) AND ((emotion*) OR ("psychological trauma*") OR (distress*))</p> <p><i>Note: There were no headings nor a thesaurus to explore for this database, so it is based on keywords only.</i></p>	160
07.01.2019	Google Scholar	<p>("Stalking" OR "stalked") AND ("coping behaviour" OR "coping behavior" OR "help seeking" OR "help-seeking") AND ("negative emotion")</p> <p><i>Note: There were no headings nor a thesaurus to explore for this database, so it is based on keywords only.</i></p>	110
NA	PsycEXTRA	Access to database unavailable through University of Nottingham.	NA

13.01.2019	Department of Health (UK)	<p>Stalking</p> <p><i>The website search option does not accept boolean operators. It was established that using a single keyword (stalking) gave relevant hits. Multiple words did not enhance the search.</i></p> <p><i>Note: The Department of Health was renamed Department of Health and Social Care subsequent to the protocol being established.</i></p>	1
13.01.2019	Ministry of Justice (UK)	<p>Stalking</p> <p><i>The website search option does not accept boolean operators. It was established that using a single keyword (stalking) gave relevant hits. Multiple words did not enhance the search.</i></p>	2
13.01.2019	Office for National Statistics (UK)	<p>Stalking</p> <p><i>The website search option does not accept boolean operators. It was established that using a single keyword (stalking) gave relevant hits. Multiple words did not enhance the search.</i></p>	0
13.01.2019	Networked Digital Library of	Stalking AND coping AND emotion	10

	Theses and Dissertations		
13.01.2019	UK Data Archive	Stalking AND coping AND emotion	0
13.01.2019	World Health Organisation	Stalking AND coping AND emotion	32
13.01.2019	University of Nottingham e-theses	Stalking	3
13.01.2019	DEEP-DART Europe	Stalking AND coping	3
13.01.2019	Proquest conference papers index	S1. Stalking OR stalk S2. Coping OR support OR help#seeking S3. Emotion OR Trauma OR distress S4. S1 AND S2 AND S3	8
13.01.2019	Wellcome Trust	Stalking AND coping AND emotion	0

13.01.2019	Research Councils UK	Stalking AND coping AND emotion	0
13.01.2019	NICE	Stalking AND coping AND emotion	19
13.01.2019	HMICFRRS	Stalking <i>The website search option does not accept boolean operators. It was established that using a single keyword (stalking) gave relevant hits. Multiple words did not enhance the search.</i>	14
13.01.2019	PAIS	S1. Stalking S2. Coping OR support OR help#seeking S3. Emotion OR trauma S4. S1 AND S2 AND S3	53
13.01.2019	Open Grey	Stalking AND coping	1
13.01.2019	Suzy Lamplugh Trust	Review of documents available on Research Report links as no search function available.	4
13.01.2019	Protection Against Stalking	Review of website pages for relevant documents as no search function available.	0

13.01.2019	Paladin	Review of documents on 'Publications' page of website.	10
13.01.2019	Victim Support	Stalking <i>Search on 'Publications' page with ctrl+f function</i>	0
13.01.2019	Women's Aid	Stalking <i>Search on 'Publications' page with ctrl+f function</i>	1
13.01.2019	Google	Advanced search function, all of these words: stalking coping emotions Review of hits to identify any relevant papers that were missed by above searches.	4
01.02.2019	Email enquiries	Email enquiries to key authors in the field for grey literature.	4
20.12.2019 27.03.2020	Follow up email enquiries	Enquiries regarding papers with relevant variables but no relevant statistics reported in the paper, to establish if the relevant analysis was/could be undertaken.	0

Appendix B – Systematic Review: Screening Form

Review question: How effective are stalking victims' coping strategies in managing the negative emotions that arise from the experience of being stalked?		
Reviewer:		Date of screening:
Year:	Journal/publication:	First author:
	Include	Exclude
Population	<input type="checkbox"/> Age 16y+ <input type="checkbox"/> Stalked by another person, confirmed by: <ul style="list-style-type: none"> • <input type="checkbox"/> self-report, • <input type="checkbox"/> researcher classification, or • <input type="checkbox"/> measured by a tool 	<input type="checkbox"/> Age 15y or less <input type="checkbox"/> Does not meet threshold for stalking confirmed by: <ul style="list-style-type: none"> • <input type="checkbox"/> self-report, • <input type="checkbox"/> researcher classification, or • <input type="checkbox"/> measured by a tool
Exposure	<input type="checkbox"/> Has used a coping strategy in response to stalking	<input type="checkbox"/> Coping strategies not reported
Comparison	<input type="checkbox"/> No coping strategy used (between pts) <input type="checkbox"/> Repeated measures with coping strategy group (within pts) <input type="checkbox"/> No comparison	N/A
Outcome	<input type="checkbox"/> Negative emotions	<input type="checkbox"/> Negative emotions not reported
Setting	<input type="checkbox"/> Any setting	N/A
Study design	<input type="checkbox"/> Cohort <input type="checkbox"/> Case control <input type="checkbox"/> Nested case control <input type="checkbox"/> Cross sectional <input type="checkbox"/> Case series <input type="checkbox"/> Single case study	<input type="checkbox"/> Qualitative data only
Notes:		
Decision:	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude

Appendix C – Systematic Review: Selection Form

Review question: How effective are stalking victims' coping strategies in managing the negative emotions that arise from the experience of being stalked?		
Reviewer:		Date of selection:
Year:	Journal/publication:	First author:
	Include	Exclude
Population	<input type="checkbox"/> Age 16y+ <input type="checkbox"/> Stalked by another person, confirmed by: <ul style="list-style-type: none"> • <input type="checkbox"/> self-report, • <input type="checkbox"/> researcher classification, or • <input type="checkbox"/> measured by a tool 	<input type="checkbox"/> Age 15y or less <input type="checkbox"/> Does not meet threshold for stalking confirmed by: <ul style="list-style-type: none"> • <input type="checkbox"/> self-report, • <input type="checkbox"/> researcher classification, or • <input type="checkbox"/> measured by a tool
Exposure	<input type="checkbox"/> Has used a coping strategy in response to stalking	<input type="checkbox"/> Coping strategies not reported
Comparison	<input type="checkbox"/> No coping strategy used (between pts) <input type="checkbox"/> Repeated measures with coping strategy group (within pts) <input type="checkbox"/> No comparison	N/A
Outcome	<input type="checkbox"/> Negative emotions	<input type="checkbox"/> Negative emotions not reported
Setting	<input type="checkbox"/> Any setting	N/A
Study design	<input type="checkbox"/> Cohort <input type="checkbox"/> Case control <input type="checkbox"/> Nested case control <input type="checkbox"/> Cross sectional <input type="checkbox"/> Case series <input type="checkbox"/> Single case study	<input type="checkbox"/> Qualitative data only
Notes:		
Decision:	<input type="checkbox"/> Include	<input type="checkbox"/> Exclude

Appendix D – Systematic Review: Quality Assessment Tools

Based on the outcome of the selection process, only the tool for Observational Cohort and Cross-sectional Studies was used. The full set of assessment tools and guidance can be found at: <https://www.nhlbi.nih.gov/health-topics/study-quality-assessment-tools>

Quality Assessment Tool for Observational Cohort and Cross-Sectional Studies

Criteria	Yes	No	Other (CD, NR, NA)*
1. Was the research question or objective in this paper clearly stated?			
2. Was the study population clearly specified and defined?			
3. Was the participation rate of eligible persons at least 50%?			
4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants?			
5. Was a sample size justification, power description, or variance and effect estimates provided?			

Criteria	Yes	No	Other (CD, NR, NA)*
6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured?			
7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed?			
8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)?			
9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?			
10. Was the exposure(s) assessed more than once over time?			
11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and			

Criteria	Yes	No	Other (CD, NR, NA)*
implemented consistently across all study participants?			
12. Were the outcome assessors blinded to the exposure status of participants?			
13. Was loss to follow-up after baseline 20% or less?			
14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)?			
Quality Rating (Good, Fair, or Poor)			
Rater #1 initials:			
Rater #2 initials:			
Additional Comments (If POOR, please state why):			

*CD, cannot determine; NA, not applicable; NR, not reported

Appendix E – Systematic Review: Data Extraction Form

Review question: How effective are stalking victims' coping strategies in managing the negative emotions that arise from the experience of being stalked?			
Reviewer:		Date of data extraction:	
Year:	Journal/publication:		
Authors:			
Title:			
Study characteristics			
Aim/objective:			
Study design:		<input type="checkbox"/> Cohort <input type="checkbox"/> Case control <input type="checkbox"/> Nested case control <input type="checkbox"/> Cross sectional <input type="checkbox"/> Case series <input type="checkbox"/> Single case study	Notes:
Study criteria:		Inclusion: • • •	Exclusion: • • •
Recruitment procedures:		<i>Participants recruited from/by:</i> <i>Allocation to study groups:</i> <input type="checkbox"/> Blinding used <input type="checkbox"/> Matched groups	
Participant characteristics			
	Cop. Str. group	Comparison group	Whole sample
<i>N</i>	<i>n=</i>	<i>n=</i>	<i>N=</i>

Age (years):	M/Mdn: SD: Range: Notes:	M/Mdn: SD: Range: Notes:	M/Mdn: SD: Range: Notes:
Gender:	Female: Male: Other:	Female: Male: Other:	Female: Male: Other:
Ethnicity:	• • • • •	• • • • •	• • • • •
Socio-economic status:			
Relationship to stalker:	• • • • •	• • • • •	• • • • •
Exposure:	<i>(how coping strategies are defined/measured)</i>		
Comparison:			
Outcomes			
Tool/definitions:			
Statistical techniques:			
Number of participants included in analysis	Cop. Str. group <i>n</i> : Comparisons <i>n</i> : Total <i>N</i> :		

	Attrition:					
Dichotomous data (e.g. experienced negative emotions Vs did not / diagnostic labels) <i>Amend subheadings as appropriate to number and name of groups used in study</i>						
Summary data, (number of participants)	<u>Neg. emo</u>		<u>No neg emo</u>		<u>(Other)</u>	
	Cop. Str. group:					
	Comparisons:					
	Total:					
Results of analysis:	<u>Rate Ratio</u>	<u>Odds Ratio</u>	<u>Rel. Risk</u>	<u>Risk Diff.</u>	<u>Conf. Int.</u>	<u>P</u>
Continuous data (e.g. measurement tools/scales)						
Summary data	<u>Mean/Mdn</u>		<u>SD/Range</u>			
	Cop. Str. group:					
	Comparisons:					
	Total:					
Results of analysis:	Mean difference/regression/other (specify):					
	Conf. Int.:					
	p-value:					
	Standard error:					
	Standardised mean difference:					
	Effect size:					
Additional outcomes:						

Miscellaneous	
Funding source:	
Key conclusions:	
Correspondence required:	
Notes:	

Appendix F – Systematic Review: Additional Analysis for Acquadro et al. (2018)

Summary of Analysis

A summary of additional analysis of the dataset from the following paper:

Acquadro Maran, D., & Varetto, A. (2018). Psychological impact of stalking on male and female health care professional victims of stalking and domestic violence. *Frontiers in Psychology, 9*, 1-9.
doi:10.3389/fpsyg.2018.00321

For the purposes of inclusion in the systematic review, the analysis focused on relationships between variables measuring coping strategies and variables measuring negative emotions. Sample ($N = 147$), variables and measures are detailed in the above paper. For ease, statistically significant results are highlighted in yellow. For brevity, significant results will be summarised at the end of this document.

STAY2 scores met parametric assumptions when considering the groups of participants who did/not use the coping strategies of moving toward, and of moving inward. Therefore, a t-test was conducted for each coping strategy, in relation to STAY2 scores, see Table 27.

Table 27 *Independent T-tests to Consider Differences in STAY2 Scores*

Coping strategy	STAY2 scores				<i>df</i>	<i>t</i>	<i>p</i>
	Coping strategy used		Coping strategy not used				
	<i>n</i>	<i>M (SD)</i>	<i>n</i>	<i>M (SD)</i>			
Moving toward	9	40.78 (11.26)	86	43.88 (8.31)	93	-1.05	.297
Moving inward	84	43.57 (8.69)	11	43.73(6.65)	93	-.057	.945

The remaining distributions did not meet parametric assumptions, thus non-parametric equivalent tests were used. Mann-Whitney U tests were conducted to consider where there was a difference in scores on measures of negative emotions, for the use (or not) of each of four of the coping strategies, see Table 28 for moving toward, Table 29 for moving away,

Table 30 for moving inward and Table 31 for moving outward.

Table 28 Mann-Whitney U tests for Moving Toward Coping Strategy

Outcome	Toward strategy used		Toward strategy not used		U	Z	p	r
	n	Mdn	n	Mdn				
BDI scores	9	3	87	3	384.5	-.091	.928	-.01
STAY1 scores	9	40	87	42	480.0	1.114	.265	.11

Table 29 Mann-Whitney U tests for Moving Away Coping Strategy

Outcome	Away strategy used		Away strategy not used		U	Z	p	r
	n	Mdn	n	Mdn				
BDI scores	60	1	36	7	1438.0	2.792	.005	.28
STAY1 scores	60	41.5	36	41	1112.0	.243	.808	.02
STAY2 scores	59	42	36	43.5	1173.5	.856	.392	.09

Table 30 Mann-Whitney U tests for Moving Inward Coping Strategy

Outcome	Inward strategy used		Inward strategy not used		U	Z	p	r
	n	Mdn	n	Mdn				
BDI scores	84	3	12	3	495.5	-.097	.923	-.01
STAY1 scores	84	41	12	43	602.5	1.093	.274	.11

Table 31 *Mann-Whitney U tests for Moving Outward Coping Strategy*

Outcome	Outward strategy used		Outward strategy not used		U	Z	p	r
	n	Mdn	n	Mdn				
BDI scores	56	1	40	5.5	1518.0	3.048	.002	.31
STAY1 scores	56	40.5	40	42	1191.0	.528	.597	.05
STAY2 scores	55	42	40	43.5	1238.5	1.045	.296	.11

Every participant in the dataset used the coping strategy of moving against, therefore a correlational approach was used to assess relationships with measures of negative emotions. The data did not meet parametric assumptions, see Table 32 for Spearman’s rho correlations for moving against.

Table 32 *Spearman’s Rho Correlations for Moving Against Coping Strategy*

Variable	n	r_s	p
BDI scores	96	-.118	.253
STAY1 scores	96	.025	.810
STAY2 scores	95	-.154	.137

Significant Results

On average, those who used the moving away coping strategy had lower BDI scores ($Mdn = 1, n = 60$) than those who did not use the moving away coping strategy ($Mdn = 7, n = 36$), this difference was statistically significant $U = 1438.0, z = 2.792, p = .005$, with effect size $r = .28$.

On average, those who used the moving outward coping strategy had lower BDI scores ($Mdn = 1, n = 56$) than those who did not use the moving outward coping strategy ($Mdn = 5.5, n = 40$), this difference was statistically significant $U = 1518.0, z = 3.048, p = .002$, with effect size $r = .31$.

These findings suggest that when participants reported using the coping strategies moving away or moving outward (i.e., avoiding contact with the stalker, or connecting with others such as friends or professionals for support, respectively), they also tended to report fewer or less intense of symptoms of depression. For context, it is worth noting that regarding both coping strategies, the average BDI score for each group (used vs. not used the strategy) was in the lowest clinical range ('minimal').

Appendix G – Systematic Review: Completed Quality Assessment Forms

First author (year): Acquadro (2018) (published paper plus additional analysis)

Criteria	Yes	No	Other (CD, NR, NA)*
1. Was the research question or objective in this paper clearly stated?	√ P3 rationale given for not developing hypotheses. Additional analysis also done as relevant variables measured, so would not expect the paper to have this exact review question as its aim		
2. Was the study population clearly specified and defined?	√ P3 4000 HCPs in 6 Italian hospitals		
3. Was the participation rate of eligible persons at least 50%?		√ P3 overall 47.2% response rate, so it cannot be confidently concluded that those involved are	

Criteria	Yes	No	Other (CD, NR, NA)*
		representative of HCPs across those 6 hospitals	
4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants?	√ Use of survey across the HCPs in the hospitals (although lacking detail about time period). Inclusion/exclusion applied to all participants p3		
5. Was a sample size justification, power description, or variance and effect estimates provided?			√ NA No specific hypotheses were made thus not possible to calculate power needed to detect an effect.

Criteria	Yes	No	Other (CD, NR, NA)*
			Exploratory study. However, robust approach to sampling is noted.
6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured?		√ p.3-4 cross sectional design	
7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed?		√ p.3-4 cross sectional design	

Criteria	Yes	No	Other (CD, NR, NA)*
8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)?	√ p.3 measured as both continuous and dichotomous (dichotomous allows for comparison against groups, which although might have some weaknesses in terms of dosage, it has strengths as few studies have a comparison group, thus the dichotomous data does bring additional value)		
9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?			√ CD p.3 reports satisfactory reliability as 0.62 which is questionable, thereafter grouped according to an existing categorisation typology (although no data on reviewing the structure of this). All pts responded to same

Criteria	Yes	No	Other (CD, NR, NA)*
			questionnaire however lack of standardisation re- conditions under which questionnaire was completed
10. Was the exposure(s) assessed more than once over time?			√ NA b/c cross sectional design
11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?			√ CD p.3-4 reliability discussed and good, however, lack of control over standardised administration because of self-administration of questionnaires

Criteria	Yes	No	Other (CD, NR, NA)*
12. Were the outcome assessors blinded to the exposure status of participants?	√ risk of bias re researcher blinding is limited as pts respond to questionnaire independently then return it with the responses already completed (cross sectional design mean both E and O measured within same questionnaire).		
13. Was loss to follow-up after baseline 20% or less?			√ NA
14. Were key potential confounding variables measured and adjusted statistically for their impact on		√ additional analysis – no control for confounding	

Criteria	Yes	No	Other (CD, NR, NA)*
the relationship between exposure(s) and outcome(s)?			
Quality Rating (Good, Fair, or Poor)			
Rater #1 initials: FB Fair			
Rater #2 initials: (not selected by random number generator for second reviewing)			
<p>Additional Comments (If POOR, please state why):</p> <p>Within the context of a cross-sectional study, this study is receiving a rating of fair as there appear to be some attempts at managing risks of bias (e.g. large representative sample of HCPs, comparison between groups). Although the research question is not exactly</p>			

Criteria	Yes	No	Other (CD, NR, NA)*
<p>that of the systematic review, the variables and thus the additional statistical analysis is relevant to the systematic review. For this study the main risks of bias are likely to come from:</p> <ul style="list-style-type: none"> Recall bias due to cross sectional design, both exposure and outcome have already occurred. Presence/severity of outcome may influence recall of the exposure. Measurement bias (data collection – unclear the conditions of interview for data collection, lack of clarity about psychometric properties of coping strategies measure and subsequent categorisation). Confounding variables not controlled for in analysis. <i>Selection bias: although large representative sample of HCPs has been sought, response rate was not above 50%, and participation was voluntary so it is possible that recruitment has selected those more interested in sharing experiences, reaching out to others who wish to understand/help (i.e. may have some difference in coping/emotions between those who participated and those who did not – e.g. those more likely to connect with external support engaged, those with more severe symptoms may not have engaged due to absence at work/not wishing to dwell on negative emotions)</i> 			

*CD, cannot determine; NA, not applicable; NR, not reported

First author (year): Blaauw (2002)

Criteria	Yes	No	Other (CD, NR, NA)*
1. Was the research question or objective in this paper clearly stated?	√ p.53 a question is mentioned but it is general (e.g. "certain features") so although it can be understood what they are looking at in general, it is not clear what specific variables they are interested in		
2. Was the study population clearly specified and defined?	√ p54 procedure section clearly outlines sampling frame, location, eligibility, and timeframe.		

Criteria	Yes	No	Other (CD, NR, NA)*
3. Was the participation rate of eligible persons at least 50%?	√ p.54, 57% response rate, then after exclusions, inclusion of eligible participants was 51% of the sampling frame		
4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants?	√ p.54		
5. Was a sample size justification, power description, or variance and effect estimates provided?	√ Power not discussed but variance (R^2) for regression reported on p.58		

Criteria	Yes	No	Other (CD, NR, NA)*
6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured?		√p.54 cross sectional design	
7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed?		√ p.54 cross sectional design	
8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or	√ p56-57, appears to count the number of 'countermeasures', which is included in the regression thus must be continuous data		

Criteria	Yes	No	Other (CD, NR, NA)*
exposure measured as continuous variable)?			
9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?		√ p.53, closed questions used (y/n) about use of countermeasures, some of these are vague (going underground, taking additional security measures) thus are open to interpretation across participants. No mention of how these questions should be interpreted. Lack of control over standardisation of administration due to mailing of survey.	
10. Was the exposure(s) assessed more than once over time?			√ NA. p.54 NA b/c cross

Criteria	Yes	No	Other (CD, NR, NA)*
			sectional design
11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?			√ CD p.54, clearly outlines GHQ-28, discusses well established reliability and validity. Lack of control over standardisation of administration due to mailing of survey.

Criteria	Yes	No	Other (CD, NR, NA)*
12. Were the outcome assessors blinded to the exposure status of participants?	√ risk of bias re researcher blinding is limited as pts respond to questionnaire independently then return it with the responses already completed (cross sectional design mean both E and O measured within same questionnaire).		
13. Was loss to follow-up after baseline 20% or less?			√ NA response rate previously discussed

Criteria	Yes	No	Other (CD, NR, NA)*
14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)?	√ p.58 regression used meaning other variables are controlled for		
Quality Rating (Good, Fair, or Poor)			
Rater #1 initials: FB Fair			
Rater #2 initials: ED Fair, complete agreement with above scoring, rating and additional comments below			

Criteria	Yes	No	Other (CD, NR, NA)*
<p>Additional Comments (If POOR, please state why):</p> <p>Main risk of bias arises from:</p> <ul style="list-style-type: none"> • Selection bias (sample may not represent target population, population and selection not clearly enough specified to rule out, and may represent those most likely to want to help and/or reach out to those interested in understanding their experiences, who may have different scores than those who would not want to help or reach out to those who want to understand), although response rate is above 50% so the impact of this is less than in other comparable studies. • Recall bias due to cross sectional design, both exposure and outcome have already occurred. Presence/severity of outcome may influence recall of the exposure. • Measurement bias (data collection – lack of control around conditions of questionnaire responding, lack of validation of countermeasures questions) <p>Whilst still overall a 'fair' rating is given, it is of note that the response rate was above 50% (thus selection bias not as threatening as other studies), and approach to statistical analysis (regression) provides more opportunity to control for other variables thus confidence in these findings is greater than those of similar studies which do not employ such statistical techniques, as potential confounding is controlled for. However, measurement bias may undermine the findings given the lack of validation of countermeasures questions. Therefore, the risks of/controls for bias are quite mixed in this study, giving it an overall rating of fair as some aspects weaker and some aspects stronger.</p>			

First author (year): Hensler-McGinnis (2008)

Criteria	Yes	No	Other (CD, NR, NA)*
1. Was the research question or objective in this paper clearly stated?	√ Research question 2 is relevant to this systematic review p.60		
2. Was the study population clearly specified and defined?		√ P64 some basic details about recruitment but detail lacking about intended target population	
3. Was the participation rate of eligible persons at least 50%?			√ CD Unclear what the sampling frame was, thus unable to comment on whether the sample achieved

Criteria	Yes	No	Other (CD, NR, NA)*
			was greater than 50% of eligible persons
4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants?		√ No information about time period, snowball sampling used so not possible to have randomisation as part of sampling, although appears that inclusion/exclusion re- experience of cyber stalking was applied uniformly to all respondents	

Criteria	Yes	No	Other (CD, NR, NA)*
5. Was a sample size justification, power description, or variance and effect estimates provided?	√ p.64		
6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured?		√ cross sectional design	
7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed?		√ cross sectional design	
8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g.,	√ P78 continuous data from scale scores.		

Criteria	Yes	No	Other (CD, NR, NA)*
categories of exposure, or exposure measured as continuous variable)?			
9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?			<p>√ CD P78-79, BRCS reliability discussed. Although same survey given to everyone, online survey means lack of standardisation over administration conditions - not possible to determine if administration was consistent across participants</p>

Criteria	Yes	No	Other (CD, NR, NA)*
10. Was the exposure(s) assessed more than once over time?			√ NA cross sectional design
11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?			√CD P76 -77 IESR – reported that there are good psychometric properties. Although same survey given to everyone, online survey means lack of standardisation over administration conditions - not possible to determine if administration was consistent across participants

Criteria	Yes	No	Other (CD, NR, NA)*
12. Were the outcome assessors blinded to the exposure status of participants?	√ risk of bias re researcher blinding is limited as pts respond to questionnaire independently then return it with the responses already completed (cross sectional design mean both E and O measured within same questionnaire).		
13. Was loss to follow-up after baseline 20% or less?			√ NA

Criteria	Yes	No	Other (CD, NR, NA)*
14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)?	√ p97-105 regression used to control other variables		

Quality Rating (Good, Fair, or Poor)
Rater #1 initials: FB Fair
Rater #2 initials: (not selected by random number generator for second reviewing)

Quality Rating (Good, Fair, or Poor)

Additional Comments (If POOR, please state why): Main risk of bias arises from:

- Selection bias (sample may not represent target population, population and selection not clearly enough specified to rule out selection bias, snowball sampling may have engaged those who represent those most likely to want to help and/or reach out to those interested in understanding their experiences, who may have different scores than those who would not want to help or reach out to those who want to understand),
- Recall bias due to cross sectional design, both exposure and outcome have already occurred. Presence/severity of outcome may influence recall of the exposure.
- Measurement bias (data collection – lack of control around conditions of questionnaire responding)

With regard to the review question, it is not possible to ascertain a causal direction due to cross-sectional design, therefore offers limited opportunity to respond confidently to the review question.

*CD, cannot determine; NA, not applicable; NR, not reported

First author (year): Kamphuis (2003)

Criteria	Yes	No	Other (CD, NR, NA)*
1. Was the research question or objective in this paper clearly stated?	√ p.147		
2. Was the study population clearly specified and defined?		√ p.147 Some details but not <i>clearly</i> specified and defined on all relevant aspects detailed in guidance below	
3. Was the participation rate of eligible persons at least 50%?		√ p.147 response rate of 43% from the sampling frame, some pts further excluded, so this would not exceed	

Criteria	Yes	No	Other (CD, NR, NA)*
		50% of the sampling frame	
4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants?	√ p.147 (note: although there is an additional control sample sought, the controls are not considered in relation to the analysis relevant to this review question)		
5. Was a sample size justification, power description, or variance and effect estimates provided?	√ Although power not discussed, variance (adj. R ²) is discussed in relation to regression reported on p151 and p153		

Criteria	Yes	No	Other (CD, NR, NA)*
6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured?		√ p.147 cross sectional design	
7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed?		√ p.147 cross sectional design	
8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)?	√ p.149 Utrecht Coping List provided 3 subscale scores from Likert scale items (continuous data for 3 subscales)		

Criteria	Yes	No	Other (CD, NR, NA)*
9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?			√ CD p.149 UCL reported to have generally favourable psychometric properties, all participants responded to the same questionnaire however there was a lack of standardisation over administration conditions so not possible to determine if administration was consistent across participants
10. Was the exposure(s) assessed more than once over time?			√ NA b/c cross sectional design

Criteria	Yes	No	Other (CD, NR, NA)*
<p>11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?</p>			<p>√ CD p.148 IES and TCIS reported to have favourable psychometric properties (although validity not explicitly discussed), all participants responded to the same questionnaire however there was a lack of standardisation over administration conditions so not possible to determine if administration was consistent across participants</p>

Criteria	Yes	No	Other (CD, NR, NA)*
12. Were the outcome assessors blinded to the exposure status of participants?	√ risk of bias re researcher blinding is limited as pts respond to questionnaire independently then return it with the responses already completed (cross sectional design mean both E and O measured within same questionnaire).		
13. Was loss to follow-up after baseline 20% or less?			√ NA (response rate of 43% discussed previously)
14. Were key potential confounding variables measured and adjusted statistically for their	√ p.151 and p.153 regression used meaning		

Criteria	Yes	No	Other (CD, NR, NA)*
impact on the relationship between exposure(s) and outcome(s)?	other variables are controlled for		
Quality Rating (Good, Fair, or Poor)			
Rater #1 initials: FB: Fair			
Rater #2 initials: (not selected by random number generator for second reviewing)			

Criteria	Yes	No	Other (CD, NR, NA)*
Additional Comments (If POOR, please state why):			
Main risk of bias arises from:			
<ul style="list-style-type: none"> • Selection bias (sample may not represent target population, population and selection not clearly enough specified to rule out, and may represent those most likely to want to help and/or reach out to those interested in understanding their experiences, who may have different scores than those who would not want to help or reach out to those who want to understand), • Recall bias due to cross sectional design, both exposure and outcome have already occurred. Presence/severity of outcome may influence recall of the exposure. • Measurement bias (data collection – lack of control around conditions of questionnaire responding) 			
Whilst still overall a 'fair' rating is given, it is of note that the approach to statistical analysis (regression) provides more opportunity to control for other variables thus confidence in these findings is greater than those of similar studies which do not employ such statistical techniques, as potential confounding is controlled for.			

*CD, cannot determine; NA, not applicable; NR, not reported

First author (year): Kraaij (2007)

Criteria	Yes	No	Other (CD, NR, NA)*
1. Was the research question or objective in this paper clearly stated?	√ p.1605		
2. Was the study population clearly specified and defined?		√ p.1605-1606 Some details but not <i>clearly</i> specified and defined on all relevant aspects detailed in guidance below	
3. Was the participation rate of eligible persons at least 50%?			√ CD – the population/sampling frame is not specified therefore not possible to ascertain what proportion of the population/sampling frame the response rate represents. Not clear if the response rate relates to

Criteria	Yes	No	Other (CD, NR, NA)*
			all eligible pts in sampling frame or only those interested in taking part
4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants?	√ P 1606		
5. Was a sample size justification, power	√ p.1608 more stringent p value used to maintain		

Criteria	Yes	No	Other (CD, NR, NA)*
description, or variance and effect estimates provided?	power in light of small sample		
6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured?		√ p.1606 cross sectional design	
7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed?		√ p.1606 cross sectional design	

Criteria	Yes	No	Other (CD, NR, NA)*
8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)?	√ p.1606		
9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?			√ CD p.1606 reports satisfactory reliability and validity of CERQ. All pts responded to same questionnaire however lack of standardisation re- conditions under which questionnaire was completed

Criteria	Yes	No	Other (CD, NR, NA)*
10. Was the exposure(s) assessed more than once over time?			√ NA b/c cross sectional design
11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?			√ CD p.1606-7 reports satisfactory reliability and validity of SCL-90, and good reliability of IES. All pts responded to same questionnaire however lack of standardisation re- conditions under which questionnaire was completed
12. Were the outcome assessors blinded to the exposure status of participants?	√ risk of bias re researcher blinding is limited as pts respond to questionnaire independently then return it with the responses already		

Criteria	Yes	No	Other (CD, NR, NA)*
	completed (cross sectional design mean both E and O measured within same questionnaire).		
13. Was loss to follow-up after baseline 20% or less?			√ NA, however 70% response rate to questionnaire is good
14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)?	p.1608 controls for severity of stalking, also note after discussion indicates that current status of stalking was also controlled for. Partial correlation values not reported. (Correlation values without controlling are reported.)	√ p.1608 controls for severity of stalking, also note after discussion indicates that current status of stalking was also controlled for. Partial correlation values not reported. (Correlation values without controlling are reported.). Author has	

Criteria	Yes	No	Other (CD, NR, NA)*
		not responded to correspondence about this.	
Quality Rating (Good, Fair, or Poor)			
Rater #1 initials: FB Fair			
Rater #2 initials: (not selected by random number generator for second reviewing)			
<p>Additional Comments (If POOR, please state why):</p> <p>Main risk of bias arises from:</p>			

Criteria	Yes	No	Other (CD, NR, NA)*
<ul style="list-style-type: none"> • Selection bias (sample may not represent target population, population and selection not clearly enough specified to rule out, and may represent those most likely to want to help and/or reach out to those interested in understanding their experiences, who may have different scores than those who would not want to help or reach out to those who want to understand), • Recall bias due to cross sectional design, both exposure and outcome have already occurred. Presence/severity of outcome may influence recall of the exposure. • Measurement bias (data collection – lack of control around conditions of questionnaire responding) • Confounding variables were controlled for however the statistical values are not reported. Statistical values are reported only for the analyses which did not control for confounding, therefore the strength and significance of the associations is only known for analyses which did not control for severity of stalking. <p>With regard to the review question, it is not possible to ascertain a causal direction due to cross-sectional design, therefore offers limited opportunity to respond confidently to the review question.</p> <p>Note: if author unable to provide details regarding statistical values where confounding variables are controlled for, risk of confounding will be increased.</p> <p>Update: Response received, author unable to provide further information or access to data, thus risk of bias from confounding variables cannot be confidently ruled out.</p>			

*CD, cannot determine; NA, not applicable; NR, not reported

First author (year): Mechanic (2000)

Criteria	Yes	No	Other (CD, NR, NA)*
1. Was the research question or objective in this paper clearly stated?	√ p445 given that it is exploratory, it does go into relevant detail		
2. Was the study population clearly specified and defined?		√ Reference made to another paper, but the details in that remain vague. Similarly, it says that data for $n = 65$ will be reported, yet descriptives are reported for $N = 114$, and it identifies mutually exclusive subgroups of $n = 35$, $n = 31$ so it is very unclear which are the accurate figures.	

Criteria	Yes	No	Other (CD, NR, NA)*
3. Was the participation rate of eligible persons at least 50%?			√ NR/CD accurately due to poor reporting around sample and population
4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants?	√ subjects selected from range of sources depending on help-seeking or non help-seeking behaviours however this was not the grouping variable so it can be thought of as an attempt to take an approach that is likely to represent all those in the target population. Eligibility criteria was defined in advance and applied to all participants		

Criteria	Yes	No	Other (CD, NR, NA)*
5. Was a sample size justification, power description, or variance and effect estimates provided?		√ It is noted that the power was diminished and does not place this in the context of what sample size would have been needed, or what power was achieved.	
6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured?		√ Cross sectional design. Also p.449 outlines that symptoms measured first.	
7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed?		√ cross sectional design	

Criteria	Yes	No	Other (CD, NR, NA)*
8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)?		√ Variable was measured as use/not of a strategy thus dichotomous data, although coping responses are not necessarily dichotomous in nature thus if measured differently could have been possible to assessed as amount/intensity/ frequency etc., dichotomous nature of coping was not used as a way to compare groups (which could have been a way to add value to the study findings in relation to this specific review question)	
9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and	√ Standardised measure, reliability and validity not discussed however items were y/n and very clear (little room for		

Criteria	Yes	No	Other (CD, NR, NA)*
implemented consistently across all study participants?	interpretation). Consistently applied in sample using specific order of administration and procedure by interviewer.		
10. Was the exposure(s) assessed more than once over time?			√ NA b/c cross sectional design
11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?	√ Good reliability and validity identified for psychometrics. Consistently applied in sample using specific order of administration and procedure by interviewer.		

Criteria	Yes	No	Other (CD, NR, NA)*
12. Were the outcome assessors blinded to the exposure status of participants?		√ Procedure would not have allowed interviewer to know exposure status, as outcome was measured first for all participants, then exposure measured afterwards. However, it was the same person measuring outcomes via interview so it may have been possible that researcher bias posed a threat (e.g. not probing sufficiently or probing too much in interview)	
13. Was loss to follow-up after baseline 20% or less?			√ NA However, CD response rate due to poor reporting of sample.

Criteria	Yes	No	Other (CD, NR, NA)*
14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)?		√ P452-453 within group correlations -	
Quality Rating (Good, Fair, or Poor)			
Rater #1 initials: FB Fair			
Rater #2 initials: (not selected by random number generator for second reviewing)			

Criteria	Yes	No	Other (CD, NR, NA)*
<p>Additional Comments (If POOR, please state why):</p> <p>Main risk of bias arises from:</p> <ul style="list-style-type: none"> • Selection bias (sample may not represent target population, population and selection not clearly enough specified to rule out) However, it is noted that attempts were made to find participants representative of those who have not sought help. • Recall bias due to cross sectional design, both exposure and outcome have already occurred. Presence/severity of outcome may influence recall of the exposure, particularly as the outcome was measured just before the exposure was measured. • Researcher bias: blinding was not used, although the researcher measured outcomes first, the exposure measure was in an interview, thus it is possible that the interviewer may have been biased due to the prior measurement of outcomes status • Confounding was not controlled for in the correlational analysis, in the context of an underpowered cross-sectional design, thus the possibility of making causal conclusions is very limited. <p><i>The procedure has greater strength than other studies, e.g. presence of an interviewer, thus some control over the standardisation, however it remains unclear if this took place in the researcher's environment or the participants, and thus it is not possible to fully assess the level of control/standardisation. However, there are several weaknesses, such as poor reporting of the sample and sampling frame, lack of power, lack of control for confounding variables etc. as mentioned above.</i></p>			

*CD, cannot determine; NA, not applicable; NR, not reported

First author (year): Owens (2017)

Criteria	Yes	No	Other (CD, NR, NA)*
1. Was the research question or objective in this paper clearly stated?	√P 1340		
2. Was the study population clearly specified and defined?	√Data from nationally representative survey sample		
3. Was the participation rate of eligible persons at least 50%?			√CD Appears that sampling frame was a national survey of victimisation, and that all participants who were screened in for stalking victimisation were included however overall response rate is not recorded so not

Criteria	Yes	No	Other (CD, NR, NA)*
			possible to comment on participation rate
4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants?	√ Appears that standardised procedure required interview of households including screening questions to ascertain if they had been stalked		
5. Was a sample size justification, power description, or variance and effect estimates provided?		√	

Criteria	Yes	No	Other (CD, NR, NA)*
6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured?		√cross sectional design	
7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed?		√cross sectional design	
8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)?		√No, although it says number of protective behaviours (e.g. coping strategies) were measured, they are reported as an odds ratio, thus appear to	

Criteria	Yes	No	Other (CD, NR, NA)*
		have been handled as dichotomous	
9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?			√ CD no discussion of validity or reliability, appears to have face validity. It appears that interview was standardised in terms of survey content, but not clear where these took place and as such the impact of any additional/extraneous variables
10. Was the exposure(s) assessed more than once over time?			√ NA b/c cross sectional design

Criteria	Yes	No	Other (CD, NR, NA)*
<p>11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?</p>		<p>√ Open ended question about how the behaviour made them feel, researchers coded responses as fear according to a brief description reported in the paper, no details on interrater reliability. It appears that interview was standardised in terms of survey content, but not clear where these took place and as such the impact of any additional/</p>	

Criteria	Yes	No	Other (CD, NR, NA)*
		extraneous variables	
12. Were the outcome assessors blinded to the exposure status of participants?		√ all measures collected in same sitting	
13. Was loss to follow-up after baseline 20% or less?			√NA
14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)?	√ Many variables included in model 3 which considers role of coping strategies		

Criteria	Yes	No	Other (CD, NR, NA)*
	(protective measures)		

Quality Rating (Good, Fair, or Poor)
Rater #1 initials: FB Fair
Rater #2 initials: (not selected by random number generator for second reviewing)
Additional Comments (If POOR, please state why):

Quality Rating (Good, Fair, or Poor)

Within the context of a cross-sectional study, this study is receiving a rating of fair as there appear to be some attempts at managing risks of bias (e.g. large representative sample, control of potential confounding variables in analysis). Although the research question is not exactly that of the systematic review, the statistical analysis is relevant to the systematic review. For this study the main risks of bias are likely to come from:

- Recall bias due to cross sectional design, both exposure and outcome have already occurred. Presence/severity of outcome may influence recall of the exposure.
- Measurement bias (data collection – unclear the conditions of interview for data collection, lack of clarity about reliability and validity of coping strategies measure)
- *Selection bias: lack of details about the recruitment and response rate of the sample, although it might be tentatively suggested that the impact of selection bias is likely to be small given the use of a nationally representative sample.*

*CD, cannot determine; NA, not applicable; NR, not reported

First author: Podana (2016) (Note: Author provided further details on 30.06.2020, therefore updates have been added to this form accordingly)

Criteria	Yes	No	Other (CD, NR, NA)*
1. Was the research question or objective in this paper clearly stated?	√p.795		
2. Was the study population clearly specified and defined?	√p.796-797 Update with information directly from author: The author provided further information about the sampling techniques which demonstrate randomisation within a quota sample for both male and female		

Criteria	Yes	No	Other (CD, NR, NA)*
	<p>participants, resulting in a sample that represented the distribution of a number of characteristics, see below for information provided by author.</p> <p>Male pts: “Although the technical report is not very specific about this issue, I believe that the procedure was as follows: A random sample of localities was drawn (stratified by regions and town size) and in each locality interviewers were supposed to contact a given</p>		

Criteria	Yes	No	Other (CD, NR, NA)*
	<p>number of respondents of certain characteristics (so that the final sample corresponds to the distribution of the Czech population with respect to education, age, town size and region)."</p> <p>Female pts: "Female subsample was selected using random route method (stratified by regions and town size). In each selected locality, a starting point was randomly selected and precise instructions were given how to select a</p>		

Criteria	Yes	No	Other (CD, NR, NA)*
	random household and a random female participant in the household. Eligible were all females aged 18-70."		
3. Was the participation rate of eligible persons at least 50%?			√ CD Appears that sampling frame was a national survey of victimisation, and that all participants who were screened in for stalking victimisation were included however overall response rate is not recorded so not possible to comment on participation rate

Criteria	Yes	No	Other (CD, NR, NA)*
			<p>Update with information directly from author: Response rates unknown and not possible to establish in retrospect.</p>
<p>4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants?</p>		<p>√ Different timeframe for men and women due to funding. Authors refute possibility of bias due to lack of significant stalking-related events in the Czech Republic between the two time frames (no consideration of</p>	

Criteria	Yes	No	Other (CD, NR, NA)*
		<p>access to wider news).</p> <p>Update with information directly from author: “The samples were completely different [current study in relation to previous IVAWS study sample that is mentioned in the paper]. Both subsamples (males and females) were collected by a subcontracted agency which specializes in social/market research and has own trained interviewers across the country. ”</p>	

Criteria	Yes	No	Other (CD, NR, NA)*
		<p>As outlined in question 2, the author also confirmed that random sampling techniques were applied consistently across participants, which does act as a strength. As sampling is discussed in more detail in question two, credit will be given there to allow for acknowledgement here of the disparity between the different subsamples. See notes section below final rating with regard to overall integration of these</p>	

Criteria	Yes	No	Other (CD, NR, NA)*
		points for interpretation	
5. Was a sample size justification, power description, or variance and effect estimates provided?		√	
6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured?		√p.796-797 cross sectional design	
7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed?		√p.796-797 cross sectional design	

Criteria	Yes	No	Other (CD, NR, NA)*
<p>8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)?</p>		<p>√ Variable was measured as use/not of a coping response thus dichotomous data, although coping responses are not necessarily dichotomous in nature thus if measured differently could have been possible to assessed as amount/intensity/frequency etc.</p>	
<p>9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?</p>	<p>(√)</p>	<p>√ Different methods of assessment for male/female participants, however this was done with intention to reduce</p>	

Criteria	Yes	No	Other (CD, NR, NA)*
		<p>likelihood of non-response bias, based on existing evidence, so although this is a 'no' it may actually reduce the risk of bias than increase it.</p> <p>Binary measuring, no discussion of reliability or validity despite possibility for different interpretation (e.g. standing up to the offender')</p>	
10. Was the exposure(s) assessed more than once over time?			√NA cross sectional design

Criteria	Yes	No	Other (CD, NR, NA)*
<p>11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?</p>	<p>(√)</p>	<p>√ Different methods of assessment for male/female participants, however this was done with intention to reduce likelihood of non-response bias, based on existing evidence, so although this is a 'no' it may actually reduce the risk of bias than increase it.</p> <p>Reliability on fear questions is rated as good, validity not discussed however face validity appears good as both</p>	

Criteria	Yes	No	Other (CD, NR, NA)*
		questions reported in full.	
12. Were the outcome assessors blinded to the exposure status of participants?			√ CD unclear based on the reported procedure, might have been possible with male respondents, seems unlikely for female respondents.
13. Was loss to follow-up after baseline 20% or less?			√ NA

Criteria	Yes	No	Other (CD, NR, NA)*
14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)?		√ Although control variables included in other analyses, the analysis relevant to this review question does not contain control variables	

Quality Rating (Good, Fair, or Poor)
Rater #1 initials: FB Fair, Update following additional information from author: Fair

Quality Rating (Good, Fair, or Poor)

Rater #2 initials: (not selected by random number generator for second reviewing)

Additional Comments (If POOR, please state why): Main risk of bias arises from:

- Recall bias due to cross sectional design, both exposure and outcome have already occurred. Presence/severity of outcome may influence recall of the exposure.
- Measurement bias due to different approaches to data collection, however the different approaches to data collection were informed by evidence to reduce the likelihood of non-response bias, therefore this may actually reduce the chance of bias rather than increase it
- Sampling bias: Whilst the disparity in timeframe between recruitment of male and female participants may pose potential for bias in the between-gender comparisons, this bias is likely to be less pronounced (although still present) for the statistics that consider the whole sample whereby both timeframes are considered within one overall sample.
- Confounding: control variables were not used in the analysis relevant to this review question, which in combination with cross-sectional design, limits the extent to which the conclusions can be thought to have causal direction.

Overall, it appears that there are some weaknesses to this study, however it appears that procedures were planned to reduce the main risks of bias, therefore, overall this appears to be a study of fair quality.

Quality Rating (Good, Fair, or Poor)

Update following additional information from author:

The quota sampling techniques described do increase confidence in the robustness of the study design, however the lack of information about response rates do not enable increased confidence in whether the robustness of the study design were accompanied by sufficient response rates to be clearly confident in the study's representativeness of the sample and thus its generalisability. If it were possible to assert that the response rate was sufficient to confidently conclude that the sample was representative and thus the findings generalisable, the rating could have been considered for an upgrade to 'good', given the other strengths to the design (although this still would have been weighed against the weaknesses before reaching a decision regarding the rating).

Overall, it appears that due to lack of clarity about response rate in particular, the additional information is not sufficient to warrant an increase of rating to 'good', thus the overall rating remains 'fair'.

*CD, cannot determine; NA, not applicable; NR, not reported

First author (year): Purcell (2012)

Criteria	Yes	No	Other (CD, NR, NA)*
1. Was the research question or objective in this paper clearly stated?	√ p.4-5		
2. Was the study population clearly specified and defined?	√ p.5-6		
3. Was the participation rate of eligible persons at least 50%?	√ p.5-6 As sampling frame is clearly specified response rate of 61% is above 50% for the main sample. Every participant who indicated having been stalked was included		

Criteria	Yes	No	Other (CD, NR, NA)*
4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants?	√ p.5-6 Representative Australian sample from epidemiological study, randomly selected		
5. Was a sample size justification, power description, or variance and effect estimates provided?	√ p.10 variance reported R ² re GHQ-28. Also, very large representative sample.		
6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured?		√ p.5 cross sectional design	

Criteria	Yes	No	Other (CD, NR, NA)*
7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed?		√ p.5 cross sectional design	
8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)?	√ Measured as % thus continuous data p7		
9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and			√CD Reliability and validity not discussed. However, all participants responded to the questions. Lack of control over standardisation of

Criteria	Yes	No	Other (CD, NR, NA)*
implemented consistently across all study participants?			administration due to mailing of survey.
10. Was the exposure(s) assessed more than once over time?			√ NA p.5 cross sectional design
11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?			√ CD p.7 – 8 reliability and validity not discussed but well known and accepted psychometric measures. Lack of control over standardised administration because of nature of mailing survey to participants

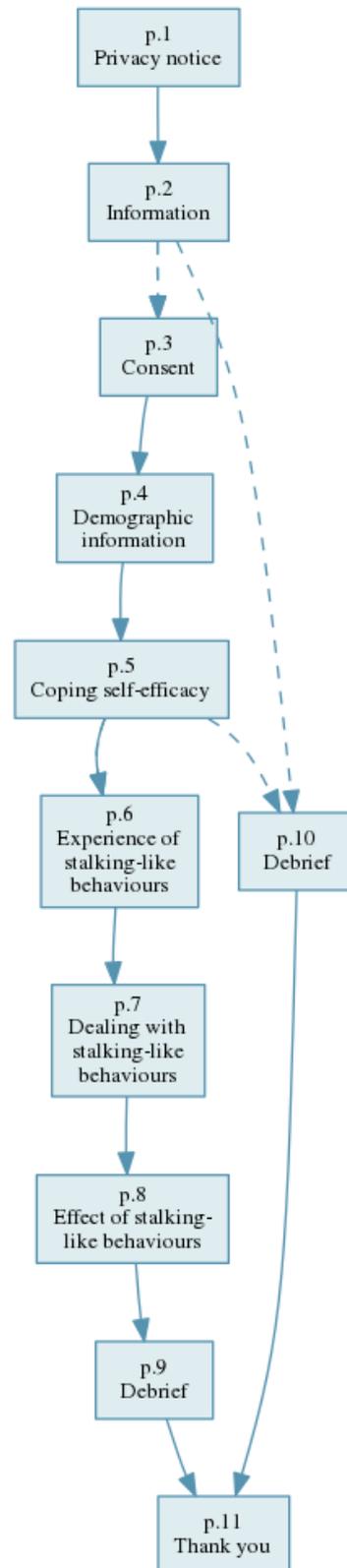
Criteria	Yes	No	Other (CD, NR, NA)*
12. Were the outcome assessors blinded to the exposure status of participants?	√ risk of bias re researcher blinding is limited as pts respond to questionnaire independently then return it with the responses already completed (cross sectional design mean both E and O measured within same questionnaire).		
13. Was loss to follow-up after baseline 20% or less?			√ NA however initial response rate over 50% of large representative sample is good
14. Were key potential confounding variables measured and adjusted statistically for their impact on the	√ See Table 1 on p.14		

Criteria	Yes	No	Other (CD, NR, NA)*
relationship between exposure(s) and outcome(s)?			
Quality Rating (Good, Fair, or Poor)			
Rater #1 initials: FB: Good			
Rater #2 initials: ED Good, complete agreement with above scoring, rating and additional comments below			
Additional Comments (If POOR, please state why):			

Criteria	Yes	No	Other (CD, NR, NA)*
<p>Within the context of a cross-sectional study, this study is receiving a rating of good as there appear to be robust attempts at managing risks of bias (e.g. large representative sample, controlling for multiple confounding variables). For this study the main risks of bias are likely to come from:</p> <ul style="list-style-type: none"> • Recall bias due to cross sectional design, both exposure and outcome have already occurred. Presence/severity of outcome may influence recall of the exposure. • Measurement bias (data collection – lack of control around conditions of questionnaire responding, lack of clarity about reliability and validity of coping strategies measure) <p><i>Comparative to other cross-sectional study, the findings of this are more convincing due to the strengths of the study design and analysis. It is noted that the rating of 'good' remains in the context of all studies being cross-sectional which brings inherent weaknesses regarding determining causation, however, more robust study designs were not detected by this systematic review (likely due to ethical issues of knowingly allowing stalking to continue if a prospective design were used).</i></p>			

*CD, cannot determine; NA, not applicable; NR, not reported

Appendix H - Primary Study: Survey Flow Chart



Appendix I - Primary Study: Survey Information For Participants

Full Privacy Notice for Research Participants

How the University of Nottingham processes your personal data

The University of Nottingham, University Park, Nottingham, NG7 2RD (0115 951 5151), is committed to protecting your personal data and informing you of your rights in relation to that data.

The University of Nottingham is registered as a Data Controller under the Data Protection act 1998 (registration No. **Z5654762** – <https://ico.org.uk/ESDWebPages/Entry/Z5654762>).

One of our responsibilities as a data controller is to be transparent in our processing of your personal data and to tell you about the different ways in which we collect and use your personal data. The University will process your personal data in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018 and this privacy notice is issued in accordance with the GDPR Articles 13 and 14.

We may update our Privacy Notices at any time. The current version of all of our Privacy Notices can be found at <https://www.nottingham.ac.uk/utilities/privacy.aspx> and we encourage you to check back regularly to review any changes.

The Data Protection Officer

The University has appointed a Data Protection Officer. Their postal address is:

Data Protection Officer,
Legal services
A5, Trent Building,
University of Nottingham,
University Park,
Nottingham
Ng7 2RD

They can be emailed at dpo@nottingham.ac.uk.

Your personal data and its processing

We define personal data as information relating to a living, identifiable individual. It can also include "special categories of data", which is information about your racial or ethnic origin, religious or other beliefs, and physical or mental health, the processing of which is subject to strict requirements.

Similarly information about criminal convictions and offences is also subject to strict requirements. "Processing" means any operation which we carry out using your personal data e.g. obtaining, storing, transferring and deleting.

We only process data for specified purposes and if it is justified in accordance with data protection law. Detail of each processing purpose and its legal basis is given in each privacy notice listed below, please select the one most relevant to your relationship to the University.

Why we collect your personal data

We collect personal data under the terms of the University's Royal Charter in our capacity as a teaching and research body to advance education and learning. Specific purposes for data collection on this occasion are for research in fulfilment of a DForenPsy thesis, investigating the resilience of people who have experienced stalking-like behaviour.

Legal basis for processing your personal data under GDPR

The legal basis for processing your personal data on this occasion is Article 6(1e) processing is necessary for the performance of a task carried out in the public interest.

Special category personal data.

In addition to the legal basis for processing your personal data, the University must meet a further basis when processing any special category data, including: personal data revealing racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, and the processing of genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health or data concerning a natural person's sex life or sexual orientation.

The basis for processing your sensitive personal data on this occasion is Article 9(2j) processing is necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes.

How long we keep your data

The University may store your data for up to 25 years and for a period of no less than 7 years after the research project finishes. The researchers who gathered or processed the data may also store the data indefinitely and reuse it in future research. Measures to safeguard your stored data include anonymisation (each set of responses will be given a numeric/alpha-numeric ID prior to analysis in order to protect participant identity), encryption of online survey data and storage of electronic files on password protected devices.

Who we share your data with.

Extracts of your data may be disclosed in published works that are posted online for use by the scientific community. Your data may also be stored indefinitely on external data repositories (e.g., the UK Data Archive) and be further processed for archiving purposes in the public interest, or for historical, scientific or statistical purposes. It may also move with the researcher who collected your data to another institution in the future.

Your rights as a data subject

You have the following rights in relation to your personal data processed by us:

Right to be informed

The University will ensure you have sufficient information to ensure that you're happy about how and why we're handling your personal data, and that you know how to enforce your rights.

The University provides information in the form of privacy notices. Our Privacy Notices pages can be found at

<https://www.nottingham.ac.uk/utilities/privacy/privacy.aspx>.

Right of access / right to data portability

You have a right to see all the information the University holds about you.

Where data is held electronically in a structured form, such as in a database, you have a right to receive that data in a common electronic format that allows you to supply that data to a third party - this is called "data portability".

To make a request for your own information please see the link here:

<https://www.nottingham.ac.uk/governance/records-and->

[information-management/data-protection/data-protection.aspx](https://www.nottingham.ac.uk/information-management/data-protection/data-protection.aspx)

To receive your information in a portable form, send an email your request to data-protection@nottingham.ac.uk

Right of rectification

If we're holding data about you that is incorrect, you have the right to have it corrected. Please email any related request to data-protection@nottingham.ac.uk.

Right to erasure

You can ask that we delete your data and where this is appropriate we will take reasonable steps to do so.

Please email any related request to data-protection@nottingham.ac.uk.

Right to restrict processing

If you think there's a problem with the accuracy of the data we hold about you, or we're using data about you unlawfully, you can request that any current processing is suspended until a resolution is agreed.

Please email any related request to data-protection@nottingham.ac.uk.

Right to object

You have a right to opt out of direct marketing.

You have a right to object to how we use your data if we do so on the basis of "legitimate interests" or "in the performance of a task in the public interest" or "exercise of official authority" (a privacy notice will clearly state to you if this is the case). Unless we can show a compelling case why our use of data is justified, we have to stop using your data in the way that you've objected to.

For direct marketing, there will be an opt-out provided at the point of receipt.

To object to how we use your data, email your request to data-protection@nottingham.ac.uk.

Rights related to automated decision making including profiling

We may use a computer program, system or neural network to make decisions about you (for example, everyone that is on a particular course gets sent a particular letter) or to profile you. You have the right to ask for a human being to intervene on your behalf or to check a decision.

Please email any related request to data-protection@nottingham.ac.uk.

Withdrawing consent

If we are relying on your consent to process your data, you may withdraw your consent at any time.

Exercising your rights, queries and complaints

For more information on your rights, if you wish to exercise any right, for any queries you may have or if you wish to make a complaint, please contact our Data Protection Officer.

Complaint to the Information Commissioner

You have a right to complain to the Information Commissioner's Office (ICO) about the way in which we process your personal data. You can make a complaint on the ICO's website.

Privacy notices Please consult the privacy notice that best fits your relationship with the University.

**School of Medicine, Centre for Forensic & Family Psychology,
University of Nottingham, YANG Fujia Building, Jubilee Campus,
Nottingham, NG8 1BB**

**Title: Understanding resilience in victims of obsessional
relational intrusion**

**University of Nottingham FMHS Research Ethics Ref: 124-
1808**

General Information

Thank you for your interest in taking part in this questionnaire.
This study is being done by the following people from the University
of Nottingham:

Faye Blazey (Forensic Psychology Doctoral Student)

faye.blazey@nottingham.ac.uk

Dr Simon Duff (Director of Stage II Training in Forensic Psychology)

simon.duff@nottingham.ac.uk

We are investigating how personal strengths relate to the impact of
experiencing stalking-like behaviour. The project is about
understanding whether specific coping strategies and a person's
belief in their ability to cope with stressors has a link with the
positive and negative outcomes of experiencing stalking-like
behaviour.

We are inviting anyone who has experienced stalking-like
behaviours to take part. When we say 'stalking-like behaviours' we
mean:

*When another person has, on more than one occasion,
attempted to pursue you or to invade your physical or virtual
privacy, or your sense of privacy. This could be by a stranger
or someone you know, they might want or assume a
relationship with you when you don't want this.*

We are also asking people who have not experienced stalking-like
behaviours to take part so that we can compare the responses that
people give.

You must be over the age of 18 to take part.

Please read through this information before agreeing to participate
by ticking the 'yes' box below.

If you have experienced stalking-like behaviour: You will be asked
to answer a survey, it will take about 20 minutes.

It will ask questions about your belief in your ability to cope with
daily stresses, your experience of stalking-like behaviour from
another person, the coping strategies that you used when you

experienced stalking-like behaviour, and the impact of the stalking-like behaviour.

If you have NOT experienced stalking-like behaviour: You will be asked to answer a survey, it will take about 5 minutes. It will ask questions about your belief in your ability to cope with daily stresses.

No background knowledge is required. Your responses will be kept confidential and used only for the purposes of this research, carried out by the researchers identified above.

How will your data be used?

Your answers will be completely anonymous and we will use all reasonable endeavours to keep them confidential.

Your participation is voluntary, and you may change your mind about being involved, or decline to answer a particular question. We have include 'a Prefer not to say' option for each set of questions if your prefer not to answer a particular question.

You are free to withdraw at any point before or during the study by clicking the exit button/closing the browser. Withdrawal does not require a reason. Once you have completed and submitted the questionnaire it is not possible to withdraw the data because we won't know who you are. The data will only be uploaded on completion of the questionnaire by clicking the SUBMIT button. Your IP address will not be stored.

Your data will be stored in a password-protected device and may be used in academic publications.

Who will have access to your data?

The University of Nottingham is the data controller for the purposes of the Data Protection. Your data may be shared with the research ethics committee if the dataset is requested for inspection/audit purposes. All data is anonymous at the point of submission, so it will not be possible to identify which responses belong to you.

We believe there are no known risks associated with this research study; however, if you find the questions upsetting:

- You can withdraw from the study at any time by closing the study website. If you do not click submit, your data will not be saved. You do not have to give reason for withdrawing. Once you close the study website no further questions will be asked.

- If you are upset or experiencing difficulties and need help urgently (if it is a non-life-threatening situation), please call NHS 111 for help.
- If you are in a life threatening or emergency situation, please call 999.
- If you need to speak to someone, please call Samaritans on 116 123, the phone line is open 24 hours a day, is free to call. You do not have to be suicidal to call Samaritans.
<https://www.samaritans.org/how-we-can-help-you/contact-us>

As with any online related activity the risk of a breach is always possible. We will do everything possible to ensure your answers in this study will remain anonymous. We will minimize any risks by using this 'Online Surveys' system which is encrypted, and password protected. A database containing anonymised data will be stored electronically on password protected documents, on password protected devices. Raw data must be kept by the University for 7 years following any publication and will be destroyed after this time. The data will form part of a doctoral research thesis. The overall research will be presented at professional conferences and may be published in an academic journal. The data will be reported anonymously as no identifying information will be collected.

If you would like to read a summary of the research findings, please take note of (or bookmark) the URL given at the end of the survey. A summary of findings will be made available as well as details of any formal publications made from this project.

If you have any questions about this project, you may contact the Lead Researcher Faye Blazey (faye.blazey@nottingham.ac.uk) or if you have any concerns about any aspect of this study please contact the Research Supervisor: Dr Simon Duff (Simon.duff@nottingham.ac.uk). If you remain unhappy and wish to complain formally, you should then contact the FMHS Research Ethics Committee Administrator, c/o The University of Nottingham, Faculty PVC Office, B Floor, Medical School, Queen's Medical Centre Campus, Nottingham University Hospitals, Nottingham, NG7 2UH. E-mail: FMHS-ResearchEthics@nottingham.ac.uk

This study has been reviewed and given a favourable opinion by the University of Nottingham, Faculty of Medicine & Health Sciences Research Ethics Committee (insert FMHS REC ref no here].

I have read and understood the above information and consent form, I confirm that I am 18 years old or older and by clicking the NEXT button to begin the online questionnaire, I indicate my willingness to voluntarily take part in the study.

NEXT – I consent to take part EXIT - I do not give consent

Consent form

**School of Medicine, Centre for Forensic & Family Psychology,
University of Nottingham, YANG Fujia Building, Jubilee
Campus, Nottingham, NG8 1BB**

Title: Understanding resilience in victims of obsessional relational intrusion

University of Nottingham FMHS Research Ethics Ref: 124-1808

Researchers:

Faye Blazey (Forensic Psychology Doctoral Student)

faye.blazey@nottingham.ac.uk

Dr Simon Duff (Director of Stage II Training in Forensic Psychology)

simon.duff@nottingham.ac.uk

Thank you for participating!

Please, tick each box to continue:

- I confirm that I have read and understood the information on the previous page
- I understand that my participation is voluntary and I can end the study at any time and withdraw my data by clicking the EXIT button
- I understand that my answers will be anonymous.
- I understand the overall anonymized data from this study may be used in the future for research (with research ethics approval) and teaching purposes.
- NEXT – to be taken to the survey.

Debrief – Control group

Thank you for taking part in this research – your time and input is greatly appreciated.

If you would like to read a summary of the research findings, please take note of (or bookmark) this URL: <https://msxflb.wixsite.com/246study>. A summary of findings will be made available as well as details of any formal publications made from this project.

We understand that the questions that you have been asked were personal, and that everyone will experience this differently.

We hope that you are feeling okay, however if you are feeling worried or upset it can help to do something that you enjoy to lift your mood. Talking to someone or writing down how you feel can help to relieve negative feelings.

If you are experiencing difficulties and would like further help, your GP can help you with getting this. Contact your GP and explain to them what difficulties or problems you are experiencing.

Debrief – ORI group

Thank you for taking part in this research – your time and input is greatly appreciated. This is the end of the survey.

Follow-up study

We are interested in exploring experiences of resilience in people who have experienced stalking-like behaviour, through interview. You have indicated that you have experienced stalking-like behaviour. We are keen to hear more from you!

If you are willing to be contacted by the researchers to find out more about what participation in this interview would involve, please follow this link and enter your email address <https://nottingham.onlinesurveys.ac.uk/ori-follow-up-study> or send an email to Faye, one of the researchers in this study: faye.blazey@nottingham.ac.uk.

It is important that you enter your email address on a separate page so that your survey answers remain completely anonymous. Even if you submit your email address/contact the researcher, there is no obligation to take part in the follow-up study.

Findings

If you would like to read a summary of the research findings, please take note of (or bookmark) this URL: <https://msxflb.wixsite.com/oristudy>. A summary of findings will be made available as well as details of any formal publications made from this project.

Debrief

We understand that the experiences that this survey has asked you about may have been upsetting experiences to recall.

If you are feeling worried or upset it can help to do something that you enjoy to lift your mood. Talking to someone or writing down how you feel can help to relieve negative feelings.

If you are experiencing difficulties and would like further help, your GP can help you with getting this. Contact your GP and explain to them what difficulties or problems you are experiencing.

These websites provide practical advice about staying safe and accessing support if you are currently experiencing stalking or stalking-like behaviours:

<http://www.protectionagainststalking.org>

<http://paladinservice.co.uk>

<https://www.suzylamplugh.org/Pages/Category/national-stalking-helpline>

<http://www.actionagainststalking.org>

<https://www.scaredofsomeone.org>

<https://www.victimsupport.org.uk/crime-info/types-crime/stalking-and-harassment>

Appendix J - Primary Study: Assumption Testing

Skewness and Kurtosis

Skewness and Kurtosis values indicate the data were not normally distributed, see Table 33.

Table 33 Skewness and Kurtosis Values for All Variables (n = 170)

Condition	Variable	Skewness	SE of Skewness	Skewness z-score	Kurtosis	SE of Kurtosis	Kurtosis z-score	Normally distributed?
ORI	CSE	-0.750	0.186	-4.03	1.053	0.370	2.85	No
Matched	CSE	-0.576	0.186	-3.10	1.238	0.370	3.35	No
ORI	CORI	1.259	0.186	6.77	1.413	0.370	3.82	No
ORI	Inward	1.087	0.186	5.84	1.427	0.370	3.86	No
ORI	Outward	1.362	0.186	7.32	1.588	0.370	4.29	No
ORI	Against	2.520	0.186	13.55	7.460	0.370	20.16	No
ORI	Away	0.965	0.186	5.19	0.552	0.370	1.49	No
ORI	Toward	1.665	0.186	8.95	2.394	0.370	6.47	No
ORI	Coping	1.164	0.186	6.26	1.170	0.370	3.16	No
ORI	Neg sx	0.772	0.186	4.15	-0.393	0.370	-1.06	No
ORI	Pos sx	0.998	0.186	5.37	.265	0.370	0.72	No

Summary of P-Plots and Histograms

P-Plots and histograms indicated that the data were not normally distributed, see Table 34 and Table 35.

Table 34 *Summary of P-Plots*

Condition	Variable	Suggests normal distribution?
ORI	CSE	Unclear
ORI	CORI	No
ORI	Inward	No
ORI	Outward	No
ORI	Against	No
ORI	Away	No
ORI	Toward	No
ORI	Coping total	No
ORI	Negative outcomes	No
ORI	Positive outcomes	No
Matched	CSE	Unclear

Table 35 *Summary of Histograms*

Condition	Variable	Suggests normal distribution?
ORI	CSE	Unclear
ORI	CORI	No (+ve skew)
ORI	Inward	No (+ve skew)
ORI	Outward	No (+ve skew)
ORI	Against	No (+ve skew)
ORI	Away	No (+ve skew)
ORI	Toward	No (+ve skew)
ORI	Coping total	No (+ve skew)
ORI	Negative outcomes	No (+ve skew)
ORI	Positive outcomes	No (+ve skew)
Matched	CSE	Unclear

**Appendix K - Primary Study: Additional Assumption Testing for
Multiple Regressions**

The following assumptions must be met to undertake multiple regression without transformations to the dataset (Berry, 1993; Field, 2009). Where models need to be reviewed following analysis to assess the assumptions, they have been provisionally run on non-transformed data to check the assumptions.

Constrained data

Data in the ORI condition were constrained as the data did not span the full range of possible values, see Table 36. Therefore, this assumption was not met.

Table 36 *Ranges of Responses in ORI Condition*

Variable	Actual min	Actual max	Expected min	Expected Max	Constrained?
Inwards	0	48	0	48	No
Outwards	0	24	0	30	Yes
Against	0	32	0	48	Yes
Away	0	71	0	72	Yes
Towards	0	41	0	42	Yes
Neg Sx	0	39	0	40	Yes
Pos Sx	0	30	0	30	No
CSE	10	40	10	40	No
Coping	0	178	0	240	Yes
CORI	0	54	0	54	No

Non-zero Variances

None of the variances were zero, so this assumption is met.

Independence

Each value of outcome variable comes from a different person, so this assumption is met.

No Perfect Multicollinearity

Based on non-transformed data, all Variation Inflation Factor (VIF) values were under 10, apart from a model which found CSE, coping, moving inward, moving away, moving toward as predictors for positive outcomes, with a VIF of 25.629, thus this model would be limited if using non-transformed data. Therefore this assumption was not fully met with non-transformed data.

Homoscedasticity and Normally Distributed Error

Based on non-transformed data, a model that found moving against, positive outcomes and age category to have a relationship to negative outcomes did not meet these assumptions due to skew on scattograph of residuals and p-plot of errors. Therefore, this assumption was not fully met.

Durbin Watson

Durbin-Watson values were generally within the acceptable limits of 1-3, with minimum value of 1.872 to maximum value of 2.57. Therefore this assumption does not appear to have problems.

Linearity

All variables are measured in a linear way, so that means SQRT transformation will also be linear.

Summary

Non-transformed data would not meet the assumptions for multiple-regression, therefore a square-root transformation was applied to the data as this improved the distribution of the data sufficiently.

Appendix L - Primary Study: Regression plan

- 1. Identify potential confounding variables.** Run correlational analyses between variables of interest for the given research question and the remaining variables in the study. Any variables which significantly correlate with both (any of) the predictor variables and the dependent variable should be checked for potential confounding effects.
- 2. Check for confounding effects.** Use 'enter' method for this step, as it means that all variables account for one another. The manual removal and re-entry of each potential confounder will simulate 'backwards elimination' and 'forward selection' but will allow greater detail in the observation of the changes that these make to the model than if using an automated option. Enter all variables of interest for the research question, then add all potential confounding variables. Remove confounding variables one at a time to see if the coefficients of the main variables are changed by greater than 10% of their values. Re-add each of the confounding variables one at a time to see if the coefficients change greater than 10%. If there is change greater than 10% the variable should be considered a confounding variable and included in the final model. This is an iterative process for each potential confounding variable. Note, it is possible that confounding variables may also significantly contribute to predicting variance in the dependent variables, in which case they should also be kept in the model.

3. **Run analysis of predictor variables and confounding variables.** Use 'enter' method for this step, as it means that all variables account for one another. The manual removal and re-entry of each potential confounder will simulate 'backwards elimination' and 'forward selection' but will allow greater detail in the observation of the changes that these make to the model than if using an automated option. Enter all variables of interest for the research question, then add all confounding variables as identified in the above stage. Remove non-significant predictor variables, check if remaining predictor variables remain significant (and if confounding variables still confounding). Re-enter the previously removed non-significant variables one at a time to check whether they become significant when re-added with only the other significant predictor variables and confounding variables. This is an iterative process for each (initially) non-significant predictor variable, and it should be re-iterated for all remaining predictor variables when a predictor that has previously been removed and re-entered, is kept in the analysis for further testing. Through several iterations it will become clear which variables remain consistently significant (and confounding) in predicting the variance in the dependent variable. The final model consists of the variables which remain significant and any relevant confounding variables.

Appendix M - Primary Study: Homogeneity of Variances

Variances for ratings of CSE were found to significantly differ between the ORI and matched conditions according to Levene's, Kolmogorov-Smirnov, and Shapiro-Wilk tests. Therefore, the assumption of normal distribution is further refuted.

Appendix N – Secondary Study: Participant Information

School of Medicine, Centre for Forensic & Family Psychology, University of Nottingham, YANG Fujia Building, Jubilee Campus, Nottingham, NG8 1BB
Title: Understanding resilience in victims of obsessional relational intrusion

University of Nottingham FMHS Research Ethics Ref: 124-1808

General Information

Thank you for your interest in taking part in this questionnaire.

This study is being done by the following people from the University of Nottingham:

Faye Blazey (Forensic Psychology Doctoral Student)

faye.blazey@nottingham.ac.uk

Dr Simon Duff (Director of Stage II Training in Forensic Psychology)

simon.duff@nottingham.ac.uk

We are investigating how resilience is experienced by people who have had stalking-like behaviour directed towards them by another person. When we say 'stalking-like behaviours' we mean:

When another person has, on more than one occasion, attempted to pursue you or to invade your physical or virtual privacy, or your sense of privacy. This could be by a stranger or someone you know, they might want or assume a relationship with you when you don't want this.

You have previously indicated that you have experienced stalking like behaviour from another person, this is why you are being invited to take part.

You must be over the age of 18 to take part.

Please read through this information before agreeing to participate by ticking the 'yes' box below.

You will be asked to enter your age and gender on an electronic survey. Then you will take part in a semi-structured interview. You will be asked questions about your experience of the stalking-like behaviour and your experience of resilience. It is anticipated that this would take around 30 minutes but may be longer or shorter depending on what you feel is relevant to say.

No background knowledge is required. Your responses will be kept confidential and used only for the purposes of this research, carried out by the researchers identified above.

How will your data be used?

Your answers will be anonymous and we will use all reasonable endeavours to keep them confidential. Please aim to not disclose any information in the interview which would personally identify you (e.g. your full name/address/DOB). If identifying information is given during the interview, this will be removed from the written transcription prior to data analysis.

Your participation is voluntary, and you may change your mind about being involved, or decline to answer a particular question.

You are free to withdraw at any point before or during the study by informing the interviewer. Withdrawal does not require a reason.

Once you have completed the interview you can withdraw any time up until the analysis date which will be 7 days following this interview.

The audio recording will be stored in a password-protected device and may be used in academic publications. Audio recordings will be transcribed by the following transcription service who have an established relationship with the University of Nottingham: <https://www.universitytranscriptions.co.uk>

Who will have access to your data?

The University of Nottingham is the data controller for the purposes of the Data Protection. Your data may be shared with the research ethics committee if the dataset is requested for inspection/audit purposes. The audio recording will be transcribed by <https://www.universitytranscriptions.co.uk> transcription service who have an established relationship with the University of Nottingham:

We believe there are no known risks associated with this research study; however, if you find the questions upsetting:

- You can withdraw from the study at any time during the interview by informing the interviewer, or any time up to the analysis date which is 7 days following the interview, by contacting the researchers on the contact details on this page. You do not have to give reason for withdrawing.
- If you are upset or experiencing difficulties and need help urgently (if it is a non-life-threatening situation), please call NHS 111 for help.
- If you are in a life threatening or emergency situation, please call 999.
- If you need to speak to someone, please call Samaritans on 116 123, the phone line is open 24 hours a day, is free to call. You do not have to be suicidal to call Samaritans.
<https://www.samaritans.org/how-we-can-help-you/contact-us>

As with any online related activity the risk of a breach is always possible. We will do everything possible to ensure your consent form will remain confidential. We will minimize any risks by using this 'Online Surveys' system which is encrypted, and password protected. A database containing anonymised data including audio recordings and written transcriptions will be stored electronically on password protected documents, on password protected devices. Raw data must be kept by the University for 7 years following any publication and will be destroyed after this time.

The data will form part of a doctoral research thesis. The overall research will be presented at professional conferences and may be published in an academic journal. The data will be reported anonymously.

If you would like to read a summary of the research findings, please take note of (or bookmark) the URL given at the end of the study. A summary of findings will be made available as well as details of any formal publications made from this project.

If you have any questions about this project, you may contact the Lead Researcher Faye Blazey (faye.blazey@nottingham.ac.uk) or if you have any concerns about any aspect of this study please contact the Research Supervisor: Dr Simon Duff (Simon.duff@nottingham.ac.uk). If you remain unhappy and wish to complain formally, you should then contact the FMHS Research Ethics Committee Administrator, c/o The University of Nottingham, Faculty PVC Office, B Floor, Medical School, Queen's Medical

Centre Campus, Nottingham University Hospitals, Nottingham, NG7 2UH.
E-mail: FMHS-ResearchEthics@nottingham.ac.uk

This study has been reviewed and given a favourable opinion by the University of Nottingham, Faculty of Medicine & Health Sciences Research Ethics Committee (insert FMHS REC ref no here].

I have read and understood the above information and consent form, I confirm that I am 18 years old or older and by clicking the NEXT button, I indicate my willingness to voluntarily take part in the study.

NEXT – I consent to take part EXIT - I do not give consent

Participants Consent Form

Final version 1.0: 25.05.2018

Title of Study: **Understanding resilience in victims of obsessional relational intrusion**

REC ref: 124-1808

Name of Researchers:

Investigator: Faye Blazey (Forensic Psychology Doctoral Student)

faye.blazey@nottingham.ac.uk

Supervisor: Dr Simon Duff (Director of Stage II Training in Forensic Psychology) simon.duff@nottingham.ac.uk

Name of Participant: (free text)

Please tick each box to continue

- I confirm that I have read and understand the information sheet for the above study which is attached and have had the opportunity to ask questions.
- I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.
- I understand that should I withdraw, more than 7 days after the interview has taken place then the information collected so far cannot be erased and that this information may still be used in the study analysis.
- I understand that relevant sections of my data collected in the study may be looked at by the research group and by other responsible individuals for monitoring and audit purposes. I give permission for these individuals to have access to these records and to collect, store, analyse and publish information obtained from my participation in this study. I understand that my personal details will be kept confidential.
- I understand that the interview will be audio recorded using a digital device and that anonymous direct quotes from the interview may be used in the study reports.
- I understand that what I say during the interview will be kept confidential unless I reveal something of concern that may put myself or someone else at any risk. It will then be necessary to report this to the appropriate persons.
- I understand that information about me recorded during the study will be made anonymous before it is stored. It will be uploaded into a secure database on a computer kept in a secure place. Data will be kept for 7 years after the study has ended and then destroyed.
- **Optional:** I agree that my research data may be stored and used in possible future research during and after 7 years, and shared with other researchers including those working outside the University.
- I agree to take part in the above study.
- I understand that I will be asked to confirm at the start of the interview audio recording that I have given informed consent.

Name of Participant: (free text)

Date: (date)

Name of Person taking consent: (free text)

Date: (Date)

Appendix O - Secondary Study: Participant Instructions

Instructions to be read to participants prior to recording commencing.

- I will record the interview using the voice memo app. The interviews will be transcribed by 'University Transcriptions' service.
- Please avoid using your name and any personal references, this is to protect your identity and retain anonymity. If by accident you say something that identifies you personally, this will be removed from the written transcript.
- I will be asking you questions about your experience of stalking-like behaviour and about resilience. You can decline to answer any question if you wish to, without giving reason.
- As you are already aware from the consent form, if you were to disclose anything that raises concern about your own or someone else's safety, I have a duty to inform the Chief Investigator, Dr. Simon Duff who will follow this up as is necessary with the relevant parties.
- If you find the questions upsetting or distressing, please let me know and the interview will be stopped. If I am concerned that the questions are upsetting to you, I can also stop the interview.
- The interview will end after 7 main questions (each may have follow-up questions) – I will let you know which question we are on as the interview progresses.
- At the end of the interview, I will provide you with some information about where the findings will be made available and some resources for you to access if you would like information or support about the topics we will discuss. If you feel there is anything additional that you need, please let me know and I will discuss this with the Chief Investigator as to the best way to proceed.
- At the beginning of the interview recording, I will ask you to confirm that you have given informed consent, and will ask you to state your age and gender.
- Do you have any questions before we start?

Demographic data:

Participants will be asked to respond to questions about demographic information as follows:

- What is your age in years?
- Would you describe your gender as "female", "male" or "other"?

Appendix P - Secondary Study: Interview Schedule

1. (Descriptive) Please can you tell me about what stalking-like behaviour was directed towards you?
 - a. Possible prompts/probes: What happened? Over what period of time? How often? How else would you describe it?
2. (Evaluative) How did the stalking-like behaviour impact on you?
 - a. Possible prompts/probes: What thoughts and feelings did you have? What areas of your life did it impact on? In what ways?
3. (Narrative) Can you tell me about how you coped with the stalking-like behaviour?
 - a. Possible prompts/probes: What strategies did you use? What happened? What did you do? How did you think and feel?
4. (Descriptive) Please tell me what the word 'resilience' mean to you.
 - a. Possible prompts/probes: can you say a bit more about _____? What would this be like as an experience? How does this apply to you?
5. (Comparative) How would you describe your experience of resilience now compared with before the stalking-like behaviour started?
 - a. Possible prompts/probes: In what ways is it similar? In what ways is it different? In which areas of your life? In what ways? Why do you think this is?
6. (Circular) How do you think other people view your (experience of) resilience?
 - a. Possible prompts/probes: Family? Friends? Colleagues? Other significant people in your life?
7. What else would you like to add?
 - a. Possible prompts/probes: what do you feel is important to say? What do you think has been missed from this conversation?

General probes:

- Why?
- How?
- In what way?
- What else?
- Can you tell me more about ____?
- What do you mean when you say ____?
- How did you feel?
- How did you make sense of that?

Appendix Q - Secondary Study: Theory Validity and Descriptive Validity

Theory validity

In the absence of a theory of resilience in people who have been subject to ORI, tentative queries have been raised about whether the application of a resilience framework misses any aspects as suggested by the application of a general meta-theory of resilience. Due to the absence of theory, there are no specific hypotheses about if or what may have been missed by the resilience framework, thus the threat to theory validity is low. To reduce the threat further, an open research question has been posed about experience of resilience, rather than pose a hypothesis with a pre-defined agenda.

Descriptive validity

Threat to descriptive validity was managed by use of audio recordings from which the interviews were transcribed, and further supported by field notes which recorded details of non-audio descriptions (e.g. participant gestures, see appendix R for field notes template). Whilst it was necessary to use an external transcription service to navigate the time constraints of the practitioner doctorate, the audio recording was used by the researcher in thoroughly checking the initial transcriptions and ensuring adherence to a transcription protocol (see appendix S). Both the audio recordings and transcriptions were used repeatedly during the familiarisation stage of analysis to adhere as closely as possible to the data produced during the interviews.

Appendix R - Secondary Study: Field Notes Form

Participant ID:	Date:	Time:
Participant information given: Y/N	Consent obtained: Y/N	
Questions participant asked interviewer:		
<p><u>Recording</u></p> <p>Statement of consent: Y/N</p> <p>Demographic information: Y/N</p> <p>Topics/comments to return to for exploration:</p> <p>Anything that won't be captured by audio recording (e.g. visual observations):</p>		
Debrief information given: Y/N	Follow-up needed/concerns raised? Y/N	
<p><u>Thoughts and reflections of interviewer</u></p>		

Appendix S - Secondary Study: Transcription Protocol

Where updated to the transcription protocol were necessary, details are given in the right-hand column.

Feature	Explanation	Format	Update
Line numbering	Starting from 1, each line of text will be numbered in order to aid orientation to the transcribed text	1 2 3	
Time stamp	In minutes and seconds, the time into the recording will be indicated when the interviewer asks one of the main 7 questions in the schedule outlined above.	(05:34)	
Person speaking	Person speaking will be identified by use of initials at the beginning of the sentence (e.g. 'I' for Interviewer, 'P1' for Participant 1) capitalised and bold, followed by colon.	I: P1:	INT: PA: Interviewer's speech in bold Participant's speech not in bold
Overlapping speech	Overlapping speech will be underlined to indicate what each person said at the same time as the other	Speech of one person <u>already talking</u> <u>Speech of the person who speaks at the same time</u>	
Emphasis	Emphasised word(s) or parts of word(s) will be italicised, emphasis will be capitalised where volume is significantly increased.	<i>Emphasised</i> INCREASED VOLUME	
Inaudible speech	Where the transcriber cannot clearly hear the recording, words will be interpreted then highlighted in grey	Dubious transcription	

Trailing speech	Ellipses will be used following the last audible word to indicate where the person speaking has trailed off.	Trailing speech...	
Behaviours or gestures	Gestures or behaviours that add information to the speech will be indicated in square brackets (e.g. tearful, demonstrates an action, nods to indicate 'yes').	[P1 demonstrated a behaviour]	
Redacted speech	Where the participant has said something that may potentially identify them, this will be removed from the transcript to protect confidentiality. A generic replacement will be inserted into the text so that the context of the text is not lost. Square brackets with italic capital text will be used.	N/A	Example: It happened where I live, in Nottingham. Would become: It happened where I live, in [CITY].
Additional features/explanation/format will be added to this protocol during transcription process if unforeseen characteristics of the recording arise and are identified as necessary to mark on the transcription			